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VITAL and HEALTH STATISTICS
DATA FROM THE NATIONAL HEALTH SURVEY

Current Estimates

From the Health Interview Survey

United States- 1967

Provisional estimates of incidence of acute conditions, number of persons reporting limitation of activity, number of persons injured, hospital discharges, persons with hospital episodes, disability days, and frequency of physician visits. Based on data collected in the Health Interview Survey during calendar year 1967. Data on cigarette smoking status of the civilian, noninstitutional population in June 1966 and August 1967, based on data collected in the Current Population Survey, U.S. Bureau of the Census.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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IN THIS REPORT provisional statistics based on data collected in household interviews for the Health Interview Survey during calendar year 1967 are presented, for incidence of acute illnesses and injuries and associated disability days; on the percentage of the civilian, non-institutional population with limitation of activity due to chronic conditions; on the number of persons injured and associated disability days; on the number of hospital discharges and length of stay; on the number of persons with hospital episodes during the year; on the number of disability days associated with illness or injury; and for the frequency of physician visits.

Earlier reports in the annual series of Current Estimates reports covered the fiscal year from July of one year to June of the next; this report is the first in the series to cover a calendar year. The estimates shown are based on consolidation of quarterly data. Due to the provisional nature of these estimates they may, in some instances, differ slightly from revised data released at a later date. Estimates in this report are based on health interviews employing two different approaches to data collection. An appendix to the report discusses the forms of questionnaire design and the reasons for the change in data collection procedures.

A section of this report presents provisional findings on cigarette smoking habits in the civilian, noninstitutional population aged 17 years and older. These data were collected as supplements to the June 1966 and August 1967 Current Population Survey conducted by the U.S. Bureau of the Census.

SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
Figure does not meet standards of reliability or precision-----	*

CURRENT ESTIMATES

FROM THE HEALTH INTERVIEW SURVEY

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INTRODUCTION

Estimates shown in this report are the first statistics from the Health Interview Survey to be published on a calendar-year basis. Previously most of the reports based on health interviews included data for the fiscal year beginning in July and ending in June of the next year. In accordance with a long-range plan set up during the early years of the Health Interview Survey, a general evaluation of the design and format of the survey was made on the completion of its first 10 years in June 1967. As a result, certain changes have been made in the conduct of the survey, one of which is the collection of data to provide estimates for a calendar year. To set the stage for the presentation of data on a calendar basis, this report shows estimates for most health topics for the year 1967, even though the collection year did not change officially until January 1968. Six months of data collection, January-June 1967, included in this report were also included in the Current Estimates report covering the period July 1966-June 1967 (Series 10, No. 43).

The evaluation of the survey procedures also led to major changes in the format of the questionnaire and the conduct of the interview. During the year prior to the final acceptance of these procedural changes, July 1967-June 1968, the sample was divided in two parts with one half interviewed according to the existing procedures and the other half interviewed according to the proposed new format. The "split sample" provided a means of evaluating the efficiency of the new questionnaire as well as some measure of any changes in the levels of health-related estimates that might be

associated with the procedural innovations. Descriptive material on the modifications made in the questionnaire and the reasons for initiating format and procedural changes are presented in appendix III.

In short, the questionnaire administered to sample persons in the Health Interview Survey during the 10-year period ending in June 1967, and to one-half of the sample persons during the following year, represented the "condition approach" in the collection of health data. Information on illnesses was first obtained through probe questions and checklists of conditions followed by questions on associated short-term and long-term disability attributed to the illnesses. The revised questionnaire, administered to one-half of the sample during the year July 1967-June 1968 and adopted for the entire sample in July 1968, is usually described as the "person approach." Persons are questioned about their short-term and long-term disability, as well as their recent medical care, with conditions and illnesses named as causes of disability or medical attention. Facsimiles of the two versions of the questionnaire used during the period July 1967-June 1968 are shown in appendixes IV and V.

Another procedural change in the collection of data was the decision to abandon the broad, general checklists of chronic conditions, which included all types of chronic illness, in favor of the use of a listing restricted to conditions affecting a particular body system. By the use of a planned 5-6-year cycle, each year changing the body system to be covered, it is expected that improved prevalence estimates for all kinds of illnesses can eventually be derived from the in-

interview-survey data. However, this procedure precludes the derivation and publication of annual estimates of persons with one or more chronic conditions, a measure which had been used in the Current Estimates reports as an indicator of the amount of chronic illness in the population.

Preliminary investigation of the comparative estimates produced from the two versions of the questionnaire for the period July-December 1967 indicates that the variations are within the limits of sampling error. The material collected by means of the "person approach" during July-December 1967 has, therefore, been combined with the material collected by the "condition approach" from the remainder of the sample during the calendar year, and these composite data are the estimates shown in this report.

HIGHLIGHTS FOR THE PERIOD

Acute Conditions

During 1967 an estimated 367.5 million acute illnesses and injuries requiring either medical attention or reduced daily activity occurred among the civilian, noninstitutional population (table 1). The annual incidence rate per 100 persons was 190.0, which is about the same as the rate of 190.2 reported for the period July 1966-June 1967 (see Series 10, No. 43). There was some change in the rates for the sexes; the rate for males was about 1.3 percent lower than the incidence rate of 185.4 in fiscal year 1967, while the rate for females was 0.9 percent higher than the rate of 194.7 for fiscal year 1967. There was also some change in the age-specific rates shown in table 2. The incidence rate for persons aged 6-16 years was 2.4 percent lower than that for fiscal year 1967, and the rates for persons 17 years and older were higher than those in fiscal year 1967. Changes in rates for upper respiratory illnesses, notably the common cold, and for influenza-like illnesses are primarily responsible for the differences in incidence rates by sex and age. The beginning of an epidemic of influenza-like illness late in 1967 resulted in a slightly higher rate in this condition category for the calendar year; the rise was accompanied by a compensating decline in the rate for upper respiratory illnesses.

The number of days of restricted activity and bed disability per person per year caused by acute illness and injury was higher in calendar year 1967 than in the 12-month period ending in June 1967 (tables 3-6). The increase in rates was greater for females than for males and occurred in each age group except for 6-16 years. An increase in rates was noted in most of the condition groups but was greatest for respiratory conditions, notably for influenza-like conditions. The rate of days lost from school due to acute conditions was lower in calendar year 1967 compared with fiscal year 1967 for boys aged 6-16 years, but the rate for girls was slightly higher (table 7). The annual number of days lost from work per currently employed person was generally higher for calendar year 1967 when compared with the fiscal year ending in June 1967. This rise in rate occurred for males and females and for both age groups shown in table 8.

Persons With Limitation of Activity

Table 9 in the previous Current Estimates report (Series 10, No. 43) showed the percentage of the population with one or more chronic conditions. As explained earlier, it is not possible to obtain an estimate of the number of persons with chronic conditions when the "person approach" is used in the collection of data. Therefore, table 9 in this report, comparable to table 9 in the previous report, has been changed to show the proportion of the population with limitation of activity due to chronic diseases or impairments. During calendar year 1967 an estimated 22.2 million persons, or 11.5 percent of the civilian, noninstitutional population, had some degree of activity limitation; this included 8.7 percent with limitation in their major activity (i.e., working, keeping house, or engaging in school or preschool activities). These figures can be compared with those published for July 1965-June 1966 (Series 10, No. 45), which showed that 21.4 million persons, 11.2 percent of the population, had some degree of limitation of activity and 8.4 percent had limitation in major activity. As might be expected, the proportion of limited persons increased with age and was higher for males than for females in all age groups.

Persons Injured

During 1967 an estimated 53.0 million persons were injured, i.e., 27.4 persons were injured per 100 population (table 10). This rate is slightly higher than the rate of 26.9 for the period July 1966-June 1967. The numbers of days of restricted activity and bed-stay associated with injuries, per injured person, were less during the calendar year than during the fiscal year (tables 11 and 12).

About 3.8 million persons were injured in moving motor-vehicle accidents (table 10); of this number 3.6 million were injured in traffic accidents, that is, moving motor vehicle accidents occurring on a public highway. The rate of persons injured in moving motor vehicle accidents was 2.0 per 100 persons per year, slightly higher than that for the fiscal year ending in June 1967. The rate of persons injured while at work was about 11.1 percent lower than that for the fiscal year. There was almost no change in the rate of injuries in the home and only a small increase in the rate for injuries classified as other, that is, those not occurring in moving motor vehicle accidents, at work, or in the home (for instance, public places, school, and places of recreation).

Hospitalization

Tables 13-15 present two measures of hospital utilization as reported in the Health Interview Survey. Table 13 shows the annual number of short-stay hospital discharges involving one or more nights occurring during reference periods ending in 1967. The term reference periods is used because health interviews were conducted in a new sample of households during each week of the year. To adjust for underreporting due to memory bias, estimates of hospital discharges were derived by doubling the weight attached to those discharges reported during the 6 months prior to interview. These estimates do not include any adjustment for hospitalization of persons who died prior to the time of interview; also, these estimates will differ from those reported by the Hospital Discharge Survey because of differences in types of hospitals, in the population covered by the surveys, and in the methods of data collection used.

Table 14 shows the number of persons in the civilian, noninstitutional population who had one or more episodes of hospitalization in short-stay hospitals during the year prior to interview. In order to accumulate the number of hospital episodes experienced by a person in a given year, the 12-month reference period used on the questionnaire was retained in estimating the number of episodes. The number of episodes includes some episodes for persons who were still hospitalized at the end of the reference period; these episodes are excluded by definition from the number of discharges (episodes which ended during the period). Even though the number of hospital episodes would be expected to exceed the number of discharges because of the inclusion of persons still in the hospital in the number of episodes, the number of hospital episodes actually represents only about 95 percent of the number of hospital discharges during the year. The memory bias involved in the 12-month period seems to account for the reduced reporting of episodes.

The number of short-stay hospital discharges per 100 persons per year—12.3 in calendar year 1967—was slightly less than the rate of 12.6 in fiscal year 1967 (table 13). The rate for persons 65 years and over was the same for both periods. The average length of stay remained approximately the same for both periods. About 9.8 percent of the population had one or more hospital episodes in 1967 (table 14); most (8.4 percent) of these persons had only one such episode. Among the 16.2 million persons with one episode (table 14) the average length of the episodes was 7.7 days (table 15). Persons with two episodes averaged 19.3 days in the year, while persons with three or more episodes had an average of 35.3 days.

Disability Days

The numbers of disability days per person resulting from acute and chronic illnesses, impairments, and injury are reported in tables 16 and 17. Person-days of disability represent unduplicated counts of condition days of restricted activity, bed-stay, work-loss, and school-loss.

The rates of disability days per person for calendar year 1967 were very similar to those for fiscal year 1967: 15.3 days of restricted

activity compared with 15.4; 5.7 days in bed, with 5.6; 5.4 days lost from work per currently employed person, with 5.4; and 4.4 days lost from school per child aged 6-16 years, with 4.5 days in fiscal year 1967.

Physician Visits

During 1967 there were an estimated 829.6 million physician visits, excluding visits to hospital inpatients (table 18). A physician visit is a consultation with a doctor of medicine or an osteopath, either in person or by telephone, for examination, treatment, or advice. The service could have been provided by the physician himself, or by a nurse or another person acting under the supervision of the physician.

The number of visits per person per year was the same in calendar year 1967 when compared with the fiscal year ending in June 1967 for both sexes, for males, and for females. The rates of visits were similar at each age group up to 65 years, but beyond that age the rate of visits per person was lower in calendar year 1967 than in fiscal year 1967.

Table 19 shows that 68.8 percent of the civilian, noninstitutional population saw or talked with a physician within a year of the interview. This percentage is only slightly higher than the 68.1 percent for fiscal year 1967.

Seasonal Variation

Tables 21-23 and figures 1-3 present quarterly estimates for July-September 1967 and October-December 1967 which were not shown in the previous Current Estimates report. The rise in rate of acute respiratory illnesses in October-December reflects the beginning of the influenza epidemic in January 1968.

CIGARETTE SMOKING STATUS OF THE POPULATION, 1966 AND 1967

Because of the interest in the cigarette smoking habits of the people of the United States, the National Center for Health Statistics has contracted with the U.S. Bureau of the Census to include, for several years, a supplement to the Current Population Survey on the smoking habits of the population. The first of these supplements

was included in the Current Population Survey of June 1966, and the second was added to the questionnaire in August 1967. This information will supplement data on smoking habits and health characteristics collected at intervals beginning in 1964 as a part of the ongoing Health Interview Survey.

Data on the cigarette smoking habits of the civilian, noninstitutional population aged 17 years and over are summarized in tables 24 and 25. In June 1966 an estimated 39.6 percent of the population 17 years and older smoked cigarettes; in August 1967 the comparative percentage was 39.1. The percentage of persons who had formerly smoked cigarettes was 11.5 in 1966 and 12.3 in 1967. An estimated 46.4 percent of the population in 1966 and 46.2 percent in 1967 reported having never smoked cigarettes. For about 2.5 percent in both 1966 and 1967 it was not known whether these persons had ever smoked cigarettes.

Examination of the data by age and sex shows that the reduction in cigarette smoking reported in the second survey occurred primarily among males under 65 years of age and to some extent among females under 45 years of age. Increases in the percent currently smoking were reported for males 65 years and older and for females aged 45 years and over.

It is of interest that the type of respondent, i.e., self-respondent or proxy, in the interview had little effect on the rate of present smokers for males, but an appreciable effect on "presently smoking" rates for females. A self-respondent is a person who has responded for himself in the household interview. "Proxy" respondent means that another person has responded for this family member. Proxy respondents are employed for persons not available at the time of the interview, provided the respondent was closely related to the person about whom the information was obtained. The percentages of present smokers for self-respondents and proxy respondents are:

	1966	Male	Female
Self-----		50.1	33.7
Proxy-----		49.3	27.6
	1967		
Self-----		48.8	33.8
Proxy-----		48.7	26.9

SOURCE AND LIMITATIONS OF THE DATA

Health Interview Survey

The information from the Health Interview Survey presented in this report is based on data collected in a continuing nationwide survey conducted by household interview. Each week a probability sample of households is interviewed by trained personnel of the U.S. Bureau of the Census to obtain information about the health and other characteristics of each member of the household in the civilian, noninstitutional population of the United States. During the 52 weeks in 1967, the sample was composed of approximately 42,000 households containing about 134,000 persons living at the time of the interview.

A description of the design of the survey, the methods used in estimation, and general qualifications of the data obtained from surveys is presented in appendix I. Since the estimates shown in this report are based on a sample of the population rather than on the entire population, they are subject to sampling error. Therefore, particular attention should be paid to the section entitled "Reliability of Estimates." Sampling errors for most of the estimates are of relatively low magnitude. However, where an estimated number or the numerator or denominator of a rate or percentage is small, the sampling error may be high. Charts of relative sampling errors and instructions for their use are shown in appendix I.

Certain terms used in this report are defined in appendix II. Some of the terms have specialized meanings for the purpose of the survey. For example, estimates of the incidence of acute conditions include, with certain exceptions, those conditions which had started within 2 weeks and which involved either medical attention or restricted activity. The exceptions, which are listed in appendix II, are certain conditions such as heart trouble and diabetes which are always considered to be chronic, regardless of duration or onset.

Estimates of the number of disability days associated with acute conditions are derived from the number of days of disability experienced during the 2-week period prior to the week of interview and include all such days reported,

even if the acute condition causing the disability had its onset prior to the 2-week period. Disability days associated with acute conditions are recorded on a condition basis. If an individual reports more than one illness or injury on the same day, the count of disability days will exceed the actual number of days disabled, i.e., person-days of disability.

Current Population Survey

The information from the Current Population Survey of the U.S. Bureau of the Census on cigarette smoking habits of the civilian, noninstitutional population was collected in household interviews in June 1966 and August 1967. A supplement was added to the basic Current Population Survey for each of these months to derive information as to the smoking habits of the population. The information in tables 24 and 25 was obtained from the questions shown below:

Has ... smoked at least 100 cigarettes during his entire life?

Does ... smoke cigarettes now?

These two questions were worded alike in both supplements.

The Current Population Survey's sample design in June 1966 was spread over 357 areas comprising 701 counties and independent cities, with coverage in each of the 50 States and the District of Columbia. Approximately 35,000 households, which contained about 75,000 persons 17 years of age or over, were designated for inclusion in the survey. About 1,500 of these households were visited, but interviews were not obtained because the occupants either were not found at home after repeated calls or were unavailable for some other reason. Noninterview adjustment factors are employed to take into account these noninterviewed households. During August 1967 the Current Population Survey sample consisted of about 52,500 households with a noninterview rate of about 4.5 percent.

Since the estimates based on these data are obtained from a sample, they are subject to sampling variability and to errors of response and reporting. The standard error is primarily a measure of sampling variability, that is, the variations that occur by chance because a sample rather than the entire population is surveyed.

Approximations of the standard errors of the estimates have been computed. Standard error tables for June 1966 and August 1967 have been prepared; the order of magnitude of these errors for percentages shown in tables 24 and 25 is summarized below:

	<i>Percentage</i>		
	<i>10</i>	<i>25</i>	<i>50</i>
<i>June 1966 base</i>			
10,000,000-----	0.4	0.6	0.6
25,000,000-----	0.2	0.4	0.4
50,000,000-----	0.2	0.3	0.3
100,000,000-----	0.1	0.2	0.3
<i>August 1967 base</i>			
10,000,000-----	0.3	0.5	0.5
25,000,000-----	0.2	0.3	0.3
50,000,000-----	0.1	0.2	0.2
100,000,000-----	0.1	0.2	0.2

The standard error of the difference between two percentages is approximately the square root of the sum of squares of the standard error of each estimate considered separately. For instance, the percentages of present smokers among males in 1966 and 1967 were 48.6 and 47.8, respectively. Linear interpolation from the above table indicates that for populations of 58.5 million and 59.2 million the standard errors of these percentages are about 0.3 in 1966 and 0.2 in 1967. Thus, the standard error of the difference is about 0.36. The observed difference between the two percentages is 0.8. This difference divided by the standard error of the difference between the two percentages (0.8/0.36) gives a value of 2.2. This value means that a difference of 0.8 percentage points may occur by chance alone about three times out of 100 observations. Thus, this difference may be considered statistically significant.



TABLE 1. INCIDENCE OF ACUTE CONDITIONS, PERCENT DISTRIBUTION, AND NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX AND CONDITION GROUP: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

CONDITION GROUP	INCIDENCE OF ACUTE CONDITIONS IN THOUSANDS			PERCENT DISTRIBUTION			NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
ALL ACUTE CONDITIONS-----	367,453	170,606	196,847	100.0	100.0	100.0	190.0	183.0	196.5
INFECTIVE AND PARASITIC DISEASES---	44,174	21,153	23,020	12.0	12.4	11.7	22.8	22.7	23.0
COMMON CHILDHOOD DISEASES-----	8,884	4,609	4,275	2.4	2.7	2.2	4.6	4.9	4.3
THE VIRUS, N.O.S.-----	26,642	11,978	14,664	7.3	7.0	7.4	13.8	12.9	14.6
OTHER INFECTIVE AND PARASITIC DISEASES-----	8,648	4,567	4,081	2.4	2.7	2.1	4.5	4.9	4.1
RESPIRATORY CONCITIONS-----	204,581	93,951	110,630	55.7	55.1	56.2	105.8	100.8	110.4
UPPER RESPIRATORY CONDITIONS-----	132,318	61,037	71,280	36.0	35.8	36.2	68.4	65.5	71.1
COMMON COLD-----	103,513	47,515	55,998	28.2	27.9	28.4	53.5	51.0	55.9
OTHER ACUTE UPPER RESPIRATORY CONDITIONS-----	28,805	13,522	15,283	7.8	7.9	7.8	14.9	14.5	15.3
INFLUENZA-----	64,760	29,092	35,668	17.6	17.1	18.1	33.5	31.2	35.6
INFLUENZA WITH DIGESTIVE MANIFESTATIONS-----	8,975	4,093	4,882	2.4	2.4	2.5	4.6	4.4	4.9
OTHER INFLUENZA-----	55,785	24,999	30,786	15.2	14.7	15.6	28.8	26.8	30.7
OTHER RESPIRATORY CONCITIONS-----	7,504	3,822	3,682	2.0	2.2	1.9	3.9	4.1	3.7
PNEUMONIA-----	2,110	1,205	905	0.6	0.7	0.5	1.1	1.3	0.9
BRONCHITIS-----	3,719	1,822	1,897	1.0	1.1	1.0	1.9	2.0	1.9
OTHER ACUTE RESPIRATORY CONDITIONS-----	1,675	795	*	0.5	0.5	*	0.9	0.9	*
DIGESTIVE SYSTEM CONDITIONS-----	16,538	7,836	8,702	4.5	4.6	4.4	8.6	8.4	8.7
DENTAL CONDITIONS-----	5,671	2,360	3,311	1.5	1.4	1.7	2.9	2.5	3.3
FUNCTIONAL AND SYMPTOMATIC UPPER GASTROINTESTINAL DISORDERS, N.E.C.-----	3,933	1,495	2,038	1.0	0.9	1.0	1.8	1.6	2.0
OTHER DIGESTIVE SYSTEM CONDITIONS-----	7,334	3,980	3,354	2.0	2.3	1.7	3.8	4.3	3.3
INJURIES-----	55,503	31,709	23,794	15.1	18.6	12.1	28.7	34.0	23.7
FRACTURES, DISLOCATIONS, SPRAINS, AND STRAINS-----	16,124	9,270	6,855	4.4	5.4	3.5	8.3	9.9	6.8
FRACTURES AND DISLOCATIONS-----	5,554	3,233	2,322	1.5	1.9	1.2	2.9	3.5	2.3
SPRAINS AND STRAINS-----	10,570	6,037	4,533	2.9	3.5	2.3	5.5	6.5	4.5
OPEN WOUNDS AND LACERATIONS-----	15,721	9,455	6,266	4.3	5.5	3.2	8.1	10.1	6.3
CONTUSIONS AND SUPERFICIAL INJURIES-----	10,006	4,992	5,013	2.7	2.9	2.5	5.2	5.4	5.0
OTHER CURRENT INJURIES-----	13,652	7,992	5,660	3.7	4.7	2.9	7.1	8.6	5.6
ALL OTHER ACUTE CONDITIONS-----	46,657	15,957	30,701	12.7	9.4	15.6	24.1	17.1	30.6
DISEASES OF THE EAR-----	9,115	4,554	4,561	2.5	2.7	2.3	4.7	4.9	4.6
HEADACHES-----	3,428	860	2,568	0.9	0.5	1.3	1.8	0.9	2.6
GENITOURINARY DISORDERS-----	6,129	723	5,407	1.7	0.4	2.7	3.2	0.8	5.4
DELIVERIES AND DISORDERS OF PREGNANCY AND THE PUERPERIUM-----	4,252	***	4,252	1.2	***	2.2	2.2	***	4.2
DISEASES OF THE SKIN-----	5,047	2,054	2,993	1.4	1.2	1.5	2.6	2.2	3.0
DISEASES OF THE MUSCULOSKELETAL SYSTEM-----	4,202	1,528	2,674	1.1	0.9	1.4	2.2	1.6	2.7
ALL OTHER ACUTE CONDITIONS-----	14,483	6,237	8,245	3.9	3.7	4.2	7.5	6.7	8.2

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

N.o.s.—not otherwise specified; n.e.c.—not elsewhere classified.

TABLE 2. INCIDENCE OF ACUTE CONDITIONS AND NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

SEX AND CONDITION GROUP	ALL AGES	UNDER 6	6-16	17-44	45 & OVER	ALL AGES	UNDER 6	6-16	17-44	45 & OVER
<u>BOTH SEXES</u>	INCIDENCE OF ACUTE CONDITIONS IN THOUSANDS					NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	367.453	78.287	99.186	121.486	68,494	190.0	334.7	227.0	176.8	118.9
INFECTIVE AND PARASITIC DISEASES-----	44,174	11,449	15,679	12,041	5,005	22.8	48.9	35.9	17.5	8.7
RESPIRATORY CONDITIONS--	204,581	46,546	56,314	64,252	37,469	105.8	199.0	128.9	93.5	65.1
UPPER RESPIRATORY CONDITIONS-----	132,318	35,433	37,211	37,652	22,021	68.4	151.5	85.2	54.8	38.2
INFLUENZA-----	64,760	8,465	17,562	24,656	14,077	33.5	36.2	40.2	35.9	24.4
OTHER RESPIRATORY CONDITIONS-----	7,504	2,648	1,541	1,943	1,372	3.9	11.3	3.5	2.8	2.4
DIGESTIVE SYSTEM CONDITIONS-----	16,538	3,267	3,979	5,573	3,719	8.6	14.0	9.1	8.1	6.5
INJURIES-----	55,503	8,922	13,168	20,989	12,424	28.7	38.1	30.1	30.5	21.6
ALL OTHER ACUTE CONDITIONS-----	46,657	8,103	10,046	18,631	9,877	24.1	34.6	23.0	27.1	17.1
<u>MALE</u>	INCIDENCE OF ACUTE CONDITIONS IN THOUSANDS					NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	170,606	40,977	51,063	48,600	29,966	183.0	342.5	230.6	150.1	112.1
INFECTIVE AND PARASITIC DISEASES-----	21,153	6,087	8,394	4,733	1,940	22.7	50.9	37.9	14.6	7.3
RESPIRATORY CONDITIONS--	93,951	23,893	27,830	25,646	16,582	100.6	199.7	125.7	79.2	62.0
UPPER RESPIRATORY CONDITIONS-----	61,037	18,112	17,972	15,447	9,507	65.5	151.4	81.2	47.7	35.6
INFLUENZA-----	29,092	4,161	9,020	9,437	6,474	31.2	34.8	40.7	29.2	24.2
OTHER RESPIRATORY CONDITIONS-----	3,822	1,620	839	762	*	4.1	13.5	3.8	2.4	*
DIGESTIVE SYSTEM CONDITIONS-----	7,836	1,774	1,917	2,267	1,878	8.4	14.8	8.7	7.0	7.0
INJURIES-----	31,709	5,229	8,457	12,094	5,929	34.0	43.7	38.2	37.4	22.2
ALL OTHER ACUTE CONDITIONS-----	15,957	3,994	4,466	3,860	3,636	17.1	33.4	20.2	11.9	13.6
<u>FEMALE</u>	INCIDENCE OF ACUTE CONDITIONS IN THOUSANDS					NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	196,847	37,309	48,123	72,886	38,529	196.5	326.5	223.4	200.5	124.8
INFECTIVE AND PARASITIC DISEASES-----	23,020	5,362	7,285	7,308	3,065	23.0	46.9	33.8	20.1	9.9
RESPIRATORY CONDITIONS--	110,630	22,653	28,484	38,606	20,887	110.4	198.2	132.2	106.2	67.7
UPPER RESPIRATORY CONDITIONS-----	71,280	17,321	19,239	22,206	12,514	71.1	151.6	89.3	61.1	40.5
INFLUENZA-----	35,668	4,304	8,542	15,220	7,602	35.6	37.7	39.6	41.9	24.6
OTHER RESPIRATORY CONDITIONS-----	3,682	1,028	762	1,181	771	3.7	9.0	3.3	3.2	2.5
DIGESTIVE SYSTEM CONDITIONS-----	8,702	1,493	2,062	3,306	1,841	8.7	13.1	9.6	9.1	6.0
INJURIES-----	23,794	3,693	4,712	8,895	6,494	23.7	32.3	21.9	24.5	21.0
ALL OTHER ACUTE CONDITIONS-----	30,701	4,109	5,581	14,771	6,241	30.6	36.0	25.9	40.6	20.2

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

TABLE 3. DAYS OF RESTRICTED ACTIVITY ASSOCIATED WITH ACUTE CONDITIONS AND DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR, BY SEX AND CONDITION GROUP: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

CONDITION GROUP	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
	DAYS OF RESTRICTED ACTIVITY IN THOUSANDS			DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR		
ALL ACUTE CONDITIONS-----	1,455,086	638,154	816,934	752.4	684.6	815.4
INFECTIVE AND PARASITIC DISEASES---	177,177	85,914	91,263	91.6	92.2	91.1
COMMON CHILDHOOD DISEASES-----	54,269	28,579	25,690	28.1	30.7	25.6
THE VIRUS, N.O.S.-----	79,628	34,894	44,734	41.2	37.4	44.6
OTHER INFECTIVE AND PARASITIC DISEASES-----	43,280	22,441	20,839	22.4	24.1	20.8
RESPIRATORY CONDITIONS-----	653,665	286,295	367,370	338.0	307.1	366.7
UPPER RESPIRATORY CONDITIONS-----	352,180	158,736	193,444	182.1	170.3	193.1
COMMON COLD-----	266,187	120,722	145,464	137.6	129.5	145.2
OTHER ACUTE UPPER RESPIRATORY CONDITIONS-----	85,993	38,014	47,980	44.5	40.8	47.9
INFLUENZA-----	241,622	99,708	141,915	124.9	107.0	141.6
INFLUENZA WITH DIGESTIVE MANIFESTATIONS-----	25,466	11,342	14,123	13.2	12.2	14.1
OTHER INFLUENZA-----	216,157	88,366	127,791	111.8	94.8	127.5
OTHER RESPIRATORY CONDITIONS-----	59,862	27,851	32,011	31.0	29.9	31.9
PNEUMONIA-----	29,441	12,894	16,547	15.2	13.8	16.5
BRONCHITIS-----	25,820	12,736	13,083	13.4	13.7	13.1
OTHER ACUTE RESPIRATORY CONDITIONS-----	4,602	2,221	2,381	2.4	2.4	2.4
DIGESTIVE SYSTEM CONDITIONS-----	67,964	31,251	36,712	35.1	33.5	36.6
DENTAL CONDITIONS-----	17,922	6,402	11,521	9.3	6.9	11.5
FUNCTIONAL AND SYMPTOMATIC UPPER GASTROINTESTINAL DISORDERS, N.E.C.-----	7,277	3,291	3,986	3.8	3.5	4.0
OTHER DIGESTIVE SYSTEM CONDITIONS-----	42,764	21,558	21,206	22.1	23.1	21.2
INJURIES-----	332,088	169,824	162,264	171.7	182.2	162.0
FRACTURES, DISLOCATIONS, SPRAINS, AND STRAINS-----	183,387	92,308	91,079	94.8	99.0	90.9
FRACTURES AND DISLOCATIONS-----	107,990	53,454	54,536	55.8	57.3	54.4
SPRAINS AND STRAINS-----	75,397	38,854	36,543	39.0	41.7	36.5
OPEN WOUNDS AND LACERATIONS-----	48,157	28,088	20,070	24.9	30.1	20.0
CONTUSIONS AND SUPERFICIAL INJURIES-----	45,569	19,100	26,468	23.6	20.5	26.4
OTHER CURRENT INJURIES-----	54,974	30,327	24,647	28.4	32.5	24.6
ALL OTHER ACUTE CONDITIONS-----	224,195	64,870	159,325	115.9	69.6	159.0
DISEASES OF THE EAR-----	31,104	15,665	15,438	16.1	16.8	15.4
HEADACHES-----	4,342	1,788	2,554	2.2	1.9	2.5
GENITOURINARY DISORDERS-----	34,431	5,298	29,132	17.8	5.7	29.1
DELIVERIES AND DISORDERS OF PREGNANCY AND THE PUERPERIUM-----	41,830	...	41,830	21.6	...	41.8
DISEASES OF THE SKIN-----	14,664	5,071	9,593	7.6	5.4	9.6
DISEASES OF THE MUSCULOSKELETAL SYSTEM-----	27,318	8,891	18,427	14.1	9.5	18.4
ALL OTHER ACUTE CONDITIONS-----	70,507	28,157	42,350	36.5	30.2	42.3

NOTE: N.o.s.—not otherwise specified; n.e.c.—not elsewhere classified.

