

J. HOSPITAL PAGE		HOSPITAL STAY 1			
<p>1. Refer to C1, "HOSP." box.</p>		1.	PERSON NUMBER _____		
<p>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])? <i>Record each entry date in a separate Hospital Stay column.</i></p>		2.	Month	Date	Year 19 ____
<p>3. How many nights was --- in the hospital?</p>		3.	0000 <input type="checkbox"/> None (Next HS) _____ Nights		
<p>4. For what condition did --- enter the hospital?</p> <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 } (5) 2 <input type="checkbox"/> Normal at birth } 3 <input type="checkbox"/> No condition } <input type="checkbox"/> Condition ∇ _____		
<p>J1 Refer to questions 2, 3, and 2-week reference period.</p>		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)		
<p>5a. Did --- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?</p> <hr style="border-top: 1px dashed black;"/> <p>b. What was the name of the surgery or operation? <i>If name of operation not known, describe what was done.</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. Was there any other surgery or operation during this stay?</p>		5a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)		
<p>6. What is the name and address of this hospital?</p>		6.	Name _____ Number and street _____ City or County State		
<p>FOOTNOTES</p>					