133a. The last few questions ask about any hospitalizations that you may have had. Throughout your life, have you ever been hospitalized overnight or longer (not including pregnancies)?

Yes . . . . . 1
No *(Skip to p.131, Q.135)* . . . . . 2
*Don't know (Skip to p.131, Q.135)* . . *8*

b. How many times, in total, have you been hospitalized?

_____

134. We would like to obtain the hospital records for each time that you were hospitalized. As we talk about each hospitalization, I will ask you to sign a form that gives us your permission to ask for the records.

*Ask Qs. a-d for each hospitalization indicated above. Then fill out a consent form for each and have R sign them all. Once all consent forms are signed and clipped together, go to Q.135.*

Hospitalization No. 01

a. In what month and year were you first hospitalized?

_____ /19_____
*(month)* *(year)*

b. What was the name of the hospital?

_____

c. In what city and state is the hospital located?

City _____

State _____

d. What was the medical reason for this hospitalization?

_____