



## Form 120H – Hospitalization Supplement

OFFICE USE ONLY	
Contact date: <input type="text"/> - <input type="text"/> - <input type="text"/> (MM/DD/YY)	Member ID: <input type="text"/> - <input type="text"/> - <input type="text"/>
Staff ID: <input type="text"/> OCT <input type="text"/>	First Name <input type="text"/> M.I. <input type="text"/>
Contact type: <input type="checkbox"/> <sub>1</sub> Phone <input type="checkbox"/> <sub>2</sub> Mail <input type="checkbox"/> <sub>8</sub> Other	Last Name <input type="text"/>

**This form asks about hospital stays since:**

/ /   
MM DD YYYY

Do not report events that happened before the date above. However, if you are not sure of a date, please answer the questions.

1. What is today's date? Write date here:   /   /    
Month Day Year
2. Who is completing this form? Name and relationship to participant:
3. Best phone number to reach the person completing this form: (  )
4. Since the date on the front of this form, has the WHI participant been admitted to a hospital for one night or more for any other reason, not previously reported on Form 33?  
☒<sub>1</sub> Yes ☐<sub>0</sub> No → **If No, please stop here. You are done with this form.**



Please provide the details of the WHI participant's first three hospital stay(s).

**4.1. 1st hospital stay** of one night or more.

Hospital name:   
    
Street City State

**4.2** Date participant entered the hospital (estimate if unsure): --  
Month Day Year

**4.3** How many nights in the hospital? ☒<sub>1</sub> One ☐<sub>2</sub> Two or more

**4.4** Reason for this hospital stay:

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**4.5. 2nd hospital stay** of one night or more.

Hospital name: \_\_\_\_\_

\_\_\_\_\_  
Street City State

**4.6** Date participant entered the hospital (estimate if unsure): \_\_\_\_-\_\_\_\_-\_\_\_\_  
Month Day Year

**4.7** How many nights in the hospital? ☐ One ☐ Two or more

**4.8** Reason for this hospital stay: \_\_\_\_\_  
\_\_\_\_\_

**4.9 3rd hospital stay** of one night or more.

Hospital name: \_\_\_\_\_

\_\_\_\_\_  
Street City State

**4.10** Date participant entered the hospital (estimate if unsure): \_\_\_\_-\_\_\_\_-\_\_\_\_  
Month Day Year

**4.11** How many nights in the hospital? ☐ One ☐ Two or more

**4.12** Reason for this hospital stay: \_\_\_\_\_  
\_\_\_\_\_

**5.** Did the participant have any other hospital stays not yet reported?

☐ Yes ☐ No → **If No, please stop here.**  
↓

**5.1** How many additional hospital stays did the participant have?

☐ One ☐ Two ☐ Three or more

**Record additional provider information in the Comments section below.**

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_