HOSPITALIZATIONS

1. Have you been hospitalized since_____?
   (If hospitalized more than once, fill out ADDITIONAL HOSPITALIZATIONS on the
   next page.)

   HOSPTL22   1. Yes ☐   2. No ☐

   If yes, name of hospital_____ Date____/____/____ DVHOSP22
                                                          Mo. Day Year

   address_____

   reason for admission_____ _____DAYS22_____ days
                                                       Number of days in
                                                       hospital

2. Check <u>any</u> of the following which occurred in association with the above
   hospitalization:
                                              CPHOSP22
   MIHOSP22 Heart attack ☐   Chest pain (not a heart attack) ☐   Stroke ☐ STROKH22

   HFAILH22 Heart failure ☐   Rhythm disturbance ☐   Cardiac catheterization or
                                 RDISTH22   coronary arteriography ☐ CATHHP22

   PTCA22   Balloon angioplasty (PTCA, balloon dilatation) ☐

3. Did you have any surgery during the above hospitalization?

                   SURGRY22   1. Yes ☐   2. No ☐

   If yes, indicate type (if known).

   CORART22 Coronary artery surgery ☐   Valvular surgery ☐   Myocardial surgery ☐
                                                                  (aneurysmectomy)

   Pacemaker surgery ☐   Pericardial surgery ☐   Peripheral vascular surgery ☐

   Heart transplant ☐   Other ☐ (please specify)_____
                 OTHSRG22

AS STATED ABOVE, IF YOU WERE HOSPITALIZED MORE THAN ONCE, FILL
OUT ADDITIONAL HOSPITALIZATIONS ON THE NEXT PAGE. PLEASE USE
THE BACK OF THE NEXT PAGE TO DESCRIBE ANY FURTHER HOSPITALIZATIONS.