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## HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY

selected health characteristics by area

Geographic Divisions and Large Metropolitan Areas

United States July 1957-June 1959

Selected statistics relating to limitation of activity, disability days, chronic conditions, persons injured, and physician and dental visits by geographic division and for each of the eight largest Standard Metropolitan Statistical Areas. Based on data collected in household interviews during the period July 1957-June 1959.

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Abraham A. Ribicoff, Secretary

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

#### CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the Health Interview Survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

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# GEOGRAPHIC DIVISIONS AND LARGE METROPOLITAN AREAS

#### SUMMARY

This report, based on health interviews conducted in approximately 73,000 households and covering about 235,000 persons throughout the United States during the period July 1957-June 1959, presents information on various health topics for nine geographic divisions of the United States, and for each of the eight largest Standard

Metropolitan Statistical Areas. Another report issued recently by the National Health Survey (Series C, No. 5) contains data on essentially the same health topics for the four major regions of the United States by urban, rural-nonfarm, and rural-farm residence.

In the following table, rates for the geographic areas included in the present report have been summarized:

		f persons th	Bed disability	Visits per person per year		
Area	l+ chronic conditions	Limitation of activity	days per person per year	Physician	Dental	
Geographic division						
All divisions	40.9	10.0	6.8	5.0	1.5	
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific Standard Metropolitan Statistical Area	40.1 40.6 40.8 42.0 41.4 38.0 37.8 43.2 44.5	12.4 8.3	5.3 6.6 6.0 6.4 7.0 8.7 8.1 6.7 6.9	4.3 5.8 4.7 4.7 4.8 4.1 5.0 5.1	1.8 2.2 1.5 1.5 1.1 0.9 0.9 1.3 1.8	
New York-N.E. New Jersey Chicago Los Angeles Philadelphia Detroit San Francisco Boston Pittsburgh	41.5 39.4 40.2 34.7 33.2 44.8 34.9 30.3	9.7 8.2 8.2 7.3 4.7 9.7 9.1 7.1	6.9 5.8 6.7 5.0 5.0 7.1 4.9 5.7	6.5 4.7 5.8 6.2 4.0 6.9 4.6 4.5	2.8 2.2 1.8 2.1 1.7 2.2 2.3 1.6	

This report was prepared by Geraldine A.Gleeson of the U.S. National health Survey staff.

## SOURCE AND DESCRIPTION OF DATA

The information contained in this report was obtained from nationwide household interviews conducted by the U. S. National Health Survey. The survey is continuous, each week covering a random sample of the civilian noninstitutional population of the United States.

The sample for the survey was designed in such a fashion that health data can be provided for a number of geographic areas, though not for individual States. In a previous report (C-5) information on certain health topics has been presented for the four major regions of the United States, namely, the Northeast, North Central. South, and West, and for the urban, rural-nonfarm, and rural-farm areas within each region. In the present report, information on the same general health topics is shown in greater geographic detail. Each of the four regions has been further divided, using the same grouping of States as that used by the Bureau of the Census, to produce nine geographic divisions.1 In addition. health information for each of the eight largest Standard Metropolitan Statistical Areas in the United States has been included.

The health topics selected for presentation in this report include (1) the amount of disability due to illness, (2) the prevalence of selected chronic conditions and the number of persons injured, and (3) the use of medical and dental services. In order to present the data in geographic detail it has been necessary in some instances, because of the sampling error, to consolidate information relating to health topics.

As previously mentioned, the National Health Survey uses the same grouping of States in geographic divisions as that used by the Bureau of the Census (see Appendix II for grouping of States). Also, the Standard Metropolitan Statistical Areas for which health data are shown are the eight largest of these areas as determined by the 1950 Decennial Census, and the confines of the metropolitan areas are those defined by the Bureau of the Census.

In all of the detailed tables in this report, the geographic divisions have been arranged in the usual order of presentation from the north-eastern part of the country, the New England States, to the far Western Pacific States. In tables that include the large metropolitan areas, these areas are shown immediately following the geographic divisions in which they are located. This arrangement affords the reader a better opportunity to compare estimates for the metropolitan area with those for the entire geographic division.

In general, the description of the health status of persons living in a particular geographic area is influenced to some extent by the distribution of persons within the area. For example, if a relatively high proportion of elderly persons reside in an area, it would be expected that the rate of illness and disability would be high because it would be weighted by the higher rates known to exist in the older population. Because of the differences in the age distribution of the population in the divisions and the metropolitan areas, agespecific rates are shown for most of the health topics presented in this report. However, in some of the tables, particularly those showing metropolitan areas, it has not been feasible to include age as a variable because the small frequencies resulting from a more detailed breakdown would have produced unreliable rates. For the correct interpretation of differences in rates appearing in such tables, it is necessary to take into account the distribution of the population in the geographic divisions and in the Standard Metropolitan Statistical Areas shown in table A.

Included in Appendix I of this report is a brief description of the survey design and methods used in estimation. Since all the data included in this report are estimates based on a sample of the population rather than on the entire population, they are subject to sampling errors. While the sampling errors for most of the estimates are of relatively low magnitude, where an estimated number or the numerator or denominator of a rate or percentage is small, the sampling error may be high. Tables of sampling errors and instructions for their use are also presented in Appendix I.

Definitions of the terms used in this report may be found in Appendix II. Since many of the terms have specialized meanings it is suggested that the reader familiarize himself with these definitions. A facsimile of the health-interview questionnaire used during the period July 1958-June 1959 is presented in Appendix III.

<sup>&</sup>lt;sup>1</sup>Separate estimates for the health topics shown in this report are available on request for the eastern and western sections of the East North Central Division and for the upper and lower sections of the South Atlantic Division.

Table A. Percent distribution of population in geographic divisions and in selected Standard Metropolitan Statistical Areas according to age: United States, July 1957-June 1959

	Age					
Area	All ages	0-24	25-44	45-64	65+	
Geographic division	Percent distribution					
All divisions	100.0	44.1	26.8	20.5	8.6	
New England	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	41.5 39.4 43.9 45.1 46.8 47.7 46.9 49.8 42.9	26.9 28.0 27.5 25.6 26.4 23.9 25.7 26.5 28.2	21.6 23.6 20.1 19.6 19.3 20.2 19.1 16.3 20.2	10.0 9.0 8.5 9.8 7.5 8.3 8.4 7.5 8.7	
Statistical Area  Boston New York-N.E. New Jersey Philadelphia Pittsburgh Chicago Los Angeles San Francisco	100.0 100.0 100.0 100.0 100.0 100.0 100.0	40.2 37.1 41.6 40.6 44.9 40.1 41.0 43.7	28.3 28.8 28.6 28.8 28.6 28.9 29.8 29.3	22.0 25.7 21.8 22.1 20.3 22.8 20.4 19.4	9.6 8.4 8.0 8.5 6.1 8.2 8.7 7.5	

#### DISABILITY

Two aspects of disability are measured in the National Health Survey; one, referred to as chronic limitation of activity described as inability to carry on all or part of one's regular activities; the other, relatively short periods of disability described as days of restricted activity, bed disability, and work loss.

#### Long-Term Disability

For each person for whom a chronic condition was reported during the interview, the respondent was shown one of the cards C through F (reproduced in Appendix III) and was asked to select the statement on the card which described most accurately the activity limitation status of the person. The cards vary in wording in relation to the usual activity of the person, but are consistent in describing comparable degrees of limitation for each activity status. In this report all

degrees of activity limitation have been combined so that greater detail in geographic distribution could be shown.

The percentage of persons with one or more chronic conditions ranged from 37.8 percent in the West South Central division to 44.5 percent in the Pacific division (table 1). However, the highest percentage of persons with chronic conditions causing chronic limitation of activity, 12.4 percent, was found in the East South Central division, an area in which a comparatively low proportion of the population had one or more chronic conditions (fig. 1). A high rate of activity limitation, in comparison with that in other geographic divisions, is characteristic of each of the age groups in the East South Central division (shown in table 2). In each age group in this division the proportion with activity limitation is higher than in comparable age groups for the National population, with the greatest differential among persons 65 years of age and over.

Of the eight Standard Metropolitan Statistical Areas for which separate statistics are shown.

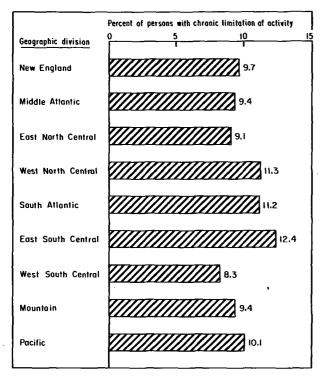


Figure 1. Percent of persons with chronic limitation of activity by geographic division.

four areas, Pittsburgh, Boston, Detroit, and Philadelphia, had comparatively small percentages of persons with 1+ chronic conditions, ranging from 30 to 35 percent. The rate of persons with chronic conditions in the remaining four, New York-N.E. New Jersey, Chicago, Los Angeles, and San Francisco, ranged from approximately 40 to 45 percent. The proportion of persons with chronic conditions causing limitation of activity was lowest for Detroit, 4.7 percent, and highest in New York-N.E. New Jersey and San Francisco, 9.7 percent. These eight areas account for slightly more than one fifth of the total persons in the United States with one or more chronic conditions.

#### Disability Days

Information on disability in terms of days was obtained for each condition, either chronic or acute, reported in response to questions 11-17 and entered in table I of the interview questionnaire (see Appendix III). The estimated number of restricted-activity days is based on responses to the questions in columns (e), (f), and (g) in table I of the questionnaire. Responses to the question in column (h) formed the basis for the estimate of number of bed-disability days, and replies to the questions in columns (i) and (j) were used to determine the estimated number

of days lost from work. Precise definitions for each of the kinds of disability days are given in Appendix II. A day of disability resulting from more than one condition was ascribed to each condition in tabulations dealing with condition characteristics. However, in the tabulation of disability days for persons, the day is counted only once as a day of disability for the person involved. Only person-days of disability are shown in this report.

The highest rate of disability was reported among persons living in the East South Central States, with a rate of 21.3 restricted-activity days, 8.7 bed-disability days, and 7.8 work-loss days per person per year. Comparable rates for the New England States, the area with the lowest rate of disability, were 16.8, 5.3, and 5.5 (table 4). Markedly high rates of disability among persons 65 years and older contributed to the total rate of disability in the East South Central division. The average number of bed-disability days per person per year for each of the geographic divisions is shown in figure 2.

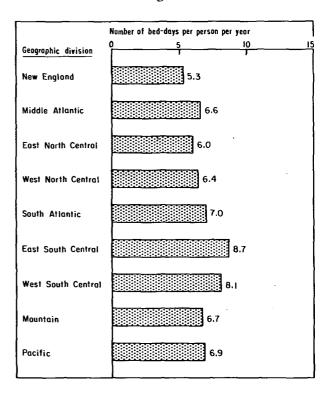


Figure 2. Number of bed-disability days per person per year by geographic division.

Among the eight Standard Metropolitan Statistical Areas the average number of restricted-activity days per person was highest for the New York-N. E. New Jersey area, 18.5 days per person per year, and lowest in the Detroit area, 10.7

days per person. The New York-N. E. New Jersey area also reported high rates of bed disability and work loss. The Western cities, Los Angeles and San Francisco, had consistently high rates for all three types of disability days.

#### **ILLNESS**

In this report, tables showing illness by geographic division and for selected Standard Metropolitan Statistical Areas have been limited to the prevalence of selected chronic conditions, and the number and rate of persons injured.

Data on conditions are based on replies to a series of ''illness-recall'' questions, designed to assist the respondent in reporting illnesses as accurately and completely as possible. In addition, check lists of chronic conditions and impairments were read to each repondent to determine the presence of chronic illness among family members during the 12-month period prior to interview.

#### Chronic Conditions

In the National Health Survey, a condition is considered to be chronic if it is reported as having been present for more than 3 months at time of interview, or if it is described by the respondent in terms of one of the conditions on the check lists of chronic conditions and impairments (Cards A and B, Appendix III) regardless of how long the condition has existed.

The prevalence of chronic conditions estimated on the basis of data collected in the healthinterview phase of the National Health Survey includes, in the various diagnostic categories, cases which the respondent is aware of remembers, and considers of sufficient importance to report. Estimates derived from this kind of information can be expected in some instances to differ widely from estimates based on clinical examinations or medical histories. Since the degree of accuracy and completeness with which the various condition categories are reported is to a large extent dependent on the nature of the condition itself, it has been the policy of the National Health Survey to prepare individual reports dealing with specific condition categories. In this manner it has been possible to present the limitations and qualifications pertaining to the particular diagnostic category.

In this report data are presented which provide information on selected chronic conditions by geographic division and for selected Standard Metropolitan Statistical Areas. Since space does not permit the presentation of background information necessary for the proper interpretation of these data, it is suggested that users of this in-

formation refer to reports in the B Series dealing with specific chronic condition groups.

