

Current Estimates

From the Health Interview Survey:

United States - 1977

Estimates of incidence of acute conditions, number of persons reporting limitation of activity, number of persons injured, hospital episodes, disability days, and frequency of dental and physician visits. Based on data collected in the Health Interview Survey during 1977.

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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 (more than 30 percent relative standard error)-----	*

CURRENT ESTIMATES FROM THE HEALTH INTERVIEW SURVEY

Lonnie Jean Howie and Thomas F. Drury, Division of Health Interview Statistics

INTRODUCTION

National estimates of acute illnesses and injuries, disability days, and measures of health care utilization for 1977 are presented in this report. These variables represent the basic health items collected in the 1977 Health Interview Survey of the civilian noninstitutionalized population of the United States.

The detailed tables in this report contain data limited to age and sex categories of the population. More detailed analyses of similar data by additional selected social, economic, and demographic categories will be presented in later reports. The text tables present data that indicate recent trends for the major health items covered for 1977 as well as for the 2 previous years. Other Current Estimates reports in Series 10 (Numbers 115 and 119) present detailed data for these 2 years comparable to the data shown in this report for 1977.

Although published reports are the primary vehicle for disseminating statistical estimates from the Health Interview Survey, data are also available in the forms of special tabulations and standardized microdata tapes. Questions pertaining to cost, delivery time, and data years available should be directed to the Division of Health Interview Statistics.

HIGHLIGHTS FOR THE PERIOD

Acute Conditions

During 1977 an estimated 464.2 million acute illnesses and injuries occurred among the

civilian noninstitutionalized population of the United States (tables 1 and 2). The incidence rate of 218.8 acute conditions per 100 persons for 1977 was similar to the rates for the 2 previous years (table A).

Acute conditions are defined as those conditions (illnesses and injuries) that have lasted less than 3 months and that have involved either medical attention or 1 day or more of restricted activity. However, to counteract the effect of memory decay which impairs the validity of the estimates, the annual incidence of acute conditions is calculated by including only those conditions that had their onset during the 2 weeks prior to the interview.

Comparison of the 1977 rates for the major classifications of acute conditions with those of 1976 shows a decrease in the incidence of respiratory conditions (109.7 and 119.0 conditions per 100 persons per year, respectively). Most of this decrease derives from a lower reported incidence of influenza during 1977. When compared with those of 1976, rates for other categories of acute conditions increased slightly or remained the same. There is an increase in the rate of injuries from 32.1 in 1976 to 36.4 in 1977.¹

During 1977, acute illnesses and injuries caused an average of 9.4 days of restricted activity per person (tables A, 3, and 5), a rate similar

¹Comparisons of the rate of injuries for 1977 and 1975 are not attempted here or elsewhere in this report because the rate of reported injuries for 1975 probably reflects the effect of an extensive injury probe included in the questionnaire during 1975 (see Series 10, Number 115, p. 2).

Table A. Incidence of acute conditions, associated disability days, and persons injured: United States, 1975-77

Item	1975	1976	1977
<u>Acute conditions</u>	Number of acute conditions per 100 persons per year		
All acute conditions	212.0	219.0	218.8
Infective and parasitic diseases.....	22.8	25.0	27.2
Respiratory conditions	111.4	119.0	109.7
Upper respiratory conditions.....	59.3	60.6	63.2
Influenza	46.7	52.4	40.4
Other respiratory conditions	5.4	6.0	6.2
Digestive system conditions	10.3	10.4	11.2
Injuries	36.4	32.1	36.4
All other acute conditions	31.0	32.5	34.2
<u>Days of disability associated with acute conditions</u>	Days of disability per 100 persons per year		
Restricted-activity days	961.1	956.5	940.8
Bed-disability days.....	414.4	442.7	417.3
Work-loss days (ages 17 years and over) ¹	367.6	374.3	346.6
School-loss days (ages 6-16 years)	449.8	497.3	491.2
<u>Class of accident</u>	Number of persons injured per 100 persons per year		
All classes of accident	34.4	31.1	34.8
Moving motor vehicle	2.5	2.2	2.4
While at work	4.7	4.4	5.4
Home.....	14.9	12.3	13.9
Other	13.6	13.1	14.8

¹For currently employed population.

to that of 1976. The rate of 4.2 days in bed per person for 1977 (tables A, 4, and 6) is about the same as the rate for the previous year. The rate of 4.9 school-loss days per child aged 6-16 is similar to the rate for 1976 (tables A and 7). The number of days lost from work because of acute conditions among the currently employed population were similar for 1977 (table 8) and 1976, about 3½ days per person.

During 1977, there were approximately 74 million persons injured (table 9)—a rate of 34.8 persons injured per 100 persons (table A). The rates tend to decrease with age, ranging from 42.4 for children under 6 years of age to 21.4 for persons 65 years of age and over (table 9). Associated with these injuries were 330.4 days

of restricted activity (table 10) and 89.4 days of bed disability (table 11) per 100 persons per year. Although the rate of persons injured decreases with age, the number of restricted-activity and bed-disability days per person per year associated with injuries increases with age.

Days of Disability

Table B shows days of disability per person per year for both acute and chronic conditions for 1975 through 1977. "Days of disability" refers to any temporary or long-term reduction of a person's activity due to acute or chronic conditions. The four types of disability days (restricted-activity, bed-disability, work-loss, and school-loss days) are reported in the health interview in association with specific acute and chronic conditions. Although it is possible for a particular day of disability to be attributed to more than one condition, the person-day measure, used in table B, counts each day of disability only once, regardless of the number of conditions causing disability on that day. A day of restricted activity is one during which a person reduces his or her normal activity for all or most of the day because of an illness or injury. Each day spent in bed for all or most of the day is counted as a day of restricted activity. Similarly, each day lost from work or school is a day of restricted activity. Days on which people cut down on the things that they usually do for the whole day, but which were neither bed days, nor work-loss days, nor school-loss days, are also counted as restricted-activity days.

In 1977 there were an estimated 17.8 days

Table B. Days of disability per person per year, by type of disability day: United States, 1975-77

Type of disability day	1975	1976	1977
<u>Days of disability</u>	Days of disability per person per year		
Restricted-activity days	17.9	18.2	17.8
Bed-disability days.....	6.6	7.1	6.9
Work-loss days (ages 17 years and over) ¹	5.2	5.3	5.0
School-loss days (ages 6-16 years)	5.1	5.2	5.4

¹For currently employed population.

of restricted activity per person as a result of chronic and acute illnesses or injuries—a rate similar to that of 1976. The number of restricted-activity days per person per year ranged from 11.2 days for children under 17 years of age to 36.5 for persons 65 years of age and over (table 12). The average number of bed-disability days per person during 1977 (6.9) was similar to that in 1976 (table B). There were an estimated 450 million days lost from work due to illness or injury—5.0 days per currently employed person 17 years of age and over per year, a rate similar to that of 1976. The number of days lost from school for children 6-16 years during 1977 was 5.4 days per child, again similar to the 1976 rate (table 13).

Females reported proportionately more restricted-activity, bed-disability, and work-loss days than did males during 1977, as has been the case in previous years (tables 12 and 13).

Limitation of Activity

The concept of limitation of activity as used in this report refers to long-term reduction in activity resulting from chronic disease or impairment. The measurement of this concept in the Health Interview Survey (HIS) permits one to distinguish among (1) persons limited in or unable to perform their major activity, (2) persons limited but not in their major activity, and (3) persons who are not limited. The category of persons limited in their major activity includes people who are unable to carry on the usual activity for their age-sex group, whether it is working, keeping house, or going to school, and persons restricted in the amount or kind of usual activity for their age-sex group. Persons limited but not in their major activity includes persons restricted in other activities such as civic, church, or recreational pursuits. Table C shows the percent of the population with limitation of activity for 1975 through 1977.

The 1977 HIS produced an estimate of 13.5 percent of the population as limited in their activities as a result of one or more chronic conditions. During 1977, the regular HIS questions on limitation of activity were used to screen respondents as to whether or not they would receive a special supplement on disability. It is highly probable that the 5.6-percent decline

Table C. Percent of the total population with limitation of activity due to chronic conditions: United States, 1975-77

Limitation of activity	1975	1976	1977
	Percent of total population		
Limited in all activity	14.3	14.3	13.5
Limited in major activity ¹	10.8	10.8	10.4
No limitation of activity	85.7	85.7	86.5

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

in the proportion of the population classified as limited in activity (down from 14.3 in 1976 to 13.5 in 1977) reflects this change in data collection procedure. As such, it would not be valid to conclude from these data alone that there was any decline in the percent of the population limited in activity during 1977. In general, the direction of the relationships between limitation of activity and age and sex characteristics are similar in 1977 (table 14) to relationships observed in earlier years. However, readers making detailed age-sex-type of limitation of activity comparisons should be cautioned that the change in data collection procedure had a greater effect on the estimates for females than it did for males, and had a greater effect on the percent of persons limited but not in their major activity than it did on the percent of persons limited in their major activity.

Utilization of Medical Services

Measures of the utilization of health services as reported in HIS are shown in tables 15-21 and highlighted in table D.

Information is obtained in HIS on the hospitalization experience of each household member during the 12-month period prior to interview. Two measures of hospitalization are derived from this information—hospital discharges and hospital episodes. Differences in estimating procedures for these two measures are described in appendix I. Another program of the National Center for Health Statistics—the Hospital Discharge Survey—collects information on hospital discharges from hospital records. Estimates from the Hospital Discharge Survey,

Table D. Selected measures of health care utilization: United States, 1975-77

Measures of utilization	1975	1976	1977
<u>Hospitalization</u>			
Number of discharges per 100 persons per year	14.1	14.1	14.0
Average length of stay in days	8.0	7.9	7.8
Percent of persons with 1 hospital episode or more	10.6	10.6	10.4
<u>Dental visits</u>			
Number per person per year	1.6	1.6	1.6
Percent of persons with visits in past year	50.3	48.7	49.7
<u>Physician visits</u>			
Number per person per year	5.1	4.9	4.8
Percent of persons with visits in past year	75.2	75.5	75.1

published in Series 13 of *Vital and Health Statistics*, will be somewhat higher than those presented here because of differences in collection procedures, population sampled, and definitions used.

During 1977, there were an estimated 14.0 discharges from short-stay hospitals per 100 persons, approximately the same as the rate for 1976 (tables D and 15). The rate of discharges per 100 persons for those 65 years of age and over (27.5) was about 4 times as high as that for children under 17 years of age (6.4). The average length of stay in days per hospital discharge was 7.8, approximately the same as reported for the previous year. Children and adults under 35 years of age experienced hospital stays averaging about 5½ days; older persons had increasingly longer stays, with those aged 65 years and over averaging about 11 days. Among persons 17 to 34 years of age, males experienced longer stays than did females.

Approximately 10.4 percent of the population were hospitalized at least once during the year preceding the interview (table 16). About 82 percent of these persons had only one stay in a hospital. In 1977, persons with one hospital episode or more spent an average of about 10 days per person in the hospital (table 17). Between the ages of 17 and 44, females averaged fewer days in the hospital than did males.

There were an estimated 342.8 million dental visits in 1977 (table 18), or 1.6 visits per person. This rate is the same as that for 1976 (table D). As in the past, females continued to make slightly more dental visits per person than did males, 1.7 and 1.5 visits per person per year, respectively (table 18).

From 1975 to 1976 there was a slight decrease in the percent of the population with at least one annual dental visit, the rate declining from 50.3 to 48.7 percent. Between 1976 and 1977, however, there was a slight increase in the percent of persons with one or more dental visits in the past year. Detailed data on the time interval since last dental visit are shown in table 19. More extensive data on dental visits can be found in the report entitled "Dental Visits: Volume and Interval Since Last Visit, United States, 1969" (Series 10, Number 76).

During 1977, there were approximately 1 billion contacts with medical doctors, excluding visits to inpatients in the hospital—an average of 4.8 visits per person (table 20). This rate is consistent with rates for the 2 previous years (table D). The number of visits per person per year ranged from 4.1 for children under 17 years of age to 6.5 visits for persons 75 years of age and over. For persons aged 17 through 64 years, females had more contacts with physicians than did males. For the younger and older age groups (under age 17 and 65 years and over), the rates were similar for both sexes.