TABLE 4. DAYS OF BED DISABILITY ASSOCIATED WITH ACUTE CONDITIONS AND DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR, BY SEX AND CONDITION GROUP: UNITED STATES 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

CONDITION GROUP	DAYS OF BED DISABILITY IN THOUSANDS			DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
ALL ACUTE CONDITIONS-----	611,158	264,635	346,523	316.0	283.9	345.9
INFECTIVE AND PARASITIC DISEASES---	84,496	39,792	44,704	43.7	42.7	44.6
COMMON CHILDHOOD DISEASES-----	20,157	9,127	11,030	10.4	9.8	11.0
THE VIRUS, N.O.S.-----	41,872	18,163	23,708	21.7	19.5	23.7
OTHER INFECTIVE AND PARASITIC DISEASES-----	22,466	12,501	9,967	11.6	13.4	9.9
RESPIRATORY CONDITIONS-----	315,636	138,761	176,875	163.2	148.9	176.5
UPPER RESPIRATORY CONDITIONS-----	149,469	67,945	81,524	77.3	72.9	81.4
COMMON COLD-----	109,574	50,114	59,460	56.7	53.8	59.3
OTHER ACUTE UPPER RESPIRATORY CONDITIONS-----	39,896	17,831	22,065	20.6	19.1	22.0
INFLUENZA-----	132,857	55,203	77,654	68.7	59.2	77.5
INFLUENZA WITH DIGESTIVE MANIFESTATIONS-----	14,059	6,788	7,271	7.3	7.3	7.3
OTHER INFLUENZA-----	118,798	48,416	70,383	61.4	51.9	70.2
OTHER RESPIRATORY CONDITIONS-----	33,310	15,612	17,697	17.2	16.7	17.7
PNEUMONIA-----	16,936	8,138	8,799	8.8	8.7	8.8
BRONCHITIS-----	15,077	7,064	8,012	7.8	7.6	8.0
OTHER ACUTE RESPIRATORY CONDITIONS-----	*	*	*	*	*	*
DIGESTIVE SYSTEM CONDITIONS-----	33,287	16,021	17,266	17.2	17.2	17.2
DENTAL CONDITIONS-----	7,363	3,263	4,101	3.8	3.5	4.1
FUNCTIONAL AND SYMPTOMATIC UPPER GASTROINTESTINAL DISORDERS, N.E.C.-----	3,960	2,021	1,939	2.0	2.2	1.9
OTHER DIGESTIVE SYSTEM CONDITIONS-----	21,964	10,737	11,226	11.4	11.5	11.2
INJURIES-----	88,651	44,432	44,220	45.8	47.7	44.1
FRACTURES, DISLOCATIONS, SPRAINS, AND STRAINS-----	44,882	22,573	22,309	23.2	24.2	22.3
FRACTURES AND DISLOCATIONS-----	20,472	14,909	13,563	14.7	16.0	13.5
SPRAINS AND STRAINS-----	16,410	7,664	8,746	8.5	8.2	8.7
OPEN WOUNDS AND LACERATIONS-----	9,459	4,884	4,575	4.9	5.2	4.6
CONTUSIONS AND SUPERFICIAL INJURIES-----	13,456	5,302	8,154	7.0	5.7	8.1
OTHER CURRENT INJURIES-----	20,855	11,672	9,183	10.8	12.5	9.2
ALL OTHER ACUTE CONDITIONS-----	89,087	25,630	63,457	46.1	27.5	63.3
DISEASES OF THE EAR-----	10,685	5,228	5,457	5.5	5.6	5.4
HEADACHES-----	2,344	*	1,662	1.2	*	1.7
GENITOURINARY DISORDERS-----	17,198	3,324	13,874	8.9	3.6	13.8
DELIVERIES AND DISORDERS OF PREGNANCY AND THE PUERPERIUM----	18,183	***	18,183	9.4	..	18.1
DISEASES OF THE SKIN-----	4,582	*	3,495	2.4	*	3.5
DISEASES OF THE MUSCULOSKELETAL SYSTEM-----	9,490	3,093	6,396	4.9	3.3	6.4
ALL OTHER ACUTE CONDITIONS-----	26,606	12,217	14,389	13.8	13.1	14.4

NOTE: N.o.s.—not otherwise specified; n.e.c.—not elsewhere classified.

TABLE 5. DAYS OF RESTRICTED ACTIVITY ASSOCIATED WITH ACUTE CONDITIONS AND DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

SEX AND CONDITION GROUP	ALL AGES	UNDER 6	6-16	17-44	45 & OVER	ALL AGES	UNDER 6	6-16	17-44	45 & OVER
<u>BOTH SEXES</u>	DAYS OF RESTRICTED ACTIVITY IN THOUSANDS					DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	1,455,088	204,515	319,372	499,405	431,796	752.4	874.3	731.1	726.7	749.7
INFECTIVE AND PARASITIC DISEASES-----	177,177	39,558	69,530	41,798	26,291	91.6	169.1	159.2	60.8	45.6
RESPIRATORY CONDITIONS--	653,665	123,613	164,871	188,005	177,176	338.0	528.4	377.4	273.6	307.6
UPPER RESPIRATORY CONDITIONS-----	352,180	82,940	98,165	93,170	77,905	182.1	354.6	224.7	135.6	135.3
INFLUENZA-----	241,622	27,593	56,111	80,845	77,074	124.9	118.0	128.4	117.6	133.8
OTHER RESPIRATORY CONDITIONS-----	59,862	13,081	10,595	13,990	22,196	31.0	55.9	24.3	20.4	38.5
DIGESTIVE SYSTEM CONDITIONS-----	67,964	8,518	9,466	25,330	24,650	35.1	36.4	21.7	36.9	42.8
INJURIES-----	332,088	14,859	45,828	144,455	126,945	171.7	63.5	104.9	210.2	220.4
ALL OTHER ACUTE CONDITIONS-----	224,195	17,966	29,677	99,816	76,735	115.9	76.8	67.9	145.2	133.2
<u>MALE</u>										
ALL ACUTE CONDITIONS--	638,154	109,567	161,744	195,481	171,362	684.6	915.8	730.5	603.8	641.0
INFECTIVE AND PARASITIC DISEASES-----	85,914	21,233	36,442	17,372	10,866	92.2	177.5	164.6	53.7	40.6
RESPIRATORY CONDITIONS--	286,295	66,222	79,785	69,886	70,403	307.1	553.5	360.3	215.9	263.4
UPPER RESPIRATORY CONDITIONS-----	158,736	44,164	48,317	36,267	29,988	170.3	369.1	218.2	112.0	112.2
INFLUENZA-----	99,708	13,617	27,124	28,453	30,514	107.0	113.8	122.5	87.9	114.1
OTHER RESPIRATORY CONDITIONS-----	27,851	8,441	4,343	5,167	9,900	29.9	70.6	19.6	16.0	37.0
DIGESTIVE SYSTEM CONDITIONS-----	31,251	5,499	4,070	8,895	12,787	33.5	46.0	18.4	27.5	47.8
INJURIES-----	169,824	6,569	28,785	87,989	46,481	182.2	54.9	130.0	271.8	173.9
ALL OTHER ACUTE CONDITIONS-----	64,870	10,045	12,662	11,338	30,825	69.6	84.0	57.2	35.0	115.3
<u>FEMALE</u>										
ALL ACUTE CONDITIONS--	816,934	94,948	157,628	303,924	260,434	815.4	830.8	731.6	836.0	843.8
INFECTIVE AND PARASITIC DISEASES-----	91,263	18,326	33,088	24,425	15,424	91.1	160.4	153.6	67.2	50.0
RESPIRATORY CONDITIONS--	367,370	57,392	85,086	118,119	106,773	366.7	502.2	394.9	324.9	345.9
UPPER RESPIRATORY CONDITIONS-----	193,444	38,776	49,847	56,903	47,917	193.1	339.3	231.4	156.5	155.2
INFLUENZA-----	141,915	13,976	28,987	52,392	46,560	141.6	122.3	134.5	144.1	150.8
OTHER RESPIRATORY CONDITIONS-----	32,011	4,640	6,252	8,824	12,296	31.9	40.6	29.0	24.3	39.8
DIGESTIVE SYSTEM CONDITIONS-----	36,712	3,019	5,396	16,435	11,863	36.6	26.4	25.0	45.2	38.4
INJURIES-----	162,264	8,291	17,043	56,466	80,464	162.0	72.5	79.1	155.3	260.7
ALL OTHER ACUTE CONDITIONS-----	159,325	7,922	17,015	88,478	45,910	159.0	69.3	79.0	243.4	148.7

TABLE 6. DAYS OF BED DISABILITY ASSOCIATED WITH ACUTE CONDITIONS AND DAYS OF BED DISABILITY PER 100 PERSON PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

SEX AND CONDITION GROUP	ALL AGES	UNDER 6	6-16	17-44	45 & OVER	ALL AGES	UNDER 6	6-16	17-44	45 & OVER
<u>BOTH SEXES</u>	DAYS OF BED DISABILITY IN THOUSANDS					DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	611,158	84,030	144,765	213,375	168,989	316.0	359.2	331.4	310.5	293.4
INFECTIVE AND PARASITIC DISEASES-----	84,496	14,851	33,309	23,780	12,556	43.7	63.5	76.2	34.6	21.8
RESPIRATORY CONDITIONS--	315,636	51,959	86,933	97,839	78,906	163.2	222.1	199.0	142.4	137.0
UPPER RESPIRATORY CONDITIONS-----	149,469	29,115	48,636	44,795	26,924	77.3	124.5	111.3	65.2	46.7
INFLUENZA-----	132,857	13,796	32,688	47,093	39,281	68.7	59.0	74.8	68.5	68.2
OTHER RESPIRATORY CONDITIONS-----	33,310	9,049	5,609	5,951	12,701	17.2	38.7	12.8	8.7	22.1
DIGESTIVE SYSTEM CONDITIONS-----	33,287	3,867	5,598	11,083	12,739	17.2	16.5	12.8	16.1	22.1
INJURIES-----	88,651	5,011	8,522	37,855	37,263	45.8	21.4	19.5	55.1	64.7
ALL OTHER ACUTE CONDITIONS-----	89,087	8,341	10,404	42,818	27,524	46.1	35.7	23.8	62.3	47.8
<u>MALE</u>	DAYS OF BED DISABILITY IN THOUSANDS					DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	264,635	44,824	70,175	79,842	69,795	283.9	374.7	316.9	246.6	261.1
INFECTIVE AND PARASITIC DISEASES-----	39,792	7,412	16,975	10,356	5,049	42.7	62.0	76.7	32.0	18.9
RESPIRATORY CONDITIONS--	138,761	28,293	42,000	37,981	30,487	148.9	236.5	189.7	117.3	114.0
UPPER RESPIRATORY CONDITIONS-----	67,945	15,281	24,713	18,544	9,407	72.9	127.7	111.6	57.3	35.2
INFLUENZA-----	55,203	6,944	14,979	17,089	16,191	59.2	58.0	67.6	52.8	60.6
OTHER RESPIRATORY CONDITIONS-----	15,612	6,069	2,308	2,348	4,888	16.7	50.7	10.4	7.3	18.3
DIGESTIVE SYSTEM CONDITIONS-----	16,021	2,870	2,677	4,415	6,059	17.2	24.0	12.1	13.6	22.7
INJURIES-----	44,432	2,199	4,654	22,187	15,391	47.7	18.4	21.0	68.5	57.6
ALL OTHER ACUTE CONDITIONS-----	25,630	4,050	3,869	4,903	12,808	27.5	33.9	17.5	15.1	47.9
<u>FEMALE</u>	DAYS OF BED DISABILITY IN THOUSANDS					DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	346,523	39,206	74,590	133,533	99,194	345.9	343.1	346.2	367.3	321.4
INFECTIVE AND PARASITIC DISEASES-----	44,704	7,439	16,334	13,425	7,507	44.6	65.1	75.8	36.9	24.3
RESPIRATORY CONDITIONS--	176,875	23,666	44,933	59,858	48,419	176.5	207.1	208.6	164.7	156.9
UPPER RESPIRATORY CONDITIONS-----	81,524	13,834	23,923	26,251	17,516	81.4	121.1	111.0	72.2	56.7
INFLUENZA-----	77,654	6,852	17,708	30,003	23,090	77.5	60.0	82.2	82.5	74.8
OTHER RESPIRATORY CONDITIONS-----	17,697	2,980	3,301	3,604	7,812	17.7	26.1	15.3	9.9	25.3
DIGESTIVE SYSTEM CONDITIONS-----	17,266	*	2,921	6,668	6,680	17.2	*	13.6	18.3	21.6
INJURIES-----	44,220	2,812	3,867	15,669	21,872	44.1	24.6	17.9	43.1	70.9
ALL OTHER ACUTE CONDITIONS-----	63,457	4,291	6,535	37,915	14,716	63.3	37.5	30.3	104.3	47.7

TABLE 7. DAYS LOST FROM SCHOOL ASSOCIATED WITH ACUTE CONDITIONS AND DAYS LOST FROM SCHOOL PER 100 CHILDREN 6-16 YEARS OF AGE PER YEAR, BY SEX AND CONDITION GROUP: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

CONDITION GROUP	BOTH SEXES		BOTH SEXES		BOTH SEXES	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
	DAYS LOST FROM SCHOOL IN THOUSANDS			DAYS LOST FROM SCHOOL PER 100 CHILDREN PER YEAR		
ALL ACUTE CONDITIONS-----	171,275	85,477	85,798	392.1	386.0	398.2
INFECTIVE AND PARASITIC DISEASES-----	41,665	22,445	19,220	95.4	101.4	89.2
RESPIRATORY CONDITIONS-----	100,394	49,057	51,337	229.8	221.6	238.3
UPPER RESPIRATORY CONDITIONS-----	61,378	30,383	30,995	143.5	137.2	143.9
INFLUENZA-----	34,293	16,651	17,642	78.5	75.2	81.9
OTHER RESPIRATORY CONDITIONS-----	4,723	1,993	2,730	10.8	9.1	12.5
DIGESTIVE SYSTEM CONDITIONS-----	5,282	2,522	2,760	12.1	11.4	12.8
INJURIES-----	9,821	5,796	4,025	22.5	26.2	18.7
ALL OTHER ACUTE CONDITIONS-----	14,113	5,656	8,456	32.3	25.5	39.2

TABLE 8. DAYS LOST FROM WORK ASSOCIATED WITH ACUTE CONDITIONS AND DAYS LOST FROM WORK PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

SEX AND CONDITION GROUP	ALL AGES- 17 & OVER	17-44	45 & OVER	ALL AGES 17 & OVER	17-44	45 & OVER
<u>BOTH SEXES</u>	DAYS LOST FROM WORK IN THOUSANDS			DAYS LOST FROM WORK PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR		
ALL ACUTE CONDITIONS-----	258,791	160,267	98,524	343.9	354.8	327.5
INFECTIVE AND PARASITIC DISEASES-----	20,957	14,658	6,299	27.8	32.4	20.9
RESPIRATORY CONDITIONS-----	102,740	58,575	44,165	136.5	129.7	146.8
UPPER RESPIRATORY CONDITIONS-----	46,189	28,535	17,655	61.4	63.2	58.7
INFLUENZA-----	47,013	26,777	20,236	62.5	59.3	67.3
OTHER RESPIRATORY CONDITIONS-----	9,538	3,264	6,274	12.7	7.2	20.9
DIGESTIVE SYSTEM CONDITIONS-----	13,385	7,801	5,585	17.8	17.3	18.6
INJURIES-----	83,706	55,630	28,076	111.2	123.1	93.3
ALL OTHER ACUTE CONDITIONS-----	38,003	23,604	14,398	50.5	52.3	47.9
<u>MALE</u>						
ALL ACUTE CONDITIONS-----	156,602	93,911	62,692	328.6	329.4	327.4
INFECTIVE AND PARASITIC DISEASES-----	14,035	9,506	4,529	29.5	33.3	23.7
RESPIRATORY CONDITIONS-----	61,905	33,586	28,319	129.9	117.8	147.9
UPPER RESPIRATORY CONDITIONS-----	26,567	16,144	10,423	55.7	56.6	54.4
INFLUENZA-----	29,231	15,400	13,832	61.3	54.0	72.2
OTHER RESPIRATORY CONDITIONS-----	6,106	2,042	4,065	12.8	7.2	21.2
DIGESTIVE SYSTEM CONDITIONS-----	8,388	3,564	4,824	17.6	12.5	25.2
INJURIES-----	56,676	40,830	15,846	118.9	143.2	82.8
ALL OTHER ACUTE CONDITIONS-----	15,598	6,426	9,172	32.7	22.5	47.9
<u>FEMALE</u>						
ALL ACUTE CONDITIONS-----	102,189	66,357	35,832	370.2	398.1	327.8
INFECTIVE AND PARASITIC DISEASES-----	6,922	5,152	1,770	25.1	30.9	16.2
RESPIRATORY CONDITIONS-----	40,835	24,989	15,846	147.9	149.9	145.0
UPPER RESPIRATORY CONDITIONS-----	19,622	12,350	7,232	71.1	74.3	66.2
INFLUENZA-----	17,781	11,377	6,404	64.4	68.3	58.6
OTHER RESPIRATORY CONDITIONS-----	3,432	*	2,210	12.4	*	20.2
DIGESTIVE SYSTEM CONDITIONS-----	4,997	4,237	*	18.1	25.4	*
INJURIES-----	27,030	14,799	12,231	97.9	88.8	111.9
ALL OTHER ACUTE CONDITIONS-----	22,404	17,179	5,226	81.2	133.1	47.8

Table 9. Number and percent distribution of persons with limitation of activity due to chronic conditions, by degree of limitation according to sex and age: United States, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Sex and age	Total population	With activity limitation	With limitation in major activity ¹	With no activity limitation	Total population	With activity limitation	With limitation in major activity ¹	With no activity limitation
<u>Both sexes</u>	Number in thousands				Percent distribution			
All ages-----	193,403	22,248	16,805	171,155	100.0	11.5	8.7	88.5
Under 17 years-----	67,078	1,418	712	65,660	100.0	2.1	1.1	97.9
17-44 years-----	68,726	4,994	3,245	63,732	100.0	7.3	4.7	92.7
45-64 years-----	39,570	7,493	5,637	32,077	100.0	18.9	14.2	81.1
65+ years-----	18,029	8,343	7,212	9,685	100.0	46.3	40.0	53.7
<u>Male</u>								
All ages-----	93,212	11,372	9,098	81,839	100.0	12.2	9.8	87.8
Under 17 years-----	34,106	789	384	33,316	100.0	2.3	1.1	97.7
17-44 years-----	32,373	2,537	1,787	29,837	100.0	7.8	5.5	92.2
45-64 years-----	18,924	3,894	3,113	15,030	100.0	20.6	16.5	79.4
65+ years-----	7,809	4,153	3,814	3,656	100.0	53.2	48.8	46.8
<u>Female</u>								
All ages-----	100,191	10,876	7,707	89,315	100.0	10.9	7.7	89.1
Under 17 years-----	32,972	629	328	32,343	100.0	1.9	1.0	98.1
17-44 years-----	36,353	2,457	1,458	33,896	100.0	6.8	4.0	93.2
45-64 years-----	20,647	3,599	2,523	17,047	100.0	17.4	12.2	82.6
65+ years-----	10,219	4,190	3,398	6,029	100.0	41.0	33.3	59.0

¹Major activity refers to ability to work, keep house, or engage in school or preschool activities.

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

Table 10. Number of persons injured and number of persons injured per 100 persons per year, by class of accident, sex, and age: United States, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Total	Class of accident				
		Moving motor vehicle		While at work	Home	Other
		Total	Traffic			
<u>Both sexes</u>		Number of persons injured in thousands				
All ages-----	52,967	3,780	3,628	9,203	23,012	18,607
Under 6 years-----	8,852	*	*	...	6,048	2,557
6-16 years-----	12,863	*	*	...	5,117	7,514
17-44 years-----	19,832	2,427	2,355	5,971	6,792	5,554
45-64 years-----	8,610	*	*	3,006	3,125	2,436
65 years and over-----	2,810	*	*	*	1,929	*
<u>Male</u>						
All ages-----	30,465	1,578	1,545	8,032	10,378	11,772
Under 6 years-----	5,229	*	*	...	3,509	1,581
6-16 years-----	8,283	*	*	...	2,890	5,330
17-44 years-----	11,494	1,085	1,085	5,477	2,427	3,552
45-64 years-----	4,338	*	*	2,368	909	1,213
65 years and over-----	1,121	*	*	*	*	*
<u>Female</u>						
All ages-----	22,502	2,202	2,084	1,171	12,633	6,835
Under 6 years-----	3,623	*	*	...	2,540	977
6-16 years-----	4,580	*	*	...	2,227	2,184
17-44 years-----	8,339	1,342	1,269	*	4,366	2,201
45-64 years-----	4,272	*	*	*	2,216	1,223
65 years and over-----	1,689	*	*	*	1,286	*
<u>Both sexes</u>		Number of persons injured per 100 persons per year				
All ages-----	27.4	2.0	1.9	4.8	11.9	9.6
Under 6 years-----	37.8	*	*	...	25.9	10.9
6-16 years-----	29.4	*	*	...	11.7	17.2
17-44 years-----	28.9	3.5	3.4	8.7	9.9	8.1
45-64 years-----	21.8	*	*	7.6	7.9	6.2
65 years and over-----	15.6	*	*	*	10.7	*
<u>Male</u>						
All ages-----	32.7	1.7	1.7	8.6	11.1	12.6
Under 6 years-----	43.7	*	*	...	29.3	13.2
6-16 years-----	37.4	*	*	...	13.1	24.1
17-44 years-----	35.5	3.4	3.4	16.9	7.5	10.4
45-64 years-----	22.9	*	*	12.5	4.8	6.4
65 years and over-----	14.4	*	*	*	*	*
<u>Female</u>						
All ages-----	22.5	2.2	2.1	1.2	12.6	6.8
Under 6 years-----	31.7	*	*	...	22.2	8.5
6-16 years-----	21.3	*	*	...	10.3	10.1
17-44 years-----	22.9	3.7	3.5	*	12.0	6.1
45-64 years-----	20.7	*	*	*	10.7	5.9
65 years and over-----	16.5	*	*	*	12.6	*

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention. The sum of data for the four classes of accidents may be greater than the total because the classes are not mutually exclusive.

Table 11. Days of restricted activity associated with injury¹ and days of restricted activity per 100 persons per year, by class of accident, sex, and age: United States, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Sex and age	Total	Class of accident				
		Moving motor vehicle		While at work	Home	Other
		Total	Traffic			
<u>Both sexes</u>		Days of restricted activity in thousands				
All ages-----	552,118	120,118	112,953	143,389	169,585	150,724
Under 6 years-----	12,864	2,741	2,176	...	6,167	4,521
6-16 years-----	49,511	4,655	4,551	...	16,098	28,758
17-44 years-----	213,571	61,734	59,180	72,265	44,694	50,218
45-64 years-----	166,040	33,501	31,072	58,393	48,825	35,927
65 years and over-----	110,132	17,488	15,975	12,731	53,801	31,300
<u>Male</u>						
All ages-----	281,524	55,065	52,092	118,241	44,942	87,021
Under 6 years-----	6,569	*	*	...	3,074	3,359
6-16 years-----	31,777	2,956	2,853	...	9,818	19,003
17-44 years-----	123,458	30,986	29,992	61,210	11,837	32,106
45-64 years-----	82,755	11,957	11,228	45,947	9,469	22,067
65 years and over-----	36,964	9,032	7,884	11,084	10,744	10,485
<u>Female</u>						
All ages-----	270,594	65,053	60,862	25,148	124,642	63,703
Under 6 years-----	6,296	2,606	2,041	...	3,093	*
6-16 years-----	17,733	1,699	1,699	...	6,279	9,755
17-44 years-----	90,113	30,748	29,188	11,055	32,858	18,112
45-64 years-----	83,284	21,544	19,844	12,445	39,355	13,860
65 years and over-----	73,168	8,456	8,091	1,648	43,057	20,814
<u>Both sexes</u>		Days of restricted activity per 100 persons per year				
All ages-----	285.5	62.1	58.4	74.1	87.7	77.9
Under 6 years-----	55.0	11.7	9.3	...	26.4	19.3
6-16 years-----	113.3	10.7	10.4	...	36.8	65.8
17-44 years-----	310.8	89.8	86.1	105.1	65.0	73.1
45-64 years-----	419.6	84.7	78.5	147.6	123.4	90.8
65 years and over-----	610.9	97.0	88.6	70.6	298.4	173.6
<u>Male</u>						
All ages-----	302.0	59.1	55.9	126.9	48.2	93.4
Under 6 years-----	54.9	*	*	...	25.7	28.1
6-16 years-----	143.5	13.4	12.9	...	44.3	85.8
17-44 years-----	381.4	95.7	92.6	189.1	36.6	99.2
45-64 years-----	437.3	63.2	59.3	242.8	50.0	116.6
65 years and over-----	473.4	115.7	101.0	141.9	137.6	134.3
<u>Female</u>						
All ages-----	270.1	64.9	60.7	25.1	124.4	63.6
Under 6 years-----	55.1	22.8	17.9	...	27.1	*
6-16 years-----	82.3	7.9	7.9	...	29.1	45.3
17-44 years-----	247.9	84.6	80.3	30.4	90.4	49.8
45-64 years-----	403.4	104.3	96.1	60.3	190.6	67.1
65 years and over-----	716.0	82.7	79.2	16.1	421.3	203.7

¹Includes disability days associated with current injuries and impairments due to injury.

NOTE: The sum of data for the four classes of accidents may be greater than the total because the classes are not mutually exclusive.

Table 12. Days of bed disability associated with injury¹ and days of bed disability per 100 persons per year, by class of accident, sex, and age: United States, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Total	Class of accident				
		Moving motor vehicle		While at work	Home	Other
		Total	Traffic			
<u>Both sexes</u>		Days of bed disability in thousands				
All ages-----	140,135	33,834	32,448	33,943	40,378	40,046
Under 6 years-----	4,239	*	*	...	1,924	1,767
6-16 years-----	8,943	1,575	*	...	2,116	5,252
17-44 years-----	54,244	15,680	15,302	19,980	9,830	12,188
45-64 years-----	41,548	9,854	9,744	12,654	11,143	11,589
65 years and over-----	31,162	5,612	5,384	*	15,365	9,250
<u>Male</u>		Days of bed disability in thousands				
All ages-----	69,597	13,458	13,355	27,272	9,723	23,562
Under 6 years-----	2,199	*	*	...	*	1,520
6-16 years-----	5,125	*	*	...	*	3,441
17-44 years-----	30,502	6,214	6,214	16,613	2,087	8,281
45-64 years-----	19,717	3,626	3,626	9,351	*	7,074
65 years and over-----	12,054	2,977	2,977	*	4,668	3,246
<u>Female</u>		Days of bed disability in thousands				
All ages-----	70,538	20,376	19,094	6,671	30,655	16,484
Under 6 years-----	2,039	*	*	...	*	*
6-16 years-----	3,818	*	*	...	*	1,811
17-44 years-----	23,741	9,466	9,088	3,368	7,743	3,906
45-64 years-----	21,832	6,228	6,118	3,303	9,898	4,515
65 years and over-----	19,108	2,635	2,407	*	10,697	6,004
<u>Both sexes</u>		Days of bed disability per 100 persons per year				
All ages-----	72.5	17.5	16.8	17.6	20.9	20.7
Under 6 years-----	18.1	*	*	...	8.2	7.6
6-16 years-----	20.5	3.6	*	...	4.8	12.0
17-44 years-----	78.9	22.8	22.3	29.1	14.3	17.7
45-64 years-----	105.0	24.9	24.6	32.0	28.2	29.3
65 years and over-----	172.8	31.1	29.9	*	85.2	51.3
<u>Male</u>		Days of bed disability per 100 persons per year				
All ages-----	74.7	14.4	14.3	29.3	10.4	25.3
Under 6 years-----	18.4	*	*	...	*	12.7
6-16 years-----	23.1	*	*	...	*	15.5
17-44 years-----	94.2	19.2	19.2	51.3	6.4	25.6
45-64 years-----	104.2	19.2	19.2	49.4	*	37.4
65 years and over-----	154.4	38.1	38.1	*	59.8	41.6
<u>Female</u>		Days of bed disability per 100 persons per year				
All ages-----	70.4	20.3	19.1	6.7	30.6	16.5
Under 6 years-----	17.8	*	*	...	*	*
6-16 years-----	17.7	*	*	...	*	8.4
17-44 years-----	65.3	26.0	25.0	9.3	21.3	10.7
45-64 years-----	105.7	30.2	29.6	16.0	47.9	21.9
65 years and over-----	187.0	25.8	23.6	*	104.7	58.8

¹Includes disability days associated with current injuries and impairments due to injury.

NOTE: The sum of data for the four classes of accidents may be greater than the total because the classes are not mutually exclusive.

TABLE 13. NUMBER OF DISCHARGES FROM SHORT-STAY HOSPITALS, NUMBER OF DISCHARGES PER 100 PERSONS PER YEAR, NUMBER OF HOSPITAL DAYS, AND AVERAGE LENGTH OF STAY, BY SEX AND AGE: UNITED STATES, BASED ON DATA COLLECTED IN HEALTH INTERVIEWS IN 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

AGE	BOTH SEXES		BOTH SEXES		BOTH SEXES	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
	NUMBER OF DISCHARGES IN THOUSANDS			NUMBER OF DISCHARGES PER 100 PERSONS PER YEAR		
ALL AGES-----	23,756	9,479	14,278	12.3	10.2	14.3
UNDER 17 YEARS-----	4,349	2,460	1,888	6.5	7.2	5.7
17-24 YEARS-----	3,811	832	2,978	16.3	7.8	23.6
25-34 YEARS-----	3,455	791	2,665	15.7	7.5	23.0
35-44 YEARS-----	2,986	1,127	1,858	12.6	10.1	15.3
45-64 YEARS-----	5,614	2,598	3,016	14.2	13.7	14.6
65 & OVER YEARS-----	3,543	1,670	1,873	19.7	21.4	18.3
	NUMBER OF HOSPITAL DAYS IN THOUSANDS			AVERAGE LENGTH OF STAY		
ALL AGES-----	201,861	96,981	104,879	8.5	10.2	7.3
UNDER 17 YEARS-----	23,875	13,800	10,075	5.5	5.6	5.3
17-24 YEARS-----	20,793	7,649	13,144	5.5	9.2	4.4
25-34 YEARS-----	20,932	5,246	15,686	6.1	6.6	5.9
35-44 YEARS-----	25,639	12,702	12,937	8.6	11.3	7.0
45-64 YEARS-----	62,759	34,294	28,465	11.2	13.2	9.4
65 & OVER YEARS-----	47,862	23,290	24,572	13.5	13.9	13.1

NOTE: These statistics are based on data collected in health interviews. They will differ from those reported by the Hospital Discharge Survey because of differences in population covered and types of hospitals included.

