Has the participant indicated any of the following reasons for being admitted overnight for this case?

1. Suspected or confirmed problems with the heart, circulation, or a blood clot. FY288B4HCBC
   - 1. No → Go to Question 2
   - 2. Yes

2. For which specific problem?
   - 1. No
   - 2. Yes

   - 1. Yes
     - 1. Chest pain from a heart problem (angina) FY288B4ANGI
     - 2. Heart failure (congestive heart failure or CHF) FY288B4CHF
     - 3. Heart bypass operation (coronary bypass or CABG) FY288B4CABG
     - 4. Blood clot in the lung (pulmonary embolism) FY288B4PEMB
     - 5. Procedure or operation to unblock narrowed blood vessels in neck (carotid endarterectomy or carotid angioplasty) FY288B4CRDA
     - 6. Aortic aneurysm FY288B4AORA
     - 7. Heart attack (coronary, myocardial infarction or MI) FY288B4MYOI
     - 8. Heart cath (cardiac catheterization) FY288B4CATH
     - 9. Procedure to unblock narrowed blood vessels to your heart muscle (PTCA, coronary angioplasty, stent, or atherectomy) FY288B4PTCA
     - 10. Blood clot in the leg (deep vein thrombosis or DVT) FY288B4DVT
     - 11. Poor blood circulation or blocked or narrowed blood vessels to the legs or feet (claudication, peripheral arterial disease, gangrene, or Buerger’s disease) FY288B4CLAU
     - 12. Amputation of a part of a leg, including toes, because of poor blood circulation, gangrene, or diabetes FY288B4AMP
     - 13. Other (specify): FY288B4OTH

   FY288B4OTHX

2. Suspected or confirmed stroke or transient ischemic attack (TIA) FY288B4TIA
   - 1. No
   - 2. Yes

3. Kidney failure or transplant FY288B4KIDF
   - 1. No
   - 2. Yes

4. Chronic lung disease/COPD/emphysema FY288B4COPD
   - 1. No
   - 2. Yes
5. Hypertension/High Blood Pressure FY288B4HBP
   1️⃣ No
   2️⃣ Yes

6. Diabetes FY288B4DIA
   1️⃣ No
   2️⃣ Yes

7. Asthma FY288B4ASTH
   1️⃣ No
   2️⃣ Yes

8. Sleep apnea FY288B4SAPN
   1️⃣ No
   2️⃣ Yes

9. Bariatric surgery (e.g., gastric bypass or laparoscopic banding) FY288B4GBSS
   1️⃣ No
   2️⃣ Yes

10. Psychiatric Care FY288B4PSYC
    1️⃣ No
    2️⃣ Yes → IF NO OTHER REASON FOR HOSPITALIZATION LISTED END OF HOSPITALIZATION _____. DO NOT COLLECT MEDICAL RECORDS

11. Pregnancy/Delivery FY288B4PREG
    1️⃣ No
    2️⃣ Yes → IF NO OTHER REASON FOR HOSPITALIZATION LISTED END OF HOSPITALIZATION _____. DO NOT COLLECT MEDICAL RECORDS

12. Other (specify): FY288B4OTHE
    1️⃣ No
    2️⃣ Yes → Go to Question 13 FY288B4OXTH

### 12A. Please Code Other Reasons Here (Check All That Apply)

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<p>| |
|   |<br />
|---|---|
| a. Hysterectomy/oophorectomy/fibroid surgery FY288B4OTH1 |
| b. Cervical spine surgery FY288B4OTH2 |
| c. Lumbar spine surgery FY288B4OTH3 |
| d. Other back surgery FY288B4OTH4 |
| e. Knee replacement FY288B4OTH5 |
| f. Hip replacement FY288B4OTH6 |
| g. Bladder surgery FY288B4OTH7 |
| h. Hernia repair FY288B4OTH8 |
| i. Treatment for previously diagnosed cancer (e.g., |</p>
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<td>chemotherapy, radiation</td>
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13. Did any of the problems or conditions include a **yes** response to Question 1 (heart, circulation, or a blood clot) through Question 9 (bariatric surgery)? **FY288B4BARI**

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14. How many nights was this hospitalization? **FY288B4NHOP**

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<td>3 or fewer</td>
<td>4 or more</td>
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15. Did the problems or conditions include **yes** responses to Question 12A. responses a. (hysterectomy/oophorectomy/fibroid surgery) through i. (treatment for previously diagnosed cancer) as the only problem or condition reported? **FY288B4YESR**

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<td>YES</td>
<td>DO NOT COLLECT MEDICAL RECORDS IF HOSPITALIZED 3 OR FEWER NIGHTS</td>
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</tbody>
</table>

COLLECT MEDICAL RECORDS IF HOSPITALIZED 4 OR MORE NIGHTS OR UNKNOWN
## HOSPITALIZATION

**CASE #:** 288 8 0 H FY288BH5CN

Has the participant indicated any of the following reasons for being admitted overnight for this case?

