



Form 120H – Hospitalization Supplement

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

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?

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): _____-_____-_____
Month Day Year

4.3 How many nights in the hospital? ₁ One ₂ 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