Table 14. Population, number, and percent distribution of persons with short-stay hospital episodes, by number of episodes according to sex and age: United States, based on data collected in health interviews in 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Population	Number of hospital episodes				Population	Number of hospital episodes			
		None	1	2	3+		None	1	2	3+
<u>Both sexes</u>	Number of persons in thousands					Percent distribution				
All ages-----	193,403	174,458	16,184	2,174	586	100.0	90.2	8.4	1.1	0.3
Under 17 years-----	67,078	63,524	3,191	300	63	100.0	94.7	4.8	0.4	0.1
17-24 years-----	23,344	20,216	2,762	308	58	100.0	86.6	11.8	1.3	0.2
25-34 years-----	22,062	19,057	2,622	310	73	100.0	86.4	11.9	1.4	0.3
35-44 years-----	23,319	20,880	2,062	289	88	100.0	89.5	8.8	1.2	0.4
45-64 years-----	39,570	35,334	3,485	577	175	100.0	89.3	8.8	1.5	0.4
65+ years-----	18,029	15,447	2,062	390	129	100.0	85.7	11.4	2.2	0.7
<u>Male</u>										
All ages-----	93,212	85,854	6,216	885	257	100.0	92.1	6.7	0.9	0.3
Under 17 years-----	34,106	32,108	1,788	170	*	100.0	94.1	5.2	0.5	*
17-24 years-----	10,712	10,031	598	70	*	100.0	93.6	5.6	0.7	*
25-34 years-----	10,498	9,871	534	82	*	100.0	94.0	5.1	0.8	*
35-44 years-----	11,163	10,281	725	115	*	100.0	92.1	6.5	1.0	*
45-64 years-----	18,924	16,954	1,639	240	90	100.0	89.6	8.7	1.3	0.5
65+ years-----	7,809	6,609	932	208	61	100.0	84.6	11.9	2.7	0.8
<u>Female</u>										
All ages-----	100,191	88,604	9,968	1,290	329	100.0	88.4	9.9	1.3	0.3
Under 17 years-----	32,972	31,416	1,403	130	*	100.0	95.3	4.3	0.4	*
17-24 years-----	12,632	10,184	2,164	238	*	100.0	80.6	17.1	1.9	*
25-34 years-----	11,565	9,186	2,089	229	61	100.0	79.4	18.1	2.0	0.5
35-44 years-----	12,156	10,600	1,337	174	*	100.0	87.2	11.0	1.4	*
45-64 years-----	20,647	18,380	1,845	336	85	100.0	89.0	8.9	1.6	0.4
65+ years-----	10,219	8,838	1,131	182	68	100.0	86.5	11.1	1.8	0.7

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

Table 15. Number of short-stay hospital days and number of days per person with 1+ episodes, by number of episodes, sex, and age: United States, based on data collected in health interviews in 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Number of hospital episodes							
	All episodes	1	2	3+	All episodes	1	2	3+
<u>Both sexes</u>	Hospital days in thousands				Days per person with episodes			
All ages-----	186,937	124,235	42,039	20,663	9.9	7.7	19.3	35.3
Under 17 years-----	22,524	16,725	4,159	1,641	6.3	5.2	13.9	26.0
17-24 years-----	19,041	13,992	3,978	1,072	6.1	5.1	12.9	18.5
25-34 years-----	20,887	14,393	4,268	2,227	7.0	5.5	13.8	30.5
35-44 years-----	24,869	16,156	5,977	2,736	10.2	7.8	20.7	31.1
45-64 years-----	56,003	36,473	12,664	6,866	13.2	10.5	21.9	39.2
65+ years-----	43,612	26,497	10,993	6,122	16.9	12.9	28.2	47.5
<u>Male</u>								
All ages-----	88,555	56,909	20,984	10,663	12.0	9.2	23.7	41.5
Under 17 years-----	13,049	9,364	2,674	1,011	6.5	5.2	15.7	*
17-24 years-----	6,317	4,483	1,543	291	9.3	7.5	22.0	*
25-34 years-----	5,642	3,724	1,377	540	9.0	7.0	16.8	*
35-44 years-----	11,900	7,149	3,238	1,512	13.5	9.9	28.2	*
45-64 years-----	29,999	19,878	5,979	4,143	15.2	12.1	24.9	46.0
65+ years-----	21,648	12,310	6,172	3,165	18.0	13.2	29.7	51.9
<u>Female</u>								
All ages-----	98,382	67,327	21,055	10,000	8.5	6.8	16.3	30.4
Under 17 years-----	9,475	7,361	1,485	629	6.1	5.2	11.4	*
17-24 years-----	12,724	9,508	2,435	780	5.2	4.4	10.2	*
25-34 years-----	15,246	10,669	2,890	1,687	6.4	5.1	12.6	27.7
35-44 years-----	12,968	9,006	2,739	1,223	8.3	6.7	15.7	*
45-64 years-----	26,004	16,596	6,685	2,724	11.5	9.0	19.9	32.0
65+ years-----	21,965	14,187	4,821	2,956	15.9	12.5	26.5	43.5

TABLE 16. DAYS OF DISABILITY AND DAYS OF DISABILITY PER PERSON PER YEAR, BY SEX AND AGE: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

SEX AND AGE	RESTRICTED- ACTIVITY DAYS	BED- DISABILITY DAYS	WORK-LOSS DAYS ¹
BOTH SEXES			
DAYS OF DISABILITY IN THOUSANDS			
ALL AGES-----	2,953,202	1,109,428	406,005
UNDER 17 YEARS-----	617,567	270,892	***
17-24 YEARS-----	231,201	100,551	59,142
25-44 YEARS-----	627,374	232,125	154,522
45-64 YEARS-----	831,531	282,447	170,043
65 & OVER YEARS-----	645,529	223,413	22,298
MALE			
ALL AGES-----	1,296,362	464,461	251,652
UNDER 17 YEARS-----	322,351	135,529	***
17-24 YEARS-----	89,337	35,399	30,937
25-44 YEARS-----	236,338	85,939	92,199
45-64 YEARS-----	390,735	126,285	113,303
65 & OVER YEARS-----	257,600	81,309	15,213
FEMALE			
ALL AGES-----	1,656,840	644,967	154,353
UNDER 17 YEARS-----	295,215	135,363	***
17-24 YEARS-----	141,864	65,151	28,205
25-44 YEARS-----	391,036	146,186	62,323
45-64 YEARS-----	440,796	156,163	56,740
65 & OVER YEARS-----	387,929	142,104	7,085
BOTH SEXES			
DAYS OF DISABILITY PER PERSON PER YEAR			
ALL AGES-----	15.3	5.7	5.4
UNDER 17 YEARS-----	9.2	4.0	...
17-24 YEARS-----	9.9	4.3	4.2
25-44 YEARS-----	13.8	5.1	5.0
45-64 YEARS-----	21.1	7.1	6.7
65 & OVER YEARS-----	35.8	12.4	6.7
MALE			
ALL AGES-----	13.9	5.0	5.3
UNDER 17 YEARS-----	9.5	4.0	...
17-24 YEARS-----	8.3	3.3	4.0
25-44 YEARS-----	10.9	4.0	4.5
45-64 YEARS-----	20.6	6.7	6.7
65 & OVER YEARS-----	33.0	10.4	6.9
FEMALE			
ALL AGES-----	16.5	6.4	5.6
UNDER 17 YEARS-----	9.0	4.1	...
17-24 YEARS-----	11.2	5.2	4.6
25-44 YEARS-----	16.5	6.2	5.9
45-64 YEARS-----	21.3	7.6	5.8
65 & OVER YEARS-----	38.0	13.9	6.4

¹Work loss reported for currently employed persons aged 17 years and over.

TABLE 17. DAYS LOST FROM SCHOOL AND DAYS LOST FROM SCHOOL PER CHILD 6-16 YEARS OF AGE PER YEAR, BY SEX: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

AGE	BOTH SEXES	MALE	FEMALE
ALL AGES- 6-16 YEARS-----	DAYS LOST FROM SCHOOL IN THOUSANDS		
	191,780	96,437	95,343
ALL AGES- 6-16 YEARS-----	NUMBER OF SCHOOL-LOSS DAYS PER CHILD PER YEAR		
	4.4	4.4	4.4

Table 18. Number of physician visits and number of physician visits per person per year, by age and sex: United States, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex	All ages	Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over
Number of physician visits in thousands							
Both sexes-----	829,622	219,182	121,793	196,940	188,820	64,463	38,424
Male-----	351,884	116,379	43,717	69,170	82,004	26,613	14,001
Female-----	477,738	102,803	78,076	127,770	106,816	37,850	24,423
Number of physician visits per person per year							
Both sexes-----	4.3	3.7	4.0	4.3	4.8	5.6	5.8
Male-----	3.8	3.8	3.0	3.2	4.3	5.2	5.1
Female-----	4.8	3.5	4.8	5.4	5.2	6.0	6.3

Table 19. Number of persons and percent distribution, by time interval since last physician visit according to sex and age: United States, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Total population	Time interval since last physician visit						
		Under 6 months	6-11 months	1 year	2-4 years	5 years and over	Never	Unknown
Both sexes		Number of persons in thousands						
All ages-----	193,403	104,142	28,924	26,325	21,565	8,454	1,017	2,977
Under 15 years-----	59,867	31,369	10,177	9,213	6,232	1,509	677	690
15-24 years-----	30,555	16,738	4,906	4,194	3,088	900	165	564
25-44 years-----	45,382	24,088	6,821	6,426	5,342	1,930	56	719
45-64 years-----	39,570	20,966	5,198	4,897	4,937	2,737	84	751
65 years and over-----	18,029	10,980	1,822	1,595	1,967	1,378	*	252
Male								
All ages-----	93,212	46,810	14,466	13,807	11,517	4,406	525	1,681
Under 15 years-----	30,451	16,276	5,141	4,641	3,067	674	319	333
15-24 years-----	14,367	7,052	2,536	2,244	1,674	458	89	314
25-44 years-----	21,661	9,810	3,391	3,573	3,190	1,166	*	488
45-64 years-----	18,924	9,236	2,545	2,574	2,657	1,437	53	423
65 years and over-----	7,809	4,435	853	775	929	672	*	123
Female								
All ages-----	100,191	57,332	14,459	12,518	10,047	4,048	492	1,295
Under 15 years-----	29,416	15,093	5,036	4,572	3,164	836	358	357
15-24 years-----	16,188	9,686	2,370	1,950	1,413	442	76	250
25-44 years-----	23,721	14,278	3,431	2,853	2,152	765	*	231
45-64 years-----	20,647	11,731	2,654	2,323	2,280	1,299	*	328
65 years and over-----	10,219	6,544	969	820	1,037	706	*	129
Both sexes		Percent distribution						
All ages-----	100.0	53.8	15.0	13.6	11.2	4.4	0.5	1.5
Under 15 years-----	100.0	52.4	17.0	15.4	10.4	2.5	1.1	1.2
15-24 years-----	100.0	54.8	16.1	13.7	10.1	2.9	0.5	1.8
25-44 years-----	100.0	53.1	15.0	14.2	11.8	4.3	0.1	1.6
45-64 years-----	100.0	53.0	13.1	12.4	12.5	6.9	0.2	1.9
65 years and over-----	100.0	60.9	10.1	8.8	10.9	7.6	*	1.4
Male								
All ages-----	100.0	50.2	15.5	14.8	12.4	4.7	0.6	1.8
Under 15 years-----	100.0	53.4	16.9	15.2	10.1	2.2	1.0	1.1
15-24 years-----	100.0	49.1	17.7	15.6	11.7	3.2	0.6	2.2
25-44 years-----	100.0	45.3	15.7	16.5	14.7	5.4	*	2.3
45-64 years-----	100.0	48.8	13.4	13.6	14.0	7.6	0.3	2.2
65 years and over-----	100.0	56.8	10.9	9.9	11.9	8.6	*	1.6
Female								
All ages-----	100.0	57.2	14.4	12.5	10.0	4.0	0.5	1.3
Under 15 years-----	100.0	51.3	17.1	15.5	10.8	2.8	1.2	1.2
15-24 years-----	100.0	59.8	14.6	12.0	8.7	2.7	0.5	1.5
25-44 years-----	100.0	60.2	14.5	12.0	9.1	3.2	*	1.0
45-64 years-----	100.0	56.8	12.9	11.3	11.0	6.3	*	1.6
65 years and over-----	100.0	64.0	9.5	8.0	10.1	6.9	*	1.3

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

TABLE 20. POPULATION USED IN COMPUTING ANNUAL RATES SHOWN IN THIS PUBLICATION, BY SEX AND AGE: UNITED STATES, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

AGE	BOTH SEXES	MALE	FEMALE
	POPULATION IN THOUSANDS		
ALL AGES-----	193,403	93,212	100,191
UNDER 17 YEARS-----	67,078	34,106	32,972
UNDER 6 YEARS-----	23,392	11,964	11,428
6-16 YEARS-----	43,686	22,142	21,545
17-44 YEARS-----	66,726	32,373	36,353
17-24 YEARS-----	23,344	10,712	12,632
25-44 YEARS-----	45,382	21,661	23,721
25-34 YEARS-----	22,062	10,498	11,565
35-44 YEARS-----	23,319	11,163	12,156
45 & OVER YEARS-----	57,599	26,733	30,866
45-64 YEARS-----	39,570	18,924	20,647
65 & OVER YEARS-----	18,029	7,809	10,219
	CURRENTLY EMPLOYED POPULATION		
ALL AGES-17 & OVER YEARS-----	75,256	47,656	27,601
17-44 YEARS-----	45,175	28,506	16,669
17-24 YEARS-----	13,965	7,813	6,152
25-44 YEARS-----	31,210	20,693	10,517
45 & OVER YEARS-----	30,082	19,149	10,933
45-64 YEARS-----	20,771	12,100	8,671
65 & OVER YEARS-----	9,311	2,210	1,100

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25 and P-60; and Bureau of Labor Statistics monthly report, Employment and Earnings.

Table 21. Incidence of all acute conditions and acute respiratory conditions per 100 persons per quarter, by sex and age: United States, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	All acute conditions				Acute respiratory conditions			
	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.
Number of conditions per 100 persons per quarter								
<u>Both sexes</u>								
All ages-----	60.8	42.2	32.6	54.4	38.5	20.6	12.2	34.5
Under 6 years-----	101.8	74.6	59.8	98.0	66.0	40.2	25.2	67.1
6-16 years-----	74.6	51.9	36.8	64.0	47.7	26.2	14.3	40.9
17-44 years-----	56.0	38.6	32.0	50.2	34.1	17.1	12.1	30.2
45 years and over-----	39.3	25.9	19.1	34.7	25.4	12.5	5.4	21.8
<u>Male</u>								
All ages-----	58.0	41.8	31.0	52.2	37.4	19.8	10.8	32.8
Under 6 years-----	103.1	78.6	61.6	98.8	68.1	40.3	25.6	65.3
6-16 years-----	73.4	55.3	36.2	65.9	47.3	25.4	12.0	41.2
17-44 years-----	47.1	33.4	27.8	41.8	28.8	15.1	9.9	25.4
45 years and over-----	38.0	24.1	17.1	32.9	25.4	11.7	4.3	20.7
<u>Female</u>								
All ages-----	63.5	42.6	34.0	56.5	39.6	21.3	13.5	36.1
Under 6 years-----	100.3	70.4	57.9	97.3	63.8	40.0	24.8	69.0
6-16 years-----	75.9	48.3	37.4	62.1	48.2	27.0	16.7	40.5
17-44 years-----	63.9	43.2	35.8	57.7	38.7	18.8	14.1	34.6
45 years and over-----	40.4	27.5	20.8	36.3	25.3	13.3	6.4	22.7

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

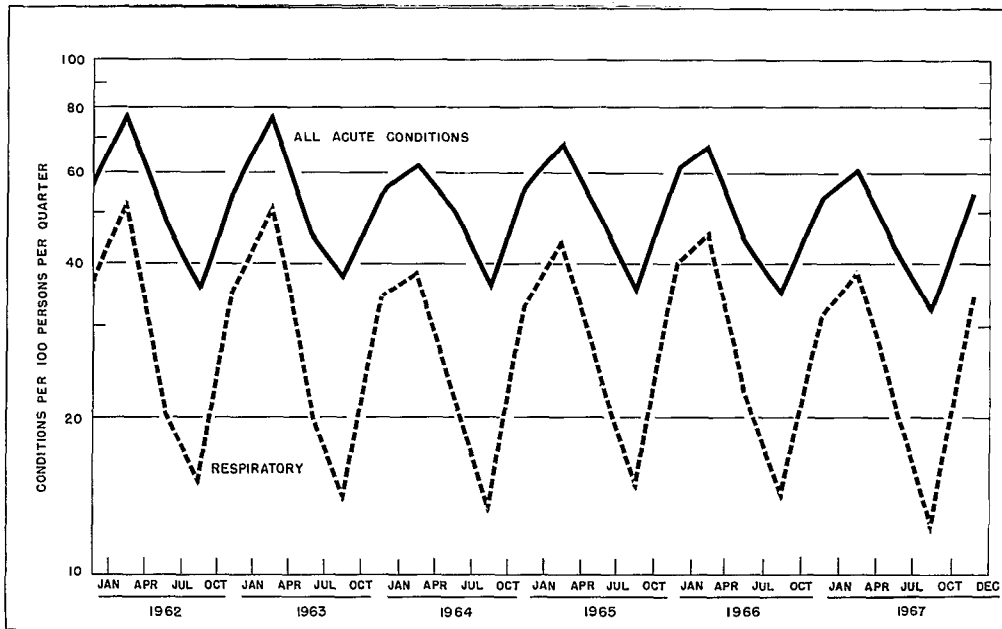


Figure 1. Incidence of all acute conditions and acute respiratory conditions per 100 persons per quarter.

Table 22. Number of persons injured per 100 persons per quarter, by sex, age, and class of accident: United States, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age and class of accident	Both sexes				Male				Female			
	Jan.- Mar.	Apr.- June	July- Sept.	Oct.- Dec.	Jan.- Mar.	Apr.- June	July- Sept.	Oct.- Dec.	Jan.- Mar.	Apr.- June	July- Sept.	Oct.- Dec.
<u>Age</u>	Number of persons injured per 100 persons per quarter											
All ages-----	6.4	7.3	7.9	5.8	7.0	9.1	9.7	6.9	5.9	5.7	6.1	4.8
Under 6 years-----	8.3	10.7	11.5	7.4	9.4	13.1	12.7	8.6	7.2	8.2	10.2	6.2
6-16 years-----	6.2	8.1	8.5	6.6	7.1	10.8	11.8	7.7	5.2	5.3	5.2	5.5
17 years and over-----	6.2	6.4	7.0	5.2	6.5	7.6	8.4	6.2	5.9	5.3	5.8	4.3
<u>Class of accident</u>												
All classes-----	6.4	7.3	7.9	5.8	7.0	9.1	9.7	6.9	5.9	5.7	6.1	4.8
Moving motor vehicle-----	0.5	0.6	0.5	0.4	0.5	0.3	0.4	0.4	0.6	0.8	0.5	0.4
While at work-----	1.2	1.4	1.2	0.9	2.4	2.6	2.0	1.6	0.2	0.4	0.3	0.3
Home-----	2.7	3.2	3.8	2.2	2.0	3.3	3.7	2.1	3.4	3.1	3.8	2.4
Other-----	2.2	2.4	2.7	2.3	2.6	3.3	3.8	3.0	1.8	1.5	1.7	1.8

NOTES: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention. The sum of the rates for the four classes of accidents may be greater than the total because the classes are not mutually exclusive.

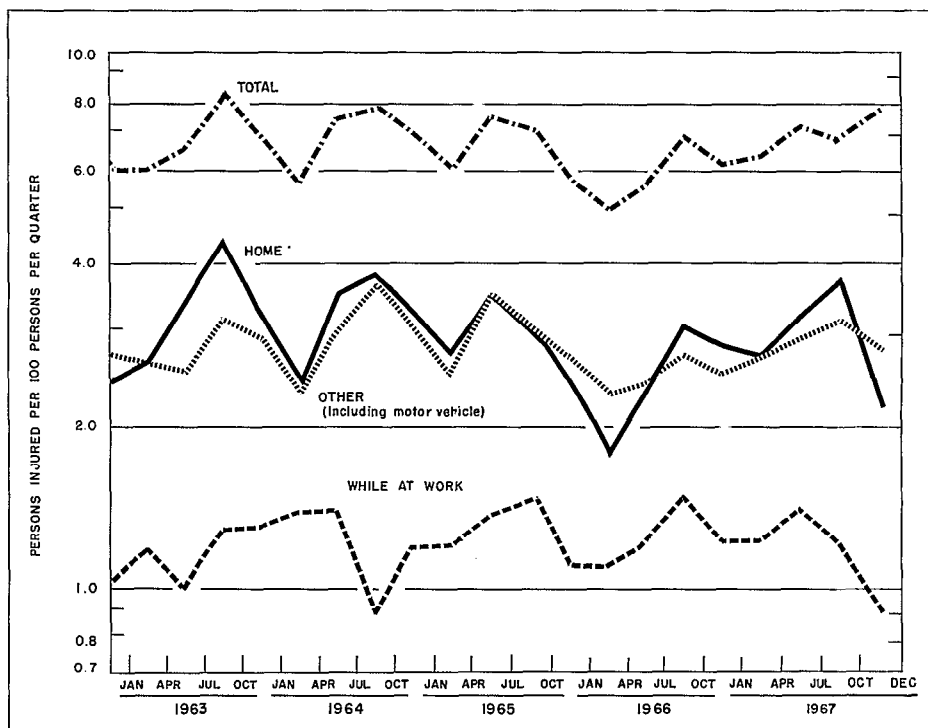


Figure 2. Persons injured per 100 persons per quarter, by class of accident.

Table 23. Days of disability per person per quarter, by sex, type of disability, and age: United States, 1967

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Type of disability and age	Both sexes				Male				Female			
	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.
<u>Days of restricted activity</u>	Days of disability per person per quarter											
All ages-----	4.3	3.9	3.3	3.9	3.8	3.6	3.1	3.4	4.7	4.1	3.5	4.3
Under 6 years-----	3.1	2.3	1.4	3.1	3.4	2.5	1.4	3.2	2.8	2.2	1.5	3.1
6-16 years-----	2.9	2.3	1.3	2.4	2.8	2.4	1.4	2.4	3.0	2.1	1.2	2.4
17-44 years-----	3.5	3.1	2.8	3.1	2.8	2.7	2.2	2.3	4.1	3.5	3.2	3.8
45-64 years-----	5.6	5.6	4.9	4.9	5.6	5.4	5.0	4.6	5.6	5.7	4.8	5.3
65 years and over-----	9.1	9.0	8.9	8.8	7.5	8.4	9.2	7.8	10.4	9.4	8.6	9.6
<u>Days of bed disability</u>												
All ages-----	1.6	1.4	1.2	1.6	1.4	1.2	1.0	1.4	1.8	1.6	1.3	1.8
Under 6 years-----	1.3	1.0	0.6	1.2	1.4	1.0	0.7	1.2	1.3	1.0	0.6	1.2
6-16 years-----	1.4	1.0	0.4	1.1	1.3	1.0	0.4	1.0	1.4	1.0	0.5	1.2
17-44 years-----	1.4	1.1	1.0	1.4	1.0	0.8	0.8	1.1	1.7	1.3	1.2	1.6
45-64 years-----	1.8	1.9	1.7	1.8	1.8	1.7	1.5	1.6	1.8	2.0	1.9	1.9
65 years and over-----	3.0	3.0	3.1	3.3	2.6	2.1	2.8	2.9	3.3	3.7	3.3	3.6
<u>Days of work loss, 17 years and over</u>												
All ages, 17 years and over-----	1.6	1.3	1.1	1.3	1.5	1.4	1.1	1.3	1.6	1.3	1.1	1.5
17-44 years-----	1.4	1.1	1.0	1.2	1.2	1.0	1.0	1.1	1.5	1.3	1.1	1.5
45-64 years-----	1.9	1.7	1.4	1.5	1.9	1.8	1.4	1.5	1.7	1.4	1.2	1.4
65 years and over-----	2.1	1.7	1.2	1.9	2.0	2.1	1.3	1.6	2.3	0.8	0.8	2.4
School-loss days, 6-16 years-----	1.7	1.2	0.2	1.3	1.6	1.4	0.1	1.3	1.8	1.1	0.2	1.4

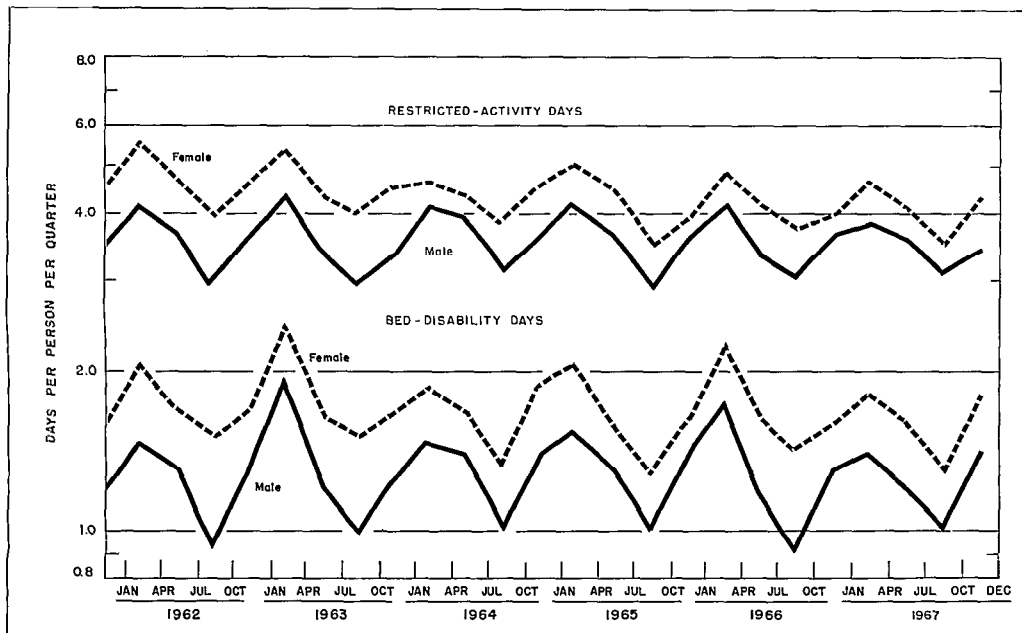


Figure 3. Disability days per person per quarter, by type of disability and sex.

Table 24. Number and percent distribution of persons 17 years of age and over in population, by cigarette smoking status according to sex and age: United States, Current Population Survey, June 1966

Sex and age	Population in thousands	Total population	Cigarette smoking status			
			Present smoker	Former smoker	Never smoked	Unknown if ever smoked
<u>Both sexes</u>		Percent distribution				
All ages, 17+ years-----	124,500	100.0	39.6	11.5	46.4	2.5
17-24 years-----	22,711	100.0	37.6	4.4	55.7	2.3
25-44 years-----	45,132	100.0	49.6	11.7	36.7	2.0
45-64 years-----	38,960	100.0	40.2	14.5	42.4	3.0
65+ years-----	17,697	100.0	15.3	13.8	68.0	2.9
<u>Male</u>						
All ages, 17+ years-----	58,469	100.0	48.6	17.2	31.4	2.8
17-24 years-----	10,529	100.0	44.4	4.6	48.3	2.7
25-44 years-----	21,536	100.0	57.9	16.0	23.9	2.2
45-64 years-----	18,688	100.0	50.1	21.9	24.8	3.3
65+ years-----	7,717	100.0	24.6	26.7	45.4	3.2
<u>Female</u>						
All ages, 17+ years-----	66,031	100.0	31.6	6.5	59.7	2.2
17-24 years-----	12,182	100.0	31.6	4.2	62.2	2.0
25-44 years-----	23,596	100.0	42.1	7.9	48.3	1.7
45-64 years-----	20,272	100.0	31.1	7.6	58.7	2.6
65+ years-----	9,980	100.0	8.1	3.8	85.5	2.6

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

Table 25. Number and percent distribution of persons 17 years of age and over in population, by cigarette smoking status according to sex and age: United States, Current Population Survey, August 1967

Sex and age	Population in thousands	Total population	Cigarette smoking status			
			Present smoker	Former smoker	Never smoked	Unknown if ever smoked
<u>Both sexes</u>		Percent distribution				
All ages, 17+ years-----	126,579	100.0	39.1	12.3	46.2	2.5
17-24 years-----	23,377	100.0	37.0	4.9	55.8	2.4
25-44 years-----	45,488	100.0	48.5	12.6	36.9	2.0
45-64 years-----	39,649	100.0	40.0	15.2	42.0	2.8
65+ years-----	18,064	100.0	16.0	14.4	66.5	3.1
<u>Male</u>						
All ages, 17+ years-----	59,248	100.0	47.8	18.2	31.4	2.6
17-24 years-----	10,739	100.0	43.8	5.2	48.3	2.7
25-44 years-----	21,733	100.0	56.3	16.9	24.9	2.0
45-64 years-----	18,956	100.0	49.6	23.1	24.4	2.9
65+ years-----	7,821	100.0	25.5	27.8	43.4	3.3
<u>Female</u>						
All ages, 17+ years-----	67,330	100.0	31.4	7.0	59.3	2.3
17-24 years-----	12,638	100.0	31.2	4.7	62.1	2.0
25-44 years-----	23,755	100.0	41.3	8.8	48.0	1.9
45-64 years-----	20,694	100.0	31.3	7.9	58.1	2.7
65+ years-----	10,243	100.0	8.7	4.2	84.2	2.9

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

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report is one of a series of statistical reports prepared by the National Health Survey. All statistics, other than those on smoking which came from the Current Population Survey, are based on information collected in a continuing nationwide sample of households in the Health Interview Survey, a major part of the program.

The Health Interview Survey utilizes a questionnaire which, in addition to personal and demographic characteristics, obtains information on illnesses, injuries, chronic conditions and impairments, and other health topics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics. The present report is based on the consolidated sample for 52 weeks of interviewing in 1967.

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, or crews of vessels. It should also be noted that events experienced during the 2-week period covered by the survey by persons who were not living at the time of the household interview are excluded.

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 357 from about 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 combined and treated in this discussion as an ultimate stage. Within PSU's, then, ultimate stage units called segments are defined in such a manner that each segment contains an expected nine households. A segment consists of a cluster of neighboring households or addresses. Two general types of segments are used: (1) area segments which are defined geographically, and (2) B segments which are defined from a list of addresses from the Decennial Census

and Survey of Construction. Each week a random sample of about 90 segments is drawn. In the approximately 800 households in these segments, household members are interviewed concerning factors related to health.

Since the household members interviewed 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 analysis 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.—The national sample plan for calendar year 1967 included about 134,000 persons from 42,000 households in about 4,700 segments.

The overall sample was designed in such a fashion that tabulations can be provided for each of the major geographic regions and for urban and rural sectors of the United States.

Collection of data.—Field operations for the household survey are performed by the Bureau of the Census under specifications established by the National Center for Health Statistics. In accordance with these specifications the Bureau of the Census selects the sample, conducts the field interviewing as an agent of the Center, and performs a manual editing and coding of the questionnaires. The Health Interview Survey, using Center electronic computers, carries out further editing and tabulates the edited data.

Estimating methods.—Each statistic produced by the survey—for example, the number of bed-disability days occurring in a specified period—is the result of two stages of ratio estimation. In the first of these, the control factor is the ratio of the 1960 decennial population count to the 1960 estimated population in the National Health Survey's first-stage sample of PSU's. These factors are applied for some 25 color-residence classes.

Later, ratios of official Bureau of the Census figures for current population to sample-produced estimates of the 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 more 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 and characteristics of this 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 data for a year are averages of the four quarterly figures.

For statistics measuring the number of occurrences during a specified time period, such as the incidence of acute conditions, a similar computational procedure is used, but the statistics are interpreted differently. For these items, the questionnaire asks for the respondent's experience over the 2 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 2-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 2-calendar-week interval prior to week of interview—is treated as though it measured the total of such experience *during 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 19 years of age 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 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 this information.

Rounding of numbers.—The original tabulations on which the data in this report are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables the figures are rounded to the nearest thousand, although these are not necessarily accurate to that detail. Devised statistics, such as rates and percent distributions, are computed after the estimates on which these are based have been rounded to the nearest thousand.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain overall totals by age and sex, which are adjusted to independent estimates, these figures are based on the sample of households in the National Health Survey. These are given primarily to provide 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 these will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the overall totals by age and sex mentioned above, the population figures 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, 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.