Approximately 75 percent of the civilian noninstitutionalized population saw a medical doctor at least once during the 12 months preceding the interview (table 21). This percent has changed little over the past 3 years (table D). An estimated 3.4 percent of the population had not contacted a physician in 5 years or more. More extensive data on physician visits can be found in the report entitled "Physician Visits: Volume and Interval Since Last Visit, United States, 1971" (Series 10, Number 97).

Seasonal Variation

Tables 22-24 present quarterly estimates of acute conditions, persons injured, and disability days. Figures 1-3 show these data for the past 6 years. The quarterly estimates of acute conditions for 1977 closely resemble the estimates of 1976, 1975, and 1972, but not those of 1973

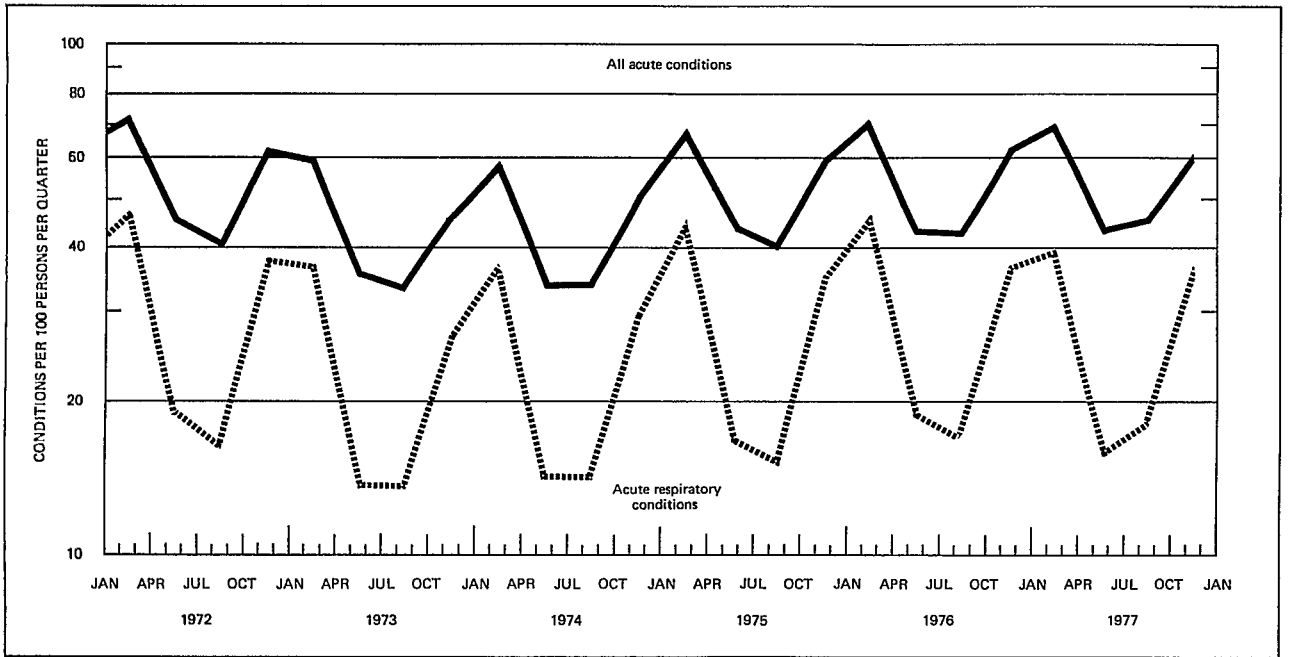


Figure 1. Incidence of all acute conditions and acute respiratory conditions per 100 persons per quarter

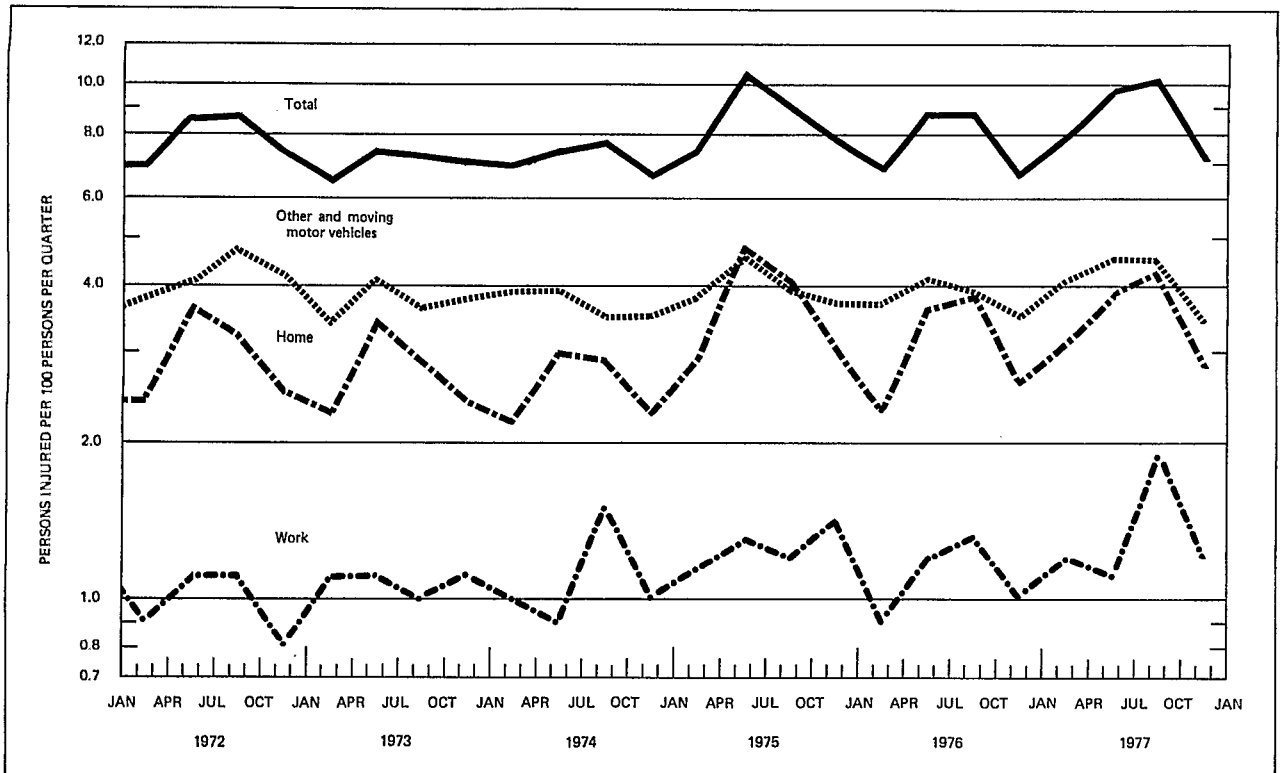


Figure 2. Persons injured per 100 persons per quarter, by class of accident

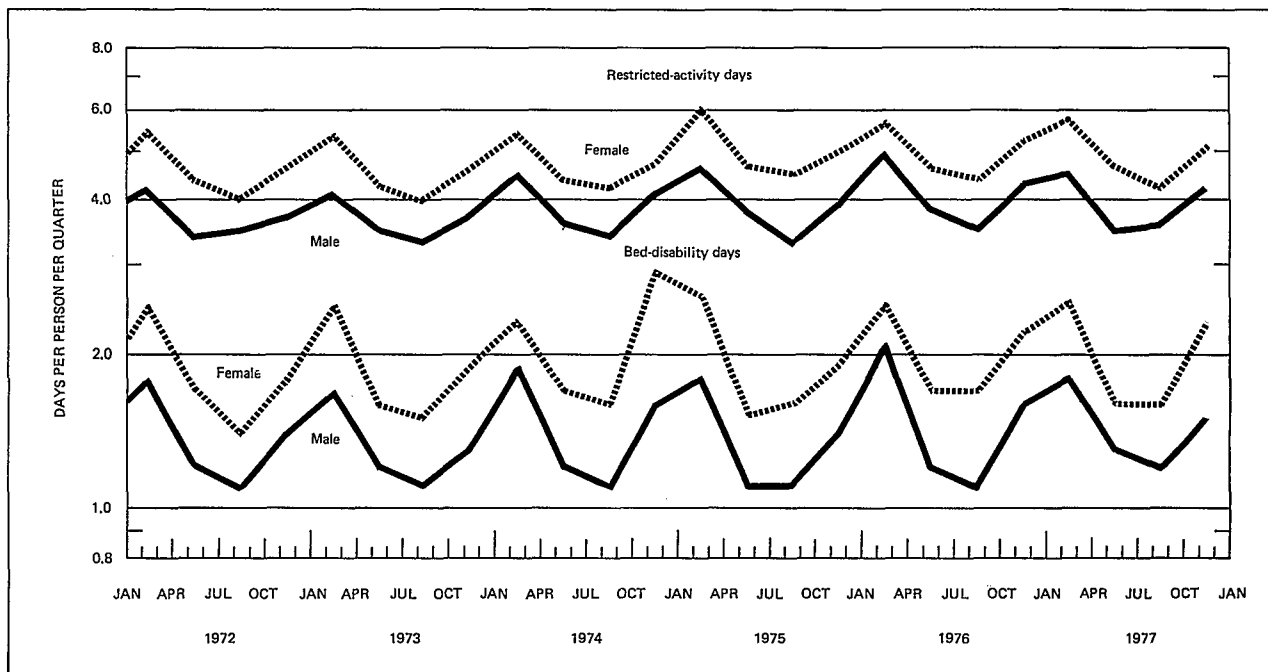


Figure 3. Disability days per person per quarter, by type of disability and sex

and 1974 (figure 1) because of changes in survey procedures during the latter 2 years.² The high rates consistently shown for persons injured during 1975 (figure 2) probably reflect the greater yield of reported injuries that resulted from the inclusion of an extensive accident probe added to that year's questionnaire, but not to the questionnaire in the other years shown. Modifications to the questionnaire do not account, therefore, for the fact that the 1977 rates of persons injured resemble those for 1975. Restricted-activity days and bed-disability days continued to fluctuate in a pattern similar to that of previous years (figure 3).

CONTENTS OF 1977 QUESTIONNAIRE

Data on the incidence of acute conditions, limitation of activity due to chronic conditions,

²For a more detailed explanation of the problem associated with the data collection procedure for acute conditions used during 1973 and 1974, see Series 10, Number 100, page 1, and Series 10, Number 102, pages 2-4.

persons injured, hospitalization, disability days, dental visits, and physician visits are now collected annually in the Health Interview Survey. Periodic reports update information on these health topics, and selected unpublished data are also available. A list of the Series 10 publications containing detailed data on these items for years previous to 1977 is at the end of this text.

The 1977 questionnaire contained a variety of topics not routinely collected in the Health Interview Survey. These topics include prevalence of impairments (previously collected in 1971), limitation of mobility, special aids used by people in getting around, prevalence of persons with impaired hearing, use of corrective lenses, symptoms of stroke and medical attention for symptoms of stroke, health habits, problems getting medical care, and the needs of disabled persons for special services.

SOURCE AND LIMITATIONS OF THE DATA

The information from the Health Interview Survey presented in this report is based on data

collected in a continuing nationwide survey 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 noninstitutionalized population of the United States.

During the 52 weeks in 1977, the sample was composed of approximately 41,000 households containing about 111,000 persons living at the time of the interview. The total noninterview rate was about 3.3 percent—of which 1.9 percent was due to respondent refusal, and the remainder was primarily due to the failure to find an eligible respondent at home after repeated calls.

The population figures used in computing annual rates shown in this report appear in table 25.

A description of the design of the survey, the methods used in estimation, and general qualifications of the data obtained from this survey is presented in appendix I. Since the estimates shown in this report are based on a sample of the 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 specified meanings for the purpose of the survey. For example, estimates of the incidence of acute conditions include, with certain exceptions, those conditions that had started within 2 weeks and that involved either medical attention or restricted activity. The exceptions, 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, that is, person-days of disability.

Appendix III contains the questionnaire used in the interview. Also shown are the cards used by the interviewer for asking certain questions.

In this report, terms such as "similar" and "the same" mean that no statistically significant difference exists between the statistics being compared. Terms relating to difference (i.e., "greater," "less," etc.) indicate that differences are statistically significant. The *t*-test with a critical value of 1.96 (0.05 level of significance) was used to test all comparisons that are discussed. Lack of comment regarding the difference between any two statistics does *not* mean the difference was tested and found to be not significant.

