Complete this 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' to decedent's name for all questions.

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

Digame por favor [read and record items listed below for each overnight admission]:

1. La razón por la que lo hospitalizaron o lo admitieron

   Is this the participant's first admission to a Nursing Home for chronic care (not short term rehab)?
   - Yes
   - No

   Nombre del Médico

   Ciudad

   Fecha de Admisión: 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 admitieron

   Is this the participant's first admission to a Nursing Home for chronic care (not short term rehab)?
   - Yes
   - No

   Nombre del Médico

   Ciudad

   Fecha de Admisión: 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 admissions are reported as 'Yes', go to procedures question.