The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. Included in this appendix are charts from

which the relative standard errors can be determined for estimates shown in the report. In order to derive relative 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 charts provide an estimate of the approximate relative standard error rather than the precise error for any specific aggregate or percentage.

Three classes of statistics for the health survey are identified for purposes of estimating variances.

Narrow range.—This class consists of (1) statistics which estimate a population attribute, e.g., the number of persons in a particular income group, and (2) statistics for which the measure for a single individual for the period of reference is usually either 0 or 1, on occasion may take on the value 2, and very rarely 3.

Medium range.—This class consists of other statistics for which the measure for a single individual for the period of reference will rarely lie outside the range 0 to 5.

Wide range.—This class consists of statistics for which the measure for a single individual for the period of reference frequently will range from 0 to a number in excess of 5, e.g., the number of days of bed disability experienced during the year.

In addition to classifying variables according to whether they are narrow-, medium-, or wide-range, statistics in the survey are further defined as:

Type A.—Statistics on prevalence and incidence data for which the period of reference in the questionnaire is 12 months.

Type B.—Incidence-type statistics for which the period of reference in the questionnaire is 2 weeks.

Type C.—Statistics for which the reference period is 6 months.

Only the charts on sampling error applicable to data contained in this report are presented.

General rules for determining relative sampling errors.—The "guide" on page 35, together with the following rules, will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report.

Rule 1. *Estimates of aggregates:* Approximate relative standard errors for estimates of aggregates such as the number of persons with a given characteristic are obtained

from appropriate curves on pages 36-39. The number of persons in the total U.S. population or in an age-sex class of the total population is adjusted to official Bureau of the Census figures and is not subject to sampling error.

Rule 2. *Estimates of percentages in a percent distribution:* Relative standard errors for percentages in a percent distribution of a total are obtained from appropriate curves on page 40. For values which do not fall on one of the curves presented in the chart, visual interpolation will provide a satisfactory approximation.

Rule 3. *Estimates of rates where the numerator is a subclass of the denominator:* (Not required for statistics presented in this report.)

Rule 4. *Estimates of rates where the numerator is not a subclass of the denominator:* This rule applies where a unit of the numerator often occurs more than once for any one unit in the denominator. For example, in the computation of the number of persons injured per 100 currently employed persons per year, it is possible that a person in the denominator could have sustained more than one of the injuries included in the numerator. Approximate relative standard errors for rates of this kind may be computed as follows:

- (a) Where the denominator is the total U.S. population or includes all persons in one or more of the age-sex groups of the total population, the relative error of the rate is equivalent to the relative error of the numerator which can be obtained directly from the appropriate chart.
- (b) In other cases, obtain the relative standard error of the numerator and of the denominator from the appropriate curve. Square each of these relative errors, add the resulting values, and extract the square root of the sum. This procedure will result in an upper bound and often will overstate the error.

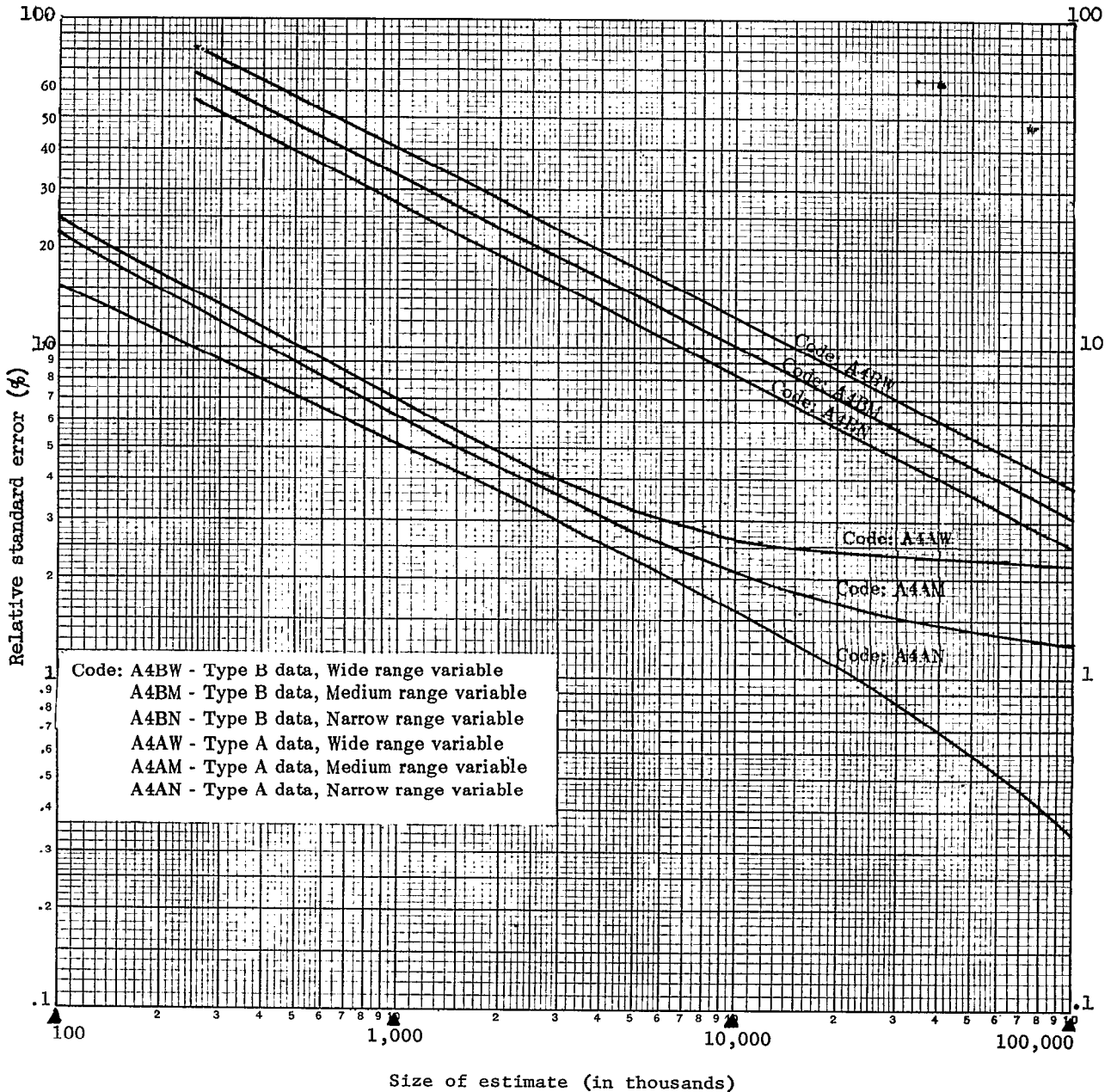
Guide to Use of Relative Standard Error Charts

The code shown below identifies the appropriate curve to be used in estimating the relative standard error of the statistic described. The four components of each code describe the statistic as follows: (1)

A=aggregate, P=percentage; (2) the number of calendar quarters of data collection; (3) the type of the statistic as described on page 34; and (4) the range of the statistic as described on page 34.

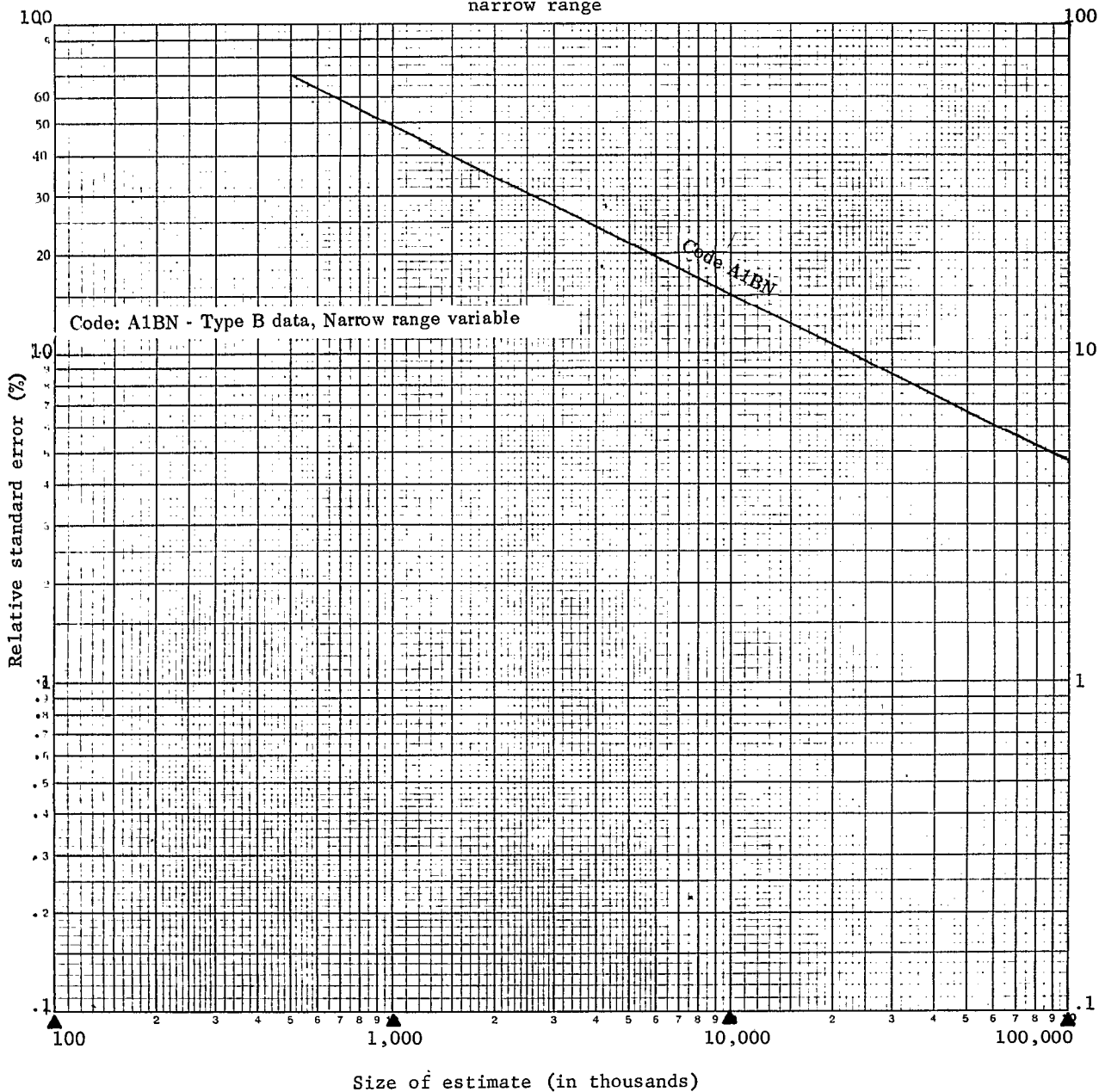
Statistic	Use:		
	Rule	Code	on page
Number of Persons in the U.S. population, or total number in any age-sex category----- Persons in any other population group-----	Not subject to sampling error 1	A4AN	36
Acute conditions: Per quarter----- Per year-----	1 1	A1BN A4BN	37 36
Persons with limitation of activity----- Persons injured----- Hospital discharges----- Days for hospital discharges----- Persons with hospital episodes----- Days in year for hospital episodes----- Physician visits-----	1 1 1 1 1 1 1	A4AN A4BN A4CN A4CW A4AN A4AW A4BM	36 36 38 38 36 38 36
Disability days: Per quarter----- Per year-----	1 1	A1BW A4BW	39 36
Rates per 100 persons: Acute conditions: Per quarter----- Per year-----	4(a) 4(a)	A1BN A4BN	37 36
Persons injured----- Hospital discharges----- Average length of stay----- Days per person with episodes per year-----	4(a) 4(a) 4(b) 4(b)	A4BN A4CN { Numer.: A4CW { Denom.: A4CN { Numer.: A4AW { Denom.: A4AN	36 38 38 36 36
Disability days: Per quarter----- Per year-----	4(a) 4(a)	A1BW A4BW	39 36
Percentage distribution of: Persons with limitation of activity----- Persons with hospital episodes----- Persons by interval since last physician visit-----	2 2 2	P4AN-M P4AN-M P4AN-M	40 40 40
Physician visits per person per year-----	4(a)	A4BM	36

Relative standard errors for aggregates based on four quarters of data collection
for data of all types and ranges



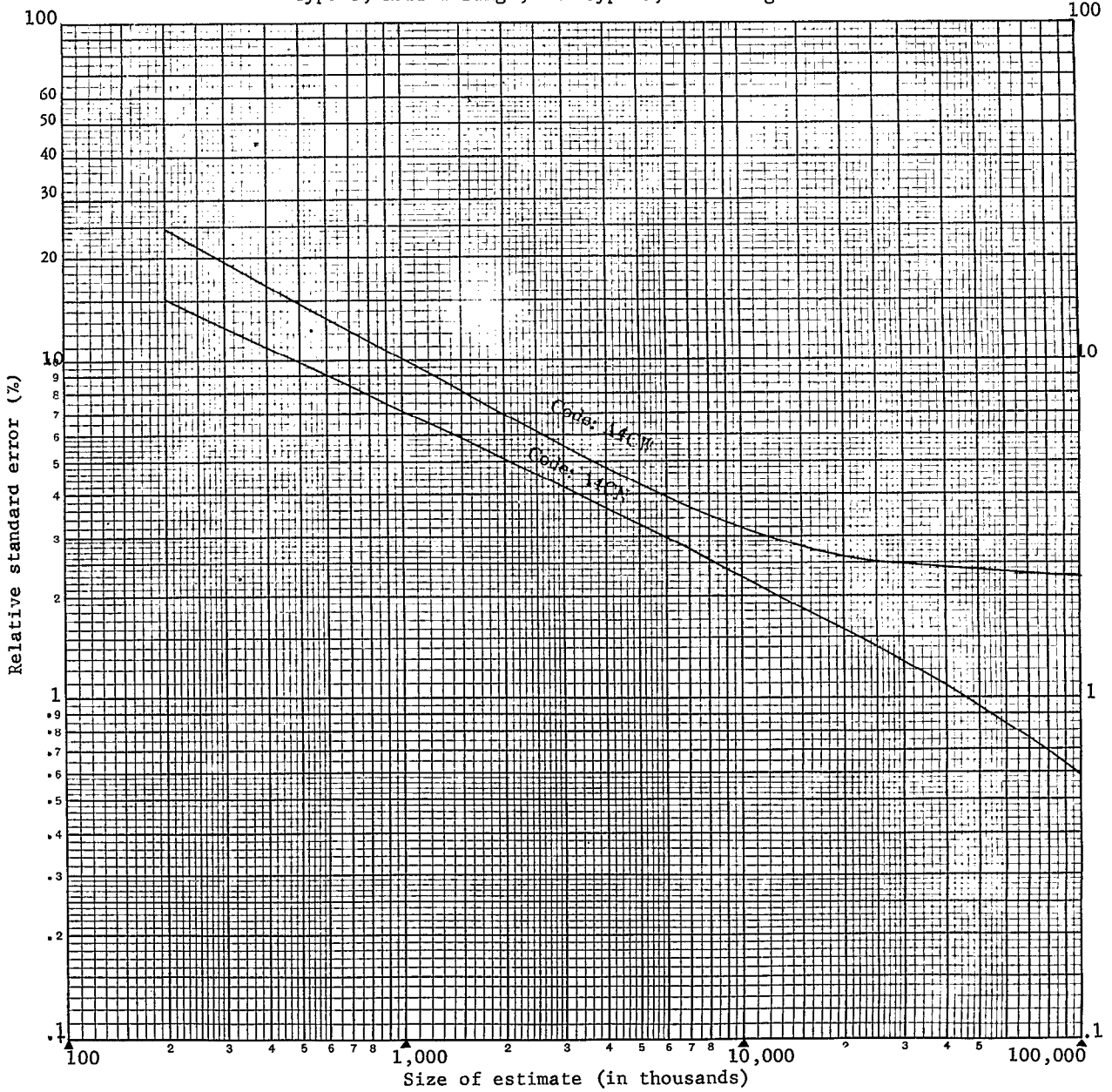
Example of use of chart: An aggregate of 2,000,000 (on scale at bottom of chart) for a Narrow range Type A statistic (code: A4AN) has a relative standard error of 3.6 percent, (read from scale at left side of chart), or a standard error of 72,000 (3.6 percent of 2,000,000). For a Wide range Type B statistic (code: A4BW), an aggregate of 6,000,000 has a relative error of 16.0 percent or a standard error of 960,000 (16 percent of 6,000,000).

Relative standard errors for aggregates based on one quarter of data for type B data,
 narrow range



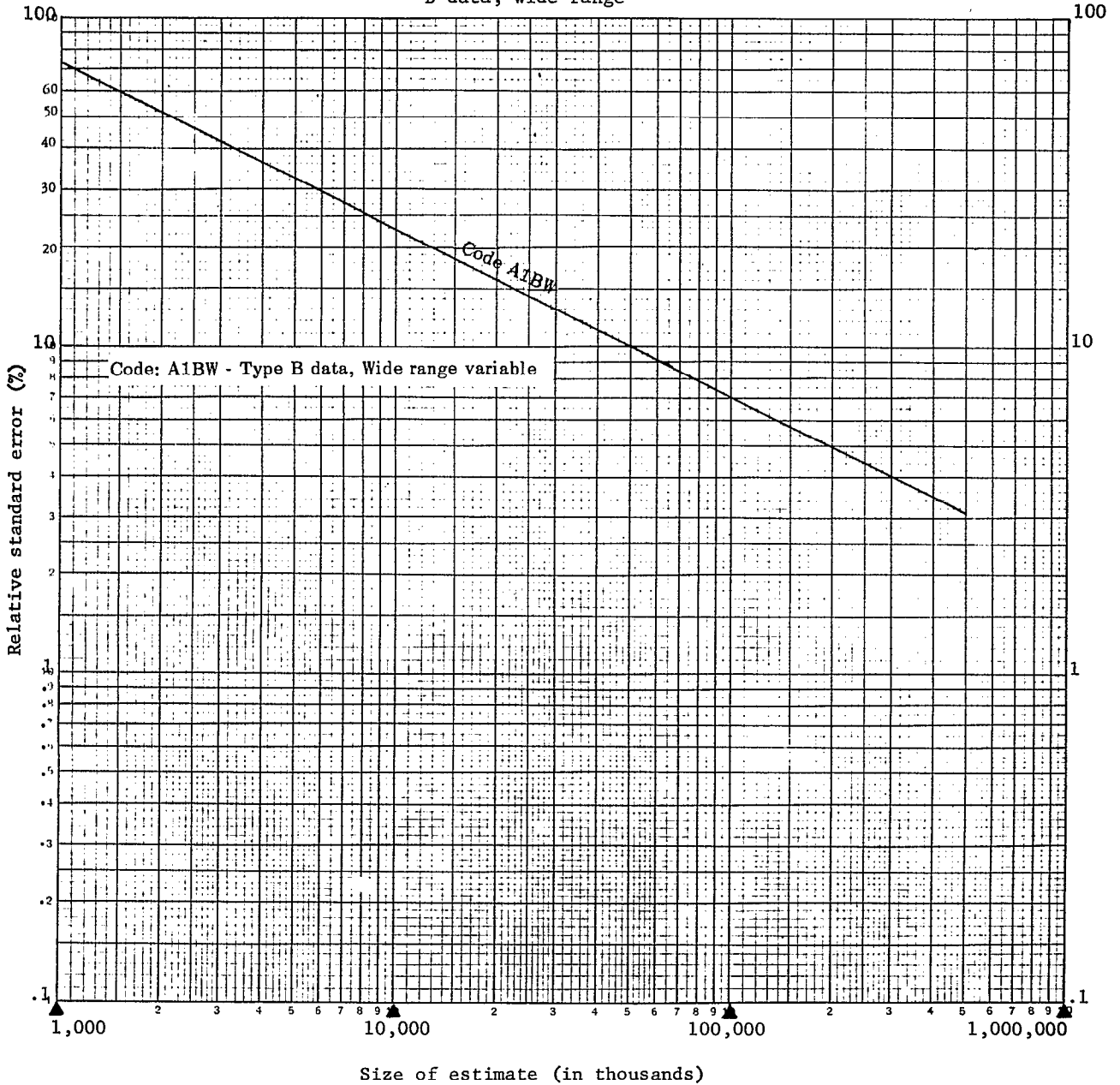
Example of use of chart: An aggregate of 6,000,000 (on scale at bottom of chart) for a Narrow range Type B statistic has a relative standard error of 19.3 percent, read from scale at left side of chart, or a standard error of 1,158,000 (19.3 percent of 6,000,000).

Relative standard errors for aggregates based on four quarters of data collection for type C, Narrow range, and type C, Wide range data



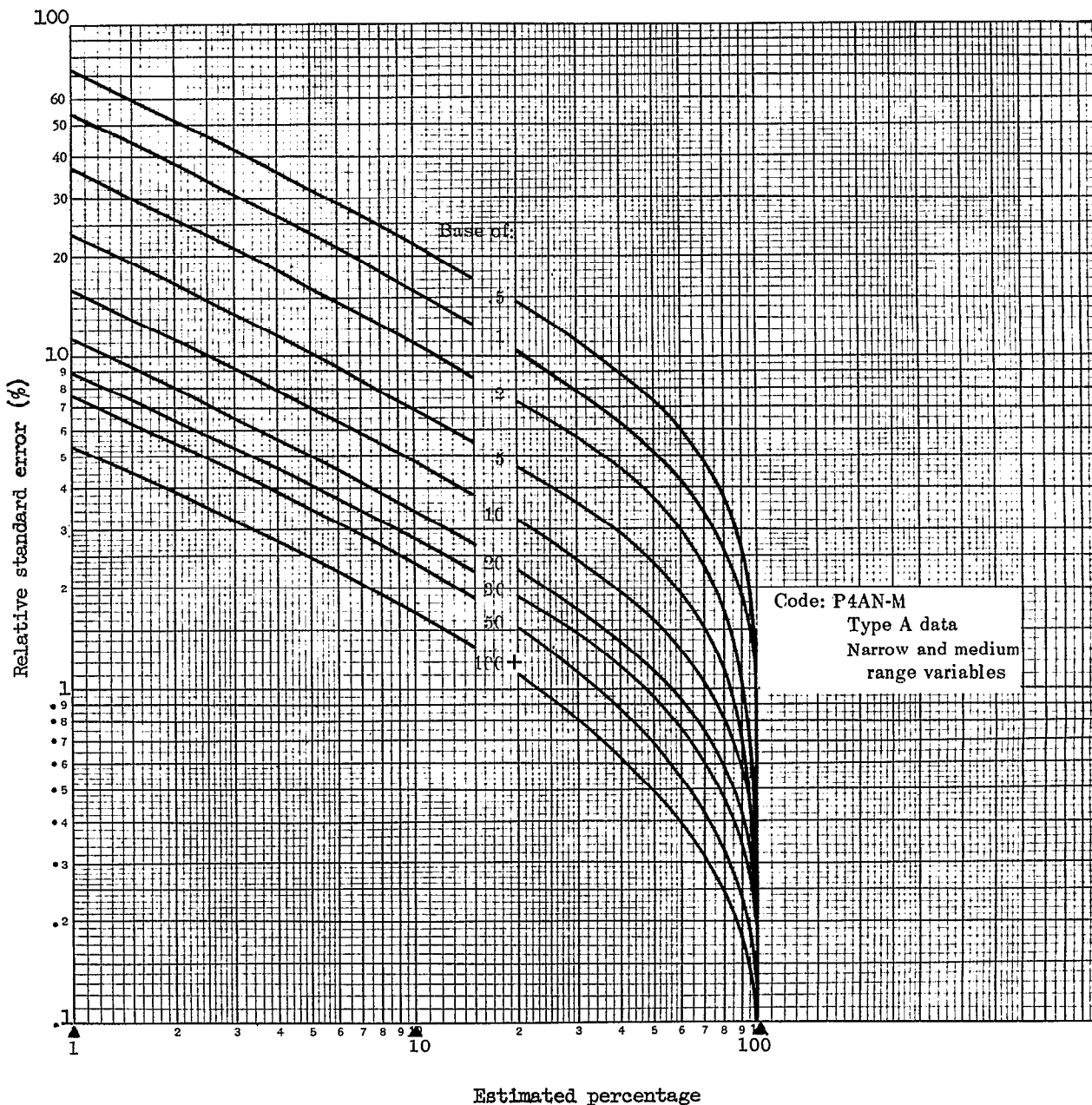
Example of use of chart: An aggregate of 1,000,000 (on scale at bottom of chart) for a Narrow range type C statistic (code: A4CN) has a relative standard error of 7.1 percent, read from scale at left side of chart, or a standard error of 71,000 (7.1 percent of 1,000,000).

Relative standard errors for aggregates based on one quarter of data collection for type B data, wide range



Example of use of chart: An aggregate of 20,000,000 (on scale at bottom of chart) for a wide range type B statistic has a relative standard error of 16.0 percent, read from scale at left side of chart, or a standard error of 3,200,000 (16.0 percent of 20,000,000).

Relative standard errors for percentages based on four quarters of data collection
 for type A data, Narrow and Medium range
 (Base of percentage shown on curves in millions)



Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 3.2 percent (read from the scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 3.2 percent or 0.64 percentage points.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to 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 well-being. It results from a positive response to one of a series of "medical-disability impact" or "illness-recall" questions. In the coding and tabulating 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.

Acute conditions are classified 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.

Acute condition.—An acute condition is defined as a condition which has lasted less than 3 months and which has involved either medical attention or restricted activity. Because of the procedures used to estimate incidence, the acute conditions included in this report are the conditions which had their onset during the 2 weeks prior to the interview week and which involved either medical attention or restricted activity during the 2-week period. However, it excludes certain conditions which are always classified as chronic (listed below) even though the onset occurred within 3 months prior to week of interview.

Conditions always classified as chronic:

Asthma	Stomach ulcer
Hay fever	Any other chronic stomach trouble
Tuberculosis	Kidney stones or chronic kidney trouble
Chronic bronchitis	Arthritis or rheumatism
Repeated attacks of sinus trouble	Mental illness
Rheumatic fever	Diabetes
Hardening of the arteries	Thyroid trouble or goiter
High blood pressure	Any allergy
Heart trouble	Epilepsy
Stroke	Chronic nervous trouble
Trouble with varicose veins	Cancer
Hemorrhoids or piles	Chronic skin trouble
Tumor, cyst, or growth	Hernia or rupture
Chronic gallbladder or liver trouble	Prostate trouble

Deafness or serious trouble with hearing	Paralysis of any kind
Serious trouble with seeing, even when wearing glasses	Repeated trouble with back or spine
Cleft palate	Club foot
Any speech defect	Permanent stiffness or deformity of the foot, leg, fingers, arm, or back
Missing fingers, hand, or arm—toes, foot, or leg	Condition present since birth
Palsy	

Condition groups.—Conditions are classified according to the International Classification of Diseases, 1955 Revision, with certain modifications adopted to make the code more suitable for a household-interview survey. In this report, all tables which have data classified by type of condition employ a 5-category regrouping plus several selected subgroups. The International Classification code numbers included in each category are shown below.

Condition Groups	International Classification Code Number (excluding chronic inclusions)
Infective and parasitic diseases-----	021-139
Common childhood diseases-----	066, 085-087, 089
The virus, H.O.S.-----	...
Other infective and parasitic diseases-----	021-085, 057-084, 098, 090-138
Respiratory conditions-----	470-501, 511, 517-525, 527, 785
Upper respiratory conditions-----	470-475, 511, 517
Common cold-----	470
Other acute upper respiratory conditions-----	471-475, 511, 517
Influenza-----	480-483
Influenza with digestive manifestations-----	482
Other influenza-----	480, 481, 483
Other respiratory conditions-----	490-501, 518-525, 527, 783
Pneumonia-----	490-493
Bronchitis-----	500, 501
Other acute respiratory conditions-----	518-525, 527, 783
Digestive system conditions-----	530-539, 543-553, 570, 571, 573-587, 784, 785
Dental conditions-----	530-535
Functional and symptomatic upper gastrointestinal disorders, H.E.C.-----	544, 784
Other digestive system conditions-----	536-539, 543, 545-553, 570, 571, 573-587, 785
Injuries-----	11800-11835, 11890-11895, 11900-11934, 11936-11939
Fractures, dislocations, sprains, and strains-----	11800-11848
Fractures and dislocations-----	11800-11839
Sprains and strains-----	11840-11848
Open wounds and lacerations-----	11870-11885, 11890-11895, 11900-11903
Contusions and superficial injuries-----	11910-11929
Other current injuries-----	11850-11869, 11930-11934, 11936-11939
All other acute conditions-----	All other acute code numbers
Diseases of the ear-----	330-336, 781.3
Headaches-----	731
Genitourinary disorders-----	530-637, 788, 789
Deliveries and disorders of pregnancy and the puerperium-----	640-699
Diseases of the skin-----	690-716
Diseases of the musculoskeletal system-----	726-743, 787
All other acute conditions-----	Other acute code numbers

Terms Relating to Chronic 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 well-being. It results from a positive response to one of a series of "medical-disability impact" or "illness-recall" questions. In the coding and tabulating 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 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 (1) it is described by the respondent 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," or (2) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview.

Impairments.—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 type of functional impairment and etiology.

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 is defined as the number of chronic cases reported to be present or assumed to be present at the time of the 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 diseases 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.

Onset of condition.—A condition 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 when the person or his family was first told by a physician that he had a condition of which he was previously unaware.

Incidence of conditions.—The incidence of conditions is the estimated number of conditions having their onset in a specified time period. As previously mentioned, minor acute conditions involving neither restricted activity nor medical attention are excluded from the statistics. The incidence data shown in some reports are further limited to various subclasses of conditions, such as "incidence of conditions involving bed disability."

Activity-restricting condition.—An activity-restricting condition is a condition which has caused at least 1 day of restricted activity during the 2 calendar weeks before the interview week. (See definition of "Restricted-activity day.") The incidence of acute activity-restricting conditions is estimated from the number of such conditions reported as having started in the 2-week period, but a condition which did not result in restricted activity until after the end of the 2-week period in which it had its onset is not included.

Bed-disabling condition.—A condition involving at least 1 day of bed disability is called a bed-disabling condition. (See definition of "Bed-disability day.") The incidence of acute bed-disabling conditions is defined in a manner analogous to the incidence of acute activity-restricting conditions.

Medically attended condition.—A condition is considered medically attended if a physician has been consulted about it either at its onset or at any time thereafter. Medical attention includes consultation either in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as well as visits to physicians in clinics or hospitals. If during the course of a single visit the physician is consulted about more than one condition for each of several patients, each condition of each patient is counted as medically attended.

Discussions of a child's condition by the physician and a responsible member of the household are considered as medical attention even if the child was not seen at that time.

For the purpose of this definition, the term "physician" includes doctors of medicine and osteopathic physicians.

Terms Relating to Disability

Disability.—Disability is the 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.

Chronic activity limitation.—Persons with chronic conditions are classified into four categories according to the extent to which their activities are limited at present as a result of these conditions. Since the usual activities of preschool children, school-age children, housewives, and workers and other persons differ, a different set of criteria is used for each group. There

is a general similarity between them, however, as will be seen in the descriptions of the four categories below:

1. *Persons unable to carry on major activity for their group* (major activity refers to ability to work, keep house, or go to school)

Preschool children: inability to take part in ordinary play with other children.

School-age children: inability to go to school.

Housewives: inability to do any housework.

Workers and all other persons: inability to work at a job or business.

2. *Persons limited in the amount or kind of major activity performed* (major activity refers to ability to work, keep house, or go to school)

Preschool children: limited in the amount or kind of play with other children, e.g., need special rest periods, cannot play strenuous games, cannot play for long periods at a time.

School-age children: limited to certain types of schools or in school attendance, e.g., need special schools or special teaching, cannot go to school full time or for long periods at a time.