RELATED PUBLICATIONS IN SERIES 10

Number	
64	Persons Hospitalized by Number of Hospital Episodes and Days in a Year, United States, 1968
76	Dental Visits: Volume and Interval Since Last Visit, United States, 1969
82	Acute Conditions, Incidence and Associated Disability, United States, July 1970-June 1971
83	Prevalence of Selected Chronic Digestive Conditions, United States, July-December 1968
84	Prevalence of Selected Chronic Respiratory Conditions, United States, 1970
85	Current Estimates From the Health Interview Survey, United States, 1972
87	Impairments Due to Injury, United States, 1971
88	Acute Conditions, Incidence and Associated Disability, United States, July 1971-June 1972
90	Disability Days, United States, 1971

92	Prevalence of Selected Chronic Skin and Musculoskeletal Conditions, United States, 1969	107	Hospital Discharges and Length of Stay: Short-Stay Hospitals, United States, 1972
94	Prevalence of Selected Chronic Circulatory Conditions, United States, 1972	109	Prevalence of Chronic Conditions of the Genitourinary, Nervous, Endocrine, Metabolic, and Blood and Blood-Forming Systems and of Other Selected Chronic Conditions, United States, 1973
95	Current Estimates From the Health Interview Survey, United States, 1973	111	Limitation of Activity due to Chronic Conditions, United States, 1974
96	Limitation of Activity and Mobility Due to Chronic Conditions, United States, 1972	112	Health Characteristics of Persons With Chronic Activity Limitation, United States, 1974
97	Physician Visits: Volume and Interval Since Last Visit, United States, 1971	114	Acute Conditions, Incidence and Associated Disability, United States, July 1974-June 1975
98	Acute Conditions, Incidence and Associated Disability, United States, 1972-73	115	Current Estimates From the Health Interview Survey, United States, 1975
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[Data are based on household interviews of the civilian noninstitutionalized 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	BOTH SEXES	MALE	FEMALE
	INCIDENCE OF ACUTE CONDITIONS IN THOUSANDS			PERCENT DISTRIBUTION			NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR		
ALL ACUTE CONDITIONS-----	464,156	209,261	254,895	100.0	100.0	100.0	218.8	204.4	232.2
INFECTIVE AND PARASITIC DISEASES---	57,694	25,570	32,124	12.4	12.2	12.6	27.2	25.0	29.3
COMMON CHILDHOOD DISEASES-----	4,807	2,393	2,414	1.0	1.1	0.9	2.3	2.3	2.2
VIRUS, N.O.S.-----	26,334	11,351	14,983	5.7	5.4	5.9	12.4	11.1	13.6
OTHER INFECTIVE AND PARASITIC DISEASES-----	26,553	11,826	14,727	5.7	5.7	5.8	12.5	11.6	13.4
RESPIRATORY CONDITIONS-----	232,819	103,716	129,104	50.2	49.6	50.6	109.7	101.3	117.6
UPPER RESPIRATORY CONDITIONS-----	134,027	61,842	72,185	28.9	29.6	28.3	63.2	60.4	65.8
COMMON COLD-----	98,830	46,013	52,817	21.3	22.0	20.7	46.6	44.9	48.1
OTHER UPPER RESPIRATORY CONDITIONS-----	35,197	15,829	19,368	7.6	7.6	7.6	16.6	15.5	17.6
INFLUENZA-----	85,606	35,913	49,692	18.4	17.2	19.5	40.4	35.1	45.3
INFLUENZA WITH DIGESTIVE MANIFESTATIONS-----	6,482	2,925	3,558	1.4	1.4	1.4	3.1	2.9	3.2
OTHER INFLUENZA-----	79,123	32,989	46,135	17.0	15.8	18.1	37.3	32.2	42.0
OTHER RESPIRATORY CONDITIONS-----	13,186	5,960	7,226	2.8	2.8	2.8	6.2	5.8	6.6
PNEUMONIA-----	2,912	1,589	1,324	0.6	0.8	0.5	1.4	1.6	1.2
BRONCHITIS-----	6,049	2,578	3,471	1.3	1.2	1.4	2.9	2.5	3.2
OTHER RESPIRATORY CONDITIONS-----	4,224	1,794	2,431	0.9	0.9	1.0	2.0	1.8	2.2
DIGESTIVE SYSTEM CONDITIONS-----	23,791	10,743	13,049	5.1	5.1	5.1	11.2	10.5	11.9
DENTAL CONDITIONS-----	6,978	3,383	3,594	1.5	1.6	1.4	3.3	3.3	3.3
FUNCTIONAL AND SYMPTOMATIC UPPER GASTROINTESTINAL DISORDERS, N.E.C.-----	8,938	3,640	5,298	1.9	1.7	2.1	4.2	3.6	4.8
OTHER DIGESTIVE SYSTEM CONDITIONS-----	7,876	3,719	4,157	1.7	1.8	1.6	3.7	3.6	3.8
INJURIES-----	77,197	43,843	33,354	16.6	21.0	13.1	36.4	42.8	30.4
FRACTURES, DISLOCATIONS, SPRAINS, AND STRAINS-----	24,386	13,093	11,293	5.3	6.3	4.4	11.5	12.8	10.3
FRACTURES AND DISLOCATIONS-----	7,028	4,104	2,924	1.5	2.0	1.1	3.3	4.0	2.7
SPRAINS AND STRAINS-----	17,358	8,988	8,370	3.7	4.3	3.3	8.2	8.8	7.6
OPEN WOUNDS AND LACERATIONS-----	21,072	13,704	7,368	4.5	6.5	2.9	9.9	13.4	6.7
CONTUSIONS AND SUPERFICIAL INJURIES-----	16,407	8,453	7,954	3.5	4.0	3.1	7.7	8.3	7.2
OTHER CURRENT INJURIES-----	15,332	8,594	6,738	3.3	4.1	2.6	7.2	8.4	6.1
ALL OTHER ACUTE CONDITIONS-----	72,654	25,390	47,265	15.7	12.1	18.5	34.2	24.8	43.1
DISEASES OF THE EAR-----	15,152	6,756	8,396	3.3	3.2	3.3	7.1	6.6	7.6
HEADACHES-----	5,073	1,933	3,140	1.1	0.9	1.2	2.4	1.9	2.9
GENITOURINARY DISORDERS-----	13,643	1,563	12,080	2.9	0.7	4.7	6.4	1.5	11.0
DELIVERIES AND DISORDERS OF PREGNANCY AND THE PUERPERIUM---	4,245	...	4,245	0.9	...	1.7	2.0	...	3.9
DISEASES OF THE SKIN-----	4,210	2,386	1,824	0.9	1.1	0.7	2.0	2.3	1.7
DISEASES OF THE MUSCULOSKELETAL SYSTEM-----	6,495	2,786	3,710	1.4	1.3	1.5	3.1	2.7	3.4
ALL OTHER ACUTE CONDITIONS-----	23,836	9,966	13,870	5.1	4.8	5.4	11.2	9.7	12.6

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.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figures I and VI.

TABLE 2. INCIDENCE OF ACUTE CONDITIONS AND NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER	ALL AGES	UNDER 6 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER
BOTH SEXES	INCIDENCE OF ACUTE CONDITIONS IN THOUSANDS					NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	464,156	71,273	119,217	189,780	83,887	218.8	385.6	287.8	219.1	127.8
INFECTIVE AND PARASITIC DISEASES-----	57,694	11,391	16,835	20,238	9,231	27.2	61.6	40.6	23.4	14.1
RESPIRATORY CONDITIONS--	232,819	37,073	61,407	93,703	40,636	109.7	200.6	148.2	108.2	61.9
UPPER RESPIRATORY CONDITIONS-----	134,027	25,059	37,370	50,511	21,088	63.2	135.6	90.2	58.3	32.1
INFLUENZA-----	85,606	8,826	20,912	39,220	16,648	40.4	47.8	50.5	45.3	25.4
OTHER RESPIRATORY CONDITIONS-----	13,186	3,188	3,125	3,972	2,901	6.2	17.2	7.5	4.6	4.4
DIGESTIVE SYSTEM CONDITIONS-----	23,791	2,896	7,171	8,927	4,797	11.2	15.7	17.3	10.3	7.3
INJURIES-----	77,197	8,151	18,423	35,643	14,980	36.4	44.1	44.5	41.1	22.8
ALL OTHER ACUTE CONDITIONS-----	72,654	11,763	15,382	31,268	14,242	34.2	63.6	37.1	36.1	21.7
MALE										
ALL ACUTE CONDITIONS--	209,261	34,812	59,874	79,908	34,667	204.4	369.0	283.6	190.5	116.0
INFECTIVE AND PARASITIC DISEASES-----	25,570	5,168	8,716	8,126	3,560	25.0	54.8	41.3	19.4	11.9
RESPIRATORY CONDITIONS--	103,716	18,760	28,767	38,548	17,641	101.3	198.9	136.2	91.9	59.0
UPPER RESPIRATORY CONDITIONS-----	61,842	13,335	17,242	21,673	9,593	60.4	141.4	81.7	51.7	32.1
INFLUENZA-----	35,913	3,761	10,025	15,487	6,640	35.1	39.9	47.5	36.9	22.2
OTHER RESPIRATORY CONDITIONS-----	5,960	1,664	1,500	1,389	1,408	5.8	17.6	7.1	3.3	4.7
DIGESTIVE SYSTEM CONDITIONS-----	10,743	1,225	3,814	3,558	2,145	10.5	13.0	18.1	8.5	7.2
INJURIES-----	43,843	4,660	11,834	21,055	6,293	42.8	49.4	56.0	50.2	21.0
ALL OTHER ACUTE CONDITIONS-----	25,390	4,998	6,743	8,620	5,028	24.8	53.0	31.9	20.6	16.8
FEMALE										
ALL ACUTE CONDITIONS--	254,895	36,461	59,343	109,872	49,219	232.2	402.8	292.2	245.9	137.8
INFECTIVE AND PARASITIC DISEASES-----	32,124	6,222	8,119	12,112	5,671	29.3	68.7	40.0	27.1	15.9
RESPIRATORY CONDITIONS--	129,104	18,313	32,640	55,155	22,995	117.6	202.3	160.7	123.4	64.4
UPPER RESPIRATORY CONDITIONS-----	72,185	11,724	20,128	28,838	11,495	65.8	129.5	99.1	64.5	32.2
INFLUENZA-----	49,692	5,065	10,886	23,733	10,008	45.3	56.0	53.6	53.1	28.0
OTHER RESPIRATORY CONDITIONS-----	7,226	1,524	1,625	2,583	1,493	6.6	16.8	8.0	5.8	4.2
DIGESTIVE SYSTEM CONDITIONS-----	13,049	1,671	3,356	5,369	2,652	11.9	18.5	16.5	12.0	7.4
INJURIES-----	33,354	3,490	6,589	14,588	8,687	30.4	38.6	32.4	32.6	24.3
ALL OTHER ACUTE CONDITIONS-----	47,265	6,764	8,639	22,648	9,214	43.1	74.7	42.5	50.7	25.8

NOTE: EXCLUDED FROM THESE STATISTICS ARE ALL CONDITIONS INVOLVING NEITHER RESTRICTED ACTIVITY NOR MEDICAL ATTENTION.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figures I and VI.

