

Section B. Inpatient Hospital Stays

B1. INTERVIEWER: CHECK QUESTION A1

(Circle One)

A1 IS CODED 1 1

A1 IS CODED 2 2 → SKIP TO C1

VERSION 6 -10

B2. You told me you were hospitalized at least once during the last 6 months. How many times were you in the hospital overnight or longer during the last 6 months?

VERSION 11 -13

B2. You told me you were hospitalized at least once during the last 6 months. How many times were you in the hospital overnight or longer during the last 6 months?

PROBE IF ZERO TIMES; You told me earlier that you had a hospital stay in the last 6 months. Please include that stay in your answer.

B06B02 TIMES: _____ IF '0', SKIP TO NEXT SECTION

B3. Let's start with the most recent stay. What is the name of the hospital? What is the address and phone number?

HOSPITAL NAME

ADDRESS

CITY	STATE	ZIP
	B06B03S	B06B03Z

PHONE

PROVIDER ID = B06B03I

B4. On what date were you most recently discharged from this hospital?

B06B04M a. _____ / _____ / _____
B06B04D MO DAY YR

B06B04Y

OR

B06B04B b. STILL IN HOSPITAL 2

B5. How many nights were you in the hospital for this stay?

B06B05 NIGHTS: _____

B6. (HAND R CARD #29) What was the main reason you entered the hospital?
(PROBE: What did the doctor tell you was the reason?)

B06B06 (Circle One)

- TRANSFUSION OR INFUSION 1
- MENTAL HEALTH, ALCOHOL OR DRUG TREATMENT 2 → SKIP TO B8
- OTHER CARE 3 → SKIP TO B7

B6a. In total, how many separate hospital stays did you have for transfusion or infusion during the last 6 months?

B06B06A STAYS: _____ → SKIP TO B8

B7. Were you in an intensive care unit during this hospital stay?

B06B07 (Circle One)

- YES 1
- NO 2 → SKIP TO B8
- REFUSED -1
- DON'T KNOW -2

B7a. How many nights (were you in intensive care)?

B06B07A NIGHTS: _____

B8. While you were in the hospital for this stay, did you have any kind of surgery or procedure performed in the operating room?

B06B08 (Circle One)

- YES 1
- NO 2

B9. INTERVIEWER: CHECK QUESTION B2

- B2 = 1 TIME 1 → SKIP TO C1
- B2 = 2 OR MORE TIMES 2

B10. INTERVIEWER: CHECK QUESTION B6

- B6 IS CODED 2 OR 3 1 → SKIP TO B12a
- B6 IS CODED 1 2

HOSPITAL STAY 2

B11. Did you have any other hospital stays during the last 6 months that were not for transfusion or infusion?

B06B11

(Circle One)

- YES 1
- NO 2 → SKIP TO C1
- REFUSED -1 → SKIP TO C1
- DON'T KNOW -2 → SKIP TO C1

B12a. Now continue with the stay before your most recent stay. What is the name of the hospital? What is the address and phone number?

B06B12A

(Circle One)

- SAME HOSPITAL AS FIRST STAY 2 → SKIP TO B12b
- ACCESS PROVIDER DIRECTORY 1

HOSPITAL NAME

ADDRESS

CITY	STATE	ZIP
	B06B12S	B06B12Z

PHONE

PROVIDER ID = B06B12I

B12b. How many nights were you in the hospital for this stay?

B06B12B

NIGHTS: _____

B13. (HAND R CARD #29) What was the main reason you entered the hospital? (PROBE: What did the doctor tell you was the reason?)

B06B13

(Circle One)

- TRANSFUSION OR INFUSION 1 → SKIP TO B14b
- MENTAL HEALTH, ALCOHOL OR DRUG TREATMENT 2 → SKIP TO B14b
- OTHER CARE 3

B14. Were you in an intensive care unit during this hospital stay?

B06B14

(Circle One)

- YES 1
- NO 2 → SKIP TO B14b
- REFUSED -1
- DON'T KNOW -2

B14a. How many nights (were you in intensive care)?

B06B14A NIGHTS: _____

B14b. While you were in the hospital for this stay, did you have any kind of surgery or procedure performed in the operating room?

B06B14B (Circle One)

YES 1

NO 2

B15a. INTERVIEWER: CHECK QUESTION B2

B2 = 2 TIMES 1 → SKIP TO C1

B2 = 3 OR MORE TIMES 2

B15b. INTERVIEWER: CHECK QUESTION B13

B13 IS CODED 2 OR 3 1 → SKIP TO B17a

B13 IS CODED 1 2

HOSPITAL STAY 3

B16. Did you have any other hospital stays during the last 6 months that were not for transfusion or infusion?

B06B16 (Circle One)

YES 1

NO 2 → SKIP TO C1

REFUSED -1 → SKIP TO C1

DON'T KNOW -2 → SKIP TO C1

B17a. Now for the stay before the one you just told me about. What is the name of the hospital? What is the address and phone number?