Housewives: limited in amount or kind of housework, i.e., cannot lift children, wash or iron, or do housework for long periods at a time.

Workers and all other persons: limited in amount or kind of work, e.g., need special working aids or special rest periods at work, cannot work full time or for long periods at a time, cannot do strenuous work.

3. *Persons not limited in major activity but otherwise limited* (major activity refers to ability to work, keep house, or go to school)

Preschool children: not classified in this category.

School-age children: not limited in going to school but limited in participation in athletics or other extracurricular activities.

Housewives: not limited in housework but limited in other activities, such as church, clubs, hobbies, civic projects, or shopping.

Workers and all other persons: not limited in regular work activities but limited in other activities, such as church, clubs, hobbies, civic projects, sports, or games.

4. *Persons not limited in activities*

Includes persons with chronic conditions whose activities are not limited in any of the ways described above.

Disability days.—Short-term disability days are classified according to whether they are days of restricted activity, bed-days, or work-loss days. All days of bed disability are, by definition, days of restricted activity. The converse form of this statement is, of course, not true. Days lost from work are also days of restricted activity for the working population. Hence, restricted activity is the most inclusive term used in describing disability days.

Condition-days of restricted activity, bed disability, etc.—Condition-days of restricted activity, bed disability, and so forth are days of the various forms of disability associated with any one condition. Since any particular day of disability may be associated with more than one condition, the sum of days for conditions may add to more than the total number of person-days.

Restricted-activity day.—A day of restricted activity is one on which a person substantially reduces the amount of activity normal for that day because of a specific illness or injury. The type of reduction varies with the age and occupation of the individual as well as with the day of the week or season of the year. Restricted activity covers the range from substantial reduction to complete inactivity for the entire day.

Bed-disability day.—A day of bed disability is one on which a person stays in bed for all or most of the day because of a specific illness or injury. All or most of the day is defined as more than half of the daylight hours. All hospital days for inpatients are considered to be days of bed disability even if the patient was not actually in bed at the hospital.

Work-loss day.—A day lost from work is a normal working day on which a person did not work at his job or business because of a specific illness or injury. If the person's regular workday is less than a whole

day and the entire workday was lost, it would be counted as a whole workday lost. The number of days lost from work is determined only for persons 17 years of age or over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business. (See "Currently employed persons.")

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 Relating to Persons Injured

Injury condition.—An injury condition, or simply an injury, is a condition of the type that is classified according 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 includes: effects of exposure, such as sunburn; adverse reactions to immunization and other medical procedures; and poisonings. Unless otherwise specified, the term injury is used to cover all of these.

Since a person may sustain more than one injury in a single accident, e.g., a broken leg and laceration of the scalp, the number of injury conditions may exceed the number of persons injured.

Statistics of acute injury conditions include only those injuries which involved at least 1 full day of restricted activity or medical attendance.

Person injured.—A person injured is one who has sustained one or more injuries in an accident or in some type of nonaccidental violence. (See definition of "Injury condition" above.) Each time a person is involved in an accident or in nonaccidental violence causing injury that results in at least 1 full day of restricted activity or medical attention, he is included in the statistics as a separate "person injured"; hence, one person may be included more than once.

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" as used in the National Health Survey 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.

Terms Relating to Class of Accident

Class of accident.—Injuries, injured persons, and resulting days of disability may be grouped according to class of accident. This is a broad classification of the types of event 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 nonaccidental violence, such as attempted suicide. The classes of accidents are: (1) moving motor-vehicle accidents, (2) accidents occurring while at work, (3) home accidents, and (4) other accidents. These categories are not mutually exclusive. For example, a person may be injured in a moving motor-vehicle accident which occurred while the person was at home or at work. The accident class "motor vehicle" includes "home-motor vehicle" and "while at work-motor vehicle." Similarly, the classes while at work and home include duplicated counts, e.g., motor vehicle-while at work is included under "while 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.

Moving motor vehicle.—The accident is classified as "moving motor vehicle" if at least one of the motor vehicles involved in the accident was moving at the time of the accident. This category is subdivided into "traffic" and "nontraffic."

Moving motor-vehicle traffic accident.—The accident is classified as "traffic" if it occurred on a public highway. It is considered to have occurred on the highway if it occurred wholly on the highway, if it originated on the highway, if it terminated on the highway, or if it involved a vehicle partially on the highway. A public highway is the entire width between boundary lines of every way or place of which any part is open to the use of the public for the purposes of vehicular traffic as a matter of right or custom.

Moving motor-vehicle nontraffic accident.—The accident is classified as "nontraffic" if it occurred entirely in any place other than a public highway.

Nonmoving motor vehicle.—The accident is classified as "nonmoving motor vehicle" if the motor vehicle was not moving at the time of the accident.

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 (i.e., moving motor vehicle, while at work, or home). 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.

Terms Relating to Hospitalization

Hospital discharge.—A hospital discharge is the completion of any continuous period of stay of one or more nights in a hospital as an inpatient, except the period of stay of a well, newborn infant. A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12-month period prior to the interview week. (Estimates were based on discharges which occurred during the 6-month period prior to the interview.)

Hospital episode.—A hospital episode is any continuous period of stay of one or more nights in a hospital as an inpatient, except the period of stay of a well, newborn infant. A hospital episode is recorded for a family member whenever any part of his hospital stay is included in the 12-month period prior to the interview week.

Hospital.—For this survey a hospital is defined as any institution meeting one of the following criteria: (1) named in the listing of hospitals in the current Guide Issue of *Hospitals*, the Journal of the American Hospital Association; (2) named in the listing of hospitals in the Directories of the American Osteopathic Hospital Association; or (3) named in the annual inventory of hospitals and related facilities submitted by the States to the Division of Hospital and Medical Facilities of the U.S. Public Health Service in conjunction with the Hill-Burton program.

Hospital ownership.—Hospital ownership is a classification of hospitals according to the type of organization that controls and operates the hospital. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Type of hospital service.—Type of hospital service is a classification of hospitals according to the predominant type of cases for which they provide care. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Short-stay hospital.—A short-stay hospital is one for which the type of service is general; maternity; eye, ear, nose, and throat; children's; osteopathic hospital; or hospital department of institution.

Hospital day.—A hospital day is a day on which a person is confined to a hospital. The day is counted as a hospital day only if the patient stays overnight. Thus, a patient who enters the hospital on Monday afternoon and leaves Wednesday noon is considered to have had two hospital days.

Hospital days during the year.—The number of hospital days during the year is the total number for all hospital episodes in the 12-month period prior to the interview week. For the purposes of this estimate, episodes overlapping the beginning or end of the 12-month period are subdivided so that only those days falling within the period are included.

Terms Relating to Physician Visits

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 trailer, 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 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 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.

Interval since last physician visit.—The interval since the last physician visit is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatever. A physician visit to a hospital inpatient may be counted as the last time a physician was seen.

Demographic Terms

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

Currently employed persons.—Currently employed persons are all persons 17 years of age or over who reported that at any time during the 2-week period covered by the interview they either worked at, or had a job or business. Current employment includes paid work as an employee of someone else, self-employment in business, farming, or professional practice, and unpaid work in a family business or farm. Persons who were temporarily absent from their job or business because of a temporary illness, vacation, strike, or bad weather are considered as currently employed if they expected to work as soon as the particular event causing their absence no longer existed.

Free-lance workers are considered as currently employed if they had a definite arrangement with one or

more employers to work for pay according to a weekly or monthly schedule, either full time or part time. Excluded from the currently employed are such persons who have no definite employment schedule but work only when their services are needed.

Also excluded from the currently employed population are (1) persons receiving revenue from an enterprise in whose operation they did not participate, (2) persons doing housework or charity work for which they receive no pay, and (3) seasonal workers during the portion of the year they were not working, (4) persons who were not working, even though having a job or business, but were on layoff or looking for work.

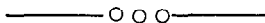
The number of currently employed persons estimated by the National Health Survey (NHS) will differ from the estimates prepared by the Current Population Survey (CPS), Bureau of the Census, for several reasons. In addition to sampling variability they include three primary conceptual differences, namely: (1) NHS estimates are for persons 17 years of age or over; CPS estimates are for persons 14 years of age or over. (2) NHS uses a 2-week-reference period, while CPS uses a 1-week-reference period. (3) NHS is a continuing survey with separate samples taken weekly, while CPS is a monthly sample taken for the survey week which includes the 12th of the month.

Terms Relating to Cigarette Smoking

Never smoked.—A person was defined as having never smoked cigarettes if he reported that he had not smoked 100 cigarettes during his entire life.

Present smoker.—A person is defined as presently smoking if he was smoking cigarettes at the time of the interview.

Former smoker.—A person is defined as a former smoker if he had smoked at least 100 cigarettes during his entire life, but was not smoking cigarettes at the time of the interview.



APPENDIX III

SUMMARY OF CHANGES ON HEALTH INTERVIEW SURVEY QUESTIONNAIRE

Introduction

As of July 1, 1967, the Health Interview Survey completed the first 10-year cycle of data collection. In accordance with a long-range plan set up during the early years of the survey, a general evaluation of the design and format of the survey was undertaken. As a result of this evaluation, major revision of the survey procedure was introduced as of July 1, 1967. However, because of the experimental nature of this revision, it was decided, for methodological purposes, to split the Health Interview Survey sample into two separate samples, both of which were intended to measure the health characteristics of the civilian, noninstitutional population of the United States. The procedures used during the previous 10 years were continued in one of these samples, while the revised procedures were adopted in the other sample. This split-sample technique was continued for the 12-month period ending in June 1968.

The Division of Health Interview Statistics is in the process of preparing a detailed report which will evaluate the effect of these new procedures on the statistics compiled by this Division. However, since the data presented in this report were collected by using both of these procedures, the following discussion is intended to summarize the purpose of the revision and to describe the differences between the two procedures.

Background

During the first 10 years of the Health Interview Survey, the questionnaires employed to collect morbidity and health-related data have undergone numerous content and format changes. New supplementary topics are included on the questionnaires each year and are usually continued for only 1 or 2 years. However, there are a number of morbidity and disability measures which have been used throughout the entire 10-year existence of the survey. Some modifications in the collection procedures for these topics have been made when there was sufficient evidence that a change would result in an improvement in the quality of the data obtained. However, the basic philosophy as it related to these continuous topics was to obtain comparable data from year to year.

Continuous items included demographic information such as age, sex, and race, and health-related

topics, e.g., prevalence of all chronic conditions, incidence of acute conditions, number of short-term disability days (restricted activity, bed-days, and time loss from work or school) on both a person and a condition basis, number of persons with limitation of activity according to degree of limitation and condition(s) causing this limitation, and the number of hospitalizations with related hospital information.

The changes introduced in the Health Interview Survey potentially affect the estimates obtained for all of the above health-related items with the exception of the information relating to hospitalization. The procedure used in eliciting health data during the first 10 years of the survey is referred to in this discussion as the condition approach.

Condition Approach

In accordance with the condition approach, the questionnaire was designed to elicit reports of all acute conditions experienced during the 2-week period prior to the week of interview and all chronic conditions present during the previous 12 months. The method employed to obtain reports of these conditions consisted of a series of probe questions designed to elicit specific conditions. The questions, designed primarily to encourage the reporting of acute conditions, were concerned with sickness, accidents, or the utilization of medicine during the 2 weeks preceding the interview. (See questions 8-11, appendix IV.)

Although some chronic conditions were reported in answer to the acute conditions probes, the primary source for the estimated prevalence of chronic conditions was a checklist of specific chronic conditions and impairments (see cards A and B in appendix IV) which were read to the respondent in order to determine whether any family member had had any of the listed conditions during the past 12 months. To elicit information on any other conditions not included on the checklist, a more general question was asked. "Do you have any other ailments, conditions, or problems with your health?" Any conditions reported in response to this question were also recorded.

Additional detailed questions were then asked about each condition reported in response to the probe questions. These additional questions were aimed at obtaining the best diagnostic description of the condition,

at determining if the condition was medically attended, and at obtaining information on the number of short-term disability days (restricted activity, bed-days, time loss from work or school) and the onset of this condition.

For all persons who reported one or more chronic conditions, information was obtained about the presence of any long-term activity limitation, the degree of limitation, and the chronic condition causing it.

This information was then used to describe both the condition and the person, with the following types of data produced:

Incidence of acute conditions.—This statistic was derived from all nonchronic conditions with onset in the 2 weeks before the interview which were reported to have been medically attended and/or which caused the person to restrict his usual activity for at least a day.

Number of condition days of disability.—The volume of condition days of disability (restricted-activity days, bed-days, days lost from work or school) could be produced for each of the condition categories obtained.

Number of person days of disability.—By eliminating any duplication of disability from the condition days for a given person at the time of interview it was possible to produce the volume of person days of disability. The interviewers were instructed to probe for duplication of disability days when two or more disabling conditions were reported and to footnote circumstances in this situation.

Number of chronic conditions.—Theoretically, the total prevalence of all chronic conditions was obtained; this includes those conditions appearing on the chronic conditions checklist and all other conditions which have been present for 3 months or more. However, because of the underreporting problems in chronic-condition data, which will be discussed later, the Division of Health Interview Statistics has restricted publication of these data to:

1. Selected chronic conditions for which the magnitude of the estimate is large enough to make meaningful relative comparisons between population groups, even if the total prevalence estimate might have limited reliability.
2. Chronic conditions which cause long-term limitation of the person's activity.

Number of persons with limitation of activity according to degree of limitation.—In addition to providing statistics on chronic conditions causing limitation, data from the Health Interview Survey provide prevalence estimates on the number of persons with limitation of activity according to three degrees of limitation: (1) unable to carry on major activity (working, keeping house, going to school), (2) able to perform major

activity but limited in the amount or kind of activity, (3) not limited in major activity but limited in other activities.

Limitations of Condition Approach

Considerable resources have been employed by the Division of Health Interview Statistics to evaluate and develop new techniques to improve the quality of the chronic-condition data obtained through the household interview. As stated earlier, estimates for selected chronic conditions published by this Division can be meaningful when employed to show relative differences between population groups. However, a number of evaluation studies have indicated that a severe underreporting problem is present in these data. There are a number of factors that contribute to the underreporting of conditions in an interview situation. First, the respondent must have knowledge of the condition. This usually requires that the condition is medically diagnosed and that the physician has informed the person of its existence. Second, the respondent must be able to recall it at the time of the interview, and, finally, the respondent must be willing to report this condition to the interviewer. In addition, this process is influenced by such things as the impact of the condition on the person, interval of time since diagnosis, and a number of psychological factors such as a respondent's perceived threat or the social stigma attached to a particular condition.

By the very nature of this process, the interview technique could never be expected to gather reports of all chronic conditions. However, a number of techniques have been developed which can improve the reporting of chronic conditions. For instance, there is evidence to indicate that by increasing the number of questions about a particular condition or making very specific reference to the condition, the probability of a respondent reporting a condition is increased—assuming, of course, that he is aware of its existence.

The Division of Health Interview Statistics decided that restricting the collection of chronic conditions to specific types of conditions—e.g., conditions affecting the digestive system—during a given data-collection year, rather than attempting to obtain estimates of the prevalence of the entire spectrum of chronic conditions both would result in an improvement in the quality of the reporting of these specific conditions and would permit more detailed information about them to be collected. The survey plan calls for the collection of different types of conditions each year, so that within the next 5 or 6 years, information on virtually all chronic conditions will have been obtained.

However, as explained previously, the gathering of information on many other health-related topics is largely dependent on the reporting of conditions. Only if conditions were first reported, were other questions

asked. Therefore, in order to restrict the collection of data on chronic conditions to selected types of conditions, it was necessary to develop an alternate method of collection, one which would produce estimates obtained by the condition approach, for both condition and person disability, for incidence of acute conditions, and for limitation of activity.

Another factor influencing the redesign of the Health Interview Survey questionnaire was the amount of interview time used in the condition approach to collect condition information which was never published. Since only certain types of chronic-condition data were published, the detailed information for a large number of conditions was never used. Furthermore, approximately 38 percent of all acute conditions reported in the interview were deleted in the coding process because they failed to meet the severity criteria of medical attention or disability.

In summary, the new format was intended to (1) improve the collection of chronic-condition data, (2) reduce the amount of interview time expended to obtain condition data (this time could be used to obtain other statistical data), and (3) continue to provide comparable data in other health measures that are dependent on the condition approach.

Person Approach

The redesign of the Health Interview Survey procedures, referred to in the following discussion as the person approach, was developed during the 2 years prior to its inception in July 1967. The developmental process included the design of alternate questionnaire and interview procedures which were tested in a series of pretests and evaluation studies. These small pretests and evaluation studies indicated that the person approach was feasible as a household-interview technique. However, the measurement of the effect this change will have on the estimates produced by the

Health Interview Survey will depend primarily on the analysis of the split sample used during the 12-month period of July 1967-June 1968.

With the decision to modify the collection procedure for chronic conditions by restricting it to specific types of conditions during a given year, it was necessary to develop a procedure which would provide comparable data for the other morbidity measures that had previously been obtained by the condition approach.

The most obvious alternative to the condition approach, which produced a base of total conditions from which person data could be generated, was to build a person-data foundation and then generate the condition information. In the person approach, questions are asked to determine if the person had been limited in his activity or had suffered any disability or if he had received medical attention during the 2 weeks prior to the week of the interview. If a person was limited in his activity, had some short-term disability days, or has sought medical attention, the condition or conditions causing these phenomena were then obtained. (See appendix V for a copy of the questionnaire.)

With this approach, it was possible to obtain an unduplicated measure of person-disability days, incidence of acute conditions (exclusive of those minor acute conditions which were deleted in the condition approach because they failed to meet the established severity criteria), degree of limitation of activity, and the chronic conditions causing the limitation. To obtain the number of condition days of disability, it was necessary to ask the disability-day questions for each specific condition reported.

These measures are conceptually similar under both approaches. However, the change in the procedures can be expected to reflect some change in the estimates produced. A more detailed analysis of these procedural changes and their effect on the Health Interview Survey data will be presented in a methodological report currently being prepared.



APPENDIX IV. QUESTIONNAIRE—CONDITION APPROACH

The items below show the exact content and wording of the basic questionnaire used in the nationwide household survey of the U.S. National Health Survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person, condition, accident, or hospitalization. Such spaces are omitted in this illustration.

NOTICE - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.	
Form NHS-HIS-1 (FY67) REVISED 9-30-66 Budget Bureau No. 68-R1600 Approval Expires 3-31-68	
U.S. DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE U.S. HEALTH INTERVIEW SURVEY	
23.3:1 Book of Books	
2a. STREET ADDRESS <i>House No., Street, Apt. No. or other ident.</i> _____ _____ _____ City _____ State _____ Zip Code _____ Line No. _____	2b. MAILING ADDRESS <i>If different from 2a</i> <input type="checkbox"/> Same as 2a City _____ State _____ Zip Code _____
3. <input type="checkbox"/> Ask → WHEN WAS THIS STRUCTURE ORIGINALLY BUILT? <input type="checkbox"/> Do Not Ask Item 3 <input type="checkbox"/> Before 4-1-60—Continue interview <input type="checkbox"/> After 4-1-60—Go to Q. 30c, ask if required, and end interview.	2c. SPECIAL DWELLING PLACE - Name and Sample Number Name _____ Sample No. _____
COMPLETE ITEMS 10-16 AT THE END OF THE INTERVIEW	
10. <input type="checkbox"/> Do Not Ask Item 10—Go to Item 1 a. <input type="checkbox"/> Ask: ARE THERE ANY OCCUPIED OR VACANT LIVING QUARTERS BESIDES YOUR OWN IN THIS BUILDING? <input type="checkbox"/> Yes—Fill Table A <input type="checkbox"/> No b. <input type="checkbox"/> Ask: ARE THERE ANY OCCUPIED OR VACANT LIVING QUARTERS BESIDES YOUR OWN ON THIS FLOOR? <input type="checkbox"/> Yes—Fill Table A <input type="checkbox"/> No c. <input type="checkbox"/> Ask: IS THERE ANY OTHER BUILDING ON THIS PROPERTY FOR PEOPLE TO LIVE IN - EITHER OCCUPIED OR VACANT? <input type="checkbox"/> Yes—Fill Table A <input type="checkbox"/> No	4a. SAMPLE Circle One B-38 B-39 B-40 B-41 B-42 B-43 4b. PSU Write in and mark _____ 5a. SEGMENT NUMBER Write in and mark _____ b. SEG. TYPE Circle → A B P LS DP 6. SERIAL NUMBER Write in and mark _____
11. DO YOU OWN OR RENT THIS PLACE? <input type="checkbox"/> Own—Ask 12a <input type="checkbox"/> Rent—Ask 12b <input type="checkbox"/> Rent Free—Ask 12a	7. SPECIAL DWELLING PLACE—Type and Code <i>Mark type code</i> Type _____ Code _____
12a. DOES THIS PLACE HAVE 10 OR MORE ACRES? <input type="checkbox"/> Yes—Ask 12c b. DOES THE PLACE YOU RENT HAVE 10 OR MORE ACRES? <input type="checkbox"/> No—Ask 12d c. DURING THE PAST 12 MONTHS DID SALES OF CROPS, LIVESTOCK, AND OTHER FARM PRODUCTS FROM THIS PLACE AMOUNT TO \$50 OR MORE? <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (4) d. DURING THE PAST 12 MONTHS DID SALES OF CROPS, LIVESTOCK, AND OTHER FARM PRODUCTS FROM THIS PLACE AMOUNT TO \$250 OR MORE? <input type="checkbox"/> Yes (3) <input type="checkbox"/> No (5)	8. NONINTERVIEW REASON If "other" is marked describe in footnote space. Type A <input type="checkbox"/> EAT NCH TR OTH Type B <input type="checkbox"/> VNS VS USE AF OTH Type C <input type="checkbox"/> DMN Mh. ESN 4-10H OTH
13. HOW MANY ROOMS ARE IN THIS -- (UNIT)? <i>Write in and mark</i> COUNT THE KITCHEN BUT NOT THE BATHROOM. Total Rooms _____	9. TYPE OF LIVING QUARTERS Mark one circle <i>Living Unit Other Unit</i>
14. HOW MANY BEDROOMS ARE IN THIS -- (UNIT)? <i>Write in and mark</i> If "None" describe in footnotes. No. of Bedrooms _____	12e. LAND USAGE Mark code from Item 1, or 12c or 12d
15. WHAT IS THE TELEPHONE NUMBER HERE? <i>Write in and mark</i> _____	17. RECORD OF CALLS AT HOUSEHOLD DATE AND TIME OF CALL Date _____ Time _____ LENGTH OF INTERVIEW <i>Minutes</i> _____
16. INTERVIEWER CHECK ITEM: Check questions 22a-22d & 23c on pages 4 & 5. Is a Home Care Supplement required? <input type="checkbox"/> Yes—Fill Home Care Supplement <input type="checkbox"/> No—Leave Thank You Letter and depart	18. NUMBER OF CALLS AT HOUSEHOLD <i>Mark from item 17</i> 19. DATE OF COMPLETION <i>Enter from item 17</i> Month _____ Day _____ Year _____
20a. NAME OF OBSERVER <i>If 20b marked "1" or "2"</i> _____ 21a. INTERVIEWER NAME <i>Write-in</i> _____	20b. WAS THIS INTERVIEW OBSERVED? <input type="checkbox"/> Yes <input type="checkbox"/> No 21b. INTERVIEWER NUMBER _____
FOOTNOTES _____ _____ _____	22. IDENTIFICATION CODE NO. Mark from tab of Segment folder 23. REGIONAL OFFICE NUMBER _____ WASHINGTON USE Book Number <i>See item 1</i> Total Number of Conditions this H.H. Total Number of Hospitalizations this H.H. Total Number of Doctor Visits this H.H. Total Number of Persons this H.H. Total Persons Requiring Home Care this Household

Make no marks in this margin

Make no marks in this margin

1a. WHAT IS THE NAME OF THE HEAD OF THIS HOUSEHOLD? b. WHAT ARE THE NAMES OF ALL OTHER PERSONS WHO LIVE HERE? List all c. I HAVE LISTED <i>read names</i> . IS THERE ANYONE ELSE STAYING HERE NOW? <input type="checkbox"/> <input type="checkbox"/> d. HAVE I MISSED ANYONE WHO <u>USUALLY</u> LIVES HERE BUT IS NOW AWAY FROM HOME? <input type="checkbox"/> <input type="checkbox"/> e. DO ANY OF THE PEOPLE IN THIS HOUSEHOLD HAVE A HOME ANYWHERE ELSE? <input type="checkbox"/> <input type="checkbox"/> f. ARE ANY OF THE PERSONS IN THIS HOUSEHOLD ON FULL-TIME ACTIVE DUTY IN THE ARMED FORCES? <input type="checkbox"/> <input type="checkbox"/>	First Name 01	First Name 02		
	Apply household membership rules	Last Name	Last Name	
	Relationship	Age	Relationship	Age
	HEAD			
2. HOW IS -- RELATED TO (head of household)?				
3. PERSON NUMBER <i>First column should have person 01, second column person 02, etc.</i>	Per. No.		Per. No.	
4a. HOW OLD WAS -- ON HIS LAST BIRTHDAY <i>Write in next to "relationship" and mark</i>	Age		Age	
b. SEX <i>Mark without asking unless sex is not obvious from name</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	
c. RACE <i>Mark without asking</i>	White <input type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/>		White <input type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/>	
<i>If 17 years old or over, ask:</i>	Mar. <input type="checkbox"/> Wid. <input type="checkbox"/> Div. <input type="checkbox"/> Sep. <input type="checkbox"/> N.M. <input type="checkbox"/> Und. 17 <input type="checkbox"/>		Mar. <input type="checkbox"/> Wid. <input type="checkbox"/> Div. <input type="checkbox"/> Sep. <input type="checkbox"/> N.M. <input type="checkbox"/> Und. 17 <input type="checkbox"/>	
5. IS -- NOW MARRIED, WIDOWED, DIVORCED, SEPARATED, OR NEVER MARRIED?				
<i>If 17 years old or over, ask:</i>	WK <input type="checkbox"/> KH <input type="checkbox"/> SE <input type="checkbox"/> Under 17 <input type="checkbox"/> V <input type="checkbox"/>		WK <input type="checkbox"/> KH <input type="checkbox"/> SE <input type="checkbox"/> Under 17 <input type="checkbox"/> V <input type="checkbox"/>	
6. WHAT WAS -- DOING MOST OF THE PAST 12 MONTHS -- <i>(for males) WORKING OR DOING SOMETHING ELSE?</i> <i>(for females) KEEPING HOUSE, WORKING OR DOING SOMETHING ELSE?</i>				
<i>If "SE" marked in Q. 6 and person is 45 years old or over, ask:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> V <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> V <input type="checkbox"/>	
7. IS -- RETIRED?				
H <i>If related persons 19 years old or over are listed in addition to the respondent:</i> WE WOULD LIKE TO HAVE ALL ADULTS WHO ARE AT HOME TAKE PART IN THE INTERVIEW. IS YOUR --, ETC., AT HOME NOW? (WOULD YOU PLEASE ASK --, ETC., TO JOIN US?)	Under 19 <input type="checkbox"/> At home <input type="checkbox"/> Not home <input type="checkbox"/> V <input type="checkbox"/>		Under 19 <input type="checkbox"/> At home <input type="checkbox"/> Not home <input type="checkbox"/> V <input type="checkbox"/>	
THIS SURVEY COVERS ALL KINDS OF ILLNESSES. THESE FIRST QUESTIONS REFER TO <u>LAST WEEK AND THE WEEK BEFORE</u> , THAT IS, THE 2-WEEK PERIOD OUTLINED IN RED ON THIS CALENDAR. <i>Hand calendar to respondent and ask 8a.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. WAS -- SICK AT ANY TIME LAST WEEK OR THE WEEK BEFORE (THE 2 WEEKS SHOWN ON THAT CALENDAR)?				
b. WHAT WAS THE MATTER?				
c. DID -- HAVE ANYTHING ELSE DURING THAT 2-WEEK PERIOD?				
9a. <u>LAST WEEK OR THE WEEK BEFORE</u> , DID -- TAKE ANY MEDICINE OR TREATMENT FOR ANY CONDITION (BESIDES . . . WHICH YOU TOLD ME ABOUT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. FOR WHAT CONDITION?				
c. DID -- TAKE ANY MEDICINE FOR ANY OTHER CONDITION?				
10a. <u>LAST WEEK OR THE WEEK BEFORE</u> , DID -- HAVE ANY ACCIDENTS OR INJURIES?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. WHAT WERE THEY?				
c. DID -- HAVE ANY OTHER ACCIDENTS OR INJURIES DURING THAT 2-WEEK PERIOD?				
11a. DID -- EVER HAVE AN (ANY OTHER) ACCIDENT OR INJURY THAT STILL BOTHERS HIM OR AFFECTS HIM IN ANY WAY?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. IN WHAT WAY DOES IT BOTHER HIM? <i>Record present effects.</i>				
12. <i>Open your Flashcard booklet to Card A and read both sides of Card A (A-1, A-2) condition by condition; record in his column any conditions mentioned for the person.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. <i>Turn to Card B and read both sides of Card B (B-1, B-2), condition by condition; record in his column any conditions mentioned for the person.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. DOES -- HAVE ANY OTHER AILMENTS, CONDITIONS, OR PROBLEMS WITH HIS HEALTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. WHAT IS THE CONDITION? <i>Record condition itself if still present; otherwise record present effects.</i>				
c. ANY OTHER PROBLEMS WITH HIS HEALTH?				
R Q. 8-1-4	<i>For persons 19 years old or over, show who responded for or was present during the asking of Q. 8-11. If persons responded for self, show whether entirely or partly.</i> <i>For persons under 19 show who responded for them. If eligible respondent is "at home" but did not respond for self, enter the reason in a footnote.</i>	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly	Person _____ was respondent

