MESA Follow-up Phone Call 20: Other Admissions

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’ to decedent’s name for all questions below.

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 events are reported as Yes, go to procedures question.