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, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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 RESTRICTED ACTIVITY IN THOUSANDS			DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
ALL ACUTE CONDITIONS-----	1,996,029	846,290	1,149,739	940.8	826.6	1,047.4
INFECTIVE AND PARASITIC DISEASES---	219,531	91,898	127,633	103.5	89.8	116.3
COMMON CHILDHOOD DISEASES-----	30,748	15,510	15,239	14.5	15.1	13.9
VIRUS, N.O.S.-----	88,257	34,199	54,058	41.6	33.4	49.2
OTHER INFECTIVE AND PARASITIC DISEASES-----	100,526	42,190	58,336	47.4	41.2	53.1
RESPIRATORY CONDITIONS-----	882,975	373,368	509,608	416.2	364.7	464.3
UPPER RESPIRATORY CONDITIONS-----	404,644	180,132	224,512	190.7	175.9	204.5
COMMON COLD-----	298,592	135,932	162,660	140.7	132.8	148.2
OTHER UPPER RESPIRATORY CONDITIONS-----	106,053	44,201	61,852	50.0	43.2	56.3
INFLUENZA-----	358,626	139,597	219,029	169.0	136.3	199.5
INFLUENZA WITH DIGESTIVE MANIFESTATIONS-----	16,675	7,396	9,279	7.9	7.2	8.5
OTHER INFLUENZA-----	341,951	132,200	209,750	161.2	129.1	191.1
OTHER RESPIRATORY CONDITIONS-----	119,706	53,638	66,067	56.4	52.4	60.2
PNEUMONIA-----	48,275	22,609	25,667	22.8	22.1	23.4
BRONCHITIS-----	43,890	17,628	26,262	20.7	17.2	23.9
OTHER RESPIRATORY CONDITIONS---	27,540	13,401	14,138	13.0	13.1	12.9
DIGESTIVE SYSTEM CONDITIONS-----	100,944	44,230	56,715	47.6	43.2	51.7
DENTAL CONDITIONS-----	25,612	11,606	14,007	12.1	11.3	12.8
FUNCTIONAL AND SYMPTOMATIC UPPER GASTROINTESTINAL DISORDERS, N.E.C.-----	19,410	6,775	12,635	9.1	6.6	11.5
OTHER DIGESTIVE SYSTEM CONDITIONS-----	55,922	25,849	30,073	26.4	25.2	27.4
INJURIES-----	446,513	233,489	213,024	210.5	228.1	194.1
FRACTURES, DISLOCATIONS, SPRAINS, AND STRAINS-----	245,920	125,584	120,336	115.9	122.7	109.6
FRACTURES AND DISLOCATIONS-----	134,759	63,054	71,704	63.5	61.6	65.3
SPRAINS AND STRAINS-----	111,161	62,530	48,632	52.4	61.1	44.3
OPEN WOUNDS AND LACERATIONS-----	58,678	38,072	20,606	27.7	37.2	18.8
CONTUSIONS AND SUPERFICIAL INJURIES-----	69,661	32,281	37,380	32.8	31.5	34.1
OTHER CURRENT INJURIES-----	72,254	37,553	34,701	34.1	36.7	31.6
ALL OTHER ACUTE CONDITIONS-----	346,065	103,305	242,760	163.1	100.9	221.2
DISEASES OF THE EAR-----	51,243	20,127	31,116	24.2	19.7	28.3
HEADACHES-----	9,660	*	6,949	4.6	*	6.3
GENITOURINARY DISORDERS-----	60,513	10,143	50,370	28.5	9.9	45.9
DELIVERIES AND DISORDERS OF PREGNANCY AND THE PUERPERIUM----	49,060	...	49,060	23.1	...	44.7
DISEASES OF THE SKIN-----	13,360	5,840	7,520	6.3	5.7	6.9
DISEASES OF THE MUSCULOSKELETAL SYSTEM-----	51,164	23,237	27,928	24.1	22.7	25.4
ALL OTHER ACUTE CONDITIONS-----	111,065	41,248	69,817	52.4	40.3	63.6

NOTE: N.O.S.--NOT OTHERWISE SPECIFIED; N.E.C.--NOT ELSEWHERE CLASSIFIED.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

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, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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-----	885,209	360,017	525,192	417.3	351.6	478.5
INFECTIVE AND PARASITIC DISEASES---	117,262	51,007	66,256	55.3	49.8	60.4
COMMON CHILDHOOD DISEASES-----	16,399	9,456	6,943	7.7	9.2	6.3
VIRUS, N.O.S.-----	50,087	20,710	29,376	23.6	20.2	26.8
OTHER INFECTIVE AND PARASITIC DISEASES-----	50,777	20,840	29,936	23.9	20.4	27.3
RESPIRATORY CONDITIONS-----	444,743	184,466	260,277	209.6	180.2	237.1
UPPER RESPIRATORY CONDITIONS-----	180,261	79,734	100,527	85.0	77.9	91.6
COMMON COLD-----	125,313	58,251	67,061	59.1	56.9	61.1
OTHER UPPER RESPIRATORY CONDITIONS-----	54,949	21,482	33,466	25.9	21.0	30.5
INFLUENZA-----	198,632	77,008	121,624	93.6	75.2	110.8
INFLUENZA WITH DIGESTIVE MANIFESTATIONS-----	10,400	*	6,382	4.9	*	5.8
OTHER INFLUENZA-----	188,232	72,990	115,242	88.7	71.3	105.0
OTHER RESPIRATORY CONDITIONS-----	65,850	27,724	38,126	31.0	27.1	34.7
PNEUMONIA-----	27,982	12,402	15,580	13.2	12.1	14.2
BRONCHITIS-----	23,322	8,621	14,701	11.0	8.4	13.4
OTHER RESPIRATORY CONDITIONS---	14,546	6,701	7,845	6.9	6.5	7.1
DIGESTIVE SYSTEM CONDITIONS-----	47,209	19,395	27,814	22.3	18.9	25.3
DENTAL CONDITIONS-----	8,881	*	5,692	4.2	*	5.2
FUNCTIONAL AND SYMPTOMATIC UPPER GASTROINTESTINAL DISORDERS, N.E.C.-----	8,750	*	6,133	4.1	*	5.6
OTHER DIGESTIVE SYSTEM CONDITIONS-----	29,578	13,589	15,990	13.9	13.3	14.6
INJURIES-----	132,775	66,439	66,336	62.6	64.9	60.4
FRACTURES, DISLOCATIONS, SPRAINS, AND STRAINS-----	68,534	33,095	35,439	32.3	32.3	32.3
FRACTURES AND DISLOCATIONS-----	40,811	16,995	23,816	19.2	16.6	21.7
SPRAINS AND STRAINS-----	27,723	16,100	11,623	13.1	15.7	10.6
OPEN WOUNDS AND LACERATIONS-----	13,671	8,053	5,617	6.4	7.9	5.1
CONTUSIONS AND SUPERFICIAL INJURIES-----	21,735	10,894	10,842	10.2	10.6	9.9
OTHER CURRENT INJURIES-----	28,836	14,397	14,438	13.6	14.1	13.2
ALL OTHER ACUTE CONDITIONS-----	143,220	38,710	104,510	67.5	37.8	95.2
DISEASES OF THE EAR-----	18,691	7,978	10,713	8.8	7.8	9.8
HEADACHES-----	*	*	*	*	*	*
GENITOURINARY DISORDERS-----	27,491	*	24,654	13.0	*	22.5
DELIVERIES AND DISORDERS OF PREGNANCY AND THE PUERPERIUM-----	23,729	...	23,729	11.2	...	21.6
DISEASES OF THE SKIN-----	*	*	*	*	*	*
DISEASES OF THE MUSCULOSKELETAL SYSTEM-----	15,660	6,304	9,356	7.4	6.2	8.5
ALL OTHER ACUTE CONDITIONS-----	47,569	18,356	29,213	22.4	17.9	26.6

NOTE: N.O.S.--NOT OTHERWISE SPECIFIED; N.E.C.--NOT ELSEWHERE CLASSIFIED.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

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, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER	ALL AGES	UNDER 6 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER
BOTH SEXES	DAYS OF RESTRICTED ACTIVITY IN THOUSANDS					DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	1,996,029	216,749	384,813	789,289	605,177	940.8	1,172.7	928.9	911.2	922.2
INFECTIVE AND PARASITIC DISEASES-----	219,531	41,779	67,395	64,168	46,190	103.5	226.0	162.7	74.1	70.4
RESPIRATORY CONDITIONS--	882,975	121,340	202,091	313,266	246,279	416.2	656.5	487.8	361.7	375.3
UPPER RESPIRATORY CONDITIONS-----	404,644	66,762	99,499	141,501	96,883	190.7	361.2	240.2	163.4	147.6
INFLUENZA-----	358,626	33,607	82,386	142,349	100,283	169.0	181.8	198.9	164.3	152.8
OTHER RESPIRATORY CONDITIONS-----	119,706	20,970	20,206	29,416	49,114	56.4	113.5	48.8	34.0	74.8
DIGESTIVE SYSTEM CONDITIONS-----	100,944	8,204	15,331	39,668	37,741	47.6	44.4	37.0	45.8	57.5
INJURIES-----	446,513	12,525	56,285	214,042	163,662	210.5	67.8	135.9	247.1	249.4
ALL OTHER ACUTE CONDITIONS-----	346,065	32,902	43,712	158,146	111,305	163.1	178.0	105.5	182.6	169.6
MALE										
ALL ACUTE CONDITIONS--	846,290	115,738	181,390	328,893	220,269	826.6	1,226.9	859.1	784.2	736.8
INFECTIVE AND PARASITIC DISEASES-----	91,898	21,798	34,126	25,135	10,839	89.8	231.1	161.6	59.9	36.3
RESPIRATORY CONDITIONS--	373,368	66,466	93,102	120,949	92,851	364.7	704.6	440.9	288.4	310.6
UPPER RESPIRATORY CONDITIONS-----	180,132	39,089	44,283	59,690	37,070	175.9	414.4	209.7	142.3	124.0
INFLUENZA-----	139,597	14,696	37,413	51,778	35,710	136.3	155.8	177.2	123.5	119.4
OTHER RESPIRATORY CONDITIONS-----	53,638	12,681	11,406	9,480	20,071	52.4	134.4	54.0	22.6	67.1
DIGESTIVE SYSTEM CONDITIONS-----	44,230	*	7,299	15,347	17,511	43.2	*	34.6	36.6	58.6
INJURIES-----	233,489	7,218	31,001	135,885	59,385	228.1	76.5	146.8	324.0	198.6
ALL OTHER ACUTE CONDITIONS-----	103,305	16,183	15,862	31,577	39,683	100.9	171.6	75.1	75.3	132.7
FEMALE										
ALL ACUTE CONDITIONS--	1,149,739	101,011	203,423	460,396	384,908	1,047.4	1,116.0	1,001.5	1,030.4	1,077.4
INFECTIVE AND PARASITIC DISEASES-----	127,633	19,981	33,269	39,033	35,350	116.3	220.8	163.8	87.4	98.9
RESPIRATORY CONDITIONS--	509,608	54,873	108,989	192,317	153,429	464.3	606.3	536.6	430.4	429.4
UPPER RESPIRATORY CONDITIONS-----	224,512	27,672	55,216	81,811	59,813	204.5	305.7	271.9	183.1	167.4
INFLUENZA-----	219,029	18,911	44,974	90,571	64,574	199.5	208.9	221.4	202.7	180.7
OTHER RESPIRATORY CONDITIONS-----	66,067	8,290	8,799	19,935	29,042	60.2	91.6	43.3	44.6	81.3
DIGESTIVE SYSTEM CONDITIONS-----	56,715	*	8,033	24,320	20,230	51.7	*	39.5	54.4	56.6
INJURIES-----	213,024	*	25,283	78,157	104,277	194.1	*	124.5	174.9	291.9
ALL OTHER ACUTE CONDITIONS-----	242,760	16,719	27,849	126,569	71,622	221.2	184.7	137.1	283.3	200.5