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Make no mark in this margin</p>	<p>15a. HAS -- BEEN IN A HOSPITAL AT ANY TIME SINCE A YEAR AGO? If "Yes," ask: b. HOW MANY TIMES WAS -- IN A HOSPITAL DURING THAT PERIOD?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Times _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Times _____
	<p>16a. HAS ANYONE IN THE FAMILY BEEN IN A NURSING HOME, CONVALESCENT HOME, REST HOME OR SIMILAR PLACE SINCE A YEAR AGO? If "Yes," ask: b. WHO? For each person reported in 16b ask: c. HOW MANY TIMES WAS -- IN A NURSING HOME OR SIMILAR PLACE DURING THAT PERIOD?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Times _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Times _____
<p>17a. WHEN WAS -- BORN? If on or after the date stamped in 15a, ask 17b. <i>Examine ages in question 1 for babies 1 year old or under. For each child 1 year old or under, ask 17a.</i></p>	<p>Month _____ Day _____ Year _____</p>	<p>Month _____ Day _____ Year _____</p>	
<p>b. WAS -- BORN IN A HOSPITAL? If "Yes" and no hospitalizations entered in his column, enter "1" in 15. If "Yes" and a hospitalization is reported for the mother and baby ask 17c.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>c. IS THIS HOSPITALIZATION INCLUDED IN THE NUMBER YOU GAVE ME FOR --? If "No," correct entry for mother and baby.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>THESE NEXT QUESTIONS ARE ABOUT RECENT VISITS TO OR FROM A MEDICAL DOCTOR. 18. DURING THE PAST 2 WEEKS (THE 2 WEEKS OUTLINED IN RED ON THAT CALENDAR) HOW MANY TIMES HAS -- SEEN A DOCTOR EITHER AT HOME OR AT A DOCTOR'S OFFICE OR CLINIC?</p>	<input type="checkbox"/> None <input type="checkbox"/> None Dr. Visits _____	<input type="checkbox"/> None <input type="checkbox"/> None Dr. Visits _____	
<p>19a. (BESIDES THOSE VISITS) DURING THAT 2 WEEK PERIOD HAS ANYONE IN THE FAMILY BEEN TO A DOCTOR'S OFFICE OR CLINIC FOR SHOTS, X-RAYS, TESTS, OR EXAMINATIONS? If "Yes," ask: b. WHO WAS THIS? Mark "Yes" in person's column. c. ANYONE ELSE? </p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>For each "Yes" marked, ask: d. HOW MANY TIMES DID -- VISIT THE DOCTOR? EXCLUDE visits made on "mass" basis.</p>	Visits _____	Visits _____	
<p>20a. DURING THAT PERIOD, DID ANYONE IN THE FAMILY GET ANY MEDICAL ADVICE FROM A DOCTOR OVER THE TELEPHONE? If "Yes" ask: b. WHO WAS THE PHONE CALL ABOUT? Mark "Yes" in person's column. c. ANY CALLS ABOUT ANYONE ELSE? </p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>For each "Yes" marked, ask: d. HOW MANY TELEPHONE CALLS WERE MADE TO GET MEDICAL ADVICE ABOUT --?</p>	Telephone calls to Dr. _____	Telephone calls to Dr. _____	
<p>Visits reported in questions 18-20 for this person. Mark here →</p>	Visits rep'd in Q. 18-20 Go to 21b	Visits rep'd in Q. 18-20 Go to 21b	
<p>If no visits reported in questions 18-20 Ask: 21a. ABOUT HOW LONG HAS IT BEEN SINCE -- SAW OR TALKED TO A DOCTOR? Estimate is acceptable. If less than 1 year, mark appropriate circle; if more than 1 year, mark number of whole years.</p>	<p>During past 2 weeks/not previously reported 2 Weeks - 6 Months 7-11 Months Years } 1 2 3 4 5 6 7 8 9 10 11 12 DK Never ○ ○</p>	<p>During past 2 weeks/not previously reported 2 Weeks - 6 Months 7-11 Months Years } 1 2 3 4 5 6 7 8 9 10 11 12 DK Never ○ ○</p>	
<p>If the last visit was within the past 12 months ask: b. IN TOTAL, ABOUT HOW MANY TIMES HAS -- SEEN OR TALKED TO A DOCTOR DURING THE PAST 12 MONTHS?</p>	<p>Times } 1 2 3 4 5 6 7 8 9 10 11 12 DK None ○ ○</p>	<p>Times } 1 2 3 4 5 6 7 8 9 10 11 12 DK None ○ ○</p>	
<p>If person is 55 years old or over, ask: THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME:</p>	Under 55 - Skip ○ 55 or over - Ask 22a. ○	Under 55 - Skip ○ 55 or over - Ask 22a. ○	
<p>22a. DOES -- NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES? ... b. DOES -- NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS? ... c. DOES -- NEED ANY ONE'S HELP WHEN WALKING UP STAIRS OR GETTING FROM ROOM TO ROOM? ... d. DOES -- NEED ANY HELP AT ALL IN CARING FOR HIMSELF? ...</p>	<p>Yes Stop ○ No ○ DK ○ Yes Stop ○ No ○ DK ○ Yes Stop ○ No ○ DK ○ Yes Stop ○ No ○ DK ○</p>	<p>Yes Stop ○ No ○ DK ○ Yes Stop ○ No ○ DK ○ Yes Stop ○ No ○ DK ○ Yes Stop ○ No ○ DK ○</p>	
<p>23a. DURING THE PAST 12 MONTHS, HAS -- RECEIVED ANY CARE AT HOME FROM A NURSE? ... b. DURING THIS 12 MONTH PERIOD, ABOUT HOW MANY VISITS DID A NURSE MAKE TO CARE FOR --? ... c. WERE ANY OF THESE VISITS DURING THE PAST 2-WEEKS? ...</p>	<p>Yes-Ask 23b & c ○ No Stop ○ DK ○ Times } 1 2 3 4 5 6 7 8 9 10 11 12 Yes ○ No ○ DK ○</p>	<p>Yes-Ask 23b & c ○ No Stop ○ DK ○ Times } 1 2 3 4 5 6 7 8 9 10 11 12 Yes ○ No ○ DK ○</p>	

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CONDITION NO. 1	1. Person number <i>Write in and mark</i> <input type="text"/>	Person number 012 0120456789																																																																																																																																																																																				
<i>Enter person number and "name of condition" and ask question 2.</i>	Name of condition																																																																																																																																																																																					
<i>Ask for all conditions</i>	2. DID -- EVER AT ANY TIME TALK TO A DOCTOR ABOUT HIS ...? Yes No V ○ ○ ○																																																																																																																																																																																					
<i>Examine "Name of condition" entry in Item 1 and mark one box.</i>	<input type="checkbox"/> Accident or injury-Go to 4 <input type="checkbox"/> Condition on Card C-Go to 9 <input type="checkbox"/> Neither Go to 3a.	<table border="1" style="width:100%; font-size: small;"> <tr><th colspan="12">WASHINGTON USE</th></tr> <tr><th>Question number</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>H</th><th>C</th><th>DV</th><th>HCT</th></tr> <tr><td>Cond.</td><td>○</td><td>○</td><td>○</td><td>○</td><td>○</td><td>○</td><td>○</td><td>○</td><td>○</td><td>○</td><td>○</td></tr> <tr><td>No. of this condition</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td></tr> <tr><td>Mark one</td><td colspan="5" style="text-align: center;">Chronic ○</td><td colspan="6" style="text-align: center;">Acute ○</td></tr> <tr><td>Total conditions</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td></tr> <tr><td>Accident First injury code</td><td colspan="2">Yes</td><td colspan="9">No</td></tr> <tr><td>Required hospitalization</td><td colspan="2">Yes</td><td colspan="9">No</td></tr> <tr><td>Other Acc.</td><td colspan="3">T.M.S.</td><td colspan="8">Ch.</td></tr> <tr><td>IC or dum code.</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td></tr> <tr><td>Person days of disability</td><td colspan="11">V</td></tr> <tr><td>RA.</td><td colspan="2">○</td><td colspan="9">○</td></tr> <tr><td>2Wks. B.D.</td><td colspan="2">○</td><td colspan="9">○</td></tr> <tr><td>T.L.</td><td colspan="2">○</td><td colspan="5">Under 6</td><td colspan="4">○</td></tr> <tr><td>12 Months B.D.</td><td colspan="2">○</td><td colspan="9">○</td></tr> </table>	WASHINGTON USE												Question number	8	9	10	11	12	13	14	H	C	DV	HCT	Cond.	○	○	○	○	○	○	○	○	○	○	○	No. of this condition	1	2	3	4	5	6	7	8	9			Mark one	Chronic ○					Acute ○						Total conditions	1	2	3	4	5	6	7	8	9			Accident First injury code	Yes		No									Required hospitalization	Yes		No									Other Acc.	T.M.S.			Ch.								IC or dum code.	1	2	3	4	5	6	7	8	9			Person days of disability	V											RA.	○		○									2Wks. B.D.	○		○									T.L.	○		Under 6					○				12 Months B.D.	○		○								
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<i>If "Doctor talked to", ask: If "Doctor not talked to" record adequate description of condition or illness.</i>	3a. WHAT DID THE DOCTOR SAY IT WAS? DID HE GIVE IT A MEDICAL NAME?																																																																																																																																																																																					
	3b. WHAT WAS THE CAUSE OF ...? <input type="checkbox"/> Accident or injury Go to 4																																																																																																																																																																																					
<i>If the entry in 3a or 3b includes the words: Asthma "Ailment" "Disease" Cyst "Attack" "Disorder" Growth "Condition" "Trouble" Measles "Defect" Tumor</i>	3c. WHAT KIND OF ... IS IT?	<i>Ask:</i>																																																																																																																																																																																				
<i>For ALLERGY OR STROKE, Ask:</i>	3d. HOW DOES THE ALLERGY (STROKE) AFFECT HIM?																																																																																																																																																																																					
<i>For conditions on Card B-2 and for any entry that includes the words:</i>	3e. WHAT PART OF THE BODY IS AFFECTED?	<i>Ask:</i>																																																																																																																																																																																				
<input type="checkbox"/> Abscess <input type="checkbox"/> Cyst <input type="checkbox"/> Paralysis <input type="checkbox"/> Ache (except headache) <input type="checkbox"/> Growth <input type="checkbox"/> Sore <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Soreness <input type="checkbox"/> Bleeding <input type="checkbox"/> Infection <input type="checkbox"/> Tumor <input type="checkbox"/> Blood clot <input type="checkbox"/> Inflammation <input type="checkbox"/> Ulcer <input type="checkbox"/> Boil <input type="checkbox"/> Neuralgia <input type="checkbox"/> Weak <input type="checkbox"/> Cancer <input type="checkbox"/> Neuritis <input type="checkbox"/> Weakness <input type="checkbox"/> Cramps (except menstrual) <input type="checkbox"/> Pain <input type="checkbox"/> Palsy	<i>SHOW THE FOLLOWING DETAIL:</i> Ear or eye...one or both Head.....skull, scalp, face Back.....upper, middle, lower Arm.....shoulder, upper, elbow, lower, wrist, hand; one or both Leg.....hip, upper, knee, lower, ankle, foot; one or both																																																																																																																																																																																					
FILL QUESTIONS 4-8 FOR ALL ACCIDENTS OR INJURIES																																																																																																																																																																																						
4a. DID THE ACCIDENT HAPPEN DURING THE PAST 2 YEARS OR BEFORE THAT TIME? <input type="checkbox"/> During past 2 years-Ask 4b <input type="checkbox"/> Before 2 years-Go to 5a	6a. WAS A CAR, TRUCK, BUS, OR OTHER MOTOR VEHICLE INVOLVED IN THE ACCIDENT IN ANY WAY? Yes No-Go to 7 V ○ ○ ○																																																																																																																																																																																					
4b. WHEN DID THE ACCIDENT HAPPEN? <i>Enter month and year; mark one box</i>	b. WAS MORE THAN ONE VEHICLE INVOLVED? Yes No ○ ○																																																																																																																																																																																					
<table border="1" style="width:100%; font-size: x-small;"><tr><th>Month</th><th>Year</th></tr><tr><td> </td><td> </td></tr></table> <input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> 2 weeks - 3 months <input type="checkbox"/> 3 - 12 months <input type="checkbox"/> 1 - 2 years	Month	Year			c. WAS IT (EITHER ONE) MOVING AT THE TIME? Yes No V ○ ○ ○																																																																																																																																																																																	
Month	Year																																																																																																																																																																																					
<i>Ask for all accidents or injuries:</i> 5a. AT THE TIME OF THE ACCIDENT WHAT PART OF THE BODY WAS HURT? WHAT KIND OF INJURY WAS IT? ANYTHING ELSE?	7. WHERE DID THE ACCIDENT HAPPEN?																																																																																																																																																																																					
<table border="1" style="width:100%;"><tr><th>Part(s) of body</th><th>Kind of injury(injuries)</th></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Part(s) of body	Kind of injury(injuries)					<i>Specify place</i> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <ul style="list-style-type: none">At home (inside house) ○At home (adjacent premises) ○Street and highway (includes roadway) ○Farm ○Industrial place (includes premises) ○School (includes school premises) ○Place of recreation and sports (not school) ○← Other (specify place where accident happened) V																																																																																																																																																																															
Part(s) of body	Kind of injury(injuries)																																																																																																																																																																																					
<i>If accident happened BEFORE 3 months, ask:</i> 5b. WHAT PART OF THE BODY IS AFFECTED? HOW IS HIS -- AFFECTED?	8. WAS -- AT WORK AT HIS JOB OR BUSINESS WHEN THE ACCIDENT HAPPENED? Yes No Under 17 While in Armed Forces V ○ ○ ○ ○ ○																																																																																																																																																																																					
<table border="1" style="width:100%;"><tr><th>Part(s) of body</th><th>Present effects</th></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Part(s) of body	Present effects					Footnotes																																																																																																																																																																															
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CONDITION (Con'd.)	REFER RESPONDENT TO TWO-WEEK CALENDAR FOR QUESTIONS 9-14				
Ask question 9a for all conditions.	9a. LAST WEEK OR THE WEEK BEFORE DID HIS . . . CAUSE HIM TO CUT DOWN ON THE THINGS HE USUALLY DOES?	Yes - Go to 16a ○ ○ ○	No - Go to 16a ○ ○ ○	V ○ ○ ○	
	b. DID HE HAVE TO CUT DOWN FOR AS MUCH AS A DAY?	Yes - Go to 16a ○ ○ ○	No - Go to 16a ○ ○ ○	V ○ ○ ○	
Ask questions 10 and 11 if "Yes" marked in question 9b.	10. HOW MANY DAYS DID HE HAVE TO CUT DOWN DURING THAT TWO WEEK PERIOD?	Write in and mark [] Days	None ○ ○ ○ ○ ○ ○ ○ ○ ○	V ○ ○ ○ ○ ○ ○ ○ ○ ○	
	11. DURING THAT TWO WEEK PERIOD, HOW MANY DAYS DID HIS . . . KEEP HIM IN BED ALL OR MOST OF THE DAY?	Write in and mark [] Days		V ○ ○ ○ ○ ○ ○ ○ ○ ○	
Ask question 12 if person is 6-16 years old.	12. HOW MANY DAYS DID HIS . . . KEEP HIM FROM SCHOOL DURING THAT TWO WEEK PERIOD?	Write in and mark [] Days	Under 6 ○ ○ ○ ○ ○	None ○ ○ ○ ○ ○	V ○ ○ ○ ○ ○
Ask question 13 if person is 17 years old or over.	13. HOW MANY DAYS DID HIS . . . KEEP HIM FROM WORK DURING THAT TWO WEEK PERIOD? (For females add NOT COUNTING WORK AROUND THE HOUSE?)	Write in and mark [] Days	None ○ ○ ○ ○ ○	V ○ ○ ○ ○ ○	
Ask question 14 for all conditions.	14a. WHEN DID HE FIRST NOTICE HIS . . . ? WAS IT DURING THE PAST 3 MONTHS OR BEFORE THAT TIME?	Write in and mark [] Days	During 3 mos. Before 3 mos. - Go to 15 ○ ○ ○	V ○ ○ ○	
	b. DID HE FIRST NOTICE IT DURING THE PAST TWO WEEKS OR BEFORE THAT TIME?		Past 2 wks. Before 2 wks. - Go to 16 ○ ○ ○	V ○ ○ ○	
	c. WHICH WEEK, LAST WEEK OR THE WEEK BEFORE?		Last week Week before ○ ○ ○	V ○ ○ ○	
Ask question 15 only if condition was first noticed "Before 3 months."	15. DID -- FIRST NOTICE IT DURING THE PAST 12 MONTHS OR BEFORE THAT TIME?	Write in and mark [] Days	3-12 mos. Before 12 mos. ○ ○ ○	V ○ ○ ○	
Ask for person 6 years old or over for whom an eye condition or vision problem (including cataracts and glaucoma) has been reported.	<input type="checkbox"/> Not an eye condition <input type="checkbox"/> Not first eye condition <input type="checkbox"/> Under 6		Yes - Ask 16a No - Omit 16a, c ○ ○ ○	V ○ ○ ○	
	16a. CAN -- SEE WELL ENOUGH TO READ ORDINARY NEWSPAPER PRINT WITH GLASSES?		Yes - Omit 16c No - Ask 16e ○ ○ ○	V ○ ○ ○	
	b. CAN -- SEE WELL ENOUGH TO RECOGNIZE A FRIEND WALKING ON THE OTHER SIDE OF THE STREET?	Great deal Some Hardly any or none ○ ○ ○ ○ ○	V ○ ○ ○ ○ ○		
c. HOW MUCH TROUBLE WOULD YOU SAY THAT -- HAS IN SEEING: A GREAT DEAL, SOME, OR HARDLY ANY AT ALL?					
AA: IF THIS IS A CONDITION ON CARD A OR B, OR STARTED "BEFORE 3 MONTHS," ASK Q. 17; OTHERWISE GO TO ITEM BB.					
Ask question 17b if "1" or more days in question 17a and question 11 is blank or marked "None."	17a. ABOUT HOW MANY DAYS DURING THE PAST 12 MONTHS HAS HIS . . . KEPT HIM IN BED ALL OR MOST OF THE DAY?	Write in and mark [] Days	None - Go to BB ○ ○ ○ ○ ○ ○ ○ ○ ○	V ○ ○ ○ ○ ○ ○ ○ ○ ○	
	b. WERE ANY OF THESE -- DAYS DURING LAST WEEK OR THE WEEK BEFORE?	Write in and mark [] Days	Yes - Go to BB ○ ○ ○	V ○ ○ ○	
	c. HOW MANY?	Write in and mark [] Days	V ○ ○ ○ ○ ○ ○ ○ ○ ○		
BB: Is this the LAST condition for this person?	<input type="checkbox"/> Yes - Ask 18-21 if person has "1" or more conditions past AA <input type="checkbox"/> No - Go to next condition				
Show Card D, E, F, or G, as appropriate based on activity status or age.	18. PLEASE LOOK AT EACH STATEMENT ON THIS CARD (CARD D, E, F, G). THEN TELL ME WHICH STATEMENT FITS -- BEST IN TERMS OF HEALTH.	Mark statement number →	1 2 3 4 - Go to 20 ○ ○ ○ ○ ○ ○ ○ ○ ○	V ○ ○ ○	
If 1, 2, or 3 marked in 18 ask:	19. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?	<input type="checkbox"/> Yes → WHICH? Enter condition numbers	WASHINGTON USE Yes No V ○ ○ ○ Age Gen Oh DK ○ ○ ○ ○	V ○ ○ ○	
If 4 marked in 18 go to 20.	<input type="checkbox"/> No → WHAT DOES CAUSE THIS LIMITATION? Enter cause				
If 1, 2, 3, 4, or 5 marked in 20, ask:	20. PLEASE LOOK AT THE BLUE CARD, CARD H. WHICH ONE OF THOSE STATEMENTS FITS -- BEST IN TERMS OF HEALTH? Mark statement number →	Mark statement number →	1 2 3 4 5 6 Stop ○ ○ ○ ○ ○ ○ ○	V ○ ○ ○	
If 6 marked, omit 21 and go to next person.	21. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?	<input type="checkbox"/> Yes → WHICH? Enter condition numbers	WASHINGTON USE Yes No V ○ ○ ○ Age Gen Oh DK ○ ○ ○ ○	V ○ ○ ○	
	<input type="checkbox"/> No → WHAT DOES CAUSE THIS LIMITATION? Enter cause				

HOSPITAL PAGE		Person number	
<p>Enter month, day, year; if the exact date is not known, obtain the best estimate.</p> <p>USE YOUR CALENDAR</p>	<p>1. Person number Write in and mark <input type="text"/></p>	<p>WASHINGTON USE</p> <p>Month: Jan <input type="checkbox"/> Apr <input type="checkbox"/> July <input type="checkbox"/> Oct <input type="checkbox"/> Feb <input type="checkbox"/> May <input type="checkbox"/> Aug <input type="checkbox"/> Nov <input type="checkbox"/> Mar <input type="checkbox"/> Jun <input type="checkbox"/> Sept <input type="checkbox"/> Dec <input type="checkbox"/></p> <p>Day: _____</p> <p>Year: _____</p>	
	<p>2. WHEN DID -- ENTER THE (HOSPITAL/NURSING HOME) (THE LAST TIME)?</p> <p style="text-align: right;">Write in</p> <p style="text-align: center;">Make sure the YEAR is correct. →</p> <p>Month <input type="text"/></p> <p>Day <input type="text"/></p> <p>Year <input type="text"/></p>		
<p>Do not include any nights in interview week. If the exact number is not known, accept the best estimate.</p>	<p>3. HOW MANY NIGHTS WAS -- IN THE (HOSPITAL/NURSING HOME)?</p> <p>Total nights in hospital - nursing home <input type="text"/></p>	<p>Nights <input type="text"/></p>	
<p>Complete question 4 from entries in questions 2 and 3, if not clear, ask the questions.</p>	<p>4a. HOW MANY OF THESE -- NIGHTS WERE IN THE PAST 12 MONTHS?</p> <p>Nights past 12 months <input type="text"/></p>	<p>Q. No. 15 16 17 Hosp. Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Do not include any nights in interview week.</p>	<p>b. HOW MANY OF THESE -- NIGHTS WERE LAST WEEK OR THE WEEK BEFORE?</p> <p>Nights past 2 weeks <input type="text"/></p>	<p>Diag. <input type="text"/></p>	
<p>USE YOUR CALENDAR</p>	<p>c. WAS -- STILL IN THE (HOSPITAL/NURSING HOME) LAST SUNDAY NIGHT FOR THIS HOSPITALIZATION (STAY)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Diagnosis surgically treated <input type="text"/></p>	
<p>If medical name not known, enter an adequate description.</p>	<p>5. FOR WHAT CONDITION DID -- ENTER THE (HOSPITAL/NURSING HOME) -- DO YOU KNOW THE MEDICAL NAME?</p> <p>For delivery ask: WAS THIS A NORMAL DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 7 If "No" ask: WHAT WAS THE MATTER? Record in "Condition" box For newborn, ask: WAS THE BABY NORMAL AT BIRTH?</p> <p>Condition <input type="text"/></p> <p>Cause <input type="text"/></p> <p>Kind <input type="text"/></p> <p>Part of body <input type="text"/></p>	<p>Operation 1 <input type="text"/></p> <p>Operation 2 <input type="text"/></p> <p>Operation 3 <input type="text"/></p> <p>Service <input type="text"/></p> <p>Ownership <input type="text"/></p> <p>IC or dum. code <input type="text"/></p>	
<p>Entry must show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</p>	<p>6a. WERE ANY OPERATIONS PERFORMED ON -- DURING THIS STAY AT THE (HOSPITAL/NURSING HOME)? <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 7</p> <p>b. WHAT WAS THE NAME OF THE OPERATION?</p> <p>Operation <input type="text"/></p> <p>c. ANY OTHER OPERATIONS? <input type="checkbox"/> Yes - Describe above <input type="checkbox"/> No</p>	<p>Footnotes: <input type="text"/></p>	
<p>If name of operation is not known, describe what was done.</p>	<p>7. WHAT IS THE NAME AND ADDRESS OF THE (HOSPITAL/NURSING HOME)?</p> <p>Name of Hospital <input type="text"/></p> <p>Street <input type="text"/></p> <p>City (or county) <input type="text"/> State <input type="text"/></p>	<p>Footnotes: <input type="text"/></p>	
<p>Enter the full name of the hospital or nursing home; the street or highway on which it is located, and the city and State; if the city is not known, enter the county.</p>	<p>→ CONTINUED ON NEXT PAGE ←</p>		

HOSPITAL PAGE (CONT'D)	ASK QUESTIONS 8-10 FOR ALL COMPLETED HOSPITALIZATIONS	Mark one circle →																																												
<p><i>Ask if "No" marked in question 4c:</i></p> <p>8. WHAT WAS THE TOTAL AMOUNT OF THE (HOSPITAL/NURSING HOME) BILL FOR THIS STAY? DO NOT INCLUDE DOCTORS' OR SURGEONS' BILLS.</p> <p>9a. DID (WILL) HEALTH INSURANCE PAY ANY PART OF THIS BILL? <input type="checkbox"/> Yes <input type="checkbox"/> No-Go to 10</p> <p>b. WHAT IS THE NAME OF THE INSURANCE PLAN? →</p> <p>c. DID (WILL) ANY OTHER HEALTH INSURANCE PLAN PAY PART OF THIS (HOSPITAL/NURSING HOME) BILL? <i>If "Yes" Reask 9b</i></p> <p><i>For each Health Insurance Plan named, ask:</i></p> <p>d. WHAT WAS (WILL-BE) THE AMOUNT PAID BY (Name of Plan)?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align: center;">Dollars</td> <td style="width:10%; text-align: center;">Cents</td> <td style="width:20%;"></td> </tr> <tr> <td style="text-align: center;">Name of Insurance Plan</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Name of Insurance Plan</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Name of Insurance Plan</td> <td></td> <td></td> <td></td> </tr> </table>		Dollars	Cents		Name of Insurance Plan				Name of Insurance Plan				Name of Insurance Plan				<p style="text-align: center;">WASHINGTON USE</p> <p>Tot. Amount</p> <p>10. Source 1</p> <p style="text-align: center;">A B C D E F G H I DK</p> <p style="text-align: center;">○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p> <p>Amount</p> <p>10. Source 2</p> <p style="text-align: center;">A B C D E F G H I DK</p> <p style="text-align: center;">○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p> <p>Amount</p> <p>10. Source 3</p> <p style="text-align: center;">A B C D E F G H I DK</p> <p style="text-align: center;">○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p> <p>Amount</p> <p>10. Source 4</p> <p style="text-align: center;">A B C D E F G H I DK</p> <p style="text-align: center;">○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p> <p>Amount</p>																												
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<p><i>Enter total amount paid by health insurance in line A</i></p> <p><i>Enter ANY amount paid by Social Security Medicare in line B</i></p> <p>10a. WHO PAID (WILL PAY) THE (REMAINDER OF THE) HOSPITAL BILL? Mark each category mentioned</p> <p>b. DID ANY OTHER PERSON OR AGENCY PAY ANY OTHER PART OF THE HOSPITAL BILL?</p> <p><input type="checkbox"/> Yes-Ask 10c <input type="checkbox"/> No-Go to 10d</p> <p>c. WHO WAS THIS? Mark each category mentioned</p> <p>d. WHAT WAS THE AMOUNT PAID BY --? <i>Enter amount paid opposite appropriate category.</i></p> <p>INTERVIEWER: <i>Add amounts entered (include any amount paid by health insurance) and enter in TOTAL box, then mark one of the following boxes.</i></p> <p><input type="checkbox"/> Total amount paid (to be paid) agrees with amount of hospital bill - Go to Q. 11</p> <p><input type="checkbox"/> Total amount paid (to be paid) does NOT agree with amount of hospital bill - Resolve difference with respondent.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align: center;">Dollars</td> <td style="width:10%; text-align: center;">Cents</td> <td style="width:20%;"></td> </tr> <tr> <td>A <input type="checkbox"/> Health insurance- <i>All plans-exclude Medicare</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B <input type="checkbox"/> Social Security Medicare</td> <td></td> <td></td> <td></td> </tr> <tr> <td>C <input type="checkbox"/> Self and/or Family</td> <td></td> <td></td> <td></td> </tr> <tr> <td>D <input type="checkbox"/> Relative not in household</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E <input type="checkbox"/> Friend</td> <td></td> <td></td> <td></td> </tr> <tr> <td>F <input type="checkbox"/> Kerr Mills or other Fed. Plans</td> <td></td> <td></td> <td></td> </tr> <tr> <td>G <input type="checkbox"/> Armed Forces Medicare</td> <td></td> <td></td> <td></td> </tr> <tr> <td>H <input type="checkbox"/> State or Local Welfare Agency</td> <td></td> <td></td> <td></td> </tr> <tr> <td>I <input type="checkbox"/> Other Specify</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">TOTAL OF ABOVE - include amount paid by health insurance →</td> <td></td> </tr> </table>		Dollars	Cents		A <input type="checkbox"/> Health insurance- <i>All plans-exclude Medicare</i>				B <input type="checkbox"/> Social Security Medicare				C <input type="checkbox"/> Self and/or Family				D <input type="checkbox"/> Relative not in household				E <input type="checkbox"/> Friend				F <input type="checkbox"/> Kerr Mills or other Fed. Plans				G <input type="checkbox"/> Armed Forces Medicare				H <input type="checkbox"/> State or Local Welfare Agency				I <input type="checkbox"/> Other Specify				TOTAL OF ABOVE - include amount paid by health insurance →				<p style="text-align: center;">WASHINGTON USE</p> <p>Blank form 1001 ○</p> <p>used for ○</p> <p>Form 1001 ○</p> <p>Other 1001 ○</p>
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<p>ASK QUESTIONS 11 - 13 IF PERSON IS 55 YEARS OLD OR OVER Mark one circle →</p>		<p>Under 55 - Go to 14 ○</p> <p>55 or over - Ask 11a ○</p>																																												
<p>11a. WHEN -- LEFT (Name of hospital/nursing home), DID HE RETURN HOME OR GO SOME OTHER PLACE?</p> <p><input type="checkbox"/> Home - Go to Question 12</p> <p><input type="checkbox"/> Some other place - Ask Question 11b</p> <p>b. WHAT KIND OF PLACE DID -- GO TO? Specify →</p> <p>INTERVIEWER: <i>If the "Place" in 11b is a Hospital, Nursing Home or a similar place, was a Hospital Page filled for that stay? Mark one box.</i></p> <p><input type="checkbox"/> Hospital page filled-Stop</p> <p><input type="checkbox"/> Hospital page not filled-Fill Hosp. page for unreported stay.</p>	<p style="text-align: center;">WASHINGTON USE</p>																																													
<p>12. AFTER LEAVING THE (HOSPITAL/NURSING HOME,) HOW MANY DAYS DID -- HAVE TO REMAIN IN BED ALL OR MOST OF THE DAY? Mark entry →</p>	<p style="text-align: right;"><i>Still in bed - Go to 14</i> ○</p> <p style="text-align: right;">None DR ○</p>																																													
<p>13. (ALTOGETHER) HOW MANY DAYS WAS -- CONFINED TO THE HOUSE AFTER RETURNING HOME FROM THE (HOSPITAL/NURSING HOME.)? Mark entry →</p>	<p style="text-align: right;"><i>Still confined to house</i> ○</p> <p style="text-align: right;">None DR ○</p>																																													
<p>14. NOTE TO INTERVIEWER: <i>If the condition in question 5 or 6 is on Card A (A-1, A-2) or B (B-1, B-2) or there is "J" or more nights in question 4b, the condition must have a completed Condition page. If the condition does not have a Condition page, fill one after completing all required Hospital pages.</i></p>	<p style="text-align: center;">○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p>																																													

DOCTOR VISITS PAGE (1)

See questions 18-21a on Pages 4 and 5

Record each date on which a Doctor was visited in a separate Question 2a of the Doctor Visits Questions.

Ask and record the answer to Question 2b on the last set of Doctor Visits Questions for each person.

Item D: Interviewer Check Item

Enter the number of Doctor Visits reported for each person in question 18-21a on pages 4 and 5. If "None" reported for all persons, check here

None reported Go to Person pages

Person No.	01	02	03	04	05	06
Visits						

Fill one Doctor Visit section for each visit or call reported including additional visits or calls reported in question 2b.

FOOTNOTES:

1. Person number Write in and mark

Person number

EARLIER YOU TOLD ME THAT -- HAD SEEN OR TALKED TO A DOCTOR DURING THE PAST 2 WEEKS.

Write in and mark

Month

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
LA AB

2a. ON WHAT DATES DURING THAT 2-WEEK PERIOD DID -- VISIT OR TALK TO A DOCTOR?

Day

b. WERE THERE ANY OTHER DOCTOR VISITS FOR -- DURING THAT PERIOD?

Yes-Repeat Q. 2a No-Ask Q. 3-5 for each visit

3. WHERE DID -- SEE THE DOCTOR ON THE (Date)? Mark one circle

- Home.....
- Telephone.....
- Doctor's Office.....
- Physician's Office.....
- Hospital Emergency Room.....
- Hospital Outpatient Clinic.....
- Health Department.....
- Company or Industry.....
- Other Specify.....

WASHINGTON USE

Dollars

Cents

4. HOW MUCH WAS THE DOCTOR'S BILL FOR THAT VISIT (CALL)?

If bill not received, ask:

HOW MUCH DO YOU EXPECT THE DOCTOR'S BILL TO BE FOR THAT VISIT (CALL)?

Dollars	Cents

5. IS THE DOCTOR A GENERAL PRACTITIONER OR A SPECIALIST?

General Practitioner Specialist

If "Specialist" ask: WHAT KIND OF SPECIALIST IS HE?

