

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 <u>11.3-month hospital date</u> 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.		2.	Month	Date Year 19 ____
3. How many nights was -- in the hospital?		3.	0000 <input type="checkbox"/> None (Next HS) _____ Nights	
4. For what condition did -- enter the hospital? <ul style="list-style-type: none"> <li>• For delivery ask: Was this a normal delivery? If "No," ask What was the matter?</li> <li>• For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter?</li> <li>• For initial "No condition" ask: Why did -- enter the hospital?</li> <li>• For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed?</li> </ul>		4.	1 <input type="checkbox"/> Normal delivery } (5) 2 <input type="checkbox"/> Normal at birth } 3 <input type="checkbox"/> No condition } <input type="checkbox"/> Condition $\nabla$	
J1	Refer to questions 2, 3, and 2-week reference period.	J1	<input type="checkbox"/> At least one night in 2-week reference period (Enter condition in C2, THEN 5) <input type="checkbox"/> 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 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No (6)	
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.	<input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No	
6. What is the name and address of this hospital?		6.	Name _____ Number and street _____ City or County                      State	
FOOTNOTES				