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

TABLE 6. DAYS OF BED DISABILITY ASSOCIATED WITH ACUTE CONDITIONS AND DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER	DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR									
						ALL AGES	UNDER 6 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER					
BOTH SEXES						DAYS OF BED DISABILITY IN THOUSANDS					DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	885,209	96,536	190,489	344,828	253,356	417.3	522.3	459.8	398.1	386.1					
INFECTIVE AND PARASITIC DISEASES-----	117,262	20,752	37,539	37,741	21,231	55.3	112.3	90.6	43.6	32.4					
RESPIRATORY CONDITIONS--	444,743	55,087	115,065	157,531	117,061	209.6	298.0	277.8	181.9	178.4					
UPPER RESPIRATORY CONDITIONS-----	180,261	26,122	52,721	64,888	36,530	85.0	141.3	127.3	74.9	55.7					
INFLUENZA-----	198,632	18,712	51,417	77,458	51,044	93.6	101.2	124.1	89.4	77.8					
OTHER RESPIRATORY CONDITIONS-----	65,850	10,253	10,927	15,184	29,486	31.0	55.5	26.4	17.5	44.9					
DIGESTIVE SYSTEM CONDITIONS-----	47,209	*	6,097	17,611	21,214	22.3	*	14.7	20.3	32.3					
INJURIES-----	132,775	*	13,606	64,732	50,355	62.6	*	32.8	74.7	76.7					
ALL OTHER ACUTE CONDITIONS-----	143,220	14,327	18,183	67,214	43,496	67.5	77.5	43.9	77.6	66.3					
MALE															
ALL ACUTE CONDITIONS--	360,017	51,464	92,501	122,105	93,946	351.6	545.6	438.1	291.1	314.2					
INFECTIVE AND PARASITIC DISEASES-----	51,007	10,658	20,888	14,059	*	49.8	113.0	98.9	33.5	*					
RESPIRATORY CONDITIONS--	184,466	29,831	54,315	57,317	43,004	180.2	316.2	257.2	136.7	143.8					
UPPER RESPIRATORY CONDITIONS-----	79,734	16,219	23,839	25,451	14,225	77.9	171.9	112.9	60.7	47.6					
INFLUENZA-----	77,008	8,267	24,470	26,928	17,344	75.2	87.6	115.9	64.2	58.0					
OTHER RESPIRATORY CONDITIONS-----	27,724	*	6,006	*	11,435	27.1	*	28.4	*	38.2					
DIGESTIVE SYSTEM CONDITIONS-----	19,395	*	*	6,716	8,495	18.9	*	*	16.0	28.4					
INJURIES-----	66,439	*	8,181	33,772	21,786	64.9	*	38.7	80.5	72.9					
ALL OTHER ACUTE CONDITIONS-----	38,710	6,978	6,231	10,240	15,261	37.8	74.0	29.5	24.4	51.0					
FEMALE															
ALL ACUTE CONDITIONS--	525,192	45,071	97,988	222,723	159,410	478.5	498.0	482.4	498.5	446.2					
INFECTIVE AND PARASITIC DISEASES-----	66,256	10,094	16,651	23,682	15,830	60.4	111.5	82.0	53.0	44.3					
RESPIRATORY CONDITIONS--	260,277	25,256	60,750	100,214	74,057	237.1	279.0	299.1	224.3	207.3					
UPPER RESPIRATORY CONDITIONS-----	100,527	9,903	28,882	39,437	22,305	91.6	109.4	142.2	88.3	62.4					
INFLUENZA-----	121,624	10,445	26,948	50,530	33,701	110.8	115.4	132.7	113.1	94.3					
OTHER RESPIRATORY CONDITIONS-----	38,126	*	*	10,246	18,051	34.7	*	*	22.9	50.5					
DIGESTIVE SYSTEM CONDITIONS-----	27,814	*	*	10,894	12,719	25.3	*	*	24.4	35.6					
INJURIES-----	66,336	*	*	30,959	28,569	60.4	*	*	69.3	80.0					
ALL OTHER ACUTE CONDITIONS-----	104,510	7,349	11,951	56,974	28,235	95.2	81.2	58.8	127.5	79.0					

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

TABLE 7. DAYS LOST FROM SCHOOL ASSOCIATED WITH ACUTE CONDITIONS AND DAYS LOST FROM SCHOOL PER 100 CHILDREN (6-16 YEARS) PER YEAR, BY SEX AND CONDITION GROUP: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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 LOST FROM SCHOOL IN THOUSANDS			DAYS LOST FROM SCHOOL PER 100 CHILDREN PER YEAR		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
ALL ACUTE CONDITIONS-----	203,500	98,181	105,319	491.2	465.0	518.5
INFECTIVE AND PARASITIC DISEASES-----	38,132	19,284	18,848	92.1	91.3	92.8
RESPIRATORY CONDITIONS-----	118,961	55,493	63,469	287.2	262.8	312.5
UPPER RESPIRATORY CONDITIONS-----	59,822	26,636	33,186	144.4	126.2	163.4
INFLUENZA-----	48,562	22,791	25,770	117.2	107.9	126.9
OTHER RESPIRATORY CONDITIONS-----	10,578	6,065	4,512	25.5	28.7	22.2
DIGESTIVE SYSTEM CONDITIONS-----	9,399	4,478	4,921	22.7	21.2	24.2
INJURIES-----	15,973	10,638	5,335	38.6	50.4	26.3
ALL OTHER ACUTE CONDITIONS-----	21,034	8,289	12,746	50.8	39.3	62.8

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

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, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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 YEARS & OVER	17-44 YEARS	45 YEARS & OVER	ALL AGES- 17 YEARS & OVER	17-44 YEARS	45 YEARS & 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-----	314,801	223,578	91,224	346.6	371.0	298.4
INFECTIVE AND PARASITIC DISEASES-----	27,200	19,449	7,751	29.9	32.3	25.3
RESPIRATORY CONDITIONS-----	130,975	89,911	41,064	144.2	149.2	134.3
UPPER RESPIRATORY CONDITIONS-----	46,823	34,910	11,912	51.5	57.9	39.0
INFLUENZA-----	64,389	46,047	18,342	70.9	76.4	60.0
OTHER RESPIRATORY CONDITIONS-----	19,764	8,954	10,810	21.8	14.9	35.4
DIGESTIVE SYSTEM CONDITIONS-----	16,481	11,304	5,178	18.1	18.8	16.9
INJURIES-----	99,041	73,120	25,921	109.0	121.3	84.8
ALL OTHER ACUTE CONDITIONS-----	41,104	29,794	11,310	45.2	49.4	37.0
<u>MALE</u>						
ALL ACUTE CONDITIONS-----	168,103	120,224	47,879	314.2	343.4	258.9
INFECTIVE AND PARASITIC DISEASES-----	12,077	9,253	*	22.6	26.4	*
RESPIRATORY CONDITIONS-----	66,246	45,086	21,161	123.8	128.8	114.4
UPPER RESPIRATORY CONDITIONS-----	24,347	18,172	6,175	45.5	51.9	33.4
INFLUENZA-----	32,779	23,273	9,506	61.3	66.5	51.4
OTHER RESPIRATORY CONDITIONS-----	9,121	3,641	5,480	17.0	10.4	29.6
DIGESTIVE SYSTEM CONDITIONS-----	8,715	5,451	*	16.3	15.6	*
INJURIES-----	66,494	50,936	15,558	124.3	145.5	84.1
ALL OTHER ACUTE CONDITIONS-----	14,571	9,498	5,072	27.2	27.1	27.4
<u>FEMALE</u>						
ALL ACUTE CONDITIONS-----	146,698	103,353	43,345	392.9	409.2	358.7
INFECTIVE AND PARASITIC DISEASES-----	15,123	10,196	4,927	40.5	40.4	40.8
RESPIRATORY CONDITIONS-----	64,729	44,825	19,904	173.4	177.5	164.7
UPPER RESPIRATORY CONDITIONS-----	22,475	16,738	5,737	60.2	66.3	47.5
INFLUENZA-----	31,610	22,774	8,836	84.7	90.2	73.1
OTHER RESPIRATORY CONDITIONS-----	10,643	5,313	5,330	28.5	21.0	44.1
DIGESTIVE SYSTEM CONDITIONS-----	7,766	5,852	*	20.8	23.2	*
INJURIES-----	32,547	22,184	10,363	87.2	87.8	85.8
ALL OTHER ACUTE CONDITIONS-----	26,534	20,296	6,238	71.1	80.4	51.6

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

TABLE 9. NUMBER OF PERSONS INJURED AND NUMBER OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY CLASS OF ACCIDENT, SEX, AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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			
BOTH SEXES		NUMBER OF PERSONS INJURED IN THOUSANDS				
ALL AGES-----	73,927	5,033	4,392	11,414	29,588	31,435
UNDER 6 YEARS-----	7,837	*	*	...	5,558	2,193
6-16 YEARS-----	17,677	833	787	...	6,733	10,335
17-44 YEARS-----	34,069	3,082	2,636	9,001	10,291	13,746
45-64 YEARS-----	9,579	772	676	2,366	4,213	3,378
65 YEARS AND OVER-----	4,765	*	*	*	2,793	1,783
MALE						
ALL AGES-----	42,326	2,861	2,371	9,012	14,444	18,898
UNDER 6 YEARS-----	4,480	*	*	...	3,112	1,386
6-16 YEARS-----	11,362	*	*	...	4,235	6,677
17-44 YEARS-----	20,264	1,684	1,381	7,156	4,841	8,353
45-64 YEARS-----	4,504	*	*	1,810	1,390	1,727
65 YEARS AND OVER-----	1,716	*	*	*	866	755
FEMALE						
ALL AGES-----	31,601	2,172	2,021	2,402	15,145	12,537
UNDER 6 YEARS-----	3,357	*	*	...	2,445	807
6-16 YEARS-----	6,315	*	*	...	2,498	3,657
17-44 YEARS-----	13,805	1,397	1,255	1,846	5,450	5,393
45-64 YEARS-----	5,075	*	*	*	2,823	1,651
65 YEARS AND OVER-----	3,049	*	*	*	1,928	1,028
BOTH SEXES		NUMBER OF PERSONS INJURED PER 100 PERSONS PER YEAR				
ALL AGES-----	34.8	2.4	2.1	5.4	13.9	14.8
UNDER 6 YEARS-----	42.4	*	*	...	30.1	11.9
6-16 YEARS-----	42.7	2.0	1.9	...	16.3	24.9
17-44 YEARS-----	39.3	3.6	3.0	10.4	11.9	15.9
45-64 YEARS-----	22.1	1.8	1.6	5.5	9.7	7.8
65 YEARS AND OVER-----	21.4	*	*	*	12.5	8.0
MALE						
ALL AGES-----	41.3	2.8	2.3	8.8	14.1	18.5
UNDER 6 YEARS-----	47.5	*	*	...	33.0	14.7
6-16 YEARS-----	53.8	*	*	...	20.1	31.6
17-44 YEARS-----	48.3	4.0	3.3	17.1	11.5	19.9
45-64 YEARS-----	21.8	*	*	8.7	6.7	8.3
65 YEARS AND OVER-----	18.7	*	*	*	9.4	8.2
FEMALE						
ALL AGES-----	28.8	2.0	1.8	2.2	13.8	11.4
UNDER 6 YEARS-----	37.1	*	*	...	27.0	8.9
6-16 YEARS-----	31.1	*	*	...	12.3	18.0
17-44 YEARS-----	30.9	3.1	2.8	4.1	12.2	12.1
45-64 YEARS-----	22.4	*	*	*	12.5	7.3
65 YEARS AND OVER-----	23.3	*	*	*	14.8	7.9

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.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figures I and VI.

TABLE 10. DAYS OF RESTRICTED ACTIVITY ASSOCIATED WITH INJURY AND DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR, BY CLASS OF ACCIDENT, SEX, AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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-----	701,044	129,807	112,593	160,533	207,760	255,121
UNDER 6 YEARS-----	11,004	*	*	...	6,017	*
6-16 YEARS-----	56,993	*	*	...	17,423	36,691
17-44 YEARS-----	302,711	74,070	65,293	94,593	58,570	100,198
45-64 YEARS-----	195,681	34,740	29,108	52,793	62,300	67,021
65 YEARS AND OVER-----	134,655	16,049	13,804	13,147	63,450	47,825
<u>MALE</u>		DAYS OF RESTRICTED ACTIVITY IN THOUSANDS				
ALL AGES-----	358,646	73,430	60,502	124,146	67,513	135,017
UNDER 6 YEARS-----	6,191	*	*	...	*	*
6-16 YEARS-----	33,988	*	*	...	8,735	23,525
17-44 YEARS-----	189,323	46,360	39,741	74,302	27,005	60,810
45-64 YEARS-----	89,793	18,513	14,143	39,188	15,199	34,022
65 YEARS AND OVER-----	39,351	5,660	*	10,656	13,001	14,742
<u>FEMALE</u>		DAYS OF RESTRICTED ACTIVITY IN THOUSANDS				
ALL AGES-----	342,399	56,377	52,091	36,387	140,247	120,104
UNDER 6 YEARS-----	*	*	*	...	*	*
6-16 YEARS-----	23,005	*	*	...	8,688	13,166
17-44 YEARS-----	113,388	27,709	25,552	20,290	31,565	39,388
45-64 YEARS-----	105,888	16,226	14,965	13,605	47,102	32,999
65 YEARS AND OVER-----	95,304	10,389	9,521	*	50,449	33,083
<u>BOTH SEXES</u>		DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR				
ALL AGES-----	330.4	61.2	53.1	75.7	97.9	120.3
UNDER 6 YEARS-----	59.5	*	*	...	32.6	*
6-16 YEARS-----	137.6	*	*	...	42.1	88.6
17-44 YEARS-----	349.5	85.5	75.4	109.2	67.6	115.7
45-64 YEARS-----	451.3	80.1	67.1	121.8	143.7	154.6
65 YEARS AND OVER-----	604.8	72.1	62.0	59.0	285.0	214.8
<u>MALE</u>		DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR				
ALL AGES-----	350.3	71.7	59.1	121.3	65.9	131.9
UNDER 6 YEARS-----	65.6	*	*	...	*	*
6-16 YEARS-----	161.0	*	*	...	41.4	111.4
17-44 YEARS-----	451.4	110.5	94.8	177.2	64.4	145.0
45-64 YEARS-----	433.8	89.4	68.3	189.3	73.4	164.4
65 YEARS AND OVER-----	427.9	61.5	*	115.9	141.4	160.3
<u>FEMALE</u>		DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR				
ALL AGES-----	311.9	51.4	47.5	33.1	127.8	109.4
UNDER 6 YEARS-----	*	*	*	...	*	*
6-16 YEARS-----	113.3	*	*	...	42.8	64.8
17-44 YEARS-----	253.8	62.0	57.2	45.4	70.6	88.2
45-64 YEARS-----	467.4	71.6	66.1	60.0	207.9	145.6
65 YEARS AND OVER-----	729.2	79.5	72.8	*	386.0	253.1

NOTES: INCLUDES DISABILITY DAYS ASSOCIATED WITH CURRENT INJURIES AND IMPAIRMENTS DUE TO INJURY.