B06B17A

(Circle One)

SAME HOSPITAL AS STAY #2 2 → SKIP TO B17b

ACCESS PROVIDER DIRECTORY 1

HOSPITAL NAME

ADDRESS

CITY

STATE
B06B17S

ZIP
B06B17Z

PHONE

PROVIDER ID = B06B17I

B17b. How many nights were you in the hospital for this stay?

B06B17B

NIGHTS: _____

B18. (HAND R CARD #29) What was the main reason you entered the hospital?
(PROBE: What did the doctor tell you was the reason?)

B06B18

(Circle One)

TRANSFUSION OR INFUSION 1 → SKIP TO B19b

MENTAL HEALTH, ALCOHOL OR DRUG TREATMENT 2 → SKIP TO B19b

OTHER CARE 3

B19. Were you in an intensive care unit during this hospital stay?

B06B19

(Circle One)

YES 1

NO 2 → SKIP TO B19b

REFUSED -1

DON'T KNOW -2

B19a. How many nights (were you in intensive care)?

B06B19A

NIGHTS: _____

B19b. While you were in the hospital for this stay, did you have any kind of surgery or procedure performed in the operating room?

B06B19B

(Circle One)

YES 1
NO 2

B20. INTERVIEWER: CHECK QUESTION B2

B2 = 3 TIMES 1 → SKIP TO C1
B2 = 4 OR MORE TIMES 2

B21. INTERVIEWER: CHECK QUESTION B18

B18 IS CODED 2 OR 3 1 → SKIP TO B23a
B18 IS CODED 1 2

HOSPITAL STAY 4

B22. Did you have any other hospital stays during the last 6 months that were not for transfusion or infusion?

B06B22

(Circle One)

YES 1
NO 2 → SKIP TO C1
REFUSED -1 → SKIP TO C1
DON'T KNOW -2 → SKIP TO C1

B23a. Now for the stay before the one you just told me about. What is the name of the hospital? What is the address and phone number?

B06B23A

(Circle One)

SAME HOSPITAL AS STAY #3 2 → SKIP TO B23b
ACCESS PROVIDER DIRECTORY 1

HOSPITAL NAME

ADDRESS

CITY

STATE
B06B23S

ZIP
B06B23Z

PHONE

PROVIDER ID = B06B23I

B23b. How many nights were you in the hospital for this stay?

B06B23B

NIGHTS: _____

B24. (HAND R CARD #29) What was the main reason you entered the hospital?
(PROBE: What did the doctor tell you was the reason?)

B06B24

(Circle One)

TRANSFUSION OR INFUSION 1 → SKIP TO B25b
MENTAL HEALTH, ALCOHOL OR DRUG TREATMENT 2 → SKIP TO B25b
OTHER CARE 3

B25. Were you in an intensive care unit during this hospital stay?

B06B25

(Circle One)

YES 1
NO 2 → SKIP TO B25b
REFUSED -1
DON'T KNOW -2

B25a. How many nights (were you in intensive care)?

B06B25A

NIGHTS: _____

B25b. While you were in the hospital for this stay, did you have any kind of surgery or procedure performed in the operating room?

B06B25B

(Circle One)

YES 1
NO 2

B26a. INTERVIEWER: CHECK QUESTION B2

B2 = 4 TIMES 1 → SKIP TO C1
B2 = 5 OR MORE TIMES 2

B26b. INTERVIEWER: CHECK QUESTION B24

B24 IS CODED 2 OR 3 1 → SKIP TO B28a
B24 IS CODED 1 2

HOSPITAL STAY 5

B27. Did you have any other hospital stays during the last 6 months that were not for transfusion or infusion?

B06B27

(Circle One)

- YES 1
- NO 2 → SKIP TO C1
- REFUSED -1 → SKIP TO C1
- DON'T KNOW -2 → SKIP TO C1

B28a. Now for the stay before the one you just told me about. What is the name of the hospital? What is the address and phone number?

B06B28A

(Circle One)

- SAME HOSPITAL AS STAY #4 2 → SKIP TO B28b
- ACCESS PROVIDER DIRECTORY 1

HOSPITAL NAME

ADDRESS

CITY	STATE	ZIP
	B06B28S	B06B28Z

PHONE

PROVIDER ID = B06B28I

B28b. How many nights were you in the hospital for this stay?

B06B28B

NIGHTS: _____

B29. (HAND R CARD #29) What was the main reason you entered the hospital?
(PROBE: What did the doctor tell you was the reason?)

B06B29

(Circle One)

- TRANSFUSION OR INFUSION 1 → SKIP TO B30b
- MENTAL HEALTH, ALCOHOL OR DRUG TREATMENT 2 → SKIP TO B30b
- OTHER CARE 3

B30. Were you in an intensive care unit during this hospital stay?

B06B30

(Circle One)

YES 1
NO 2 → SKIP TO B30b
REFUSED -1
DON'T KNOW -2

B30a. How many nights (were you in intensive care)?

B06B30A NIGHTS: _____

B30b. While you were in the hospital for this stay, did you have any kind of surgery or procedure performed in the operating room?

B06B30B (Circle One)

YES 1
NO 2