The groups shown in this report are listed below with their equivalent International Classification Code Numbers or Supplementary Impairment Code Numbers:

Chronic Condition Group	International Classification Code Numbers, 1955 Revision
Heart conditions High blood pressure Diabetes Peptic ulcer	410-443 444-447 260 540-542
Arthritis and rheumatism Hernia Asthma-hay fever Chronic bronchitis Chronic sinusitis	720-727 560-561 240-241 502 513
Impairment Group	Supplementary Impairment Code Numbers
Visual impairments Hearing impairments Paralysis of major ex-	X00-X05 X06-X09
tremities and/or trunk	X40-X49; X50-X59; X60-X69

The prevalence of the selected chronic conditions is shown in tables 6 and 7. The rate of prevalence of heart conditions was remarkably consistent by geographic division. The prevalence of high blood pressure was slightly higher in the South Atlantic and East South Central States than in the other divisions. Diabetes tended to be lower in the western divisions of the country; this was in agreement with the gradual decrease in prevalence of diabetes from the eastern to western regions of the country (Series C, No. 5).

Among conditions affecting the respiratory system, significant variations in prevalence rates for geographic divisions were noted. The prevalence of each type of respiratory ailment shown in this report, namely, asthma-hay fever, chronic bronchitis, and chronic sinusitis, was high in the Mountain and Pacific States. A comparatively high rate for chronic sinusitis was found also in the East North Central, the West North Central, and the West South Central States.

It was necessary to omit from table 8 much of the prevalence data for selected chronic conditions in the large Standard Metropolitan Statistical Areas because of the magnitude of the sampling errors.

The rates for heart conditions in the large cities were quite consistent. The rate of high blood pressure was slightly higher in New York-N.E. New Jersey and Philadelphia than in other metropolitan areas, but the difference was not statistically significant. The rate for arthritis and rheumatism varied considerably in the large cities, and only in New York-N.E. New Jersey and Chicago was the rate as high as that for the entire United States (63.9 cases per 1,000 population).

For asthma-hay fever, the rates of 33.7 cases per 1,000 in Pittsburgh and 38.7 cases per 1,000 in Detroit were much lower than the National rate of 54.3 cases, and the rate for these conditions in San Francisco, 84.9 cases per 1,000, was significantly higher than that for the entire United States. The prevalence of chronic sinusitis was higher in cities in the Midwest and Far West, namely, Detroit, Chicago, San Francisco and Los Angeles, than in cities located in the eastern part of the country.

#### Persons Injured

Whenever an injury or the residual effect of any injury was reported, information about the circumstances of the original accident was recorded in table A of the questionnaire (see Appendix III). Only one entry was made in table A for each accident reported by a person, irrespective of the number of injuries which he suffered as a result of the specific accident.

Although the survey questionnaire is designed to collect information on all injuries, it should be emphasized that only injuries that were medically attended or resulted in one or more days of restricted activity are included in this report.

The number and rate of persons injured are shown for each of the geographic divisions by age in table 9. The rate of persons injured was highest in the Mountain and Pacific States, and lowest in the East South Central States (fig. 3). With the exception of the West North Central States, in all divisions in which the estimates were sufficiently reliable to show rates by age

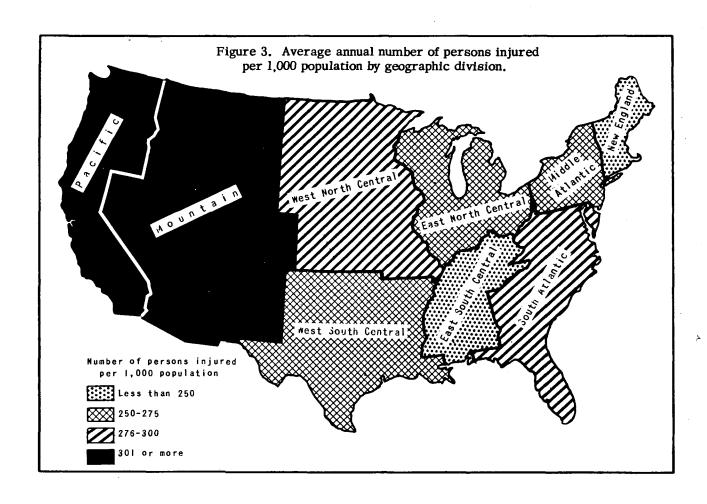


Table B. Average annual number and rate per 1,000 population of persons injured for selected Standard Metropolitan Statistical Areas: United States, July 1957-June 1959

Selected SMSA's	Average number of persons injured (in thousands)	Rate per 1,000 population
Boston	548	233.4
New York-N.E. New Jersey	3,049	223.0
Philadelphia	786	190.8
Pittsburgh	583	248.7
Detroit	591	156.8
Chicago	1,719	263.9
Los Angeles	1,611	264.4
San Francisco	960	332.8
our Francisco	900	

group the rate of injury among persons 0-24 years of age was higher than that for persons 25-44 years and 45 years and older. Definite trends showing a decrease in rate of injury with increasing age were noted in the Middle Atlantic, East North Central, and Pacific States.

The percentage distribution of persons injured is shown by class of accident for each of the geographic divisions (table 10). This form of presentation was selected in preference to rates per 1,000 population because the small frequencies resulting from the accident classification are more liable to misinterpretation when converted to rates based on the population.

The percentage of persons injured in motor vehicle accidents was higher in the East North Central/States than in any of the other geographic divisions. In the West North Central States the comparatively high percentage of persons injured while at work, with the compensating low percentage of persons injured in the home, may be due to reporting differences. In an area such as the West North Central division where the population is heavily weighted with persons living on farms, an injury resulting from an accident occurring on farm premises is often reported as a "while at work" injury whereas under similar circumstances in a nonfarming area it would be classified as a home injury.

The number and rate of persons injured in each of the eight largest Standard Metropolitan Statistical Areas are shown in table B. Estimates shown in this geographic detail are subject to large sampling errors, and should therefore be used with caution.

### USE OF MEDICAL AND DENTAL SERVICES

#### Physician Visits

In the National Health Survey a physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. (For a more complete definition, see Appendix II.)

The frequency with which persons consulted a physician, expressed as the average number of visits per person per year, was highest in the Middle Atlantic and Pacific States (table 11). In all age groups shown in table 12 the rate of physician visits in these two divisions was equal to or higher than the National average for comparable age groups. The lowest rates of physician visits were reported in the New England and the East South Central States. Rates of physician visits, in the various geographic divisions are shown graphically in figure 4. Based on estimates shown in table 11, 9.7 percent of physician visits in the entire country were home visits. This percentage varied considerably for the geographic divisions. ranging from 4.1 percent in the Mountain States to 17.4 percent in the New England States (table C).

The distribution of physician visits in large metropolitan areas by place of visit, based on estimates in table 11 and shown graphically in figure 5, indicates that a considerably higher percentage of home visits occurred in the areas located in the eastern part of the United States than in areas in the western portion. The total rate of physician visits varied from 4.0 visits per person

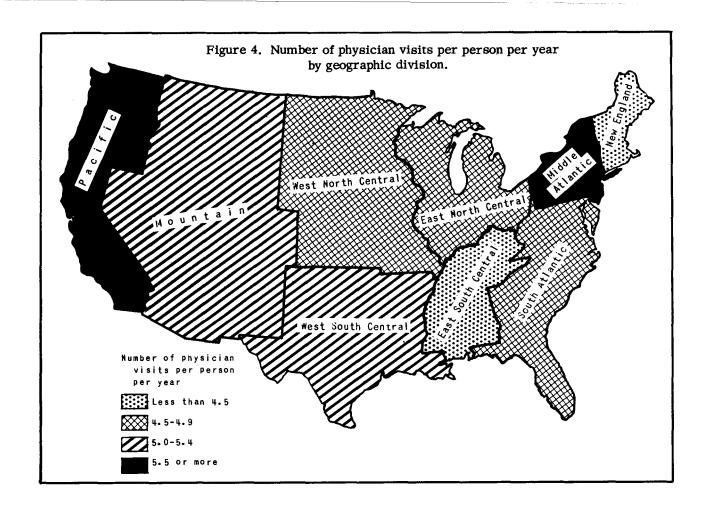


Table C. Percent distribution of physician visits in geographic divisions according to place of visit: United States, July 1957-June 1959

	Place of visit					
Geographic division	Total	Office	Home	Other and unknown		
	Percent distribution					
All divisions	100.0	65.8	9.7	24.5		
New England States	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	57.0 59.2 69.8 71.9 66.2 69.4 63.4 71.2 68.6	17.4 14.7 8.4 7.2 9.4 8.8 7.1 4.1 6.5	25.6 26.1 21.8 20.9 24.4 21.9 29.5 24.7 25.0		

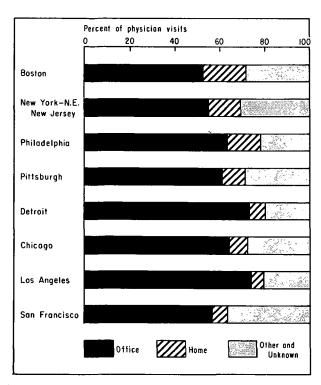


Figure 5. Percent distribution of physician visits by place of visit in selected Standard Metropolitan Statistical Areas.

per year in Detroit to 6.9 visits in San Francisco. The comparatively high rate of physician visits classified as other (hospital clinic, industrial health unit, and telephone) in New York City and San Francisco may be influenced in part by administrative practices relating to prepaid medical care plans carried by many residents of these areas.

#### **Dental Visits**

A dental visit, in the National Health Survey, is defined as any visit to a dentist's office for treatment or advice, whether the service was provided by a dentist or by a hygienist working under a dentist's supervision.

Although the estimates of the volume of dental visits presented in this report are based on the accumulation of counts of dental visits over a two-year-interviewing period, the aggregates shown in the tables represent, as in the case of physician visits, the average annual volume of dental visits.

The rate of dental visits per person per year for the entire country (1.5 visits) was exceeded by comparable rates in the New England, Middle Atlantic, and Pacific States. In the remaining six

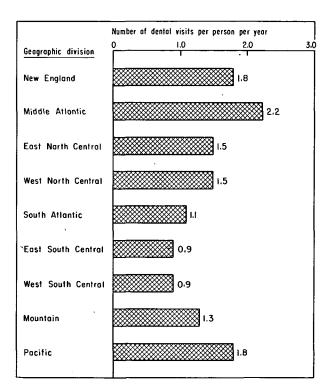


Figure 6. Number of dental visits per person per year by geographic division.

geographic divisions the rate was equivalent to or less than that for the United States (fig. 6). In general, the rate of visits was highest in the age group 15-24 years. However, in the southern part of the country, i.e., the South Atlantic, East South Central, and West South Central divisions this characteristic peak among persons 15-24 years was less pronounced (table 14).

In all of the eight large Standard Metropolitan Statistical Areas included in this report, the number of dental visits per person per year was higher than the rate of visits for the country as a whole (table 14). This high rate of dental visits in large cities is consistent with the general picture of higher rates among urban residents than among the rural-farm and nonfarm population in each of the four geographic regions (Series C, No. 5, table 16). The age trend, with peak rates in the age group 15-24 years, noted in geographic divisions, was also present in the large metropolitan areas.

The low rate of dental visits in the age group 65 years and older in the metropolitan areas as well as in geographic divisions was due to the high proportion of edentulous persons in the age group.

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#### POPULATION

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  - 16. Population of usually working persons used in obtaining rates shown in this publication by age and geographic division: United States, July 1957-June 1959----
  - 17. Population of usually working persons used in obtaining rates shown in this publication for selected Standard Metropolitan Statistical Areas: United States, July 1957-June 1959------

Table 1. Average number and percent distribution of persons according to presence of chronic conditions and limitation of activity by geographic division and for selected Standard Metropolitan Statistical Areas: United States, July 1957-June 1959

	Persons with 1+ chronic conditions			P	Persons with 1+ chronic conditions			
Geographic division and selected SMSA's	Total persons	Persons with no chronic condi- tions	Total	With any de- gree of activ- ity limita- tion	Total persons	Persons with no chronic condi- tions	Total	With any de- gree of activ- ity limita- tion
	Averag	e number thousan		ms in	Pe	rcent dis	tributi	.on
All divisions	169,835	100,325	69,510	16,919	100.0	59.1	40.9	10.0
New England States	9,921	5,939	3,983	966	100.0	59.9	40.1	9.7
Boston	2,348	1,529	820	213	100.0	65.1	34.9	9.1
Middle Atlantic States	32,457	19,272	13,185	3,064	100.0	59.4	40.6	9.4
New York-N.E. New Jersey- Philadelphia Pittsburgh	13,675 4,120 2,344	7,994 2,690 1,635	5,681 1,430 710	1,326 301 166	100.0 100.0 100.0	58.5 65.3 69.8	41.5 34.7 30.3	9.7 7.3 7.1
East North Central States	35,931	21,273	14,658	3,286	100.0	59.2	40.8	9.1
Detroit Chicago	3,769 6,513	2,515 3,949	1,253 2,564	176 535	100.0 100.0	66.7 60.6	33.2 39.4	4.7 8.2
West North Central States	15,578	9,034	6,543	1,762	100.0	58.0	42.0	11.3
South Atlantic States	23,565	13,802	9,762	2,628	100.0	58.6	41.4	11.2
East South Central States	11,480	7,112	4,368	1,428	100.0	62.0	38.0	12.4
West South Central States	16,577	10,318	6,258	1,371	100.0	62.2	37.8	8.3
Mountain States	6,251	3,548	2,703	585	100.0	56.8	43.2	9.4
Pacific States	18,074	10,025	8,049	1,827	100.0	55.5	44.5	10.1
Los AngelesSan Francisco	6,092 2,885	3,644 1,592	2,448 1,293	499 280	100.0 100.0	59.8 55.2	40.2 44.8	8.2 9.7

