

J. HOSPITAL PAGE

HOSPITAL STAY 1

1. Refer to C1, "HOSP." box.

1. PERSON NUMBER _____

2. You said earlier that --- was a patient in the hospital since (13-month hospital date) a year ago. On what date did --- enter the hospital ([the last time/the time before that])? Record each entry date in a separate Hospital Stay column.

Month	Date	Year
		19 ____

3. How many nights was --- in the hospital?

3. 0000 None (Next HS)
_____ Nights

4. For what condition did --- enter the hospital?

- For delivery ask:
Was this a normal delivery?
If "No," ask:
What was the matter?
- For newborn ask:
Was the baby normal at birth?
If "No," ask:
What was the matter?
- For initial "No condition" ask:
Why did --- enter the hospital?
• For tests, ask:
What were the results of the tests?
If no results, ask:
Why were the tests performed?

4. 1 Normal delivery } (5)
2 Normal at birth }
3 No condition }
 Condition 2

J1 Refer to questions 2, 3, and 2-week reference period.

J1 At least one night in 2-week reference period (Enter condition in C2, THEN 5)
 No nights in 2-week reference period (5)

5a. Did --- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?

5a. 1 Yes 2 No (8)

b. What was the name of the surgery or operation?
If name of operation not known, describe what was done.

b. (1) _____
(2) _____
(3) _____

c. Was there any other surgery or operation during this stay?

c. Yes (Reask 5b and c) No

6. What is the name and address of this hospital?

6. Name _____
Number and street _____
City or County _____ State _____

FOOTNOTES