1. Suspected or confirmed problems with the heart, circulation, or a blood clot. FY288B5HCBC
   - [1] No ➔ Go to Question 2
   - [2] Yes

   **No** | **Yes** | **For which specific problem?**
   --- | --- | ---
   [1] | [2] | Chest pain from a heart problem (angina) FY288B5ANGI
   [1] | [2] | Heart failure (congestive heart failure or CHF) FY288B5CHF
   [1] | [2] | Heart bypass operation (coronary bypass or CABG) FY288B5CABG
   [1] | [2] | Blood clot in the lung (pulmonary embolism) FY288B5PEMB
   [1] | [2] | Procedure or operation to unblock narrowed blood vessels in neck (carotid endarterectomy or carotid angioplasty) FY288B5CRDA
   [1] | [2] | Aortic aneurysm FY288B5AORA
   [1] | [2] | Heart attack (coronary, myocardial infarction or MI) FY288B5MYOI
   [1] | [2] | Heart cath (cardiac catheterization) FY288B5CATH
   [1] | [2] | Procedure to unblock narrowed blood vessels to your heart muscle (PTCA, coronary angioplasty, stent, or atherectomy) FY288B5PTCA
   [1] | [2] | Blood clot in the leg (deep vein thrombosis or DVT) FY288B5DVT
   [1] | [2] | Poor blood circulation or blocked or narrowed blood vessels to the legs or feet (claudication, peripheral arterial disease, gangrene, or Buerger’s disease) FY288B5CLAU
   [1] | [2] | Amputation of a part of a leg, including toes, because of poor blood circulation, gangrene, or diabetes FY288B5AMP
   [1] | [2] | Other (specify): FY288B5OTH

2. Suspected or confirmed stroke or transient ischemic attack (TIA) FY288B5TIA
   - [1] No
   - [2] Yes

3. Kidney failure or transplant FY288B5KIDF
   - [1] No
   - [2] Yes

4. Chronic lung disease/COPD/emphysema FY288B5COPD
   - [1] No
   - [2] Yes
5. Hypertension/High Blood Pressure FY288B5HBP
   1  No
   2  Yes

6. Diabetes FY288B5DIA
   1  No
   2  Yes

7. Asthma FY288B5ASTH
   1  No
   2  Yes

8. Sleep apnea FY288B5SAPN
   1  No
   2  Yes

9. Bariatric surgery (e.g., gastric bypass or laparoscopic banding) FY288B5GBSS
   1  No
   2  Yes

10. Psychiatric Care FY288B5PSYC
    1  No
    2  Yes

   IF NO OTHER REASON FOR HOSPITALIZATION LISTED
   END OF HOSPITALIZATION _____. DO NOT COLLECT
   MEDICAL RECORDS

11. Pregnancy/Delivery FY288B5PREG
    1  No
    2  Yes

   IF NO OTHER REASON FOR HOSPITALIZATION LISTED
   END OF HOSPITALIZATION _____. DO NOT COLLECT
   MEDICAL RECORDS

12. Other (specify):
    FY288B5OTHE

    1  No
    2  Yes

   Go to Question 13

   Go to Question 12A

   12A. Please Code Other Reasons Here (Check All That Apply)

   No           Yes
   1  2  a. Hysterectomy/oophorectomy/fibroid surgery
               FY288B5OTH1
   1  2  b. Cervical spine surgery FY288B5OTH2
   1  2  c. Lumbar spine surgery FY288B5OTH3
   1  2  d. Other back surgery FY288B5OTH4
   1  2  e. Knee replacement FY288B5OTH5
   1  2  f. Hip replacement FY288B5OTH6
   1  2  g. Bladder surgery FY288B5OTH7
13. Did any of the problems or conditions include a yes response to Question 1 (heart, circulation, or a blood clot) through Question 9 (bariatric surgery)? FY288B5BARI
   - No ➔ ANSWER NEXT QUESTION
   - Yes ➔ END OF HOSPITALIZATION. COLLECT MEDICAL RECORDS

14. How many nights was this hospitalization? FY288B5NHOP
   - 3 or fewer
   - 4 or more
   - Unknown

15. Did the problems or conditions include yes responses to Question 12A. responses
   a. (hysterectomy/oophorectomy/fibroid surgery) through i. (treatment for previously diagnosed cancer) as the only problem or condition reported? FY288B5YESR
   - NO ➔ END OF HOSPITALIZATION. COLLECT MEDICAL RECORDS
   - YES ➔ DO NOT COLLECT MEDICAL RECORDS IF HOSPITALIZED 3 OR FEWER NIGHTS
     COLLECT MEDICAL RECORDS IF HOSPITALIZED 4 OR MORE NIGHTS OR UNKNOWN

☐ Check here if more hospitalizations are reported and use supplemental form FY288BSUPH2