Table 2. Average number and percent distribution of persons according to presence of chronic con[Data are based on household interviews of the civilian noninstitutional population. The survey design, general qual-

			l+ ch	ns with mronic tions		n	1+ c	ons with hronic itions
Geographic division and age	Total persons	l obronio l	Total	With any de- gree of activ- ity limita- tion	Total persons	Persons with no chronic condi- tions	Total	With any de- gree of activ- ity limita- tion
All divisions	Averag	e number thousan		ons in	Pe	rcent dis	tributi	on
All ages	169,835	100,325	69,510	16,919	100.0	59.1	40.9	10.0
0-24 25-44	74,826 45,579 34,763 14,667	59,123 23,919 13,954 3,329	15,703 21,660 20,809 11,338	1,631 3,376 5,711 6,201	100.0 100.0 100.0 100.0	79.0 52.5 40.1 22.7	21.0 47.5 59.9 77.3	2.2 7.4 16.4 42.3
New England States								
All ages	9,921	5,939	3,983	966	100.0	59.9	40.1	9.7
0-24 25-44 45-64 65+	4,115 2,668 2,143 995	3,245 1,457 992 244	870 1,211 1,151 751	95 183 293 395	100.0 100.0 100.0 100.0	78.9 54.6 46.3 24.5	21.1 45.4 53.7 75.5	2.3 6.9 13.7 39.7
Middle Atlantic States								
All ages	32,457	19,272	13,185	3,064	100.0	59.4	40.6	9.4
0-24 25-44 45-64	12,772 9,097 7,656 2,932	10,037 5,141 3,353 741	2,734 3,956 4,303 2,191	278 569 1,108 1,109	100.0 100.0 100.0 100.0	78.6 56.5 43.8 25.3	21.4 43.5 56.2 74.7	2.2 6.3 14.5 37.8
East North Central States								
All ages	35,931	21,273	14,658	3,286	100.0	59.2	40.8	9.1
0-24 25-44 45-64	15,776 9,878 7,222 3,055	12,520 5,051 2,935 768	3,256 4,828 4,288 2,287	319 682 1,091 1,194	100.0 100.0 100.0 100.0	79.4 51.1 40.6 25.1	20.6 48.9 59.4 74.9	2.0 6.9 15.1 39.1
West North Central States	15 570	0.02/	6 5/2	1.700	100.0	50.0	40.0	
All ages	15,578	9,034	6,543	1,762	100.0	58.0	42.0	11.3
0-24 25-44 45-64 65+	7,018 3,981 3,045 1,533	5,595 2,017 1,107 316	1,424 1,964 1,938 1,217	153 317 564 728	100.0 100.0 100.0 100.0	79.7 50.7 36.4 20.6	20.3 49.3 63.6 79.4	2.2 8.0 18.5 47.5

			1+ cl	ns with nronic ltions			1+ c	ons with hronic litions
Geographic division and age	Total persons	Persons with no chronic condi- tions	Total	With any de- gree of activ- ity limita- tion	Total persons	Persons with no chronic condi- tions	Total	With any de- gree of activ- ity limita- tion
South Atlantic States	Averag	ge number thousar		ons in	Pe	ercent dis	tributi	.on
All ages	23,565	13,802	9,762	2,628	100.0	58.6	41.4	11.2
0-24 25-44 45-64 65+	11,034 6,213 4,551 1,767	8,705 3,146 1,633 318	2,329 3,068 2,917 1,449	275 557 920 875	100.0 100.0 100.0 100.0	78.9 50.6 35.9 18.0	21.1 49.4 64.1 82.0	2.5 9.0 20.2 49.5
East South Central States	11 (00	7 110						
All ages	11,480	7,112	4,368	1,428	100.0	62.0	38.0	12.4
0-24 25-44 45-64 65 <del>+</del>	5,471 2,743 2,315 951	4,526 1,508 891 186	945 1,235 1,423 765	136 271 507 514	100.0 100.0 100.0 100.0	82.7 55.0 38.5 19.6	17.3 45.0 61.5 80.4	2.5 9.9 21.9 54.0
West South Central States								
All ages	16,577	10,318	6,258	1,371	100.0	62.2	37.8	8.3
0-24 25-44 45-64 65+	7,767 4,253 3,171 1,386	6,320 2,414 1,296 289	1,447 1,839 1,874 1,098	115 233 453 569	100.0 100.0 100.0 100.0	81.4 56.8 40.9 20.9	18.6 43.2 59.1 79.2	1.5 5.5 14.3 41.1
Mountain States		,						
All ages	6,251	3,548	2,703	585	100.0	56.8	43.2	9.4
0-24 25-44 45-64 65+	3,112 1,654 1,017 468	2,378 738 340 92	734 916 677 376	76 134 169 207	100.0 100.0 100.0 100.0	76.4 44.6 33.4 19.7	23.6 55.4 66.6 80.3	2.4 8.1 16.6 44.2
Pacific States								
All ages	18,074	10,025	8,049	1,827	100.0	55.5	44.5	10.1
0-24 25-44	7,759 5,093 3,644 1,578	5,796 2,449 1,406 373	1,963 2,644 2,238 1,205	183 430 606 609	100.0 100.0 100.0 100.0	74.7 48.1 38.6 23.6	25.3 51.9 61.4 76.4	2.4 8.4 16.6 38.6

Table 3. Average annual number of disability days by geographic division and for selected Standard Metropolitan Statistical Areas: United States, July 1957-June 1959

Geographic division and selected SMSA's	Restricted- activity days	Bed- disability days	Work-loss days for usually working persons-17+
	Average number	of disability d	ays in thousands
All divisions	3,035,325	1,148,768	376,250
New England States	166,590	52,972	20,289
Boston	37,323	11,535	4,929
Middle Atlantic States	556,234	213,265	82,444
New York-N.E. New JerseyPhiladelphiaPittsburgh	252,912 52,625 35,628	94,557 20,712 13,423	40,292 7,743 4,954
East North Central States	574,431	215,180	69,741
DetroitChicago	40,425 82,770	18,888 37,574	6,606 10,377
West North Central States	265,111	100,321	28,434
South Atlantic States	464,071	165,870	58,178
East South Central States	244,478	100,124	29,339
West South Central States	318,327	134,890	37,386
Mountain States	111,119	42,026	11,790
Pacific States	334,964	124,120	38,649
Los AngelesSan Francisco	105,844 51,860	40,951 20,573	13,674 5,828

Table 4. Number of disability days per person per year by geographic division and for selected Standard Metropolitan Statistical Areas: United States, July 1957-June 1959

Geographic division and selected SMSA's	Restricted- activity days	Bed- disability days	Work-loss days for usually working persons-17+
	Number of disab	ility days per p	person per year
All divisions	17.9	6.8	6.3
New England States	16.8	5.3	5.5
Boston	15.9	4.9	5.6
Middle Atlantic States	17.1	6.6	6.7
New York-N.E. New JerseyPhiladelphiaPittsburgh	18.5 12.8 15.2	6.9 5.0 5.7	7.2 5.0 6.5
East North Central States	16.0	6.0	5.6
DetroitChicago	10.7 12.7	5.0 5.8	5.1 4.0
West North Central States	17.0	6.4	5.5
South Atlantic States	19.7	7.0	7.0
East South Central States	21.3	8.7	7.8
West South Central States	19.2	8.1	6.9
Mountain States	17.8	6.7	6.0
Pacific States	18.5	6.9	6.1
Los Angeles	17.4 18.0	6.7 7.1	6.1 5.9

Table 5. Average annual number of disability days and number of disability days per Data are based on household interviews of the civilian noninstitutional population. The survey design, general qual-

Geographic division and age	Restrict- ed-activ- ity days	Bed-disa- bility days	Work-loss days for usually working persons 17+	Restrict- ed-activ- ity days	Bed-disa- bility days	Work-loss days for usually working persons 17+		
•	Average num	ber of disa	bility days	Number of	Number of disability			
		in thousand		ľ	rson per ye			
All divisions		ī			, -	<del> -</del>		
All ages	3,035,325	1,148,768	376,250	17.9	6.8	6.3		
0-24 25-44 45-64	959,007 659,813 791,623 624,881	429,749 243,756 266,635 208,628	<sup>1</sup> 36,108 150,782 162,828 26,531	12.8 14.5 22.8 42.6	5.7 5.3 7.7 14.2	<sup>1</sup> 5.2 5.3 7.6 9.8		
New England States	024,001	200,020	20,551	42.0	. 14.2	7.0		
All ages	166,590	52,972	20,289	16.8	5.3	5.5		
0-24 25-44 45-64 65+	52,150 37,940 38,771 37,728	21,790 12,827 10,638 7,717	<sup>1</sup> 1,403 8,299 9,228 1,359	12.7 14.2 18.1 37.9	5.3 4.8 5.0 7.8	<sup>1</sup> 3.4 5.0 6.5 7.4		
Middle Atlantic States								
All ages	556,234	213,265	82,444	17.1	6.6	6.7		
0-24 25-44 45-64 65+	183,953 121,672 155,346 95,264	78,002 48,761 50,795 35,707	<sup>1</sup> 7,339 32,701 37,659 4,745	14.4 13.4 20.3 32.5	6.1 5.4 6.6 12.2	<sup>1</sup> 5.7 5.7 7.9 8.8		
East North Central States								
All ages	574,431	215,180	69,741	16.0	6.0	5.6		
0-24 25-44 45-64 65+	182,532 130,846 147,583 113,471	82,900 46,417 48,298 37,565	<sup>1</sup> 7,348 27,676 29,786 4,931	11.6 13.2 20.4 37.1	5.3 4.7 6.7 12.3	<sup>1</sup> 5.1 4.6 6.7 8.9		
West North Central States								
All ages	265,111	100,321	28,434	17.0	6.4	5.5		
0-24 25-44 45-64 65+	74,515 50,926 64,018 75,652	36,766 17,950 20,802 24,804	11,836 11,200 12,853 2,545	10.6 12.8 21.0 49.3	5.2 4.5 6.8 16.2	13.0 4.7 6.8 8.5		

 $<sup>^{1}</sup>$ Includes work-loss days for persons 17-24 years only.

					<del></del>			
Geographic division and age	Restrict- ed-activ- ity days	Bed-disa- bility days	Work-loss days for usually working persons 17+	Restrict- ed-activ- ity days	Bed-disa- bility days	Work-loss days for usually working persons 17+		
	Average num	mber of disal	oility days	Number of	Number of disability			
Grand Anlands Ghan		in thousand	is	pe	erson per ye	ar		
South Atlantic States		•			:			
All ages	464,071	165,870	58,178	19.7	7.0	7.0		
0-24	143,539	61,077	<sup>1</sup> 5,871	13.0	5.5	¹5.1		
25-44	101,617	34,533	24,920	16.4	5.6	6.2		
45-64	129,790	41,197	22,153	28.5	9.1	8.0		
65+	89,125	29,063	5,234	50.4	16.4	16.0		
East South Central States		-		 				
All ages	244,478	100,124	29,339	21.3	8.7	7.8		
0-24	67,982	32,635	<sup>1</sup> 3,726	12.4	6.0	<sup>1</sup> 6.7		
25-44	44,910	17,103	9,012	16.4	6.2	5.3		
45-64	69,908	27,444	13,333	30.2	11.9	9.8		
65+	61,678	22,942	3,268	64.9	24.1	19.6		
West South Central States								
All ages	318,327	134,890	37,386	19.2	8.1	6.9		
0-24	90,148	44,976	<sup>1</sup> 4,653	11.6	5.8	<sup>1</sup> 7.0		
25-44	62,611	26,502	13,639	14.7	6,2	5.3		
45-64	82,607	32,064	17,410	26.1	10.1	9.1		
65+	82,960	31,347	1,684	59.9	22.6	6.2		
Mountain States			İ					
All ages	111,119	42,026	11,790	17.8	6.7	6.0		
0-24	43,427	19,909	<sup>1</sup> 1,303	1/. 0		<sup>1</sup> 5.7		
25-44	26,399	9,995		14.0	6.4			
45-64	22,628	6,936	5,864 3,954	16.0 22.2	6.0	6.0 6.2		
65+	18,666	5,187	(*)	39.9	11.1	(*)		
Pacific States								
All ages	334,964	124,120	38,649	18.5	6.9	6.1		
0-24	120 762	51 COF	<sup>1</sup> 2,630	15 (		14.3		
25-44	120,762 82,893	51,695 29,668	17,471	15.6 16.3	6.7 5.8	4.3 5.5		
45-64	80,972	28,460	16,471	22.2	7.8	7.3		
65+	50,337	14,296	2,095	31.9	9.1	8.1		
		, <b>_</b>		32.7		""		

Table 6. Prevalence of selected chronic conditions by geographic division: United States, July  $1957\text{-June}\ 1959$ 

