

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 <input type="checkbox"/> None (Next HS) ____ Nights		
4. For what condition did --- enter the hospital? <ul style="list-style-type: none"> • 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 <input type="checkbox"/> Normal delivery } 2 <input type="checkbox"/> Normal at birth } (5) 3 <input type="checkbox"/> No condition } <input type="checkbox"/> Condition ∇		
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				

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