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.

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

(1) Reason for admission

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

Facility Code: __________

Physician Name: __________________________
City: __________________________

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.)

(2) Reason for admission

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

Facility Code: __________

Physician Name: __________________________
City: __________________________

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 admissions are reported as 'Yes', go to procedures question.

For MESA Field Center Use Only:

Interviewer ID: __________
Reviewer ID: __________
Data Entry Method: ______

Data Collection Method: ______ Computer ______ Paper