Selected chronic conditions	All divisions	New England States	Middle Atlantic States	East North Central States	West North Central States
	Number of chronic conditions in thousa				
Heart conditions	5,013	321	969	1,013	482
High blood pressure	5,234	295	1,017	1,016	459
Diabetes	1,530	104	373	314	160
Peptic ulcer	2,440	162	409	499	238
Arthritis and rheumatism	10,845	539	1,955	2,286	1,060
Hernia	2,539	165	475	552	259
Asthma-hay fever	9,225	491	1,587	1,747	787
Chronic bronchitis	1,980	107	363	418	181
Chronic sinusitis	9,941	392	1,540	2,542	1,074
Visual impairments	3,048	168	585	557	254
Hearing impairments	5,798	389	1,181	1,140	608
Paralysis of major extremities and/or trunk	936	(*)	137	189	113
Selected chronic conditions	South Atlantic States	East South Central States	West South Central States	Mountain States	Pacific States
Selected chronic conditions	Atlantic States	South Central States	South Central	States	States
Heart conditions	Atlantic States	South Central States	South Central States	States	States
Heart conditions	Atlantic States Number	South Central States of chroni	South Central States	States	States
Heart conditions	Atlantic States Number	South Central States of chroni	South Central States c condition 468	States ons in thou	States sands
Heart conditions	Atlantic States Number 708 848	South Central States of chroni 332 420	South Central States c condition 468 498	States ms in thou 149 161	States sands 571 519
Heart conditions	Atlantic States Number 708 848 222	South Central States of chroni 332 420 104	South Central States  c condition 468 498 101	States  ms in thou  149 161 (*)	States sands 571 519 113
Heart conditions	Atlantic States Number 708 848 222 337	South Central States of chroni 332 420 104 178	South Central States  c condition 468 498 101 241	States  ms in thou  149 161 (*) 92	States sands 571 519 113 284
Heart conditions	Atlantic States Number 708 848 222 337 1,645	South Central States of chroni 332 420 104 178 775	South Central States  c condition 468 498 101 241 1,010	States  ms in thou  149 161 (*) 92 386	States  .sands  571 519 113 284 1,188
Heart conditions	Atlantic States Number 708 848 222 337 1,645 353 1,247 269	South Central States of chroni 332 420 104 178 775 156	South Central States  c condition  468 498 101 241 1,010 219 1,022 179	States  ms in thou  149 161 (*) 92 386 92	States sands 571 519 113 284 1,188 269
Heart conditions	Atlantic States Number 708 848 222 337 1,645 353	South Central States of chroni 332 420 104 178 775 156 484	South Central States  c condition  468 498 101 241 1,010 219 1,022	States  ms in thou  149 161 (*) 92 386 92 541	States  571 519 113 284 1,188 269 1,317
Heart conditions	Atlantic States Number 708 848 222 337 1,645 353 1,247 269	South Central States of chroni 332 420 104 178 775 156 484 129	South Central States  c condition  468 498 101 241 1,010 219 1,022 179	States  149 161 (*) 92 386 92 541 82	States  571 519 113 284 1,188 269 1,317 251
Heart conditions	Atlantic States Number 708 848 222 337 1,645 353 1,247 269 1,259	South Central States of chroni 332 420 104 178 775 156 484 129 568	South Central States  c condition  468 498 101 241 1,010 219 1,022 179 1,072	States  149 161 (*) 92 386 92 541 82 412	States  571 519 113 284 1,188 269 1,317 251 1,084
Heart conditions	Atlantic States Number 708 848 222 337 1,645 353 1,247 269 1,259	South Central States of chroni 332 420 104 178 775 156 484 129 568 206	South Central States  c condition  468 498 101 241 1,010 219 1,022 179 1,072 329	States  149 161 (*) 92 386 92 541 82 412	States    571   519   113   284   1,188   269   1,317   251   1,084   314

Table 7. Prevalence of selected chronic conditions per 1,000 population by geographic division: United States, July 1957-June 1959

Selected chronic conditions	All divisions	New England States	Middle Atlantic States	East North Central States	West North Central States
		Rate per	oulation		
Heart conditions	29.5	32.4	1 29.9	J 28.2	30.9
High blood pressure	30.8	29.7	31.3	28.3	29.5
Diabetes	9.0	10.5	11.5	8.7	10.3
Peptic ulcer	14.4	16.3	12.6	13.9	15.3
Arthritis and rheumatism	63.9	54.3	60.2	63.6	68.0
Hernia	14.9	16.6	14.6	15.4	16.6
Asthma-hay fever	54.3	49.5	48.9	48.6	50.5
Chronic bronchitis	11.7	10.8	11.2	11.6	11.6
Chronic sinusitis	58.5	39.5	47.4	70.7	68.9
Visual impairments	17.9	16.9	18.0	15.5	16.3
Hearing impairments	34.1	39.2	36.4	31.7	39.0
Paralysis of major extremities and/or trunk	5.5	(*)	4.2	5.3	7.3
	1				<b>.</b>
Selected chronic conditions	South Atlantic States	East South Central States	West South Central States	Mountain States	Pacific States
Selected chronic conditions	Atlantic	South Central States	South Central	States	
Heart conditions	Atlantic States	South Central States Rate per	South Central States 1,000 pop	States ulation 23.8	States
Heart conditions	Atlantic States 30.0 36.0	South Central States Rate per 28.9 36.6	South Central States 1,000 pop 28.2 30.0	States ulation 23.8 25.8	31.6 28.7
Heart conditions	Atlantic States	South Central States Rate per	South Central States 1,000 pop	States ulation 23.8	States
Heart conditions	30.0 36.0 9.4	South Central States Rate per 28.9 36.6 9.1	South Central States 1,000 pop 28.2 30.0 6.1 14.5	States ulation 23.8 25.8 (*) 14.7	31.6 28.7 6.3 15.7
Heart conditions	30.0 36.0 9.4 14.3 69.8	South Central States Rate per 28.9 36.6 9.1 15.5 67.5	South Central States 1,000 pop 28.2 30.0 6.1 14.5 60.9	States ulation 23.8 25.8 (*) 14.7 61.8	31.6 28.7 6.3 15.7 65.7
Heart conditions	30.0 36.0 9.4	South Central States Rate per 28.9 36.6 9.1	South Central States 1,000 pop 28.2 30.0 6.1 14.5	States ulation 23.8 25.8 (*) 14.7	31.6 28.7 6.3 15.7
Heart conditions	30.0 36.0 9.4 14.3 69.8 15.0	South Central States Rate per 28.9 36.6 9.1 15.5 67.5 13.6 42.2	South Central States 1,000 pop 28.2 30.0 6.1 14.5 60.9 13.2 61.7	States  ulation  23.8 25.8 (*)  14.7 61.8 14.7 86.5	31.6 28.7 6.3 15.7 65.7 14.9 72.9
Heart conditions	30.0 36.0 9.4 14.3 69.8 15.0 52.9 11.4	South Central States Rate per 28.9 36.6 9.1 15.5 67.5 13.6 42.2 11.2	South Central States  1,000 pop  28.2 30.0 6.1  14.5 60.9 13.2 61.7 10.8	States  ulation  23.8 25.8 (*)  14.7 61.8 14.7 86.5	31.6 28.7 6.3 15.7 65.7 14.9 72.9 13.9
Heart conditions	30.0 36.0 9.4 14.3 69.8 15.0	South Central States Rate per 28.9 36.6 9.1 15.5 67.5 13.6 42.2	South Central States 1,000 pop 28.2 30.0 6.1 14.5 60.9 13.2 61.7	States  ulation  23.8 25.8 (*)  14.7 61.8 14.7 86.5	31.6 28.7 6.3 15.7 65.7 14.9 72.9
Heart conditions	30.0 36.0 9.4 14.3 69.8 15.0 52.9 11.4 53.4	South Central States Rate per 28.9 36.6 9.1 15.5 67.5 13.6 42.2 11.2 49.5	South Central States  1,000 pop  28.2 30.0 6.1  14.5 60.9 13.2 61.7 10.8 64.7	States  pulation  23.8 25.8 (*)  14.7 61.8 14.7 86.5 13.1 65.9 17.8	31.6 28.7 6.3 15.7 65.7 14.9 72.9 13.9 60.0
Heart conditions	30.0 36.0 9.4 14.3 69.8 15.0 52.9 11.4 53.4	South Central States Rate per 28.9 36.6 9.1 15.5 67.5 13.6 42.2 11.2 49.5	South Central States  1,000 pop  28.2 30.0 6.1  14.5 60.9 13.2 61.7 10.8 64.7	States  ulation  23.8 25.8 (*)  14.7 61.8 14.7 86.5 13.1 65.9	31.6 28.7 6.3 15.7 65.7 14.9 72.9 13.9 60.0

Table 8. Prevalence of selected chronic conditions for selected Standard Metropolitan Statistical Areas: United States, July 1957-June 1959

	T	Soloate	d Standar	d Motron	oliton Ct	otistical	Areas	
Selected chronic	·	<u> </u>	u Stalldar	d Metrop	UIILAN SE	acistical	. Areas	
conditions	Boston	New York- N.E. New Jersey	Phila- delphia	Pitts- burgh	Detroit	Chicago	Los Angeles	San Francisco
		Nu	mber of c	hronic c	onditions	in thous	ands	
Heart conditions	62	409	106	53	84	184	180	75
High blood pressure-	60	427	131	50	88	175	174	75
Diabetes	(*)	166	(*)	(*)	(*)	58	(*)	(*)
Peptic ulcer Arthritis and rheu-	(*)	185	(*)	(*)	(*)	89	86	50
matism	95	884	171	86	167	434	352	155
Hernia	(*)	160	68	(*)	(*)	81	65	(*)
Asthma-hay fever	124	714	198	79	146	- 317	379	245
Chronic bronchitis	(*)	177	(*)	(*)	(*)	82	87	(*)
Chronic sinusitis	53	596	138	77	174	350	300	171
Visual impairments	(*)	224	57	(*)	(*)	99	89	(*)
Hearing impairments-	86	506	99	67	96	173	206	102
Paralysis of major extremities and/or								
trunk	(*)	58	(*)	(*)	(*)	51	(*)	(*)
			Rat	e per 1,	000 popul	ation		
Heart conditions	26.4	1 29.91	25.7	1 22.6	1 22.3	1 28.3	1 29.5	26.0
High blood pressure-	25.6	31.2	31.8	21.3	23.3	26.9	28.6	26.0
Diabetes	(*)	12.1	(*)	(*)	(*)	8.9	(*)	(*)
Peptic ulcer	(*í	13.5	(*)	(*)	(*)	13.7	14.1	17.3
Arthritis and rheu-	` `		` ,	\ · ` ` ′	` ` `		}	
matism	40.5	64.6	41.5	36.7	44.3	66.6	57.8	53.7
Hernia	(*)	11.7	16.5	(*)	(*)	12.4	10.7	(*)
Asthma-hay fever	52.8	52.2	48.1	33.7	38.7	48.7	62.2	84.9
Chronic bronchitis	(*)	12.9	(*)	(*)	(*)	12.6	14.3	(*)
Chronic sinusitis	22.6	43.6	33.5	32.8	46.2	53.7		59.3
Visual impairments	(*)	16.4	13.8	(*)	(*)	15.2	14.6	(*)
Hearing impairments-	36.6	37.0	24.0	28.6	25.5	26.6	33.8	35.4
Paralysis of major	]	]		20.0		20.0	33.0	33.4
extremities and/or trunk	(*)	4.2	(*)	(*)	(*)	7.8	(*)	(*)

Table 9. Average annual number and rate per 1,000 population of persons injured according to age by geographic division: United States, July 1957-June 1959

	Age					
Geographic division	All ages	0-24	25-44	45+		
	Average number of persons injured in thousands					
All divisions	46,388	23,140	11,788	11,460		
New England States	2,418 8,232 9,831 4,458 6,790 2,592 4,498 1,934 5,635	2,288 903	(*) 2,097 2,600 1,380 1,421 (*) (*) (*)	(*) 2,260 2,059 1,388 1,581 (*) 1,360 (*) 1,144		
	Ra	te per 1,0	00 populat	ion		
All divisions	273.1	309.3	258.6	231.8		
New England States Middle Atlantic States East North Central States West North Central States East South Atlantic States East South Central States West South Central States Pacific States	243.7 253.6 273.6 286.2 288.1 225.8 271.3 309.4 311.8	286.5 303.3 327.8 240.8 343.3 258.6 294.6 290.2 364.9	(*) 230.5 263.2 346.6 228.7 (*) (*) (*) 326.1	(*) 213.4 200.4 303.2 250.2 (*) 298.4 (*) 219.1		

Table 10. Average annual number and percent distribution of persons injured according to class of accident by geographic division: United States, July 1957-June 1959

	Class of accident1							
Geographic division	All classes	Motor vehicle	While at work	Home	Other and unknown			
	Average number of persons in thousands							
All divisions	46,388	4,172	8,292	19,960	13,964			
New England States	2,418	221	. 362	995	840			
Middle Atlantic States	8,232	659	1,382	3,478	2,712			
East North Central States	9,831	1,096	1,689	4,188	2,858			
West North Central States	4,458	380	1,114	1,627	1,338			
South Atlantic States	6,790	532	1,320	2,835	2,103			
East South Central States	2,592	212	385	1,176	819			
West South Central States	4,498	382	800	2,164	1,152			
Mountain States	1,934	156	278	989	511			
Pacific States	5,635	535	962	1 2,507	1,630			
•		Perce	ent distrib	ution				
All divisions	100.0	9.0	17.9	43.0	30.1			
New England States	100.0	9.1	15.0	41.1	34.7			
Middle Atlantic States	100.0	8.0	16.8	42.2	32.9			
East North Central States	100.0	11,1	17.2	42.6	29.1			
West North Central States	100.0	8.5	25.0	36.5	30.0			
South Atlantic States	100.0	7.8	19.4	41.8	31.0			
East South Central States	100.0	8.2	14.9	45.4	31.6			
West South Central States	100.0	8.5	17.8	48.1	25.6			
Mountain States	100.0	8.1	14.4	51.1	26.4			
Pacific States	100.0	9.5	17.1	44.5	28.9			

Since some accidents could have been assigned to more than one class, the following procedure was used to classify injured persons to a single accident class: If a motor vehicle was involved, the accident was classified as such regardless of where the accident occurred. Work accidents were defined as those occurring to persons at work, where no motor vehicle was involved. Accidents occurring in the home and not classifiable to the two previous groups were considered as home accidents. All accidents not classifiable to the three preceding groups were assigned to the "other and unknown" group.

