

HOSPITAL PAGE		1.	Person number _____						
<p>You said that -- was in the hospital (nursing home) during the past year. USE YOUR CALENDAR 2. When did -- enter the hospital (nursing home) (the last time)? Make sure the YEAR is correct</p>		2.	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td>19 ____</td> </tr> </table>	Month	Date	Year			19 ____
Month	Date	Year							
		19 ____							
<p>3. What is the name and address of this hospital (nursing home)?</p>		3.	<table border="1"> <tr><td>Name</td></tr> <tr><td>Street</td></tr> <tr><td>City (or county) State</td></tr> </table>	Name	Street	City (or county) State			
Name									
Street									
City (or county) State									
<p>4. How many nights was -- in the hospital (nursing home)?</p>		4.	_____ Nights						
<p>Complete 5 from entries in 2 and 4; if not clear, ask the questions. 5a. How many of these -- nights were during the past 12 months?</p>		5a.	_____ Nights						
<p>b. How many of these -- nights were during the past 2 weeks?</p>		b.	_____ Nights						
<p>c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?</p>		c.	Y N						
<p>6. For what condition did -- enter the hospital (nursing home) - do you know the medical name? If medical name unknown, enter an adequate description.</p> <table border="0"> <tr> <td>For delivery ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth?</td> <td rowspan="2">} If "NO," ask: What was the matter?</td> <td rowspan="2">Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</td> </tr> <tr> <td></td> </tr> </table>		For delivery ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth?	} If "NO," ask: What was the matter?	Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.		6.	<input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. ----- Kind ----- Part of body		
For delivery ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth?	} If "NO," ask: What was the matter?	Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.							
<p>7a. Were any operations performed on -- during this stay at the hospital (nursing home)?</p>		7a.	Y o N (Next Hosp)						
<p>b. What was the name of the operation? If name of operation is not known, describe what was done.</p>		b.	_____						
<p>c. Any other operations during this stay?</p>		c.	Y (Describe) _____ N						
<p>FOOTNOTES</p>									
<p>P2 A Condition page is required if there is an entry of "1" or more nights in 5b. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.</p>									