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.

2. 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
2 ☐ Normal at birth } *(5)*
3 ☐ No condition
☐ Condition ➘
_____

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 *(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. ☐ 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