Table 11. Average annual number of physician visits and number of physician visits per person per year according to place of visit by geographic division and for selected Standard Metropolitan Statistical Areas: United States, July 1957-June 1959

			F	lace of v	isit				
Geographic division and selected SMSA's	Total	Office	Home	Other and unknown	Total	Office	Home	Other and unknown	
	Average 1	Average number of physician visits in thousands				Number of physician visits per person per year			
All divisions	851,651	560,182	83,025	208,444	5.0	3.3	0.5	1.2	
New England States	42,423.	24,183	7,371	10,869	4.3	2.4	0.7	1.1	
Boston	10,904	5,693	2,146	3,064	4.6	2.4	0.9	1.3	
Middle Atlantic States	186,820	110,598	27,397	48,825	5.8	3.4	0.8	1.5	
New York-N.E. New Jersey Philadelphia Pittsburgh	88,886 25,389 10,452	48,862 16,048 6,373	12,880 3,829 1,105	27,144 5,512 2,974	6.5 6.2 4.5	3.6 3.9 2.7	0.9 0.9 0.5	2.0 1.3 1.3	
DetroitChicago	15,199 30,817	116,682 11,187 19,838	1,039 2,562	36,483 2,973 8,417	4.7 4.0 4.7	3.0 3.0 3.0	0.4	0.8 1.3	
West North Central States	72,601	52,187	5,214	15,201	4.7	3.4	0.3	1.0	
South Atlantic States	113,596	75,241	10,684	27,672	4.8	3.2	0.5	1.2	
East South Central States	46,967	32,577	4,121	10,268	4.1	2.8	0.4	0.9	
West South Central States	83,669	53,019	5,972	24,678	5.0	3.2	0.4	1.5	
Mountain States	31,888	22,707	1,305	7,876	5.1	3.6	0.2	1.3	
Pacific States	106,456	72,987	6,897	26,573	5.9	4.0	0.4	1.5	
Los AngelesSan Francisco	35,308 19,954	26,170 11,276	2,053 1,451	7,085 7,227	5.8 6.9	4.3 3.9	0.3 0.5	1.2 2.5	

Table 12. Average annual number of physician visits and number of physician visits per person per Data are based on household interviews of the civilian noninstitutional population. The survey design, general quali-

		<del></del>		Place of	visit				
Geographic division and age	Total	Office	Home	Other and unknown	Total	Office	Ноте	Other and unknown	
All divisions	Average number of physician visits in thousands					Number of physician visits per person per year			
All ages	051 651	560,182	83,025	208,444	5.0	3.3	0.5	1.2	
	851,651	300,102	·	200,444	3.0	3.3	0.5	1.2	
0-14 15-24 25-44 45-64	244,472 96,485 224,597 186,936	138,044 65,759 163,839 132,808 59,732	24,985 5,209 13,344 16,892 22,595	81,443 25,518 47,413 37,236 16,834	4.6 4.5 4.9 5.4 6.8	2.6 3.1 3.6 3.8 4.1	0.5 0.2 0.3 0.5 1.5	1.5 1.2 1.0 1.1	
New England States	99,161	39,732	22, 393	10,854	0.8	4.1	1.5	1	
All ages	42,423	24,183	7,371	10,869	4.3	2.4	0.7	1.1	
0-14 15-24 25-44 45-64 65+	12,028 5,295 11,776 7,961 5,363	5,275 3,246 7,431 5,567 2,665	2,688 (*) 1,044 1,018 1,929	4,065 1,356 3,301 1,376 770	4.2 4.3 4.4 3.7 5.4	1.8 2.6 2.8 2.6 2.7	0.9 (*) 0.4 0.5 1.9	1.4 1.1 1.2 0.6 0.8	
Middle Atlantic States									
All ages	186,820	110,598	27,397	48,825	5.8	3.4	0.8	1.5	
0-14 15-24 25-44 45-64	51,988 16,539 48,763 47,408 22,122	22,108 10,763 33,658 31,872 12,198	9,406 1,360 4,474 5,928 6,228	20,474 4,415 10,632 9,608 3,696	5.7 4.5 5.4 6.2 7.5	2.4 2.9 3.7 4.2 4.2	1.0 0.4 0.5 0.8 2.1	2.3 1.2 1.2 1.3 1.3	
East North Central States									
All ages	167,230	116,682	14,065	36,483	4.7	3.2	0.4	1.0	
0-14	47,761 18,421 44,827 37,788 18,433	29,443 13,183 34,193 28,157 11,707	3,687 1,053 2,194 3,234 3,896	14,631 4,185 8,441 6,397 2,830	4.2 4.1 4.5 5.2 6.0	2.6 3.0 3.5 3.9 3.8	0.3 0.2 0.2 0.4 1.3	1.3 0.9 0.9 0.9	
West North Central States									
All ages	72,601	52,187	5,214	15,201	4.7	3.4	0.3	1.0	
0-14 15-24	20,445 9,054 17,839 15,375 9,888	13,518 6,389 14,546 11,634 6,100	1,297 (*) (*) 901 2,163	5,630 2,394 2,712 2,840 1,626	4.0 4.8 4.5 5.0 6.5	2.6 3.4 3.7 3.8 4.0	0.3 (*) (*) 0.3 1.4	1.1 1.3 0.7 0.9 1.1	

	=_		<del> </del>	Place of	visit	***			
Geographic division and age	Total	Office	Home	Other and unknown	Total	Office	Home	Other and unknown	
South Atlantic States	Average number of physician visits in thousands					Number of physician visits per person per year			
All ages	113,596	75,241	10,684	27,672	4.8	3.2	0.5	1.2	
0-14	31,967 14,582 31,060 22,789 13,198	18,878 9,985 22,548 16,357 7,472	2,906 (*) 1,574 1,915 3,567	10,183 3,874 6,938 4,517 2,159	4.2 4.3 5.0 5.0 7.5	2.5 3.0 3.6 3.6 4.2	0.4 (*) 0.3 0.4 2.0	1.3 1.1 1.1 1.0 1.2	
East South Central States All ages	46,967	32,577	4,121	10,268	4.1	2.8	0.4	0.9	
0-14 15-24 25-44 45-64	13,445 6,474 11,015 9,610 6,423	8,495 4,442 8,260 7,398 3,983	1,053 (*) (*) (*) (*) 1,655	3,897 1,872 2,292 1,421 786	3.6 3.8 4.0 4.2	2.3 2.6 3.0 3.2 4.2	0.3 (*) (*) (*) (*)	1.0 1.1 0.8 0.6 0.8	
West South Central States					i I				
All ages	83,669	53,019	5,972	24,678	5.0	3.2	0.4	1.5	
0-14 15-24	24,948 10,362 20,289 18,581 9,491	14,299 6,796 13,733 11,975 6,216	1,788 (*) 1,526 1,125 1,209	8,861 3,242 5,029 5,481 2,065	4.6 4.8 5.9	2.6 3.0 3.2 3.8 4.5	0.3 (*) 0.4 0.4 0.9	1.6 1.4 1.2 1.7	
Mountain States									
All ages	31,888	22,707	1,305	7,876	5.1	3.6	0.2	1.3	
0-14 15-24 25-44 45-64 65+	11,582 3,819 8,352 5,207 2,928	7,516 2,649 6,532 3,976 2,034	477 (*) (*) (*) (*)	3,589 1,087 1,536 1,006 (*)	4.9 5.0	3.2 3.4 3.9 3.9 4.3	0.2 (*) (*) (*) (*)	1.5 1.4 0.9 1.0 (*)	
Pacific States					a .				
All ages	106,456	72,987	6,897	26,573	5.9	4.0	0.4	1.5	
0-14 15-24 25-44	30,309 11,940 30,675 22,218 11,315	18,512 8,305 22,939 15,872 7,359	1,684 (*) 1,204 1,756 1,711	10,113 3,093 6,532 4,591 2,245	5.7 6.0 6.1	3.3 4.0 4.5 4.4 4.7	0.3 (*) 0.2 0.5 1.1	1.8 1.5 1.3 1.3	

Table 13. Average annual number of dental visits by geographic division and for selected Standard Metropolitan Statistical Areas by age: United States, July 1957-June 1959

			Α	ge					
Geographic division and selected SMSA's	All ages	0-14	15-24	25-44	45-64	65+			
	Average number of dental visits in thousands								
All divisions	258,468	66,883	47,381	80,224	52,342	11,638			
New England States	18,081	4,823	3,733	5,300	3,371	854			
Boston	5,300	1,595	1,077	1,477	948	(*)			
Middle Atlantic States	70,991	16,304	13,131	∠23 <b>,</b> 050	15,628	2,879			
New York-N.E. New Jersey	38,682 8,462 3,653	8,091 1,856 1,085	7,185 1,662 (*)	12,320 3,186 1,238	9,771 1,551 (*)	1,315 (*) (*)			
East North Central States	54,001	14,780	9,818	16,868	10,277	2,258			
DetroitChicago	6,257 14,090	1,587 3,419	1,210 1,813	2,414 4,221	960 3,987	(*) (*)			
West North Central States	23,149	7,543	4,168	5,805	4,484	1,149			
South Atlantic States	26,313	6,033	4,977	9,349	4,744	1,211			
East South Central States	9,841	2,185	2,111	2,860	2,025	(*)			
West South Central States	15,618	4,004	2,757	5,062	3,302	(*)			
Mountain States	8,272	2,567	1,271	2,394	1,584	(*)			
Pacific States	32,201	8,644	5,417	9,536	6,927	1,676			
Los Angeles	11,063 6,375	2,572 2,064	1,306 954	3,726 1,653	2,549 1,409	910 (*)			

Table 14. Number of dental visits per person per year by geographic division and for selected Standard Metropolitan Statistical Areas by age: United States, July 1957-June 1959

Geographic division and SMSA's	Age						
	All ages	0-14	15-24	25-44	45-64	65+	
	Number of dental visits per person per year						
All divisions	1.5	1.3	2.2	1.8	1.5	0.8	
New England States	1.8	1.7	3.0	2.0	1.6	0.9	
Boston	2.3	2.4	4.0	2.2	1.8	(*)	
Middle Atlantic States	2.2	1.8	3.5	2.5	2.0	1.0	
New York-N.E. New JerseyPhiladelphiaPittsburgh	2.8 2.1 1.6	2.3 1.5 1.5	4.6 3.4 (*)	3.1 2.7 1.8	2.8 1.7 (*)	1.1 (*) (*)	
East North Central States	1.5	1.3	2.2	1.7	1.4	0.7	
DetroitChicago	1.7 2.2	1.3 1.8	2.5 2.5	2.2 2.2	1.3 2.7	(*) (*)	
West North Central States	1.5	1.5	2.2	1.5	1.5	0.7	
South Atlantic States	1.1	0.8	1.5	1.5	1.0	0.7	
East South Central States	0.9	0.6	1.2	1.0	0.9	(*)	
West South Central States	0.9	0.7	1.2	1.2	1.0	(*)	
Mountain States	1.3	1.1	1.6	1.4	1.6	(*)	
Pacific States	1.8	1.5	2.6	1.9	1.9	1.1	
Los AngelesSan Francisco	1.8	1.4 2.2	1.9 3.1	2.0 2.0	2.1 2.5	1.7	

Table 15. Population used in obtaining rates shown in this publication by age, geographic division, and for selected Standard Metropolitan Statistical Areas: United States, July 1957-June 1959

Geographic division and selected SMSA's	Age						
	All ages	0-14	15-24	25-44	45-64	65+	
	Population in thousands						
All divisions	169,835	53,303	21,523	45,579	34,763	14,667	
New England States	9,921	2,888	1,227	2,668	2,143	995	
Boston	2,348	675	268	664	516	226	
Middle Atlantic States	32,457	9,059	3,713	9,097	7,656	2,932	
New York-N.E. New JerseyPhiladelphiaPittsburgh	13,675 4,120 2,344	3,511 1,224 706	1,555 488 246	3,937 1,178 676	3,521 900 517	1,150 330 200	
East North Central States	35,931	11,321	4,455	9,878	7,222	3,055	
DetroitChicago	3,769 6,513	1,203 1,871	491 740	1,079 1,881	766 1,485	230 536	
West North Central States	15,578	5,117	1,902	3,981	3,045	1,533	
South Atlantic States	23,565	7,656	3,378	6,213	4,551	1,767	
East South Central States	11,480	3,765	1,707	2,743	2,315	951	
West South Central States	16,577	5,509	2,258	4,253	3,171	1,386	
Mountain States	6,251	2,327	785	1,654	1,017	468	
Pacific States	18,074	5,661	2,098	5,093	3,644	1,578	
Los AngelesSan Francisco	6,092 2,885	1,828 952	671 310	1,818 846	1,243 560	533 217	

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in <u>Current Population Reports</u>: Series P-20, P-25, P-57, and P-60.

