



Affix ID Label Here

Date: / /

Month Day Year

Complete this form for each Yes response in Question 7 on the "General Health" form.

You said that you stayed overnight as a patient in a [read and mark type of facility previously reported by participant below] :

- Hospital Nursing home or Rehabilitation Center

Please tell me [read and record items listed below for each overnight admission]

(1) Reason for admission _____

Facility Code

Physician Name _____

City _____

Date of Admission : / / Length of Stay : days

Month Day Year

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)

(2) Reason for admission _____

Facility Code

Physician Name _____

City _____

Date of Admission: / / Length of Stay : days

Month Day Year

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)

Ask about the next item reported as Yes by the participant in Question 7 on the "General Health" form and record details on an additional form. If no additional admissions are reported as Yes, go to Question 8 on the "General Health" form.

For MESA Field Center use only:

Interviewer ID : Reviewer ID : Data Entry ID :