

**MESA FU27****Other
Admissions**

Participant ID #:

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Acrostic:

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Technician ID:

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Date:

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Month

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Day

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Year

Complete form for each 'Yes' response to the overnight stay question on the "General Health" or "General Health—Death" form. If the participant has died, change 'you' or 'your' to decedent's name for all questions below.

您說您作為一個病人曾經在以下地方過夜 (read and mark type of facility previously reported by participant below):

☐ 醫院☐ 護理中心或康復中心

請告訴我 (read and record items listed below for EACH overnight admission):

[Physician name and City are OPTIONAL. Only record name and city if they are use to Events staff.]

(1) 住院原因: _____

Is this the participant's first admission to a Nursing Home for chronic care (not short term rehab)?

☐ Yes☐ No

Facility Code:

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Physician Name: _____

City: _____

Date of Admission:

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Month

Day

Year

Length of Stay:

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days

(Probe for exact
estimate month and year. Record day as 15).

date. If exact date cannot be recalled, ask participant to

(2) 住院原因: _____

Is this the participant's first admission to a Nursing

☐ Yes☐ No

Facility Code:

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Home for chronic care (not short term rehab)?

Physician Name: _____

City:

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Month

Day

Year

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Date of Admission: Length of Stay: days

(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 admission reported by the participant on the "General Health" or "General Health-Death" form and record details on an additional form. If no additional events are reported as 'Yes', go to procedures question.