THE SUM OF DATA FOR THE FOUR CLASSES OF ACCIDENTS MAY BE GREATER THAN THE TOTAL BECAUSE THE CLASSES ARE NOT MUTUALLY EXCLUSIVE.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

TABLE 11. DAYS OF BED DISABILITY ASSOCIATED WITH INJURY AND DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR, BY CLASS OF ACCIDENT, SEX, AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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-----	189,735	35,084	30,285	37,351	56,768	72,756
UNDER 6 YEARS-----	*	*	*	...	*	*
6-16 YEARS-----	13,418	*	*	...	*	8,792
17-44 YEARS-----	79,955	17,810	14,919	21,310	17,132	29,622
45-64 YEARS-----	49,283	9,528	7,620	12,071	13,957	19,342
65 YEARS AND OVER-----	42,953	*	*	*	20,183	14,085
<u>MALE</u>		DAYS OF BED DISABILITY IN THOUSANDS				
ALL AGES-----	89,726	17,573	13,199	28,335	19,739	34,306
UNDER 6 YEARS-----	*	*	*	...	*	*
6-16 YEARS-----	8,438	*	*	...	*	6,017
17-44 YEARS-----	42,952	9,580	6,880	16,405	6,469	15,311
45-64 YEARS-----	21,461	*	*	8,510	*	7,744
65 YEARS AND OVER-----	14,262	*	*	*	*	*
<u>FEMALE</u>		DAYS OF BED DISABILITY IN THOUSANDS				
ALL AGES-----	100,009	17,511	17,086	9,017	37,029	38,450
UNDER 6 YEARS-----	*	*	*	...	*	*
6-16 YEARS-----	*	*	*	...	*	*
17-44 YEARS-----	37,003	8,230	8,039	*	10,662	14,310
45-64 YEARS-----	27,821	*	*	*	9,302	11,598
65 YEARS AND OVER-----	28,691	*	*	*	15,027	9,457
<u>BOTH SEXES</u>		DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR				
ALL AGES-----	89.4	16.5	14.3	17.6	26.8	34.3
UNDER 6 YEARS-----	*	*	*	...	*	*
6-16 YEARS-----	32.4	*	*	...	*	21.2
17-44 YEARS-----	92.3	20.6	17.2	24.6	19.8	34.2
45-64 YEARS-----	113.7	22.0	17.6	27.8	32.2	44.6
65 YEARS AND OVER-----	192.9	*	*	*	90.6	63.3
<u>MALE</u>		DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR				
ALL AGES-----	87.6	17.2	12.9	27.7	19.3	33.5
UNDER 6 YEARS-----	*	*	*	...	*	*
6-16 YEARS-----	40.0	*	*	...	*	28.5
17-44 YEARS-----	102.4	22.8	16.4	39.1	15.4	36.5
45-64 YEARS-----	103.7	*	*	41.1	*	37.4
65 YEARS AND OVER-----	155.1	*	*	*	*	*
<u>FEMALE</u>		DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR				
ALL AGES-----	91.1	16.0	15.6	8.2	33.7	35.0
UNDER 6 YEARS-----	*	*	*	...	*	*
6-16 YEARS-----	*	*	*	...	*	*
17-44 YEARS-----	82.8	18.4	18.0	*	23.9	32.0
45-64 YEARS-----	122.8	*	*	*	41.1	51.2
65 YEARS AND OVER-----	219.5	*	*	*	115.0	72.4

NOTES: INCLUDES DISABILITY DAYS ASSOCIATED WITH CURRENT INJURIES AND IMPAIRMENTS DUE TO INJURY.

THE SUM OF DATA FOR THE FOUR CLASSES OF ACCIDENTS MAY BE GREATER THAN THE TOTAL BECAUSE THE CLASSES ARE NOT MUTUALLY EXCLUSIVE.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

TABLE 12. DAYS OF DISABILITY AND DAYS OF DISABILITY PER PERSON PER YEAR, BY SEX AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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
BOTH SEXES			
DAYS OF DISABILITY IN THOUSANDS			
ALL AGES-----	3,772,845	1,458,189	450,289
UNDER 17 YEARS-----	671,069	312,006	...
17-24 YEARS-----	361,069	141,687	86,646
25-44 YEARS-----	872,257	326,191	189,546
45-64 YEARS-----	1,056,391	354,574	160,561
65 YEARS AND OVER-----	812,060	323,729	13,536
MALE			
ALL AGES-----	1,618,237	589,209	251,402
UNDER 17 YEARS-----	337,770	155,387	...
17-24 YEARS-----	160,122	51,945	45,203
25-44 YEARS-----	360,880	115,610	105,527
45-64 YEARS-----	456,402	149,576	90,329
65 YEARS AND OVER-----	303,063	116,691	10,342
FEMALE			
ALL AGES-----	2,154,607	868,980	198,887
UNDER 17 YEARS-----	333,298	156,619	...
17-24 YEARS-----	200,946	89,743	41,443
25-44 YEARS-----	511,377	210,581	84,019
45-64 YEARS-----	599,989	204,998	70,232
65 YEARS AND OVER-----	508,997	207,039	*
BOTH SEXES			
DAYS OF DISABILITY PER PERSON PER YEAR			
ALL AGES-----	17.8	6.9	5.0
UNDER 17 YEARS-----	11.2	5.2	...
17-24 YEARS-----	11.5	4.5	4.3
25-44 YEARS-----	15.8	5.9	4.7
45-64 YEARS-----	24.4	8.2	5.9
65 YEARS AND OVER-----	36.5	14.5	4.2
MALE			
ALL AGES-----	15.8	5.8	4.7
UNDER 17 YEARS-----	11.1	5.1	...
17-24 YEARS-----	10.5	3.4	4.1
25-44 YEARS-----	13.5	4.3	4.4
45-64 YEARS-----	22.0	7.2	5.5
65 YEARS AND OVER-----	33.0	12.7	5.0
FEMALE			
ALL AGES-----	19.6	7.9	5.3
UNDER 17 YEARS-----	11.4	5.3	...
17-24 YEARS-----	12.5	5.6	4.5
25-44 YEARS-----	17.9	7.4	5.2
45-64 YEARS-----	26.5	9.0	6.4
65 YEARS AND OVER-----	38.9	15.8	*

NOTE: WORK LOSS REPORTED FOR CURRENTLY EMPLOYED PERSONS AGED 17 YEARS AND OVER.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

TABLE 13. DAYS LOST FROM SCHOOL AND DAYS LOST FROM SCHOOL PER CHILD 6-16 YEARS OF AGE PER YEAR, BY SEX: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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
	DAYS LOST FROM SCHOOL IN THOUSANDS		
ALL AGES- 6-16 YEARS-----	223,450	109,332	114,118
	NUMBER OF SCHOOL-LOSS DAYS PER CHILD PER YEAR		
ALL AGES- 6-16 YEARS-----	5.4	5.2	5.6

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

TABLE 14. 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, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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	WITH NO ACTIVITY LIMITATION	TOTAL POPULATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	WITH NO ACTIVITY LIMITATION
<u>BOTH SEXES</u>	NUMBER IN THOUSANDS				PERCENT DISTRIBUTION			
ALL AGES-----	212,153	28,577	21,992	183,576	100.0	13.5	10.4	86.5
UNDER 17 YEARS-----	59,909	2,012	1,104	57,897	100.0	3.4	1.8	96.6
17-44 YEARS-----	86,620	6,984	4,524	79,636	100.0	8.1	5.2	91.9
45-64 YEARS-----	43,357	10,003	8,050	33,355	100.0	23.1	18.6	76.9
65 YEARS AND OVER---	22,266	9,577	8,314	12,689	100.0	43.0	37.3	57.0
<u>MALE</u>								
ALL AGES-----	102,384	14,250	11,148	88,134	100.0	13.9	10.9	86.1
UNDER 17 YEARS-----	30,547	1,095	589	29,452	100.0	3.6	1.9	96.4
17-44 YEARS-----	41,940	3,661	2,365	38,279	100.0	8.7	5.6	91.3
45-64 YEARS-----	20,700	5,104	4,164	15,596	100.0	24.7	20.1	75.3
65 YEARS AND OVER---	9,197	4,390	4,029	4,806	100.0	47.7	43.8	52.3
<u>FEMALE</u>								
ALL AGES-----	109,769	14,326	10,844	95,443	100.0	13.1	9.9	86.9
UNDER 17 YEARS-----	29,362	917	515	28,445	100.0	3.1	1.8	96.9
17-44 YEARS-----	44,680	3,323	2,159	41,357	100.0	7.4	4.8	92.6
45-64 YEARS-----	22,657	4,899	3,885	17,758	100.0	21.6	17.1	78.4
65 YEARS AND OVER---	13,070	5,187	4,285	7,883	100.0	39.7	32.8	60.3

NOTES: MAJOR ACTIVITY REFERS TO ABILITY TO WORK, KEEP HOUSE, OR ENGAGE IN SCHOOL OR PRESCHOOL ACTIVITIES.

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.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figures IV and VII.