Table 16. Population of usually working persons used in obtaining rates shown in this publication by age and geographic division: United States, July 1957-June 1959

	Age					
Geographic division	All ages 17+	17-24	25-44	45-64	65+	
	Population in thousands					
All divisions	59,393	6,975	28,255	21,452	2,711	
New England States Middle Atlantic States East North Central States West North Central States South Atlantic States East South Central States West South Central States Pacific States	3,668 12,278 12,514 5,217 8,281 3,769 5,426 1,953 6,286	413 1,297 1,441 619 1,157 554 661 228 605	1,661 5,697 6,039 2,394 4,041 1,694 2,592 980 3,156	1,411 4,744 4,479 1,904 2,755 1,354 1,903 637 2,264	183 540 555 299 328 167 270 108 260	

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in <u>Current Population Reports</u>: Series P-20, P-25, P-50, P-57, and P-60.

Table 17. Population of usually working persons used in obtaining rates shown in this publication for selected Standard Metropolitan Statistical Areas: United States, July 1957-June 1959

(See headnote on table 16)

Selected Standard Metropolitan Statistical Areas	All ages 17+ (in thousands)
Boston	. 883
New York-N.E. New Jersey	5,631
Philadelphia	1,557
Pittsburgh	760
Detroit	1,299
Chicago	2,603
Los Angeles	2,236
San Francisco	995

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in <u>Current Population Reports</u>: Series P-20, P-25, P-50, P-57, and P-60.

#### APPENDIX I

#### TECHNICAL NOTES ON METHODS

#### Background of This Report

This report on <u>Selected Health Characteristics</u> By Geographic Divisions is one of a series of statistical reports prepared by the U. S. National Health Survey. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, which is a main aspect of the program.

The Health Interview Survey utilizes a question-naire which, in addition to personal and demographic characteristics, collects information on illnesses, injuries, chronic conditions, medical care, dental care, and other health topics. As data relating to each of these various broad subject areas are tabulated and analyzed, separate reports are issued covering one or more specific topics. The present report is based on the consolidated sample for 104 weeks of interviewing during the period July 1957-June 1959.

The population covered by the sample for the Health Interview Survey is the civilian noninstitutional population of the United States living at the time of the interview. The sample does not include members of the Armed Forces, U. S. nationals living in foreign countries, and crews of vessels.

#### Statistical Design of the Health Interview Survey

General plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of drawing a sample of 500 from the 1,900 geographically defined Primary Sampling Units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a Standard Metropolitan Statistical Area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSU's then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households in the sample. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in those segments, household members are interviewed concerning factors related to health.

Since the household members included each week are a representative sample of the population, samples for successive weeks can be combined into larger samples. Thus, the design permits both continuous measurement of characteristics of high incidence or prevalence in the population, and through the larger consolidated samples, more detailed analy-

sis of less common characteristics and smaller categories. The continuous collection has administrative and operational advantages as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail.—Over the 24-month period ending June 1959, the sample included approximately 235,000 persons from 73,000 households in 12,200 segments. The over-all sample was designed in such a fashion that tabulations can be provided for various geographic sections of the United States and for urban and rural sectors of the Nation.

Collection of data.—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the Public Health Service. In accordance with these specifications the Bureau of the Census designs and selects the sample, conducts the field interviewing acting as collecting agent for the Public Health Service, and edits and codes the questionnaires. Tabulations are prepared by the Public Health Service using the Bureau of the Census electronic computers.

Estimating methods.—Each statistic produced by the survey—for example, the number of work-loss days occurring in a specified period—is the result of two stages of ratio estimation. In the first of these, the factor is the ratio of the 1950 decennial population count to the 1950 estimated population in the U. S. National Health Survey's first-stage sample of PSU's. These factors are applied for more than 50 color-residence classes.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in about 60 age-sex-color classes are computed, and serve as second-stage factors for ratio estimating.

The effect of the ratio estimating process is to make the sample closely representative of the population by age, sex, color, and residence, thus reducing sampling variance.

As noted, each week's sample represents the population living during that week as well as characteristics of the population. Consolidation of samples over a time period, say a calendar quarter, produces estimates of average characteristics of the U. S. population for that calendar quarter. Similarly, population or prevalence data for a 2-year period are averages of the eight quarterly figures.

For statistics measuring the number of occurrences during a specified time period, such as number of bed-disability days, a similar computational procedure is used, but the statistics have a different interpretation. For the disability-day items, the questionnaire asks for the respondent's experience over the two calendar weeks prior to the week of interview. In such instances the estimated quarterly total for the statistic is simply 6.5 times the average two-week estimate produced by the 13 successive samples taken during the period. The annual total is the sum of the four quarters. Thus, the experience of persons interviewed during a year—experience which actually occurred for each person in a two-calendar-week interval prior to week of interview—is treated in analysis as though it measured the total of such experience occurring in the year. Such interpretation leads to no significant bias.

## General Qualifications

Nonresponse.—Data were adjusted for nonresponse by a procedure which imputes to persons in a household which was not interviewed the characteristics of persons in households in the same segment which were interviewed. The total noninterview rate was 5 percent; 1 percent was refusal, and the remainder was primarily due to the failure to find any eligible household respondent after repeated trials.

The interview process.—The statistics presented in this report are based on replies secured in interviews of persons in the sampled households. Each person 18 years and over, available at the time of interview, was interviewed individually. Proxy respondents within the household were employed for children and for adults not available at the time of the interview, provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information the household respondent can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other facts, such as the number of disability days caused by the condition, can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report information of this type.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain over-all totals by age and sex, which are adjusted to independent estimates, these figures are based on the sample of households in the U. S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. In some instances they will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the over-all totals by age and sex, mentioned above, the population figures may in some cases differ from corresponding figures (which are derived from different sources) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, P-50, P-57, and P-60 series.

## Reliability of Estimates

Since the estimates are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures. As in any survey, the results are also subject to measurement error.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

In order to derive standard errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the tables of standard errors shown in this Appendix should be interpreted as providing an estimate of approximate standard error rather than as the precise standard error for any specific statistic.

The following rules will enable the reader to determine the sampling errors for the data contained in this report.

1. Estimates of aggregates: Approximate standard errors of estimates of aggregates, such as the number of persons with one or more chronic conditions, the number of physician or dental visits, and the number of disability days, are obtained from appropriate columns of table I.

Example:

The average annual number of persons with 1+ chronic conditions in the Middle Atlantic States was 13,185,000 (table 1). Since the standard error for this estimate is not shown in table I, it is necessary to interpolate between the standard error for 10,000,000 persons which is 180,000, and the standard error for 20,000,000 persons which is 240,000. Such interpolation gives 199,000 as the standard error for 13,185,000 persons with 1+chronic conditions in the Middle Atlantic States.

- 2. Estimates of percentages in a percent distribution: Approximate standard errors of percentages in percent distributions of persons, conditions, injuries, and physician and dental visits are given in appropriate columns of table II. Approximate standard errors of percentages in percent distributions of disability days are obtained from table III. Examples:
  - (A) Approximately 14.5 percent of the 7,656,000 persons 45-64 years of age in the Middle Atlantic States had chronic limitation of activity (table 2). Since neither the base nor the percentage is shown in table 11, it is necessary to interpolate between 10 percent and 25 percent to obtain 0.89 as the

standard error of 14.5 percent with a base of 5,000,000 and 0.66 as the standard error of 14.5 percent with a base of 10,000,000. A final interpolation between these results yields 0.77 rounded to 0.8 as the standard error for a statistic of 14.5 percent with a base of 7,656,000.

- (B) Of the 213,265,000 days of bed disability reported for persons in the Middle Atlantic States, 23.8 percent of the days were for persons 45-64 years of age (table 5). Since neither the base nor the percentage is shown in table III, it is necessary to interpolate between 10 percent and 25 percent to obtain 1.37 as the standard error for 23.8 percent with a base of 125,000,000 and 0.98 as the standard error of 23.8 with a base of 250,000,000. A final interpolation between these results yields 1.1 as the standard error of 23.8 percent with a base of 213,265,000.
- 3. Estimates of prevalence rates: Prevalence estimates of a chronic condition per 1,000 persons are obtained from table II. Since table II is set up for the estimation of the standard error of a rate per 100, the prevalence per 1,000 must first be converted to a percentage; table II is then entered with this percentage and the number of persons in the population category (base of the percentage). The entry in the body of the table must then be multiplied by 10 to apply to the rate per 1,000 persons.

Example:

The prevalence rate of arthritis and rheumatism among persons residing in the Middle Atlantic States was 60.2 per 1,000 population (table 7). This rate expressed as a percentage is 6.0 and it is based on 32,457,000 persons residing in the Middle Atlantic States. Since neither the base nor the percentage is shown in table II, it is necessary to interpolate between 5 percent and 10 percent to obtain 0.22 as the standard error for 6.0 percent with a base of 30,000,000 and 0.20 as the standard error of 6.0 percent with a base of 50,000,000. A final interpolation between these results yields 0.22 as the standard error of 6.0 with a base of 32,457,000, Multiplying this standard error by 10 gives 2.2 as the standard error for a rate of 60.2 per 1,000 population.

4. Estimates of the number of disability days per person per year, the number of physician or dental visits per person per year, and the rate of persons injured: Approximate standard errors for these rates are obtained as follows:

- (a) Obtain the standard error of the numerator from table 1. Divide the standard error by the numerator itself. Square the result.
- '(b) Obtain the standard error of the denominator from table I. Divide the standard error by the denominator itself. Square the result.

(Note: Where the denominator is adjusted to Bureau of the Census figures and therefore is not subject to sampling error, this quantity is zero.)

- (c) Add the answers from steps (a) and (b) above and extract the square root.
- (d) Multiply the answer from step (c) by the rate. The result is the approximate standard error of the rate. This procedure normally gives an overestimate of the true sampling error.

Examples:

(A) There were 4.7 physician visits per person per year for persons residing in Chicago (table 11). Using Rule 1 we find that the standard error for the numerator of 30,817,000 physician visits is 1,824,000, and the standard error for the denominator of 6,513,000 persons (table 15) is 145,000. Completing the computation as follows:

$$4.7\sqrt{\left(\frac{1,824,000}{30,817,000}\right)^2 + \left(\frac{145,000}{6,513,000}\right)^2}$$

yields 0.3 as the standard error of 4.7 physician visits per person per year for persons residing in Chicago.

(B) There were 258,6 persons injured per 1,000 population in the age group 25-44 in the United States (table 9). Using Rule 1 we find that the standard error for the numerator of 11,788,000 persons injured is 952,000 and the denominator, which is an estimate that has been adjusted to Bureau of the Census figures, has no sampling error. Completing the computation as follows:

$$258.6\sqrt{\left(\frac{952,000}{11,788,000}\right)^2+0}$$

yields a value of 20.9.

## (All numbers shown in thousands)

	For estimates of the number of:												
Size of estimate	Persons by health or other demographic characteristic Chronic conditions by type	Persons injured	Physician visits Dental visits	Disability days									
100	18	_		_									
500	40	_	-	_									
1,000	60	280	340	400									
2,000	80	400	480	560									
3,000	100	480	600	720									
5,000	130	640	800	960									
10,000	180	880	1,040	1,200									
20,000	240	1,280	1,520	1,760									
30,000	260	1,440	1,800	2,160									
50,000	280	2,000	2,400	2,800									
100,000	320	2,800	3,600	4,400									
200,000	-	-	5,200	6,400									
500,000	-	-	9,000	12,000									
750,000	-	-	11,760	16,800									
1,250,000	-	-	16,600	25,600									

 $<sup>^{1}</sup>$ The total U. S. population by age, sex, and residence has been adjusted to official Bureau of the Census figures and therefore is not subject to sampling error.

