

BIENNIAL HOSPITALIZATION HISTORY FORM III

Descri		
Dear	ru:	
Please read the following before		
	ch diet and lifestyle to physical health (especially casions that occur AFTER you last filled in a form like	
We would greatly appreciate you tall enclosed postage-paid envelope	ring a few minutes to complete the following que e.	stions. Please then return the form in the
If you have not been admitted to the questions 7–13.	ne hospital since joining AHS-2, you only need to	fill the first circle below, and then complete
If you have had at least one such ho continue to Question 2 and on.	spital stay, even if only overnight, please fill in the	second circle below in Question 1, and then
1 O I have had NO hospitaliz		Please shade bubbles like this → Not like this →
O I have been admitted to	a hospital at least once, even if just overnigh	t, since .
Please answer the questions	below about these hospitalizations, but	first read the following statement:
	s a small chance that we may need to view soll ask your permission before looking at the	and the second s
2	First Hospital Stay since	
	d) Name of Hospital	
BAR	b) Address of Hospital	(Street)
CODE	(City)	(State) (Zip code)
AREA	c) Approximate date you were admitted	(Month) (Year)
	d) What was the main medical condition that ca	
	Account to the second s	

	a) Name of Hospital							
	b) Address of Hospital	(0						
	(City)	(State)	(Zip code)					
	c) Approximate date you were admitted	(Month)	(Year)					
	d) What was the main medical condition (Print)	that caused this admission?						
4	If you had three or more hospital stays Use the questions above to guide you	during this time, use an extra sheet of papin giving the necessary information.	er to describe them.					
5	(Fill circles to give your answers.) Did you have any cancers or tumors diagnosed or treated during any of the hospitalizations that you listed above? No							
	Yes → During which of the hospit	alizations that you listed above? The second	ization					
6	During the hospitalizations that you list heart attack such as clot-busting medi ○ No ○ Yes → During which of the hospit		or have treatments to stop a					
6	No Yes → During which of the hospit	cines, or the balloon or a stent?						
6 7	heart attack such as clot-busting medi No Yes → During which of the hospit The first (Fill circles to give your answers.)	alizations that you listed above?	ization					
6 7	heart attack such as clot-busting medi No Yes → During which of the hospit The first Till circles to give your answers.) Did you have any cancer or tumor diagentate that did NOT require a hospital stay? No → (You can skip to Question)	alizations that you listed above? The second Another hospital gnosed since the date printed on the previous	ization ous page in the blue box					
7	heart attack such as clot-busting medi No Yes → During which of the hospit The first Till circles to give your answers.) Did you have any cancer or tumor diagentate that did NOT require a hospital stay? No → (You can skip to Question)	alizations that you listed above? The second O Another hospital gnosed since the date printed on the previous 9 on the next page) was affected? (Please print)	ization ous page in the blue box					
7	heart attack such as clot-busting medi No Yes → During which of the hospit The first The first	alizations that you listed above? The second Another hospital gnosed since the date printed on the previous of the next page) was affected? (Please print)	us page in the blue box					
7	heart attack such as clot-busting medi No Yes → During which of the hospit The first The first	alizations that you listed above? The second O Another hospital gnosed since the date printed on the previous on the next page) was affected? (Please print) (Month). (Year). cared for you then.	us page in the blue box					

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9	Have you had any fractures (broken bones) of the wrist or hip after 2001? Include only those that came from a fall or minor accident . Leave circles blank for "No", or else fill in the appropriate circle for "Yes".													m a	
	Wrist Hip	200	02-2004	200	05–2006	2007	7-2008								
10	the ap	propriate	circle f	or time	of first di	iagnosis	s, being		omplete	e one of	the circl	es in the	e two r	ns? If so, ight hand	
						First diagnosed:					Have you been treated for this in the last 12 months?				
						2002-20	004	2005-200	6 2	007-200	8	N	lo	Yes	
	2.5	blood pre				0		0		0				0	
		e (lasting		The state of the s		O		O		O			2	O	
		stroke (T			4 hrs)	O		0		0		5	2	0	
		estive hea		re		0		0		0				0	502000
		I/Colon p		o III)		0		0		0				0	ARGA
	Diabetes mellitus (Type II) Hyperthyroidism (overactive thyroid)					ŏ		Õ		Õ		2	5	Õ	rete
		thyroidisn				O		Õ		O		O		Ö	
		nson's dis			,,,,,,,	Ŏ		Ŏ		Ŏ		Ö		Ö	
		ole sclero				0		O		0		0		0	
	Cataract					0		0		0		0		0	
	Macu		lacular Degeneration					0		0		0		0	
	Glaucoma					0		0		0			2	0	
	Rheumatoid arthritis					0		O		0				O	
	Fibromyalgia					0		O			0 0				
	Lupus (SLE) Ankylosing spondylitis Sleep apnea					000		0	0			0		0	
								0							
44			ed in yo	ur dieta	ry habits	at diffe	rent age	es. For al	l rows	up to y	our pre	sent ag	je, plea	se fill one	
11						circles each row).			Eggs			Dairy			
	Red Meat		Poultry				Fish		Eggs			(Milk, che	(Milk, cheese, butter, yogurt, etc.)		
	Never or rarely	1–3 per month	1+ per week	Never or rarely	1–3 per month	1+ per week	Never or rarely	1-3 per month	1+ per week	Never or rarely	1-3 per month	1+ per week	Never or rarely	1-3 per month	1+ per week
10 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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	NSAIDs) for at least two of the last five years, and if so, how often you took them. First, please think about Aspirin-containing medicines (e.g., Bufferin, Ecotrin, Disprin, Empirin, Ascriptin, Lortab,									
	I used these medicines for at least two years during	Several times per week	Once each day	Several each da						
	Second, please consider other non-Aspirin NSAIDs such as Aleve, Anaprox, Celebrex, Arthrotec, Clinoril, Dolobid,									
	Naproxin, Indocin, Mobic, Motrin, Ibuprofen, Nalfon, Neo acetominophen (Tylenol) or steroids (such as prednisone).								
	I used these medicines for at least two years during the last 5 years and the usual frequency was:	Less than once/week	Several times per week	Once each day	Several each da					
	I never used either of these types of medicine, or for less than 2 of the last 5 years.									
	It is important that we can keep in contact with you. We a confidential.	again promise that	t your details are	kept absolute	aly.					
have	now finished.									
	Thank you again for your conti		li		g T					
PIE	ease mail this form in the enclosed postage paid	envelope to u	is at							