Dum. Code

First Visit?

Kind of Spec.

DOCTOR VISITS PAGE (2)

Record each date on which a Doctor was visited in a separate Question 2a of the Doctor Visits Questions.

Ask and record the answer to Question 2b on the last set of Doctor Visits Questions for each person.

FOOTNOTES:

1. Person number Write in and mark

Person number

EARLIER YOU TOLD ME THAT -- HAD SEEN OR TALKED TO A DOCTOR DURING THE PAST 2 WEEKS.

Write in and mark

Month

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
LA AB

2a. ON WHAT DATES DURING THAT 2-WEEK PERIOD DID -- VISIT OR TALK TO A DOCTOR?

Day

b. WERE THERE ANY OTHER DOCTOR VISITS FOR -- DURING THAT PERIOD?

Yes-Repeat Q. 2a No-Ask Q. 3-5 for each visit

3. WHERE DID -- SEE THE DOCTOR ON THE (Date)? Mark one circle

- Home.....
- Telephone.....
- Doctor's Office.....
- Physician's Office.....
- Hospital Emergency Room.....
- Hospital Outpatient Clinic.....
- Health Department.....
- Company or Industry.....
- Other Specify.....

WASHINGTON USE

Dollars

Cents

4. HOW MUCH WAS THE DOCTOR'S BILL FOR THAT VISIT (CALL)?

If bill not received, ask:

HOW MUCH DO YOU EXPECT THE DOCTOR'S BILL TO BE FOR THAT VISIT (CALL)?

Dollars	Cents

5. IS THE DOCTOR A GENERAL PRACTITIONER OR A SPECIALIST?

General Practitioner Specialist

If "Specialist" ask: WHAT KIND OF SPECIALIST IS HE?

Dum. Code

First Visit?

Kind of Spec.

<p>Ask for all persons 17 years old or over.</p> <p>24a. WHAT IS THE HIGHEST GRADE (YEAR)—ATTENDED IN SCHOOL?</p> <p>Elementary High school College</p>	<p>None - Go to 25a</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Under 17</p>	<p>None - Go to 25a</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Under 17</p>	
	<p>Yes</p> <p>Go to 26a</p>	<p>No</p> <p>Ask both b and c</p>	<p>Yes</p> <p>Go to 26a</p>
<p>b. DID—FINISH THE—GRADE (YEAR)?</p>	<p>Yes</p> <p>Go to 26a</p>	<p>No</p> <p>Ask both b and c</p>	<p>Yes</p> <p>Go to 26a</p>
<p>Ask for all persons 17 years old or over.</p> <p>25a. DID—WORK AT ANY TIME LAST WEEK OR THE WEEK BEFORE?</p> <p>For females add: NOT COUNTING WORK AROUND THE HOUSE?</p>	<p>Yes</p> <p>Go to 26a</p>	<p>No</p> <p>Ask both b and c</p>	<p>Yes</p> <p>Go to 26a</p>
<p>b. EVEN THOUGH—DID NOT WORK DURING THOSE 2 WEEKS, DOES HE HAVE A JOB OR BUSINESS?</p>	<p>Yes</p> <p>Go to 26a</p>	<p>No</p> <p>Ask both b and c</p>	<p>Yes</p> <p>Go to 26a</p>
<p>c. WAS HE LOOKING FOR WORK OR ON LAYOFF FROM A JOB?</p>	<p>Yes - Ask d</p>	<p>No - Ask d</p>	<p>Yes - Ask d</p>
<p>d. WHICH - LOOKING FOR WORK OR ON LAYOFF FROM A JOB?</p>	<p>Looking</p>	<p>Layoff</p>	<p>Both</p>
<p>If "Yes" in 25c only, questions 26a through 26d apply to this person's LAST full-time civilian job.</p>	<p>Employer</p>	<p>Employer</p>	<p>Employer</p>
<p>Ask for all persons with a "Yes" in 25a, 25b, or 25c.</p> <p>26a. WHO DOES (DID)—WORK FOR?</p>	<p>Industry</p>	<p>Industry</p>	<p>Industry</p>
<p>b. WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?</p>	<p>Occupation</p>	<p>Occupation</p>	<p>Occupation</p>
<p>c. WHAT KIND OF WORK IS (WAS)—DOING?</p>	<p>Fill 26d from entries in 26a-26c; if not clear, ask.</p>	<p>Fill 26d from entries in 26a-26c; if not clear, ask.</p>	<p>Fill 26d from entries in 26a-26c; if not clear, ask.</p>
<p>d. CLASS OF WORKER</p>	<p>Part-paid</p> <p>Own</p>	<p>Gov't, Fed.</p> <p>Non-paid</p>	<p>Gov't, Other</p> <p>Non-worked</p>
<p>Ask for all males 17 years old or over.</p> <p>27a. DID—EVER SERVE IN THE ARMED FORCES OF THE UNITED STATES?</p>	<p>Yes</p> <p>Go to 28</p>	<p>No - Go to 28</p>	<p>Yes</p> <p>Go to 28</p>
<p>b. WAS ANY OF HIS SERVICE DURING A WAR?</p>	<p>Yes - Stop</p>	<p>No</p>	<p>DK</p>
<p>If "No" or "DK" in 27b ask:</p>	<p>Yes - Stop</p>	<p>No</p>	<p>DK</p>
<p>c. WAS ANY OF HIS SERVICE BETWEEN JUNE 27, 1950, AND JANUARY 31, 1955?</p>	<p>Yes - Stop</p>	<p>No</p>	<p>DK</p>
<p>If "No" or "DK" in 27c ask:</p>	<p>Yes</p>	<p>No</p>	<p>DK</p>
<p>d. WAS ANY OF HIS SERVICE AFTER JANUARY 31, 1955?</p>	<p>Yes</p>	<p>No</p>	<p>DK</p>
<p>28. WHICH OF THESE INCOME GROUPS REPRESENTS YOUR TOTAL COMBINED FAMILY INCOME FOR THE PAST 12 MONTHS - THAT IS, YOURS, YOUR—S, ETC.? SHOW CARD I. INCLUDE INCOME FROM ALL SOURCES SUCH AS WAGES, SALARIES, SOCIAL SECURITY OR RETIREMENT BENEFITS, HELP FROM RELATIVES, RENTS FROM PROPERTY, AND SO FORTH.</p> <p>Mark income group in each related person's column.</p>	<p>A B C D E F G H I J V</p>	<p>A B C D E F G H I J V</p>	<p>A B C D E F G H I J V</p>
<p>FOOTNOTES</p>	<p>WASHINGTON USE</p>	<p>WASHINGTON USE</p>	<p>WASHINGTON USE</p>
<p>*Transcribe codes for Item R (Respondent)</p>	<p>Respondent</p>	<p>Respondent</p>	<p>Respondent</p>
<p>0 - Self-entirely</p>	<p>Age of respondent</p>	<p>Age of respondent</p>	<p>Age of respondent</p>
<p>1 - Self-partly</p>	<p>Family relationship</p>	<p>Family relationship</p>	<p>Family relationship</p>
<p>2 - Spouse</p>	<p>Education of head</p>	<p>Education of head</p>	<p>Education of head</p>
<p>3 - Mother</p>	<p>Industry</p>	<p>Industry</p>	<p>Industry</p>
<p>4 - Father</p>	<p>Occupation</p>	<p>Occupation</p>	<p>Occupation</p>
<p>5 - Other female family member</p>			
<p>6 - Other male family member</p>			
<p>7 - Other</p>			

<p>Card A</p> <p>A--1 Now I'm going to read a list of conditions--Please tell me if you, your , etc., have had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 1. Asthma? 2. CHRONIC bronchitis? 3. REPEATED attacks of sinus trouble? 4. TROUBLE with varicose veins? 5. Hemorrhoids or piles? 6. Hay fever? 7. Tumor, cyst, or growth? 8. CHRONIC gallbladder or liver trouble? 9. Stomach ulcer? 10. Any other CHRONIC stomach trouble? 11. Kidney stones or CHRONIC kidney trouble? 	<p>A--2 Have you, your , etc., had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 12. Thyroid trouble or goiter? 13. Any allergy? 14. CHRONIC nervous trouble? 15. CHRONIC skin trouble? 16. Palsy? 17. Paralysis of any kind? 18. REPEATED trouble with back or spine? 19. Cleft palate? 20. Any speech defect? 21. Hernia or rupture? 22. Prostate trouble? 	<p>Card D</p> <p>For: Workers and other persons except Housewives and Children</p> <ol style="list-style-type: none"> 1. Not able to work at all. 2. Able to work but limited in amount of work or kind of work. 3. Able to work but limited in kind or amount of other activities. 4. Not limited in any of the above ways. 	<p>Card F</p> <p>For: Children from 6 through 16 years old</p> <ol style="list-style-type: none"> 1. Not able to go to school at all. 2. Able to go to school but limited to certain types of schools or in school attendance. 3. Able to go to school but limited in other activities. 4. Not limited in any of the above ways. 	<p>Card H</p> <p>For: Mobility</p> <ol style="list-style-type: none"> 1. Must stay in bed all or most of the time. 2. Must stay in the house all or most of the time. 3. Need the help of another person in getting around inside or outside the house 4. Need the help of some special aid, such as a cane or wheelchair, in getting around inside or outside the house. 5. Does not need the help of another person or a special aid but has trouble in getting around freely. 6. Not limited in any of the above ways.
<p>Card B</p> <p>B--1 Have you, your , etc., EVER had any of these conditions?</p> <ol style="list-style-type: none"> 1. Tuberculosis? 2. Emphysema? 3. Hardening of the arteries? 4. High blood pressure? 5. Cancer? 6. Heart trouble? 7. Stroke? 8. Rheumatic fever? 9. Arthritis or rheumatism? 10. Mental illness? 11. Diabetes? 12. Epilepsy? 	<p>B--2 Do you, your , etc., HAVE any of these conditions?</p> <ol style="list-style-type: none"> 1. Deafness or SERIOUS trouble hearing with one or both ears? 2. SERIOUS trouble seeing with one or both eyes even when wearing glasses? 3. Missing fingers, hand or arm -- toes, foot or leg? 4. Missing lung or kidney (or breast)? 5. Club foot? 6. PERMANENT stiffness or any deformity of foot, leg, fingers, arm or back? 	<p>Card E</p> <p>For: Housewife</p> <ol style="list-style-type: none"> 1. Not able to keep house at all. 2. Able to keep house but limited in amount or kind of housework. 3. Able to keep house but limited in kind or amount of other activities. 4. Not limited in any of the above ways. 	<p>Card G</p> <p>For: Children under 6 years old</p> <ol style="list-style-type: none"> 1. Not able to take part at all in ordinary play with other children. 2. Able to play with other children but limited in amount or kind of play 4. Not limited in any of the above ways. 	<p>Card I</p> <p>Which of the following income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rents from property, and so forth.</p> <p>Under \$500 Group A \$500-- \$999 Group B \$1,000-- \$1,999 Group C \$2,000-- \$2,999 Group D \$3,000-- \$3,999 Group E \$4,000-- \$4,999 Group F \$5,000-- \$6,999 Group G \$7,000-- \$9,999 Group H \$10,000-- \$14,999 Group I \$15,000 and over Group J</p>

APPENDIX V. QUESTIONNAIRE—PERSON APPROACH

The items below show the exact content and wording of the basic questionnaire used in the nationwide household survey of the U.S. National Health Survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person, condition, accident, or hospitalization. Such spaces are omitted in this illustration.

NOTICE - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.										BUDGET BUREAU NO. 68-56701.6 APPROVAL EXPIRES JAN. 1, 1968				
FORM NHS-HIS-1X (1968) (10-12-67)		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE U.S. HEALTH INTERVIEW SURVEY								1. Book _____ of _____ Books				
2. Street Address— House No., Street, Apt. No. or other ident. _____ _____ City _____ State _____ ZIP code _____						FOR AREA SEGMENTS ENTER: Sheet No. _____ Line No. _____		3. (If marked "Ask" do so before the interview) <input type="checkbox"/> Ask → When was this structure originally built? <input type="checkbox"/> Do not ask <input type="checkbox"/> Before 4-1-60 - Continue interview <input type="checkbox"/> After 4-1-60 - Go to Q, 13c, ask if required, and end interview						
4. Special dwelling place Name _____ Sample No. _____ Type _____														
Complete items 11-21 and 23 at the end of the interview 11. Mailing address - If different from 2 <input type="checkbox"/> Same as 2 _____ _____ City _____ State _____ ZIP code _____						Card type X	5. PSU	6a. SEG. number	6b. SEG type A B P LSDP	7. Serial number	8. Sample	9. R.O. number	10. I.D. Code	SDP type code
12. Type of living quarters - Mark appropriate box with an "X" <input type="checkbox"/> Housing unit <input type="checkbox"/> Other unit														
13. <input type="checkbox"/> Do not ask Q. 13 Go to Item L	a. <input type="checkbox"/> Ask → Are there any occupied or vacant living quarters besides your own in this building? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No			b. <input type="checkbox"/> Ask → Are there any occupied or vacant living quarters besides your own on this floor? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No			c. <input type="checkbox"/> Ask → Is there any other building on this property for people to live in - either occupied or vacant? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No							
ITEM L <input type="checkbox"/> Rural - Ask Items 14 and 15	<input type="checkbox"/> All other - Go to 16													
14. Do you own or rent this place? <input type="checkbox"/> Own - Ask 15a <input type="checkbox"/> Rent - Ask 15b <input type="checkbox"/> Rent free - Ask 15a														
15a. (Own or rent free) Does this place have 10 or more acres? b. (Rent) Does the place you rent have 10 or more acres? c. During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more? d. During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$250 or more?										<input type="checkbox"/> Yes - Ask c <input type="checkbox"/> No - Ask d	2 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	5 <input type="checkbox"/> Yes <input type="checkbox"/> No
16. How many rooms are in this - - (unit)? Count the kitchen but not the bathroom Total rooms: <input type="text"/>														
17. How many bedrooms are in this - - (unit)? If "None" describe in footnotes Number of bedrooms: <input type="text"/>														
18. What is the telephone number here? Telephone number <input type="text"/> <input type="checkbox"/> None														
19. Motor vehicle accident check box: Review question 27c to determine how many motor vehicle supplements need to be completed. (Fill a separate supplement for each different accident reported) _____ Number of M.V. Accident Supplements Required <input type="checkbox"/> None Enter ending time in item 23						20. Was this interview observed? <input type="checkbox"/> Yes <input type="checkbox"/> No								
						Name of Observer _____ 21. Interviewer's name _____ Code _____								
22. Noninterview reason														
TYPE A <input type="checkbox"/> Refusal - Describe in footnotes <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other - Specify _____				TYPE B <input type="checkbox"/> Vacant-non-seasonal <input type="checkbox"/> Vacant-seasonal <input type="checkbox"/> Usual residence elsewhere <input type="checkbox"/> Armed Forces <input type="checkbox"/> Other - Specify _____				TYPE C <input type="checkbox"/> Demolished <input type="checkbox"/> In sample by mistake <input type="checkbox"/> Eliminated in sub-sample <input type="checkbox"/> Built after April 1, 1960 <input type="checkbox"/> Other - Specify _____						
23. Record of calls at household										WASH. USE ONLY				
		Item	1	Com.	2	Com.	3	Com.	4	Com.	5	Com.	Calls	
Entire household		Date	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Date of Completion	
		Beginning time	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Length
Record return calls for individual respondents		Person No. _____	Date	_____	_____	_____	_____	_____	_____	_____	_____	_____	Time of day	
		Beginning time	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
		Person No. _____	Date	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
		Beginning time	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
FOOTNOTES														

<p>1a. What is the name of the head of this household? - Enter name in first column</p> <p>b. What are the names of all other persons who live here? - List all persons who live here</p> <p>c. I have listed (Read names.) Is there anyone else staying here now, such as friends, relatives, or roomers? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>If any adult males listed, ask: *Apply household membership rules</p> <p>f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes-Delete <input type="checkbox"/> No</p>	<p>1a. First name ①</p> <hr/> <p>Last name</p>																						
<p>2. How is -- related to -- (head of household)?</p>	<p>2. RELATIONSHIP</p> <p>HEAD</p>																						
<p>3. How old was -- on his last birthday? - Also mark Race and Sex</p>	<p>3. AGE RACE SEX</p> <p>0 <input type="checkbox"/> W 0 <input type="checkbox"/> M</p> <p>1 <input type="checkbox"/> N 2 <input type="checkbox"/> OT 1 <input type="checkbox"/> F</p>																						
<p>C Record all conditions for a person in this space in the person's column with question number(s) where reported.</p> <p>Also enter the number of Hospitalizations and Doctor Visits.</p> <p>Check the Homecare box, and the No Cut Down Days box, if applicable.</p>	<p>H <input type="checkbox"/> DV <input type="checkbox"/> HC <input type="checkbox"/> No Cut Down Days <input type="checkbox"/></p> <table border="1"> <thead> <tr> <th>Q. No.</th> <th>Condition</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Q. No.	Condition																				
Q. No.	Condition																						
<p>- If 17 years old or over, ask:</p> <p>4. Is -- now married, widowed, divorced, separated, or never married? - Mark one box for each person</p> <p>If person under 17 is or has been married mark the "Und. 17" box and give marital status in a footnote</p>	<p>4. 0 <input type="checkbox"/> Und. 17 6 <input type="checkbox"/> Never married</p> <p>1 <input type="checkbox"/> Married 4 <input type="checkbox"/> Divorced</p> <p>3 <input type="checkbox"/> Widowed 5 <input type="checkbox"/> Separated</p>																						
<p>H If related persons 19 years old or over are listed in addition to the respondent, say: We would like to have all adults who are at home take part in the interview. Is your --, your --, etc., at home now? If other eligible respondents are at home, ask: Would you please ask --, --, etc., to join us?</p>	<p>1 <input type="checkbox"/> At home 0 <input type="checkbox"/> Under 19 years</p> <p>2 <input type="checkbox"/> Not at home</p>																						
<p>HAND CALENDAR TO RESPONDENT</p> <p>5a. During the past two weeks (the 2 weeks outlined in red on that calendar) did -- stay in bed all or most of the day because of any illness or injury?</p> <p>b. During that two week period, how many days did -- have to stay in bed all or most of the day?</p> <p>c. During that two week period, did he have to cut down on the things he usually does because of illness or injury?</p> <p>d. Did -- have to cut down for as much as a day?</p> <p>e. How many days in total did -- have to cut down during that two week period?</p> <p>f. How many days did illness or injury keep -- from work during these two weeks? For females add - Not counting work around the house.</p> <p>If 6-16 years old ask:</p> <p>g. How many days did illness or injury keep -- from school during those two weeks?</p>	<p>5a. <input type="checkbox"/> Yes - Ask b</p> <p>00 <input type="checkbox"/> No - Ask c</p> <p>b. _____ days - Ask c</p> <p>c. <input type="checkbox"/> Yes - Ask d</p> <p><input type="checkbox"/> No - Go to 6a</p> <p>d. <input type="checkbox"/> Yes - Ask e</p> <p>00 <input type="checkbox"/> No - Go to 6a</p> <p>e. _____ days - Ask f or g</p> <p>If under 6 yrs. - Go to 6a</p> <p>f. 00 <input type="checkbox"/> None</p> <p>_____ days - Go to 6a</p> <p>g. 00 <input type="checkbox"/> None</p> <p>_____ days - Go to 6a</p>																						
<p>If 1+ days recorded in Q. 5e, ask:</p> <p>6a. What condition caused -- to cut down on the things he usually does during the past two weeks? - Enter condition in C above</p> <p>b. During the past two weeks, did any other condition cause him to cut down on the things he usually does?</p>	<p>6a. <input type="checkbox"/> No cut down days</p> <p>Go to next person</p> <p>b. <input type="checkbox"/> Yes - Reask a and b</p> <p><input type="checkbox"/> No - Go to next person</p>																						
<p>7. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times has -- seen a doctor either at home or at a doctor's office, or clinic?</p>	<p>7. <input type="checkbox"/> None</p> <p>_____ Number of visits</p>																						
<p>8a. (Besides those visits) During that 2-week period has anyone in the family been to a doctor's office or clinic for shots, x-rays, tests, or examinations? <input type="checkbox"/> Yes - Ask b and c <input type="checkbox"/> No - Go to 9</p> <p>b. Who was this? - Mark "Yes" in person's column</p> <p>c. Anyone else? <input type="checkbox"/> Yes - Reask b and c <input type="checkbox"/> No - Go to d</p> <p>For each "Yes" marked, ask:</p> <p>d. How many times did -- visit the doctor during that period? - Exclude visits made on "mass" basis</p>	<p>8a. <input type="checkbox"/> Yes Doctor's visits</p> <p>d. _____ Number of visits</p>																						
<p>9a. During that period, did anyone in the family get any medical advice from a doctor over the telephone? <input type="checkbox"/> Yes - Ask b and c</p> <p>b. If "Yes"; ask: Who was the phone call about? - Mark "Yes" in person's column. <input type="checkbox"/> No - Go to 10</p> <p>c. Any calls about anyone else? <input type="checkbox"/> Yes - Reask b and c <input type="checkbox"/> No - Go to d</p> <p>For each "Yes" marked, ask:</p> <p>d. How many telephone calls were made to get medical advice about --?</p>	<p>9a. <input type="checkbox"/> Yes</p> <p>d. _____ Number of calls</p>																						
<p>If doctor was seen or talked to during the past two weeks, ask:</p> <p>10a. For what condition did -- see or talk to a doctor during the past two weeks? - Enter condition here and in c above</p> <p>b. During that period, did -- see or talk to a doctor for any other condition?</p> <p>If pregnancy reported ask: During the past 2 weeks was -- sick because of her pregnancy? If "Yes" ask: What was the matter?</p>	<p>10a. <input type="checkbox"/> No 2-week visits - Ask 11</p> <p>b. <input type="checkbox"/> Yes - Reask 10a</p> <p><input type="checkbox"/> No - Go to next person</p>																						
<p>If no visits reported in questions 7-9, ask:</p> <p>11. ABOUT how long has it been since -- saw or talked to a doctor? (Estimate is acceptable. If less than 1 year, check appropriate "Months" box; if more than 1 year, enter number of whole years.)</p>	<p>XV <input type="checkbox"/> 2 week visits in Q. 7-9</p> <p>11. OX <input type="checkbox"/> Past 2 weeks not reported</p> <p>Reask Q. 7 and 10</p> <p>XX <input type="checkbox"/> In hospital in past 2 weeks</p> <p>Ask Q. 10</p> <p>VO <input type="checkbox"/> 2 weeks-6 months</p> <p>XO <input type="checkbox"/> Over 6-12 months</p> <p>_____ Years 00 <input type="checkbox"/> Never</p>																						

Now I'm going to read a list of conditions:

12a. During the past 12 months, has anyone in the family (you, your --, etc.) had any of the following conditions -
If "Yes," ask b and c

	Yes	No		Yes
1. Gallstones?				1.
2. Any other gallbladder trouble?				2.
3. Hemorrhoids or piles?				3.
4. Cirrhosis of the liver?			b. Who was this?	4.
5. Fatty liver?			c. During the past 12 months has anyone else had . . .	5.
6. Hepatitis?				6.
7. Yellow jaundice?				7.
8. Any other liver trouble?				8.

a. During the past 12 months, has anyone in the family had -
If "Yes," ask b and c

	Yes	No		Yes
9. A disease of the pancreas?				9.
10. A disease of the esophagus?				10.
11. Any other disease that affects swallowing?			b. Who was this?	11.
12. Peptic ulcer?			c. During the past 12 months has anyone else had . . .	12.
13. Duodenal ulcer?				13.
14. Stomach or gastric ulcer?				14.
15. Any other ulcer?				15.

a. During the past 12 months, has anyone in the family had -
If "Yes," ask b and c

	Yes	No		Yes
16. Hiatal hernia?				16.
17. Umbilical hernia?				17.
18. Any other hernia or rupture?				18.
19. Gastritis?			b. Who was this?	19.
20. Frequent indigestion?			c. During the past 12 months has anyone else had . . .	20.
21. Cancer of the stomach?				21.
22. Any other stomach trouble?				22.
23. Enteritis?				23.
24. Diverticulitis?				24.

a. During the past 12 months, has anyone in the family had -
If "Yes," ask b and c

	Yes	No		Yes
25. Colitis?				25.
26. Constipation or other bowel trouble?				26.
27. Spastic colon?			b. Who was this?	27.
28. Cancer of the colon or rectum?			c. During the past 12 months has anyone else had . . .	28.
29. Any other cancer of the digestive system?				29.
30. Any other intestinal trouble?				30.
31. Any other condition of the digestive system?				31.

Ages 17+	<p>13a. What was -- doing most of the past 12 months - (if or males): working, or doing something else? (For female-): keeping house, working or doing something else? If "something else" and 45+ years of age, ask:</p> <p>b. Is -- retired? If "something else" and under 45 years of age or "no" in Q. 13b, ask:</p> <p>c. What was -- doing?</p>	<p>1 <input type="checkbox"/> Working (18)</p> <p>2 <input type="checkbox"/> Keeping house (18)</p> <p>3 <input type="checkbox"/> Retired (17)</p> <p>4 <input type="checkbox"/> Going to school (20)</p> <p>5 <input type="checkbox"/> 17+ something else (17)</p> <p>6 <input type="checkbox"/> 6-16 something else (19)</p>
Ages 6-16	<p>14a. What was -- doing most of the past 12 months - going to school or doing something else? If "something else" ask:</p> <p>b. What was -- doing?</p>	
Ages 1-5	<p>15a. In terms of health, is -- able to take part at all in ordinary play with other children?</p> <p>b. Is he limited in the kind or amount of play because of his health?</p>	<p>15a. <input type="checkbox"/> Yes (15b) <input type="checkbox"/> No (21)</p> <p>b. <input type="checkbox"/> Yes (21)</p> <p><input type="checkbox"/> No - Go to next person</p>
Ages Under 1 yr.	<p>16a. Is -- limited in any way because of his health?</p> <p>b. In what way is he limited? - Specify</p>	<p>16a. <input type="checkbox"/> Yes (16b)</p> <p><input type="checkbox"/> No - Go to next person</p>

Go to 21

<p>17a. In terms of health, is -- able to work?</p> <p>b. Is -- limited in the kind or amount of work he could do because of his health?</p>	<p>17a. <input type="checkbox"/> Yes (17b) <input type="checkbox"/> No (21)</p> <p>b. 2 <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (18c)</p>
<p>18a. Is -- limited in the kind or amount of (work - housework) he can do because of his health?</p> <p>b. Is -- able to (work, keep house) at all?</p> <p>c. Is -- limited in the kind or amount of other activities because of his health?</p>	<p>18a. <input type="checkbox"/> Yes (18b) <input type="checkbox"/> No (18c)</p> <p>b. 2 <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (21)</p> <p>c. 3 <input type="checkbox"/> Yes (21) 4 <input type="checkbox"/> No - Go to next person</p>
<p>19. In terms of health, is -- able to go to school?</p>	<p>19. <input type="checkbox"/> Yes (20) <input type="checkbox"/> No (21)</p>
<p>20a. Does (would) he have to go to a certain type of school because of his health?</p> <p>b. Is he (would he be) limited in school attendance because of his health?</p> <p>c. Is -- limited in the kind or amount of other activities because of his health?</p>	<p>20a. 2 <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (20b)</p> <p>b. 2 <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (20c)</p> <p>c. 3 <input type="checkbox"/> Yes (21) 4 <input type="checkbox"/> No - Go to next person</p>
<p>21a. What condition causes this limitation?</p> <p>b. Is this limitation caused by any other conditions?</p> <p>c. What conditions? - Any other conditions?</p>	<p>21a. _____</p> <p>b. <input type="checkbox"/> Yes (21c) <input type="checkbox"/> No - Go to next person</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22a. Has -- been in a hospital at any time since _____ a year ago?</p> <p>b. How many times was -- in a hospital during that period?</p>	<p>22a. <input type="checkbox"/> Yes - Ask b <input type="checkbox"/> No - Go to next person</p> <p>b. _____ Times</p>
<p>Examine ages of all persons listed. For each child 1 year old or under, ask:</p> <p>23a. When was -- born? If on or after the date stamped in 22a, ask 23b.</p> <p>b. Was -- born in a hospital? If "Yes" and no hospitalizations entered in his column, enter "1" in 22. If "Yes" and a hospitalization is reported for the mother and baby ask 23c.</p> <p>c. Is this hospitalization included in the number you gave me for -- ? If "No" correct entry for mother and baby.</p>	<p>23a. Month Day Year</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>24a. Has anyone in the family been in a nursing home, convalescent home or similar place since _____ a year ago? <input type="checkbox"/> Yes-Ask 24b <input type="checkbox"/> No-Go to 25</p> <p>b. Who was this? - Mark "Yes" in person's column For each "Yes" marked ask:</p> <p>c. During that period, how many times was -- in a nursing home or similar place?</p>	<p>24a. <input type="checkbox"/> Yes</p> <p>c. _____ Times</p>
<p>If person is 55 years old or over, ask: The following questions refer to different kinds of personal care some people need at home:</p> <p>25a. Does -- need any help in bathing, dressing or putting on his shoes?</p> <p>b. Does -- need any help at home with injections, shots or other treatments?</p> <p>c. Does -- need anyone's help when walking up stairs or getting from room to room?</p> <p>d. Does -- need any help at all in caring for himself?</p>	<p>0 <input type="checkbox"/> Under 55 - Stop <input type="checkbox"/> 55 or over - Ask a</p> <p>25a. 1 <input type="checkbox"/> Yes - Stop <input type="checkbox"/> No</p> <p>b. 2 <input type="checkbox"/> Yes - Stop <input type="checkbox"/> No</p> <p>c. 3 <input type="checkbox"/> Yes - Stop <input type="checkbox"/> No</p> <p>d. 4 <input type="checkbox"/> Yes - Stop 5 <input type="checkbox"/> No</p>
<p>26a. During the past 12 months, has -- received any care at home from a nurse?</p> <p>b. During this 12-month period, about how many visits did a nurse make to care for -- ?</p> <p>c. Were any of these visits during the past 2-weeks?</p>	<p>26a. <input type="checkbox"/> Yes - Ask b & c <input type="checkbox"/> No-Stop</p> <p>b. _____ Times</p> <p>c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>These next questions are about motor vehicle accidents, that is, accidents involving cars, trucks, buses, motorcycles, and so forth. We are interested in all types of motor vehicle accidents even if no one was injured.</p> <p>27a. During the past 12 months, has -- been in a motor vehicle accident either as a (driver), passenger or pedestrian?</p> <p>b. How many motor vehicle accidents has -- been in during the past 12 months?</p> <p>c. On what date(s) did the accident(s) happen?</p> <p>d. Was -- in any other motor vehicle accident during the past 12 months?</p>	<p>27a. <input type="checkbox"/> Yes - Ask b <input type="checkbox"/> No - Go to next person</p> <p>b. _____ Number of accidents</p> <p>c. Month Day Year</p> <p>1. </p> <p>2. </p> <p>3. </p> <p>d. <input type="checkbox"/> Yes - Reask c and d <input type="checkbox"/> No - Go to next person</p>