Table II. Standard errors of percentage distributions of persons, conditions, persons injured, and physician and dental visits

When the base of the p	For estimated percentages of:								
Persons by health or other demographic characteristic Chronic conditions by type (In tho	2 or 98	5 or 95	10 or 90	25 or 75	50				
100	2,500	2.91	4.5	5.4	7.8	10.3			
500	12,500	1.3	2.0		3.5	4.6			
1,000	25,000	0.9	1.4	1.7	2.5	3.3			
2,000	50,000	0.6	1.0	1.2	1.8	2.3			
3,000	75,000	0.6	0.8	1.0	1.4	1.9			
5,000	125,000	0.4	0.6	0.8	1.1	1.4			
10,000	250,000	0.3	0.5	0.6	0.8	1.0			
20,000	500,000	0.2	0.3	0.4	0.6	0.7			
30,000	750,000	0.2	0.2	0.3	0.5	0.6			
50,000	1,250,000	0.2	0.2	0.2	0.3	0.5			
100,000	, , , , , , , , , , , , , , , , , , ,								

Table III. Standard errors of percentage distributions of disability days

When the base of the percentage is number of:	For estimated percentages of:										
Disability days (in thousands)	2 or 98	5 or 95	10 or 90	25 or 75	50						
	The approximate standard error (expressed in percentage points) is:										
2,500	3.4 1.5 1.0 0.7 0.6	5.2 2.3 1.7 1.2 1.0	7.2 3.2 2.2 1.6 1.3	4.6 3.3	12.0 5.4 3.8 2.7 2.2						
125,000	0.5 0.3 0.2 0.2	0.7 0.6 0.4 0.3 0.2	1.0 0.7 0.5 0.4 0.3		1.7 1.2 0.9 0.6 0.6						

## APPENDIX II

## DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

## **Demographic Terms**

Geographic division.—For the purpose of classifying the population by geographic area of residence, the Health Interview Survey uses the same grouping of states used by the Bureau of the Census and many other agencies. These groups are called "divisions."

Division	States Included
New England	Maine, New Hampshire, Vermont, Massachusetts,
Middle Atlantic	Rhode Island, Connecticut New York, New Jersey, Pennsylvania
East North Central	Michigan, Ohio, Illinois, Indiana, Wisconsin
West North Central	Minnesota, Iowa, Missouri North Dakota, South Dakota Nebraska, Kansas
South Atlantic	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida
East South Central	Kentucky, Tennessee, Alabama, Mississippi
West South Central	Arkansas, Louisiana, Oklahoma, Texas
Mountain	Montana, Idaho, Wyoming, Colorado, New Mexico,
Pacific	Arizona, Utah, Nevada Washington, Oregon, California

Standard Metropolitan Statistical Area.—Separate data are presented in this report for each of the 8 largest Standard Metropolitan Statistical Areas (1950 Decennial Census). These 8 areas, as defined by the Bureau of the Census, each have a population of 2 million or more persons. These areas are identified as:

<u>SMSA</u>	Counties Included
Boston, Mass.	Essex County (part), Middle- sex County (part), Norfolk County (part), Plymouth County (part), Suffolk County
New York-North- eastern New Jersey	New York City (includes Bronx, Kings, New York, Queens and Richmond
	Counties), Nassau, Rockland, Suffolk, and Westchester Counties, New York Bergen, Essex, Hudson, Middlesex, Morris, Passaic,

Somerset, and Union

Counties, New Jersey

Philadelphia, Pa.	Bucks, Chester, Delaware, Montgomery, and Phila- delphia Counties, Pennsylvania Burlington, Camden, and Gloucester Counties, New
Pittsburgh, Pa.	Jersey Allegheny, Beaver, Washing- ton, and Westmoreland Counties
Detroit, Mich.	Macomb, Oakland, and Wayne Counties
Chicago, Ill.	Cook, DuPage, Kane, Lake, and Will Counties, Ill. Lake County, Indiana,
Los Angeles, Calif.	Los Angeles and Orange Counties
San Francisco, Calif.	Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Solano Counties

Age.—The age recorded for each person is the age  $\overline{at}$  last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table.

#### Terms Relating to Disability

<u>Disability</u>.—Disability is a general term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition.

## Long-Term Disability

Chronic activity limitation.—Chronic activity limitation is ascertained for all persons with one or more chronic conditions. These persons are divided into four categories according to the extent to which their activities are limited as a result of the conditions (cards C, D, E, and F, Appendix Ill). For the purpose of this report all degrees of chronic activity limitation have been combined.

Since the major activities of housewives and workers and other persons differ, a different set of criteria is used to determine reduction of major activity for each group. However, there is a general similarity between the criteria as will be seen in the following description of activity limitation for the various population groups:

Limitation of activity.—Inability to carry on major activity of the group, or limited in amount or kind of participation in major activity of the group:

Preschool children: inability to take part in ordinary play or limited in

the amount or kind of play with other children

School-age children: inability to go to school,

or limited to certain types of schools or in school attendance; limited in athletics or other extracur-

ricular activities

Housewives:

inability to do any housework, or limited in amount or kind of housework; limited in recreational or community activities

Workers and all other persons:

inability to work at a job or business, or limited in amount of work or kind of employment; limited in recreational or community activities.

No limitation of activity.—No limitation as described above.

## Disability Days

Disability days are classified according to whether they are days of restricted activity, bed-days, hospital days, work-loss days, or school-loss days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms which apply to the working and school-age populations only, but these, too, are days of restricted activity. Hence, "days of restricted activity" is the most inclusive term used to describe disability days.

Restricted-activity day. -- A day of restricted activity is a day when a person cuts down on his usual activities for the whole of that day on account of an illness or an injury. The term "usual activities" for any day means the things that the person would ordinarily do on that day. For children under school age, 'usual activities" depend upon whatever the usual pattern is for the child's day which will, in turn, be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, "usual activities" might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays "usual activities" are taken to be the things the person usually does on such days-going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth.

Restricted activity does not imply complete inactivity but it does imply only the minimum of "usual activities." A special nap for an hour after lunch does not constitute cutting down on usual activities, nor does the elimination of a heavy chore, such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or housewife carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day,

Bed-disability day.—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most

of the day" is defined as more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

Work-loss day.—A day is counted as lost from work if the person would have been going to work at a job or business that day but instead lost the entire work day because of an illness or an injury. If the person's regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. Work-loss days are determined only for persons 17 years of age and over.

Person-days of restricted activity, bed disability, etc.—Person-days of restricted activity, bed disability, and so forth are days of the various forms of disability experienced by any one person. The sum of days for all persons in a group represents an unduplicated count of all days of disability for the group.

## Terms Defining Morbidity Conditions

Condition.—A morbidity condition, or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental wellbeing. It results from a positive response to one of a series of "illness-recall" questions (11-17, Appendix III). In the coding and tabul-ting process, conditions are selected or classified according to a number of different criteria, such as, whether they were medically attended; whether they resulted in disability; whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables, only those conditions recorded on the questionnaire which satisfy certain stated criteria are included.

Conditions, except impairments, are coded by type according to the International Classification of Diseases, 1955 Revision, with certain modifications adopted to make the code more suitable for a household-interview-type survey.

Chronic condition.—A condition is considered to be chronic if it is described by the respondent (1) in terms of one of the chronic diseases on the "Check List of Chronic Conditions" or in terms of one of the types of impairments on the "Check List of Impairments" shown as cards A and B in Appendix III, or (2) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview.

Chronic effect or residual of injury.—A chronic condition resulting from an injury may be either an impairment, such as paralysis, or some other type of late effect of the injury, such as arthritis. Disability from such conditions is included with that resulting directly from the injuries, unless otherwise specified.

With a few exceptions, injuries that are still giving trouble are classified according to the chronic effect of the injury if the injury occurred 3 months or more before the interview week, but to the injury itself if the injury occurred less than 3 months before.

Impairment.—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code

for impairments. Hence, code numbers for impairments in the International Classification of Diseases are not used. In the Supplementary Code impairments are grouped according to the type of functional impairment and etiology.

Injury condition.—An injury condition, or simply an injury, is an acute condition of the type that is classified to the nature of injury code numbers (N800-N999) in the International Classification of Diseases. In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes include: effects of exposure, such as sunburn; adverse reactions to immunizations and other medical procedures; and poisonings. Unless otherwise specified, the term injury is used to cover all of these.

As in the case of all acute conditions, acute injury conditions involving neither restricted activity nor medical attendance are excluded from the statistics.

## Terms Relating to Conditions

Prevalence of conditions.—In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a specified time or the average number existing during a specified interval of time.

The prevalence of chronic conditions denotes the number of chronic cases reported to be present or assumed to be present at the time of interview; those assumed to be present at the time of the interview are cases described by the respondent in terms of one of the chronic conditions on the "Check List of Chronic Conditions" and reported to have been present at some time during the 12-month period prior to the interview.

Estimates of the prevalence of chronic conditions may be restricted to cases that satisfy certain additional stated criteria, such as, for example, cases involving a day or more in bed in the past year, or cases still under medical care.

Onset of condition.—A morbidity condition, whether acute or chronic, is considered to have had its onset when it was first noticed. This could be the time the person first felt "sick," or became injured, or it could be the time the person or his family was first told by a physician that he had a disease of which he was previously unaware. For a chronic condition, episodic in nature, the onset is always considered to be the original onset rather than the start of the most recent episode.

Medically attended condition.—A condition for which a physician was consulted is called a medically attended condition. Consulting a physician includes consultation in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as medical consultation as well as visits to physicians in clinics or hospitals. If at one visit the physician is consulted about more than one condition for each of several patients, each condition is counted as medically attended.

## Terms Relating to Persons Injured

Person injured.—A person injured is one who has sustained an injury in an accident, or in some type of nonaccidental violence. (See definition of 'Injury condition," above.) Each time a person is injured he is included in the statistics as a separate 'person injured'; hence, one person may be included more than once.

The statistics of persons injured include only persons sustaining injuries which involved at least one full day of restricted activity or medical attendance.

Note that the number of persons injured is not equivalent to the number of "accidents" for several reasons: (1) the term "accident," as commonly used, may not involve injury at all; (2) more than one injured person may be involved in a single accident so that the number of accidents resulting in injury would be less than the number of persons injured in accidents; and (3) the term "accident" ordinarily implies an accidental origin, whereas "persons injured" includes persons whose injury resulted from certain nonaccidental violence.

The number of persons injured in a specified time interval is always equal to or less than the incidence of injury conditions, since one person may incur more than one injury in a single accident or nonaccidental violence.

Class of accident.—Injuries, injured persons, and resulting days of restricted activity may be grouped according to class of accident. This is a broad classification of the types of events which resulted in persons being injured. Most of these events are accidents in the usual sense of the word, but some are other kinds of mishap, such as overexposure to the sun or adverse reactions to medical procedures, and others are non-accidental violence, such as attempted suicide. The classes of accidents are: (1) motor-vehicle accidents, (2) accidents occurring while at work, (3) home accidents, and (4) other. These categories are not mutually exclusive. For example, a person may be injured in a motor-vehicle accident which occurred while the person was at work.

Motor-vehicle accident.—The class of accident is "motor vehicle" if a motor vehicle was involved in any way. Thus, it is not restricted to moving motor vehicles or to persons riding in motor vehicles. A motor vehicle is any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a land highway. Any object, such as a trailer, coaster, sled, or wagon, being towed by a motor vehicle is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

Accident while at work.—The class of accident is "while at work" if the injured person was 17 years of age or over and was at work at a job or a business at the time the accident happened.

Home accident.—The class of accident is 'home' if the injury occurred either inside the house or outside the house. 'Outside the house' refers to the yard, buildings, and sidewalks on the property. 'Home' includes not only the person's own home but also any other home in which he might have been when he was injured.

Other.—The class of accident is "other" if the occurrence of injury cannot be classified in one or more of the first three class-of-accident categories. This category therefore includes persons injured in public places (e.g., tripping and falling in a store or on a public sidewalk), and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury occurring

while the person was in the Armed Forces is covered and is included in this class. The class also includes mishaps for which the class of accident could not be ascertained.

#### Medical Care Terms

Physician visit.—A physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered to be a physician visit if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician visits for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (e.g., test for diabetes) or a single procedure (e.g., smallpox vaccination) when this single service was administered identically to all persons who were at the place for this purpose. Hence, persons passing through a tuberculosis chest X-ray prailer, by this definition, are not included as physician visits. However, a special chest X-ray given in a physician's office or an outpatient clinic is considered to be a physician visit.

Physician visits to hospital inpatients are not included.

If a physician is called to the house to see more than one person, the call is considered to be a separate physician visit for each person about whom the physician was consulted.

A physician visit is associated with the person about whom the advice was sought, even if that person did not actually see or consult the physician. For example, if a mother consults a physician about one of her children, the physician visit is ascribed to the child.

<u>Place of visit.</u>—The place of visit is a classification of the types of places at which a physician visit took place. (See definition of "Physician visit.") The definitions of the various categories are as follows:

- Home is defined as any place in which the person was staying at the time of the physician's visit. It may be his own home, the home of a friend, a hotel, or any other place the person may be staying (except as an overnight patient in a hospital).
- 2. Office is defined as the office of a physician in private practice only. This may be an office in the physician's home, an individual office in an office building, or a suite of offices occupied by several physicians. For purposes of this survey, physicians connected with prepayment group practice plans are considered to be in private practice.
- 3. Other includes treatment or advice received from a physician or under a physician's general supervision at a hospital outpatient clinic, a company or industry health unit, a school, insurance office, health department clinic, or any other place at which a physician consultation might take place. Also included in this category is advice given in a telephone call directly by the physician or transmitted through the nurse.

#### Dental Care Terms

Dental visit.—Each visit to a dentist's office for treatment or advice is considered to be a dental visit. The visit may involve services provided directly by the dentist or by a dental hygienist acting under a dentist's supervision. Services provided while a person was a patient in a hospital for overnight or longer are not considered to be dental visits.

<u>Edentulous persons.</u>—Persons who have lost all of their permanent teeth are classed as edentulous persons. An edentulous person may have dentures but does not have any natural teeth.

