



MESA FU27

**Other Admissions
Spanish**

Participant ID #:

Acrostic:

Technician ID:

Date:

Month

Day

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.

Usted me dijo que pasó la noche como paciente en un (read and mark type of facility previously reported by participant below):

☐ Hospital

☐ Hogar, asilo o Sanatorio de Rehabilitación

Dígame por favor (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) La razón por la que lo hospitalizaron o lo ingresaron: _____

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

☐ Yes

☐ No

Facility Code:

Nombre del Médico: _____

Ciudad: _____

Fecha de ingreso:

/

/

Mes

Día

Año

Período de Internación:

días

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

(2) La razón por la que lo hospitalizaron o lo ingresaron: _____

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

☐ Yes

☐ No

Facility Code:

Nombre del Médico: _____

Ciudad: _____

Fecha de ingreso

/

/

Mes

Día

Año

Período de Internación:

días

(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.