TABLE 15. 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 1977

[Data are based on household interviews of the civilian noninstitutionalized 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	BOTH SEXES	MALE	FEMALE
	NUMBER OF DISCHARGES IN THOUSANDS			NUMBER OF DISCHARGES PER 100 PERSONS PER YEAR		
ALL AGES-----	29,713	12,209	17,504	14.0	11.9	15.9
UNDER 17 YEARS-----	3,806	2,158	1,648	6.4	7.1	5.6
17-24 YEARS-----	4,289	1,166	3,123	13.7	7.7	19.4
25-34 YEARS-----	4,982	1,314	3,668	15.5	8.4	22.1
35-44 YEARS-----	3,318	1,252	2,066	14.4	11.3	17.2
45-64 YEARS-----	7,203	3,527	3,676	16.6	17.0	16.2
65 YEARS AND OVER-----	6,114	2,791	3,323	27.5	30.3	25.4
	NUMBER OF HOSPITAL DAYS IN THOUSANDS			AVERAGE LENGTH OF STAY		
ALL AGES-----	233,233	107,820	125,413	7.8	8.8	7.2
UNDER 17 YEARS-----	21,344	13,023	8,321	5.6	6.0	5.0
17-24 YEARS-----	23,837	9,075	14,762	5.6	7.8	4.7
25-34 YEARS-----	29,796	10,698	19,098	6.0	8.1	5.2
35-44 YEARS-----	24,991	9,881	15,109	7.5	7.9	7.3
45-64 YEARS-----	65,529	34,849	30,680	9.1	9.9	8.3
65 YEARS AND OVER-----	67,736	30,294	37,442	11.1	10.9	11.3

NOTE: THESE STATISTICS ARE BASED ON DATA COLLECTED IN HOUSEHOLD HEALTH INTERVIEWS. THEY WILL DIFFER FROM THOSE REPORTED BY THE NCHS'S HOSPITAL DISCHARGE SURVEY AND OTHER STUDIES BECAUSE OF DIFFERENCES IN THE POPULATION COVERED, THE SOURCES OF DATA, AND TYPES OF HOSPITALS INCLUDED, E.G., DATA IN THIS REPORT INCLUDE VETERANS ADMINISTRATION AND OTHER FEDERAL HOSPITALS, BUT EXCLUDE PERSONS WHO DIED IN THE HOSPITAL, AND PERSONS WITH STAYS OF LESS THAN ONE DAY.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

TABLE 16. NUMBER AND PERCENT DISTRIBUTION OF PERSONS WITH SHORT-STAY HOSPITAL EPISODES DURING THE PAST YEAR BY NUMBER OF EPISODES, ACCORDING TO SEX AND AGE: UNITED STATES, BASED ON DATA COLLECTED IN HEALTH INTERVIEWS IN 1977

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-----	212,153	190,034	18,202	2,859	1,058	100.0	89.6	8.6	1.3	0.5
UNDER 17 YEARS-----	59,909	56,896	2,617	292	104	100.0	95.0	4.4	0.5	0.2
17-24 YEARS-----	31,340	27,922	2,939	348	131	100.0	89.1	9.4	1.1	0.4
25-34 YEARS-----	32,172	28,143	3,512	409	107	100.0	87.5	10.9	1.3	0.3
35-44 YEARS-----	23,108	20,696	1,974	319	119	100.0	89.6	8.5	1.4	0.5
45-64 YEARS-----	43,357	38,139	4,162	763	294	100.0	88.0	9.6	1.8	0.7
65 YEARS AND OVER-----	22,266	18,238	2,998	727	303	100.0	81.9	13.5	3.3	1.4
<u>MALE</u>										
ALL AGES-----	102,384	93,597	7,151	1,190	445	100.0	91.4	7.0	1.2	0.4
UNDER 17 YEARS-----	30,547	28,869	1,465	151	62	100.0	94.5	4.8	0.5	0.2
17-24 YEARS-----	15,233	14,312	793	99	*	100.0	94.0	5.2	0.6	*
25-34 YEARS-----	15,608	14,578	901	107	*	100.0	93.4	5.8	0.7	*
35-44 YEARS-----	11,099	10,227	703	114	55	100.0	92.1	6.3	1.0	0.5
45-64 YEARS-----	20,700	18,220	1,927	407	147	100.0	88.0	9.3	2.0	0.7
65 YEARS AND OVER-----	9,197	7,391	1,363	313	130	100.0	80.4	14.8	3.4	1.4
<u>FEMALE</u>										
ALL AGES-----	109,769	96,437	11,051	1,668	613	100.0	87.9	10.1	1.5	0.6
UNDER 17 YEARS-----	29,362	28,027	1,152	141	42	100.0	95.5	3.9	0.5	0.1
17-24 YEARS-----	16,107	13,610	2,146	250	102	100.0	84.5	13.3	1.6	0.6
25-34 YEARS-----	16,563	13,566	2,612	302	84	100.0	81.9	15.8	1.8	0.5
35-44 YEARS-----	12,009	10,469	1,271	205	64	100.0	87.2	10.6	1.7	0.5
45-64 YEARS-----	22,657	19,918	2,235	357	147	100.0	87.9	9.9	1.6	0.6
65 YEARS AND OVER-----	13,070	10,848	1,635	414	173	100.0	83.0	12.5	3.2	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.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figures IV and VII.

TABLE 17. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE PAST YEAR AND NUMBER OF DAYS PER PERSON WITH ONE HOSPITAL EPISODE OR MORE, BY NUMBER OF EPISODES, SEX, AND AGE: UNITED STATES, BASED ON DATA COLLECTED IN HEALTH INTERVIEWS IN 1977

SEX AND AGE	ALL EPISODES	NUMBER OF HOSPITAL EPISODES							
		1	2	3+	ALL EPISODES	1	2	3+	
BOTH SEXES		HOSPITAL DAYS IN THOUSANDS				DAYS PER PERSON WITH EPISODES			
ALL AGES-----	215,273	125,555	52,472	37,245	9.7	6.9	18.4	35.2	
UNDER 17 YEARS-----	20,877	14,066	4,090	2,721	6.9	5.4	14.0	26.2	
17-24 YEARS-----	22,065	13,725	4,540	3,800	6.5	4.7	13.0	29.0	
25-34 YEARS-----	27,319	18,123	5,985	3,211	6.8	5.2	14.6	30.0	
35-44 YEARS-----	23,537	13,464	5,669	4,404	9.8	6.8	17.8	37.0	
45-64 YEARS-----	61,315	34,822	15,293	11,200	11.7	8.4	20.0	38.1	
65 YEARS AND OVER-----	60,159	31,354	16,895	11,909	14.9	10.5	23.2	39.3	
MALE									
ALL AGES-----	96,713	55,848	24,223	16,642	11.0	7.8	20.4	37.4	
UNDER 17 YEARS-----	11,801	7,980	2,150	1,671	7.0	5.4	14.2	27.0	
17-24 YEARS-----	7,832	4,946	1,834	1,051	8.5	6.2	18.5	*	
25-34 YEARS-----	9,251	6,213	2,335	703	9.0	6.9	21.8	*	
35-44 YEARS-----	9,210	5,185	2,274	1,751	10.6	7.4	19.9	31.8	
45-64 YEARS-----	32,196	17,337	8,827	6,031	13.0	9.0	21.7	41.0	
65 YEARS AND OVER-----	26,424	14,186	6,804	5,434	14.6	10.4	21.7	41.8	
FEMALE									
ALL AGES-----	118,560	69,707	28,249	20,603	8.9	6.3	16.9	33.6	
UNDER 17 YEARS-----	9,076	6,086	1,940	1,049	6.8	5.3	13.8	25.0	
17-24 YEARS-----	14,233	8,779	2,706	2,749	5.7	4.1	10.8	27.0	
25-34 YEARS-----	18,068	11,910	3,650	2,508	6.0	4.6	12.1	29.9	
35-44 YEARS-----	14,327	8,278	3,395	2,654	9.3	6.5	16.6	41.5	
45-64 YEARS-----	29,120	17,485	6,466	5,169	10.6	7.8	18.1	35.2	
65 YEARS AND OVER-----	33,735	17,168	10,092	6,475	15.2	10.5	24.4	37.4	

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure IV.

Estimates of the number of hospital days shown above are based on information for the 12-month period prior to the time of interview, and because of memory decay are lower than the estimates of hospital days shown in table 15 which are based on a 6-month reference period.

TABLE 18. NUMBER OF DENTAL VISITS AND NUMBER OF DENTAL VISITS PER PERSON PER YEAR, BY AGE AND SEX: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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 17 YEARS	17-24 YEARS	25-44 YEARS	45-64 YEARS	65 YEARS AND OVER
NUMBER OF DENTAL VISITS IN THOUSANDS						
BOTH SEXES-----	342,766	91,819	51,648	93,909	76,248	29,142
MALE-----	154,090	44,088	21,382	42,870	33,577	12,172
FEMALE-----	188,676	47,731	30,265	51,039	42,671	16,970
NUMBER OF DENTAL VISITS PER PERSON PER YEAR						
BOTH SEXES-----	1.6	1.5	1.6	1.7	1.8	1.3
MALE-----	1.5	1.4	1.4	1.6	1.6	1.3
FEMALE-----	1.7	1.6	1.9	1.8	1.9	1.3

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure V.

TABLE 19. NUMBER AND PERCENT DISTRIBUTION OF PERSONS BY TIME INTERVAL SINCE LAST DENTAL VISIT ACCORDING TO SEX AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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 DENTAL 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-----	212,153	75,634	29,904	27,770	27,311	29,593	19,709	2,231
UNDER 17 YEARS-----	59,909	21,938	8,641	6,319	3,917	975	17,648	472
17-24 YEARS-----	31,340	11,857	5,451	5,496	4,887	2,116	987	547
25-44 YEARS-----	55,280	20,869	8,691	8,982	8,862	6,608	673	595
45-64 YEARS-----	43,357	15,725	5,382	5,213	6,498	9,833	262	444
65 YEARS AND OVER-----	22,266	5,246	1,740	1,761	3,147	10,061	139	172
MALE								
ALL AGES-----	102,384	35,119	14,370	13,583	13,639	14,238	10,178	1,257
UNDER 17 YEARS-----	30,547	11,023	4,323	3,305	2,156	522	8,979	239
17-24 YEARS-----	15,233	5,217	2,663	2,732	2,516	1,200	558	348
25-44 YEARS-----	26,707	9,481	4,088	4,310	4,488	3,595	397	348
45-64 YEARS-----	20,700	7,306	2,575	2,522	3,166	4,727	163	242
65 YEARS AND OVER-----	9,197	2,093	721	715	1,312	4,194	81	81
FEMALE								
ALL AGES-----	109,769	40,515	15,535	14,187	13,672	15,355	9,531	974
UNDER 17 YEARS-----	29,362	10,915	4,318	3,014	1,761	453	8,669	233
17-24 YEARS-----	16,107	6,640	2,788	2,764	2,371	916	429	200
25-44 YEARS-----	28,573	11,388	4,603	4,672	4,373	3,013	276	247
45-64 YEARS-----	22,657	8,419	2,807	2,691	3,332	5,106	99	203
65 YEARS AND OVER-----	13,070	3,153	1,019	1,046	1,835	5,868	58	91
BOTH SEXES		PERCENT DISTRIBUTION						
ALL AGES-----	100.0	35.7	14.1	13.1	12.9	13.9	9.3	1.1
UNDER 17 YEARS-----	100.0	36.6	14.4	10.5	6.5	1.6	29.5	0.8
17-24 YEARS-----	100.0	37.8	17.4	17.5	15.6	6.8	3.1	1.7
25-44 YEARS-----	100.0	37.8	15.7	16.2	16.0	12.0	1.2	1.1
45-64 YEARS-----	100.0	36.3	12.4	12.0	15.0	22.7	0.6	1.0
65 YEARS AND OVER-----	100.0	23.6	7.8	7.9	14.1	45.2	0.6	0.8
MALE								
ALL AGES-----	100.0	34.3	14.0	13.3	13.3	13.9	9.9	1.2
UNDER 17 YEARS-----	100.0	36.1	14.2	10.8	7.1	1.7	29.4	0.8
17-24 YEARS-----	100.0	34.2	17.5	17.9	16.5	7.9	3.7	2.3
25-44 YEARS-----	100.0	35.5	15.3	16.1	16.8	13.5	1.5	1.3
45-64 YEARS-----	100.0	35.3	12.4	12.2	15.3	22.8	0.8	1.2
65 YEARS AND OVER-----	100.0	22.8	7.8	7.8	14.3	45.6	0.9	0.9
FEMALE								
ALL AGES-----	100.0	36.9	14.2	12.9	12.5	14.0	8.7	0.9
UNDER 17 YEARS-----	100.0	37.2	14.7	10.3	6.0	1.5	29.5	0.8
17-24 YEARS-----	100.0	41.2	17.3	17.2	14.7	5.7	2.7	1.2
25-44 YEARS-----	100.0	39.9	16.1	16.4	15.3	10.5	1.0	0.9
45-64 YEARS-----	100.0	37.2	12.4	11.9	14.7	22.5	0.4	0.9
65 YEARS AND OVER-----	100.0	24.1	7.8	8.0	14.0	44.9	0.4	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.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure V.

TABLE 20. NUMBER OF PHYSICIAN VISITS AND NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY AGE AND SEX: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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 17 YEARS	17-24 YEARS	25-44 YEARS	45-64 YEARS	65-74 YEARS	75 YEARS AND OVER
NUMBER OF PHYSICIAN VISITS IN THOUSANDS							
BOTH SEXES-----	1,020,397	245,108	135,663	260,850	233,509	93,194	52,073
MALE-----	425,932	127,750	45,814	94,391	99,055	39,831	19,091
FEMALE-----	594,465	117,358	89,849	166,459	134,453	53,364	32,982
NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR							
BOTH SEXES-----	4.8	4.1	4.3	4.7	5.4	6.5	6.5
MALE-----	4.2	4.2	3.0	3.5	4.8	6.4	6.4
FEMALE-----	5.4	4.0	5.6	5.8	5.9	6.6	6.6

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure V.