# APPENDIX III

## QUESTIONNAIRE

The items below show the exact content and wording of the questionnaire used in the household survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person.

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4. Race (	Check o	ne box for each	Derson	)								ŀ	¥hi	te 🗔 😅	□] Neg	to .			
		box for each		,								-	Mal	(_ ; Otner	Fen	nale			
				or foreign country)										foreign cou					
If 14 y	ears old	or over, ask:		· · · · · · · · · · · · · · · · · · ·								_		Unde	: 14 ye	ars			
7. Are you	u now m	orrled, widowe	d, divore	ced, separated or nev	er marri	ied? ,				·			Mar.		Div				
(Check	one bo	for each pers	onj										Vid	owed [_] Neve	(∭.)Sep rrmarrio				
If 14 y	cara old	ot over, ask:									١	_†		[] Unde					
ļ		hast grade you	comple	ted in school?							ł	- 1	Elem:	1 2 3 4	5 6 7				
		grade comple					•					- 1	High:	1234					
l .												,	College: 1 2 3 4 5+						

Г	If Ma	le an	d 14 yes	rs old or ove	ı, ask:							1.		em. or u	and. 14 yrs.	1
If "Yes," sak:											Yes					
(b) Are you now in the Armed Forces, not counting the reserves?  If "Yes," delete this person from questionnaire)—												Yes			No	
(c) Was any of your service during a war or was it peace-time only?  If "War, * ask:												□ Vez			Peace- time only	
(d) During which war did you serve?												Spanis Americ	sh can		WW-[]	
If "Peace-time" only, sak:												ww-!			Korean _	
$\vdash$	(c) Was any of your service between June 27, 1950 and January 31, 1955?											☐ Yes				
	If 6 years old or over, sak: 10. (a) What were you doing mest of the past 12 months												U			
	(For males over 16): working, looking for work, or doing something else? (For females over 16): working, looking for work, keeping house, or doing something else?												ng for w			
1	(For children 6-16); southing, tools of doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing also (For children 6-16); going to school or doing accombing accombine accom												ng hous to scho	ol		
Ì	II "Something else" checked, and person is 50 years old or over, ask:  (b) Are you refired?												hing els	<u>.</u>		
-	R Interview each soult person for himself for questions 11-26 and Tables I, II, and A, if												aded for	-		
L		he	is at b	ome. Enter	oluma numbe	t of respo	ondent in esc	h columa.		<del></del>		Col. No.		a teel	pondent	
],,					of Illnows, w ST WEEK OR							Yes			☐ No	
			rae the Ing also													
12				week before n kome?	did you have	any acci	dents or injur	ies, either st		(a) What were they? (b) Anything else?	,	Yes			□ No	
13	. DId	you f	el any	ill effects la	et week or th	e week be	sfore from on	accident or		(a) What were these	offects?	Yes			□ No	
14	Lost	wee	k or the	week before	did you take		cine or treatm	nent for any		(b) Anything else?	ione?	Yes			□ No	
<u> </u>			-		rou told me a		an pandist-	that have last		(b) Anything else?						
'3	for	o long	rkeser ; time? we they	(If "No") Ev	es though the	y don't b	other you all	the time?	•••			Yes			□ No	
L			ing else													
Г		_			·. · · · · · ·	Tobl	• I - ILLN	ESSES, IMP	IRMEN	TS AND ACCIDENTS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
			Did		the dector sa Id he use ony		If an impaire symptom or e		If eye trouble	What kind oftrouble is it?	What part of the	o body is	LAST OR TI	HE WEEK	How	
1		l	tolk	medical t		- 1	from q. 13 or	q. 17,	of any kind	Ask only for:	Show in follow	ing detail	WEEK		days, includ-	
1	ļ.		ta a doctor	in col. (c	nor talked to ) - record res	- Nor		couse of?	and 6 yrs.	altergy asthma anemia rbeumatism	for members lis Head - (Skull, s		you to		ing the 2	
]			about	dent's des	cription)	:			old or	arthritis stroke tumor (or cysts)	face)	• • • • • • • • • • • • • • • • • • • •	down o		wook- enda?	
	Col.			sccident,	cts of earlies record ill eff		fill Table A)	er injury, also	sak:	OR	Spine - (Upper, or lower) back	minute G	for as	much		
oumber	No.	Ques tion		and siso	fill Table A)				Con	Any entry in col. (d-1) or (d-2) of:	Arm - (Shoulder	upper,	as a d		4	
ip	per-			occurring	cident or inju during pest 2				read	trouble condition	elbow, lo hand)	wer, wrist,	No	k one Yes	1 1	
				weeks, as	ık:				ordin- ary news-	disesse coupled	Leg - (Hip, upp lower, an					
					of the body v				paper	with seeing or hearing;	ALSO		(C) 0	-	1	
					at kind of Int Anything else				with glosses?	a part of the body;	If arm, leg, eye		Col. (k))			
Į.				(Also, fil	ll Table A)	1				internal organ	вотн.					
┝	(a)	(b)	(c)		(d-1)	-	(4	¥-2)	(d-3)	(d-4)	(d-5	) <u>x</u>	(e)	(f)	(g)	
1			☐ Ye	,					☐ Yes						Days	
F						Table 11	- HOSPITA	LIZATION D	URING I	PAST 12 MONTHS	<u> </u>		_			
Г				en did u entor	How many days were	To inter	rvie wer		What did t	they say at the hospital the c	ondition was -	Were any				
	١,		th	hes-	you in the hospital,	How many	How many	this	(If "they"	se any medical terms? did't say, sak):		on you du the hespi	ring thi tal?	s stay	•1	
"	Col.	tic	· 0	onth, Year)	not count-	of these	— days	person still	Whot did	the last doctor you talked to	say it was?	If "Yes"				
number	of per- son	No	.		day you left?	the pass		in the hospital on	(Show san	ne derail as in cols. (d-1)-(d-	5) of T.I)	(a) What s		name c	of the	
Libe	300					nonths:		Sunday night?	(If conditi	ion from accident or injury, f	ill TableA)	(b) Any o	ther ope	rations	17	
							.									
┢	(a)	+	b) Mo	(c)	(d)	(e)	(1)	(g)		(h)		☐ Yes	(i)		□ No	
			Yr			or		Yes				1				
Ŀ					Days	Days	Days	□ No		·-·						
	,,		,							and Injuries)						
	Line from Table	•	1. ₩	hut part of ti	se bady was I	nurt? Who	ot kind of jnj	ury was it? Ac	ything el:	5•?		Accid	lent hap 2 weeks		during	
2.	When	did is	hoppen	? Year_	(Ente	er month i	also if the ye	ar is 1957 or 1	958)	Month		Accid	lent hap 2 weeks		during	
3.	Where	did t	he occi	lent happan?	,		At home	(inside or out (own home or	side the b	nouse) [   While in	Armed Services	Some	other pl	ace		
				us or other n ident in any	otor vakicle way?		☐ Yes	□ No								
5. Wars you of work of your job or business when the accident happaned? Yes No Under 14 years at time of accident																

	16. Has anyone in the featly - you, your—, etchad any of these conditions DURING THE PAST 12 MONTHS?													Yes No				
		(Res				lition; record any o	conditions											
}	17. Does on		he family he			<del>`</del>	·						-1	☐ Yes		· 🖂	No	
			d Card B, co			lition; record any ( person)	conditions							:				
						d anyone in the fo		, your	–, etctalk					Yes		Č	] No	
	If "Yes"	•	es during the				•1									 _No. of tis	nes	
	(c) Where did you talk to the doctor?													Piece		Times	-	
			number of ti										- 1	At home				
	("Hospital clinic" excludes overnight stays)												Company or industry Over telephone					
,													Other (Specify)					
	lf "Yes"	•		•	-		o dentis	IT AD	yone else?					☐ Yes		5	No.	
	(b) new	many rim	es during the	post 2									$\dashv$	One		_No. of tir ☐ Three	nes	
	20. How ma	ny times	altogather in	the pa	sį1 12 ma	nths did you go to	o dentist	7						□ 1 <b>=</b> 0	None	_ Four or □	nore	
		night of l		ONTHS	hos amy	one in the family l	been o par	ient (	n a hospital	-			ŀ	Yes (T	eble II)		] No	
	(b) How	many tin	nes were you			•				_				☐ Yes (I	-bl- m	_No. of tim	nes No	
		toclum?	st 12 months	hos on	yene in	the family been a	patient in	a nur	sing home or								- <u>-</u> -	
				•	<u> </u>	ome or sanitarium?								Group Na.	_	No. of tim	nes	
	your's,	7001 'A,	ate.7 (Show (	Card H)	Includ	d the total income Income, from all i from relatives, et	COUTCES, S	mily fo	all, that is, s wages,			•	ľ	Group No.				
		,	, , ,		,			ES, I	MPAIRMEN	ITS AND A	CCIDENTS					-,	=	
	How many		years old	Did y	ov first	notice PAST 3 MONTHS	То	Did you first		How long since you	Do you still toke	About		kaftercom aditionsfore				
	of these days were you	Lost	If "Yes"	or he	fore that	time?	viewer:	DUR	ING THE	last talked to	ony medi-	many	Pleas	lf 1, 2	п	If "1,"	1	
	in bed all or	or the	ia col.(i): How many	Chec	k one	Did stort during the past	(k) is bet		THS or ·	a doctor	treatment that the	during the post	look a	col. (t	):   in	or "2" or "3"		
	most of the day?	week before would	doys did	Before	During 3	2 weeks or before that time?	or the condi-			(If less	doctor prescribed	12 months, has	cord o	och ls this		ie cel. (r) ask:		
		you	you from work	(Go	months	(If during past	if during past tion 12 mc is on either one of Cards ost week or		souths, ask):	than one month,	for7 Or, follow	kept you in bed for all	Then to	tell of any	Which	Please look at	ااا	
		been working	(going ta school)?	to coi.					th month?	enter "Und. 1"	any advice he gove?	or most	staten fits ye	pent condi-	(Ea-	this card and	A A	
		at a job or busi-		(n))		lost week or the week			·	for "Mo.")		day?	best. (Show	have told n	ter X	read each statement	흘	
		ness except				before?	continue; other-						Cards F, as	C- about	for each	Then tell me which statement		
		for? (If 6-16 yrs.,			.		wise STOP						appro- priate		condi tion name	fits you best.		
		ask, ("going														(Show Card G)		
	(h)	school") (i)	(i)	(k)	(1)	(m)	(**)		(a)	(0)	(p)	(p) (q)		(a)	(t)	(u)		
	— Days	☐ Yes	Days			Last week		Mo		Mos.	I — »-	Days						
	☐ None	□ No	☐ None	<u> </u>		☐ Before 2 wks.		СЭВ	efore Birth	No Dr.	□ No Dr.	☐ None				<u> </u>	1	
						For completed				ING PAST	12 MONTHS					•	-	
	What is the hospital ye		nd address of n?	the		Was any of	If "No"	to	if "No" to	What par	,							
	(Enter nau	ne, cit <b>y o</b>	r county and	State)		the hospital bill poid for by any kind	col. (k) esk:	'	both cols. (k) sod (l)	of the hospital bill was		carries the c	=== af 1 ?	this insuron	cethat	is, who	ŀ	
•						of insurance?	Or, by a	пу	Do you expe any of the hespital bil	be) take	(#115							
							plan the poys fa	•	to be poid f	Insuranc	:•?							
							hospita costs?	ı	or any plan of this kind	1							Į	
			(i)			(k)	(1)	·m :	(m)	(a)	. 1/	nily member(	.,	(o)	Specify		$\dashv$	
				<b></b> -		Yes (Skip to col.n)	Yes to c	ol.n)	Yes				-,				_ [	
						□ No	□ ÿo		□ No (Sto	P)	more 🗀 Ua	on, clubs, e	c.					
							FO	отно	TES AND CO	MMENTS							$\neg$	
•																		
1																		
-				•														
				•														
														•				
																	]	

Card A

1. Asthma or hay fever

3. Chronic bronchitis

7. High blood pressure

4. Repeated attacks of sinus

6. Hardening of the arteries

2. Tuberculosis

trouble.

8. Heart trouble

5. Rheumatic fever

NATIONAL HEALTH SURVEY

Check List of Chronic Conditions

14. Any other chronic stomach

15. Kidney stones or chronic

16. Arthritis or rheumatism

19. Thyroid trouble or goiter

kidney trouble

17. Prostate trouble

18. Diabetes

20. Any allergy

trouble

Card F

For:

going to school

present time.

school attendance.

other activities.

NATIONAL HEALTH SURVEY

Children from 6 years old and others

1. Cannot go to school at all at

2. Can go to school but limited to

3. Can go to school but limited in

certain types of schools or in

Card G

NATIONAL HEALTH SURVEY

1. Confined to the house all the time.

2. Can go outside but need the help

3. Can go outside alone but have

of another person in getting

trouble in getting around freely.

except in emergencies.

around outside.

Card C

For:

NATIONAL HEALTH SURVEY

Workers and other persons except

1. Cannot work at all at present.

2. Can work but limited in amount or

3. Can work but limited in kind or

amount of outside activities.

4. Not limited in any of these ways.

Housewives and Children

kind of work.

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Public Health Service Publication No. 584

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