CONDITION NO. _____	1. Person number _____
Enter person number and "name of condition" and ask question 2.	Name of condition _____
Ask for all conditions	2. Did -- ever at any time talk to a doctor about his . . . ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Examine "Name of condition" entry in Item 1 and mark	<input type="checkbox"/> Accident or injury - Go to 4 <input type="checkbox"/> Condition on Card C - Go to 9 <input type="checkbox"/> Neither - Go to 3a
If "Doctor talked to", ask: _____ If "Doctor not talked to" record adequate description of condition or illness.	3a. What did the doctor say it was? Did he give it a medical name? <input type="checkbox"/> Accident or injury - Go to 4
Do not ask for Cancer	3b. What was the cause of . . . ? <input type="checkbox"/> Accident or injury - Go to 4
If the entry in 3a or 3b includes the words: Asthma Measles "Ailment" Cyst Rupture "Attack" Growth Tumor "Defect" Hernia Ulcer "Disease" "Disorder" "Trouble"	3c. What kind of . . . is it? <input type="checkbox"/> Accident or injury - Go to 4
For ALLERGY OR STROKE, ask:	3d. How does the ALLERGY (STROKE) affect him?
For any entry that includes the words: Abscess Inflammation Ache (except Neuralgia headache) Neuritis Bleeding Pain Blood clot Palsy Boil Paralysis Cancer Rupture Cramps (except Sore menstrual) Soreness Cyst Tumor Damage Ulcer Growth Weak Hemorrhage Weakness Infection Weakness	3e. What part of the body is affected? Show the following detail: Ear or eye . . . one or both Head skull, scalp, face Back upper, middle, lower Arm shoulder, upper, elbow, lower, wrist, hand; one or both Leg hip, upper, knee, lower, ankle, foot; one or both
For person 6 years old or over	3f. Can -- see well enough to read ordinary newspaper print with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No
FILL QUESTIONS 4-8 FOR ALL ACCIDENTS OR INJURIES	
4a. Did the accident happen during the past 2 years or before that time? <input type="checkbox"/> During past 2 years - Ask 4b <input type="checkbox"/> Before 2 years - Go to 5a	6a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - Go to 7
4b. When did the accident happen? Enter month and year: mark one box Month _____ Year _____ <input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> 2 weeks - 3 months <input type="checkbox"/> 3 - 12 months <input type="checkbox"/> 1 - 2 years	b. Was more than one vehicle involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ask for all accidents or injuries:	c. Was it (either one) moving at the time? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?	7. Where did the accident happen? 1 <input type="checkbox"/> At home (inside house) 2 <input type="checkbox"/> At home (adjacent premises) 3 <input type="checkbox"/> Street and highway (includes roadway) 4 <input type="checkbox"/> Farm 5 <input type="checkbox"/> Industrial place (includes premises) 6 <input type="checkbox"/> School (includes premises) 7 <input type="checkbox"/> Place of recreation and sports, except at school 8 <input type="checkbox"/> Other - Specify the place where accident happened
Part(s) of body _____ Kind of injury _____	
Part(s) of body _____ Kind of injury _____	
Part(s) of body _____ Kind of injury _____	
Part(s) of body _____ Kind of injury _____	
Part(s) of body _____ Kind of injury _____	
If accident happened BEFORE 3 months, ask:	8. Was -- at work or at his job or business when the accident happened? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> While in Armed Services 4 <input type="checkbox"/> Under 17 at time of accident
5b. What part of the body is affected now? How is his -- affected?	
Part(s) of body _____ Present effects _____	
Part(s) of body _____ Present effects _____	
Part(s) of body _____ Present effects _____	
Part(s) of body _____ Present effects _____	
Part(s) of body _____ Present effects _____	

WASHINGTON USE	
Question number	_____
Condition diag. code	_____
Number of this condition	_____
1 <input type="checkbox"/> Chronic 2 <input type="checkbox"/> Acute	
Total conditions	_____
Accident	
1st inj. X <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	
Req. hosp. X <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	
Other accident	
Ther. mis. 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
I.C. or Dum. code	_____
Cause of limitation	_____

Ask question 9a for all conditions.	9a. During the past two weeks, did his . . . cause him to cut down on the things he usually does? b. Did he have to cut down for as much as a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 14a <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 14a
Ask questions 10 and 11 if "Yes" marked in question 9b.	10. How many days did he have to cut down during that two-week period? 11. During that two-week period, how many days did his . . . keep him in bed all or most of the day?	____ Days ____ Days <input type="checkbox"/> None
Ask question 12 if person is 6-16 years old.	12. How many days did his . . . keep him from school during that two-week period?	____ Days <input type="checkbox"/> None
Ask question 13 if person is 17 years old or over.	13. How many days did his . . . keep him from work during that two-week period? (For females add) not counting work around the house?	____ Days <input type="checkbox"/> None
Ask question 14 for all conditions.	14a. When did he first notice his . . . ? Was it during the past 3 months or before that time? b. Did he first notice it during the past two weeks or before that time? c. Which week, last week or the week before?	2 <input type="checkbox"/> During 3 months 6 <input type="checkbox"/> Before 3 months - Go to 15 <input type="checkbox"/> Past 2 weeks 3 <input type="checkbox"/> Before 2 weeks - Go to AA 0 <input type="checkbox"/> Last week } Go to AA 1 <input type="checkbox"/> Week before }
Ask question 15 only if condition was first noticed "Before 3 months."	15. Did -- first notice it during the past 12 months or before that time?	4 <input type="checkbox"/> 3 - 12 months 5 <input type="checkbox"/> Before 12 months
AA: Continue if this condition started "Before 3 months" or is in this list: Cancer, any kind Diverticulitis Gallstones Piles Cirrhosis of the liver Enteritis Hemorrhoids Rupture, any kind Colitis Fatty liver Hernia, any kind Spastic colon Ulcer, any kind STOP for all other conditions and for accidents, injuries, and pregnancies.		
<input type="checkbox"/> "Doctor not seen" in question 2 - Ask question 16 <input type="checkbox"/> "Doctor seen" in question 2 - Ask question 17		
Ask if "Doctor not seen" in question 2.	16. During the past 12 months what did -- do or take for his . . . ?	Go to 24
Ask if "Doctor seen" in question 2.	17. Before -- first talked to a doctor about his . . . , what did he do or take for this condition? 18. Before -- first talked to a doctor about this condition, what kind of symptoms did he have? 19. About how long did -- have any of these symptoms before he talked to a doctor about them? 20. Does -- take any medicine or treatment which a doctor advised for his . . . ? 21. Has -- ever had surgery for . . . ? 22. Was -- ever hospitalized for . . . ? 23. During the past 12 months about how many times has -- seen or talked to a doctor for this condition?	<input type="checkbox"/> None - Go to 20 ____ day(s) ____ month(s) ____ week(s) ____ year(s) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ____ Times <input type="checkbox"/> None
Ask for all conditions past AA.	24. About how many days during the past 12 months, has his . . . kept him in bed all or most of the day? 25a. Does his . . . bother him - a great deal, some, very little, or not at all? For "Other" answers: If "not bothered at all" ask b, otherwise go to next condition b. Does -- still have this condition? c. Is this condition completely cured or is it under control? d. About how long did -- have this condition?	____ Days <input type="checkbox"/> None <input type="checkbox"/> Great deal } Go to next condition <input type="checkbox"/> Some } <input type="checkbox"/> Very little } <input type="checkbox"/> Not at all - Ask b <input type="checkbox"/> Other 1 <input type="checkbox"/> Yes - Go to next person <input type="checkbox"/> No - Ask c <input type="checkbox"/> Cured-As/ of 2 <input type="checkbox"/> Und. control <input type="checkbox"/> Other - Specify ____ month(s) ____ year(s)

HOSPITAL PAGE		1. Person number	USE YOUR CALENDAR	Probe	I.C. or Dum.
Enter month, day, year; if the exact date is not known, obtain the best estimate.	You said that -- was in the (hospital/nursing home) during the past year.		Make sure the YEAR is correct		
	2. When did -- enter the (hospital/nursing home) (the last time)?	Month	Day	Year	
Do not include any nights in interview week. If the exact number is not known, accept the best estimate.	3. How many nights was -- in the (hospital/nursing home)?	Total nights in hospital/nursing home			
Complete question 4 from entries in questions 2 and 3 if not clear, ask the questions.	4a. How many of these -- nights were during the past 12 months?	Nights past 12 months			
Do not include any nights in interview week.	b. How many of these -- nights were during the past 2 weeks?	Nights past 2 weeks			
	c. Was -- still in the (hospital/nursing home) last Sunday night for this hospitalization (stay)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
If medical name not known, enter an adequate description.	5a. For what condition did -- enter the (hospital/nursing home) -- do you know the medical name?	Condition			
Entry must show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.	For delivery ask: Was this a normal delivery? } If "No" ask: What was the matter? Record in "Condition" box	Cause			
	For newborn, ask: Was the baby normal at birth?	Kind			
		Part of body			
Ask for all conditions except deliveries and births	6. Was this the first time -- was hospitalized for . . . ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
If name of operation is not known, describe what was done.	7a. Were any operations performed on -- during this stay at the (hospital/ nursing home.)?	<input type="checkbox"/> Yes 2 <input type="checkbox"/> No-Go to 8			
	b. What was the name of the operation?	Operation			
	c. Any other operations?	<input type="checkbox"/> Yes-Describe <input type="checkbox"/> No			
Enter the full name of the hospital or nursing home; the street or highway on which it is located, and the city and State; if the city is not known, enter the county.	8. What is the name and address of the (hospital/nursing home)?	Name of Hospital:			
	Street	City (or county)		State	
Ask questions 9-18 for all completed hospitalizations - Mark one box	<input type="checkbox"/> "Yes" in Q4c - Go to Item 18	Hospital Bill			
	<input type="checkbox"/> "No" in Q4c - Ask Q. 9	Dollars		Cents	
	9. What was the total amount of the hospital (nursing home) bill for this stay? Do not include any doctor's or surgeon's bills.				
	10a. Did (will) health insurance pay any part of the hospital bill?	<input type="checkbox"/> Yes - Ask b <input type="checkbox"/> No - Go to 11			
	b. What is the name of the Insurance Plan?	Name of Insurance Plan		Dollars	Cents
	c. Did (will) any other health insurance plan pay part of this hospital (nursing home) bill?	<input type="checkbox"/> Yes - Reask b <input type="checkbox"/> No - Go to d			
	For each Health Insurance Plan named, ask:				
	d. What was (will be) the amount paid by (Name of plan)?	Source of Payment		Dollars	Cents
Enter total amount paid by health insurance in line A Enter any amount paid by Social Security Medicare in line B	11a. Who paid (will pay) the (remainder of the) hospital bill?	A. 1 <input type="checkbox"/> Health Insurance-All plans excl. Medicare			
	b. Did any other person or agency pay any other part of the hospital bill?	B. 2 <input type="checkbox"/> Social Security Medicare			
	c. Who was this?	C. 3 <input type="checkbox"/> Self and Family			
	d. What was the amount paid by --?	D. 4 <input type="checkbox"/> Other (Specify)			
Interviewer: After totaling all sources of payment for the hospital bill, check one of the following boxes:	Total of above-include amount paid by health insurance				
<input type="checkbox"/> Total amount paid (to be paid) agrees with amount of the hospital bill - Go to Q. 12					
<input type="checkbox"/> Total amount paid (to be paid) does not agree with amount of the hospital bill-Resolve difference with respondent					

HOSPITAL PAGE (Cont'd)

Doctor/Surgeon	
Dollars	Cents

12a. What was the amount of the doctor's and surgeon's bill for this stay?

b. Is the \$ _____ for the doctor's and surgeon's bill included in the \$ _____ amount you gave me for the hospital bill?

1 Yes (In a footnote, indicate the actual amount of the hospital bill after deducting the doctor's and surgeon's bills, also indicate any changes in the amounts paid by health insurance or other sources if the entries in Qs. 10 and 11 include payments for expenses other than the hospital bill). 2 No—Go to 13

13a. Did (will) health insurance pay any part of the doctor's and surgeon's bill? Yes No—Go to 14

b. What is the name of the Insurance Plan?

Name of Insurance Plan	Dollars	Cents

c. Did (will) any other health insurance plan pay part of the doctor's and surgeon's bill?

Yes—Reask b No—Ask d

For each Health Insurance Plan named, ask:

d. What was (will be) the amount paid by (Name of plan)?

Source of Payment	Dollars	Cents
A. 1 <input type="checkbox"/> Health Insurance—All plans excl. Medicare		
B. 2 <input type="checkbox"/> Social Security Medicare		
C. 3 <input type="checkbox"/> Self and Family		
D. 4 <input type="checkbox"/> Other—Specify _____		

14a. Who paid (will pay) the (remainder of the) doctor's and surgeon's bill?
Enter total amount paid by health insurance in line A
Enter any amount paid by Social Security Medicare in line B

b. Did any other person or agency pay any other part of the doctor's and surgeon's bill?

Yes—Ask c No—Go to d

c. Who was this?

d. What was the amount paid by — ?

Interviewer: After totaling all sources of payment for the doctor's and surgeon's bill, check one of the following boxes:

- Total amount paid (to be paid) agrees with amount of doctor's bill—Go to Q. 15
- Total amount paid (to be paid) does not agree with amount of the doctor's bill—Resolve difference with respondent

Total of above—include amount paid by health insurance—→

Mark one box Under \$5—Go to 18 \$5 and over—Ask 15a

15a. When — — left (name of hospital/nursing home) did he return home or go some other place?

Home—Go to 16 Some other place—Ask 15b

b. What kind of place did — — go to? Specify _____

Interviewer: If the place in 15b is a hospital, nursing home or similar place, was a hospital page filled for that stay?

Hospital page filled—Stop Hospital page not filled—Fill hospital page for unreported stay

16. After leaving the hospital (nursing home) how many days did — — have to remain in bed all or most of the day?

ooo None xxx Still in bed days

17. ALTOGETHER how many days was — — confined to the house after returning home from the hospital (nursing home)?

ooo None xxx Still confined to house days

18.

NOTE TO INTERVIEWER

If the condition in Q.5 or 7 is listed in item AA on the Condition Page or any part of this hospitalization was during the past 2 weeks the condition must have a completed Condition Page. If the condition does not have a Condition page, fill one after completing all required Hospital pages.

DOCTOR VISITS (1)		First Visit	Dum.				
	1. Person number	[]					
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	Earlier you told me that -- had seen or talked to a doctor during the past 2 weeks.						
	2a. On what dates during that 2-week period did -- visit or talk to a doctor?	Month []	Day []				
Ask and record the answer to question 2b on the last set of Doctor Visits questions for each person.	b. Were there any other doctor visits for -- during that period? <input type="checkbox"/> Yes--Reask Q. 2a <input type="checkbox"/> No--Ask Q. 3-5 for each visit						
FOOTNOTES:	3. Where did -- see the doctor on the (Date)? <i>Mark one</i>						
	01 <input type="checkbox"/> Home	20 <input type="checkbox"/> Doctor's Office	40 <input type="checkbox"/> Hospital Out-patient Clinic				
	10 <input type="checkbox"/> Telephone	30 <input type="checkbox"/> Pre-paid Insurance Group	50 <input type="checkbox"/> Hospital Emergency Room				
	70 <input type="checkbox"/> Health Department	80 <input type="checkbox"/> Company or Industry					
	90 <input type="checkbox"/> Other--Specify _____						
	xx <input type="checkbox"/> While inpatient in hospital --Stop						
	4. How much was the doctor's bill for that visit (call)?						
	If bill not received, ask:						
	How much do you expect the doctor's bill to be for that visit (call)?						
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 70%;">Dollars</th> <th style="width: 30%;">Cents</th> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>			Dollars	Cents		
Dollars	Cents						
	5. Is the doctor a general practitioner or a specialist?						
	<input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialist						
	If "Specialist" ask: What kind of specialist is he? →						
	[]						
DOCTOR VISITS (2)		First Visit	Dum.				
	1. Person number	[]					
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	Earlier you told me that -- had seen or talked to a doctor during the past 2 weeks.						
	2a. On what dates during that 2-week period did -- visit or talk to a doctor?	Month []	Day []				
	b. Were there any other doctor visits for -- during that period? <input type="checkbox"/> Yes--Reask Q. 2a <input type="checkbox"/> No--Ask Q. 3-5 for each visit						
FOOTNOTES:	3. Where did -- see the doctor on the (Date)? <i>Mark one</i>						
	01 <input type="checkbox"/> Home	20 <input type="checkbox"/> Doctor's Office	40 <input type="checkbox"/> Hospital Out-patient Clinic				
	10 <input type="checkbox"/> Telephone	30 <input type="checkbox"/> Pre-paid Insurance Group	50 <input type="checkbox"/> Hospital Emergency Room				
	70 <input type="checkbox"/> Health Department	80 <input type="checkbox"/> Company or Industry					
	90 <input type="checkbox"/> Other--Specify _____						
	xx <input type="checkbox"/> While inpatient in hospital --Stop						
	4. How much was the doctor's bill for that visit (call)?						
	If bill not received, ask:						
	How much do you expect the doctor's bill to be for that visit (call)?						
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 70%;">Dollars</th> <th style="width: 30%;">Cents</th> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>			Dollars	Cents		
Dollars	Cents						
	5. Is the doctor a general practitioner or a specialist?						
	<input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialist						
	If "Specialist" ask: What kind of specialist is he? →						
	[]						

HOME CARE PAGE	Person No.	Control								
<p>Earlier in the interview you mentioned that -- needed help of some kind here at home. I am going to read a list of different kinds of personal care some people need in the home. Please tell me if -- needs help in any of the following ways.</p> <p>1a. Does -- need help --</p> <p style="padding-left: 20px;">in walking up stairs or getting from room to room? . . .</p> <p style="padding-left: 20px;">in dressing or putting on shoes?</p> <p>Does -- need help --</p> <p style="padding-left: 20px;">with bathing (shaving) or other toilet activities?</p> <p style="padding-left: 20px;">in eating or having meals served in bed?</p> <p>Does -- need help --</p> <p style="padding-left: 20px;">with changing bandages?</p> <p style="padding-left: 20px;">in receiving injections?</p> <p style="padding-left: 20px;">with other treatments?</p> <p>If "Yes," ask: What kinds of treatment?</p> <p>Specify _____</p> <p>Does -- need help --</p> <p style="padding-left: 20px;">in changing bed positions?</p> <p style="padding-left: 20px;">in exercising or physical therapy?</p> <p style="padding-left: 20px;">in cutting toenails?</p> <p>Does -- get any OTHER help or care here at home?</p> <p>If "Yes," ask: What kinds of other help or care?</p> <p>Specify _____</p>	2	No	Yes	For each "Yes" answer to 1a, Ask:						
	1b. Who helps --?			Does anyone else help --?						
					<input type="checkbox"/> No					
					<input type="checkbox"/> No					
					<input type="checkbox"/> No					
					<input type="checkbox"/> No					
					<input type="checkbox"/> No					
					<input type="checkbox"/> No					
					<input type="checkbox"/> No					
					<input type="checkbox"/> No					
<p>IF PERSON IS NOT RECEIVING CARE (All "No's" to question 1a), reconcile differences between answers in Q. 25 or 26c and Q. 1a above or describe the situation in the footnote space below.</p>										
<p>2. For what condition(s) does -- receive this help or care? → Specify condition(s) _____</p>				<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						
<p>3. How long has -- received help or care at home? Mark one box:</p> <p style="padding-left: 40px;">0 <input type="checkbox"/> 1 month or less 3 <input type="checkbox"/> Over 1 to 3 years</p> <p style="padding-left: 40px;">1 <input type="checkbox"/> Over 1 to 6 months 4 <input type="checkbox"/> Over 3 to 5 years</p> <p style="padding-left: 40px;">2 <input type="checkbox"/> Over 6 to 12 months 5 <input type="checkbox"/> Over 5 years</p>										
<p>4. Because of --'s health, must someone be in the house with him all of the time, part of the time, or only when providing the needed help or care?</p> <p style="padding-left: 40px;">1 <input type="checkbox"/> All of the time</p> <p style="padding-left: 40px;">2 <input type="checkbox"/> Part of the time</p> <p style="padding-left: 40px;">3 <input type="checkbox"/> Only when providing the needed help or care</p>										
<p>For each person, other than a nurse, listed in 1b, ask:</p> <p>5a. Is -- a nurse, a physical therapist, or some other kind of health worker?</p> <p style="padding-left: 20px;">If "Nurse" reported in Q. 1b or 5a, ask:</p> <p>5b. Is the nurse that cares for -- a registered nurse, a practical nurse, or some other kind of nurse?</p>										
<p>(Determine the type(s) of person(s) providing the care in question 1 and mark appropriate box in column (1) of Table H.)</p>										
<p>FOOTNOTES:</p>										

TABLE H

Type of persons providing care (1)		During the past two weeks on about how many days did -- receive help or care from (relative, nurse, etc.)?		About how many hours a day does -- receive help or care from (relative, nurse, etc.)?			Is (relative, nurse, etc.) paid for these services?		
		(2)		(3)			(4)		
		Days	XX Don't know	Hours	00 Less than 1 hour	XX Don't know	1 Yes	2 No	
NON-HEALTH WORKERS	A. 8 <input type="checkbox"/> Related household members								
	B. 1 <input type="checkbox"/> Related persons not in household								
	C. 2 <input type="checkbox"/> Friend or neighbor								
	D. 3 <input type="checkbox"/> Other								
	Specify _____								
HEALTH WORKERS	E. 4 <input type="checkbox"/> Nurse -- Registered								
	F. 5 <input type="checkbox"/> Nurse -- Practical or other								
	G. 6 <input type="checkbox"/> Physical therapist								
	H. 7 <input type="checkbox"/> Other								
	Specify _____								
<p>INTERVIEWER: Mark the appropriate box before going to Q's 6-8.</p> <p><input type="checkbox"/> Person 65+ and "Yes" in column (4). Ask Q's 6, 7, and 8.</p> <p><input type="checkbox"/> Person 55-64 and "Yes" in column (4). Ask Q's 7 and 8.</p> <p><input type="checkbox"/> All "No's" in column (4) or only "A" checked in column (1) of Table H. Skip to question 8.</p>									
6. Are any of these services paid for by Medicare?				1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	X <input type="checkbox"/> Don't know			
7a. Who pays (the remainder of the bill) for these services? b. Anyone else?				1 <input type="checkbox"/> Self or family	2 <input type="checkbox"/> Other relative or friend	3 <input type="checkbox"/> Health insurance	4 <input type="checkbox"/> Agency or organization (Visiting Nurses Association, etc.)	5 <input type="checkbox"/> Welfare	6 <input type="checkbox"/> Other -- Specify _____
8a. During the past 12 months, has -- received any care at home from a nurse?						<input type="checkbox"/> Yes -- Ask 8b 000 <input type="checkbox"/> No -- Stop			
b. During the past 12 months, ABOUT how many visits did a nurse make to care for -- ?						Number of visits			
FOOTNOTES:						WASHINGTON USE			

Ask for all persons 14 years of age and older:		28a. xv <input type="checkbox"/> Under 14 years } Go to next person xx <input type="checkbox"/> No } <input type="checkbox"/> Yes - Ask 28b
28a. Has -- driven a motor vehicle during the past 12 months?		
b. How many years has -- been driving?		b. 00 <input type="checkbox"/> Less than 1 year _____ Number of years
R Q 5-28	For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 5-28. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them. If eligible respondent is "at home" but did not respond for self, enter the reason in a footnote.	R 0 <input type="checkbox"/> Responded for self-entirely 1 <input type="checkbox"/> Responded for self-partly Person _____ was respondent

These next questions are about health insurance. We are interested in all kinds of health insurance which pays for MOST KINDS of illness. However, we do not want to include insurance which pays ONLY for accidents.

29a. Is anyone in the family covered by a health insurance plan which pays all or part of a hospital bill?
 Yes-Ask b and c No-Go to 30a

b. What is the name of the plan? - Record in Table H. I.

c. Is anyone in the family covered by any other health insurance plan which pays all or part of a hospital bill?
 Yes-Reask b and c No-Complete Table H.I. for each plan reported

30a. (Besides the -- plan you told me about) is anyone in the family covered by a health insurance plan which pays all or part of a surgeon's bill?
 Yes-Ask b and c No-Go to 31a

b. What is the name of the plan? - Record in Table H.I.

c. Is anyone in the family covered by any other health insurance plan which pays all or part of a surgeon's bill?
 Yes-Reask b and c No-Complete Table H.I. for each plan reported

31a. (Besides the -- plan you told me about) is anyone in the family covered by a health insurance plan which pays all or part of a doctor's bill for home calls or office visits?
 Yes-Ask b and c No-Go to 32a

b. What is the name of the plan?

c. Is anyone in the family covered by any other health insurance which pays all or part of a doctor's bill for home calls or office visits?
 Yes-Reask b and c No-Complete Table H.I. for each plan reported

32a. (Besides the -- plan you told me about) is anyone in the family covered by a deductible health insurance plan which pays some part of a bill for doctor visits or for hospital or surgical care, after a certain amount has been paid by the family?
 Yes-Ask b and c No-Go to 33a

b. What is the name of the plan?

c. Is anyone in the family covered by any other deductible health insurance plan which pays some part of a bill for doctor visits or for hospital or surgical care after a certain amount has been paid by the family?
 Yes-Reask b and c No-Complete Table H.I. for each plan reported

INTERVIEWER CHECK ITEM: _____

Mark one box for each person →

①
 Und. 65-Go to next person
 65 or over-Ask 33a

33a. Is -- covered by that part of Social Security Medicare which pays for doctor visits; that is the Medicare plan for which he or some agency must pay \$3.00 a month?

If person is covered by any insurance plan in Table H.I. ask for EACH plan:

b. Is this the (name of plan) you told me about before?

Line No. _____	Line No. _____	Line No. _____
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Go to next person

FOOTNOTES:

WASH. USE ONLY			
	Type of Plan	Number of Plans	Coverage of Head
H			
S			
D			

TABLE H. I.

Line No.	Name of Plan (1)	Does this plan pay all or part of a hospital bill?	Does this plan pay all or part of a surgeon's bill?	Does this plan pay all or part of a doctor's bill for home calls or office visits?	Does this plan pay any part of a doctor's bill for home calls or office visits after a certain amount has been paid by the family?	Which members of the family are covered by (name of plan)? Circle column numbers	If 2 or more members of family covered by this plan ask: Are all of these persons covered by the same policy?	For each person 65+ covered by this plan ask: Is this (name of plan) which covers -- a Social Security Medicare plan?						
		(2)	(3)	(4)	(5)	(6)	(7)	(8)						
A		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
C		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
D		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
E		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
G		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
H		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a				
		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person				
		Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Go to next person		Go to next person		Go to next person		Go to next person		Go to next person				
WASH. USE ONLY			WASH. USE ONLY			WASH. USE ONLY			WASH. USE ONLY			WASH. USE ONLY		
Type of Plan	Number of Plans	Coverage of Head	Type of Plan	Number of Plans	Coverage of Head	Type of Plan	Number of Plans	Coverage of Head	Type of Plan	Number of Plans	Coverage of Head	Type of Plan	Number of Plans	Coverage of Head
H			H			H			H			H		
S			S			S			S			S		
D			D			D			D			D		

<p>If 17 years old or over, ask:</p> <p>34a. What is the highest grade -- attended in school?</p> <p>b. Did -- finish the -- grade (year)?</p>		<p>Go to</p> <p><input type="checkbox"/> Und. 17 yrs. - next person</p> <p><input type="checkbox"/> None</p> <p>Elem: 1 2 3 4 5 6 7 8</p> <p>High: 9 10 11 12</p> <p>College: 1 2 3 4 5+</p>
<p>Ask for all males 17 years old or over.</p> <p>35a. Did -- ever serve in the Armed Forces of the United States?</p> <p>b. Was any of his service during a war?</p> <p>c. Was any of his service between June 27, 1950, and January 31, 1955?</p> <p>d. Was any of his service after January 31, 1955?</p>		<p><input type="checkbox"/> Yes- Ask b</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Female } Go to 36</p> <p><input type="checkbox"/> Yes- Stop</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK } Ask 35c</p> <p><input type="checkbox"/> Yes- Stop</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK } Ask 35d</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p>
<p>Ask for all persons 17 years old or over.</p> <p>36a. Did -- work at any time last week or the week before?--For females add: Not counting work around the house.</p> <p>b. Even though -- did not work during those 2 weeks, does he have a job or business?</p> <p>c. Was he looking for work or on layoff from a job?</p> <p>d. Which -- looking for work or on layoff from a job?</p>		<p>1 <input type="checkbox"/> Yes - Go to 37a</p> <p>2 <input type="checkbox"/> No - Ask both b and c</p> <p>b. 1 <input type="checkbox"/> Yes - Ask c</p> <p>2 <input type="checkbox"/> No - Ask c</p> <p>c. 1 <input type="checkbox"/> Yes - Ask d</p> <p>2 <input type="checkbox"/> No - Omit d</p> <p>d. 1 <input type="checkbox"/> Looking</p> <p>2 <input type="checkbox"/> Layoff</p> <p>3 <input type="checkbox"/> Both</p>
<p>If "Yes" in 36c only, questions 37a through 37d apply to this person's LAST full-time civilian job.</p>	<p>Ask for all persons with a "Yes" in 36a, 36b, or 36c.</p> <p>37a. Who does (did) -- work for?</p> <p>b. What kind of business or industry is this?</p> <p>c. What kind of work is (was) -- doing?</p> <p>Fill 37d from entries in 37a-37c, if not clear, ask:</p> <p>d. Class of worker</p>	<p>37a. Employer</p> <p>b. Industry</p> <p>c. Occupation</p> <p>d. 0 <input type="checkbox"/> Pvt. pd. 3 <input type="checkbox"/> Own</p> <p>1 <input type="checkbox"/> Gov. Fed. 4 <input type="checkbox"/> Non-pd.</p> <p>2 <input type="checkbox"/> Gov. Oth. 5 <input type="checkbox"/> Nev. worked</p>
<p>INTERVIEWER CHECK ITEM:</p> <p>If person is under 17 years, or not in Labor Force (Q. 37 a-d blank) check "Not in Labor Force."</p> <p>If in Labor Force (Q. 37 filled) refer to Question 5e and make appropriate entry.</p> <p>Earlier you said that -- lost -- days from work during the past 2 weeks - (If self-employed, ask b; for other workers, ask a)</p> <p>38a. Was -- paid any wages by his employer for the days that he lost?</p> <p>b. Does -- have any insurance that pays him for the income he lost on these days?</p> <p>c. Did he receive his full day's pay for all of these -- days he lost?</p> <p>d. In total, how much income did -- lose because of the -- days he lost from work?</p> <p>e. Is this before or after taxes?</p> <p>f. How much does -- usually earn per week?</p> <p>g. Is this before or after taxes?</p> <p>h. Did -- receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way?</p>		<p>4 <input type="checkbox"/> Not in Labor Force or Under 17</p> <p>0 <input type="checkbox"/> No work-loss days-in LF</p> <p>Go to next person</p> <p><input type="checkbox"/> Work-loss days _____</p> <p>Go to 38a</p> <p>1 <input type="checkbox"/> Yes-Ask c</p> <p>2 <input type="checkbox"/> No-Ask b</p> <p>b. 1 <input type="checkbox"/> Yes-Ask c</p> <p>2 <input type="checkbox"/> No-Ask d</p> <p>c. 1 <input type="checkbox"/> Yes-Ask f</p> <p>2 <input type="checkbox"/> No-Ask d & e</p> <p>d. \$ _____</p> <p>e. 1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After</p> <p>f. \$ _____</p> <p>g. 1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After</p> <p>h. 1 <input type="checkbox"/> Sick leave plan</p> <p>2 <input type="checkbox"/> Loss-of-pay insurance</p> <p>3 <input type="checkbox"/> Other - Specify _____</p>
<p>39. Which of these income groups represents your total combined family income for the past 12 months - that is, yours, your -'s etc.? (Show Card I) Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rents from property, and so forth.</p>		<p>39. Group</p> <p>1 <input type="checkbox"/> A 4 <input type="checkbox"/> D 7 <input type="checkbox"/> G</p> <p>2 <input type="checkbox"/> B 5 <input type="checkbox"/> E 8 <input type="checkbox"/> H</p> <p>3 <input type="checkbox"/> C 6 <input type="checkbox"/> F 9 <input type="checkbox"/> I</p> <p>10 <input type="checkbox"/> J</p>

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