This form asks about hospital stays since:

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: __ ___/___ ___/___ ___

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?
   ○ 1 Yes   ○ 0 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): __ ___/___ ___/___ ___

4.3 How many nights in the hospital? ○ 1 One  ○ 2 Two or more

4.4 Reason for this hospital stay: __________________________
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): ___ ___-___ ___-___ ___

4.7 How many nights in the hospital?  O 1 One  O 2 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): ___ ___-___ ___-___ ___

4.11 How many nights in the hospital?  O 1 One  O 2 Two or more

4.12 Reason for this hospital stay: ________________________________

_________________________________________________________

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

O 1 Yes  O 0 No  ➔ If No, please stop here.

5.1 How many additional hospital stays did the participant have?

O 1 One  O 2 Two  O 3 Three or more

Record additional provider information in the Comments section below.

Comments

____________________________________________________________________

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