TABLE 21. NUMBER AND PERCENT DISTRIBUTION OF PERSONS BY TIME INTERVAL SINCE LAST PHYSICIAN VISIT ACCORDING TO SEX AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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-----	212,153	124,591	34,797	23,630	19,806	7,249	271	1,809
UNDER 17 YEARS-----	59,909	34,071	10,761	8,364	4,927	1,090	160	536
17-24 YEARS-----	31,340	18,070	5,332	3,832	2,913	791	39	364
25-44 YEARS-----	55,280	30,967	10,196	6,061	5,771	1,777	*	477
45-64 YEARS-----	43,357	25,912	6,348	3,923	4,467	2,357	*	324
65 YEARS AND OVER-----	22,266	15,573	2,159	1,451	1,727	1,234	*	107
MALE								
ALL AGES-----	102,384	54,901	17,519	12,763	11,702	4,269	153	1,078
UNDER 17 YEARS-----	30,547	17,468	5,453	4,268	2,482	512	75	288
17-24 YEARS-----	15,233	7,267	2,836	2,301	2,008	560	*	236
25-44 YEARS-----	26,707	12,427	5,160	3,584	3,932	1,269	*	310
45-64 YEARS-----	20,700	11,492	3,179	1,989	2,482	1,362	*	179
65 YEARS AND OVER-----	9,197	6,246	892	621	799	566	*	65
FEMALE								
ALL AGES-----	109,769	69,690	17,278	10,867	8,103	2,981	118	731
UNDER 17 YEARS-----	29,362	16,602	5,308	4,096	2,445	578	85	247
17-24 YEARS-----	16,107	10,802	2,496	1,530	906	232	*	128
25-44 YEARS-----	28,573	18,540	5,036	2,477	1,839	508	*	168
45-64 YEARS-----	22,657	14,420	3,170	1,934	1,986	995	*	146
65 YEARS AND OVER-----	13,070	9,326	1,267	830	928	667	*	43
BOTH SEXES		PERCENT DISTRIBUTION						
ALL AGES-----	100.0	58.7	16.4	11.1	9.3	3.4	0.1	0.9
UNDER 17 YEARS-----	100.0	56.9	18.0	14.0	8.2	1.8	0.3	0.9
17-24 YEARS-----	100.0	57.7	17.0	12.2	9.3	2.5	0.1	1.2
25-44 YEARS-----	100.0	56.0	18.4	11.0	10.4	3.2	*	0.9
45-64 YEARS-----	100.0	59.8	14.6	9.0	10.3	5.4	*	0.7
65 YEARS AND OVER-----	100.0	69.9	9.7	6.5	7.8	5.5	*	0.5
MALE								
ALL AGES-----	100.0	53.6	17.1	12.5	11.4	4.2	0.1	1.1
UNDER 17 YEARS-----	100.0	57.2	17.9	14.0	8.1	1.7	0.2	0.9
17-24 YEARS-----	100.0	47.7	18.6	15.1	13.2	3.7	*	1.5
25-44 YEARS-----	100.0	46.5	19.3	13.4	14.7	4.8	*	1.2
45-64 YEARS-----	100.0	55.5	15.4	9.6	12.0	6.6	*	0.9
65 YEARS AND OVER-----	100.0	67.9	9.7	6.8	8.7	6.2	*	0.7
FEMALE								
ALL AGES-----	100.0	63.5	15.7	9.9	7.4	2.7	0.1	0.7
UNDER 17 YEARS-----	100.0	56.5	18.1	14.0	8.3	2.0	0.3	0.8
17-24 YEARS-----	100.0	67.1	15.5	9.5	5.6	1.4	*	0.8
25-44 YEARS-----	100.0	64.9	17.6	8.7	6.4	1.8	*	0.6
45-64 YEARS-----	100.0	63.6	14.0	8.5	8.8	4.4	*	0.6
65 YEARS AND OVER-----	100.0	71.4	9.7	6.4	7.1	5.1	*	0.3

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.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure V.

TABLE 22. INCIDENCE OF ALL ACUTE CONDITIONS AND ACUTE RESPIRATORY CONDITIONS PER 100 PERSONS PER QUARTER, BY SEX AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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								
BOTH SEXES, ALL AGES-----	69.3	43.7	45.0	60.9	39.7	15.7	18.1	36.1
UNDER 6 YEARS-----	125.5	76.6	74.0	109.4	73.6	30.7	28.2	68.2
6-16 YEARS-----	101.4	58.2	55.3	72.7	58.4	19.7	25.1	44.9
17-44 YEARS-----	63.5	44.5	48.3	62.8	35.2	16.1	19.4	37.4
45 YEARS AND OVER-----	40.4	24.1	25.8	37.5	24.2	8.5	9.3	20.0
MALE, ALL AGES-----	64.8	41.3	43.7	54.6	38.0	15.2	16.5	31.7
UNDER 6 YEARS-----	118.3	71.6	78.5	100.5	77.0	32.3	25.1	64.3
6-16 YEARS-----	98.6	57.7	56.9	70.2	54.2	17.8	23.6	40.7
17-44 YEARS-----	54.9	39.4	42.8	53.4	30.7	14.8	15.7	30.7
45 YEARS AND OVER-----	37.4	22.9	24.9	30.8	24.1	8.4	9.8	16.6
FEMALE, ALL AGES-----	73.4	45.8	46.1	66.9	41.4	16.3	19.7	40.3
UNDER 6 YEARS-----	133.1	81.8	69.4	118.8	70.0	28.9	31.4	72.3
6-16 YEARS-----	104.2	58.7	53.7	75.3	62.8	21.6	26.7	49.4
17-44 YEARS-----	71.5	49.3	53.4	71.7	39.4	17.4	22.9	43.6
45 YEARS AND OVER-----	43.0	25.1	26.6	43.1	24.2	8.6	8.8	22.8

NOTE: EXCLUDED FROM THESE STATISTICS ARE ALL CONDITIONS INVOLVING NEITHER RESTRICTED ACTIVITY NOR MEDICAL ATTENTION.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure 1.

TABLE 23. NUMBER OF PERSONS INJURED PER 100 PERSONS PER QUARTER, BY SEX AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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	JAN.-MAR.	APR.-JUNE	JULY-SEPT.	OCT.-DEC.
	NUMBER OF PERSONS INJURED PER 100 PERSONS PER QUARTER			
BOTH SEXES, ALL AGES-----	7.9	9.8	10.1	7.1
UNDER 17 YEARS-----	9.8	12.4	12.4	8.0
17 YEARS AND OVER-----	7.1	8.7	9.2	6.8
MALE, ALL AGES-----	9.0	11.5	12.7	8.2
UNDER 17 YEARS-----	11.4	14.8	15.5	10.1
17 YEARS AND OVER-----	7.9	10.1	11.5	7.4
FEMALE, ALL AGES-----	6.9	8.1	7.7	6.1
UNDER 17 YEARS-----	8.1	9.9	9.2	5.8
17 YEARS AND OVER-----	6.4	7.5	7.1	6.2

NOTE: EXCLUDED FROM THESE STATISTICS ARE ALL CONDITIONS INVOLVING NEITHER RESTRICTED ACTIVITY NOR MEDICAL ATTENTION.

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure I.

TABLE 24. DAYS OF DISABILITY PER PERSON PER QUARTER, BY SEX, TYPE OF DISABILITY, AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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.
	DAYS OF DISABILITY PER PERSON PER QUARTER											
DAYS OF RESTRICTED ACTIVITY, ALL AGES-----	5.1	4.1	3.9	4.6	4.5	3.5	3.6	4.2	5.7	4.6	4.2	5.1
UNDER 6 YEARS-----	4.4	2.2	1.9	3.9	4.7	2.1	2.2	3.7	4.0	2.3	1.5	4.0
6-16 YEARS-----	3.8	2.0	1.9	3.0	3.5	2.1	2.0	2.7	4.1	2.0	1.8	3.2
17-44 YEARS-----	4.0	3.2	3.2	3.9	3.2	2.9	2.8	3.5	4.7	3.6	3.5	4.2
45-64 YEARS-----	6.9	6.0	5.6	5.9	6.3	5.4	5.2	5.2	7.5	6.5	6.0	6.5
65 YEARS AND OVER-----	9.4	8.8	9.3	8.9	8.8	6.6	9.1	8.5	9.9	10.4	9.4	9.2
DAYS OF BED DISABILITY, ALL AGES-----	2.2	1.5	1.4	1.9	1.8	1.3	1.2	1.5	2.5	1.6	1.6	2.3
UNDER 6 YEARS-----	2.0	1.0	0.8	1.8	2.4	1.0	0.9	1.6	1.6	1.0	0.7	2.1
6-16 YEARS-----	1.9	0.9	0.7	1.4	1.8	1.0	0.7	1.2	2.0	0.9	0.7	1.7
17-44 YEARS-----	1.6	1.1	1.1	1.6	1.0	0.9	0.8	1.2	2.1	1.2	1.4	2.0
45-64 YEARS-----	2.6	2.0	1.6	2.0	2.2	2.1	1.5	1.5	2.9	2.0	1.7	2.4
65 YEARS AND OVER-----	4.0	3.4	3.6	3.5	3.8	2.7	3.2	2.9	4.2	3.9	3.8	3.9
DAYS LOST FROM WORK, 17 YEARS AND OVER-----	1.5	1.1	1.1	1.3	1.4	1.1	1.1	1.2	1.6	1.3	1.0	1.4
17-44 YEARS-----	1.3	1.0	1.0	1.2	1.2	0.9	1.0	1.2	1.5	1.2	1.0	1.2
45-64 YEARS-----	1.8	1.5	1.2	1.4	1.8	1.4	1.3	1.0	1.9	1.6	1.0	1.8
65 YEARS AND OVER-----	*	*	1.5	1.3	*	*	*	*	*	*	*	*
DAYS LOST FROM SCHOOL, 6-16 YEARS-----	2.3	1.0	0.5	1.6	2.2	1.0	0.5	1.4	2.4	0.9	0.5	1.8

The appropriate relative standard error of the estimates shown in this table are found in appendix I, figure II.

TABLE 25. POPULATION USED IN COMPUTING ANNUAL RATES SHOWN IN THIS PUBLICATION, BY SEX AND AGE: UNITED STATES, 1977

[Data are based on household interviews of the civilian noninstitutionalized 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]

	BOTH SEXES	MALE	FEMALE
	POPULATION IN THOUSANDS		
ALL AGES-----	212,153	102,384	109,769
UNDER 17 YEARS-----	59,909	30,547	29,362
UNDER 6 YEARS-----	18,483	9,433	9,051
6-16 YEARS-----	41,425	21,114	20,311
17-44 YEARS-----	86,620	41,940	44,680
17-24 YEARS-----	31,340	15,233	16,107
25-44 YEARS-----	55,280	26,707	28,573
25-34 YEARS-----	32,172	15,608	16,563
35-44 YEARS-----	23,108	11,099	12,009
45 YEARS AND OVER-----	65,624	29,897	35,727
45-64 YEARS-----	43,357	20,700	22,657
65 YEARS AND OVER-----	22,266	9,197	13,070
	CURRENTLY EMPLOYED POPULATION		
ALL AGES-17 YEARS AND OVER-----	90,838	53,498	37,340
17-44 YEARS-----	60,262	35,006	25,256
17-24 YEARS-----	20,044	10,895	9,148
25-44 YEARS-----	40,218	24,110	16,108
45 YEARS AND OVER-----	30,576	18,492	12,084
45-64 YEARS-----	27,337	16,432	10,904
65 YEARS AND OVER-----	3,239	2,060	1,179

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.

The appropriate relative standard error of the currently employed estimates shown in this table are found in appendix I, figure IV. The number of persons in each age-sex category of the total population is adjusted to official Bureau of the Census figures and is not subject to sampling error.

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APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report is one of a series of statistical reports prepared by the National Center for Health Statistics (NCHS). It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey (HIS).

The Health Interview Survey utilizes a questionnaire which obtains information on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, 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 population covered by the sample for the Health Interview Survey is the civilian, non-institutionalized population of the United States living at the time of the interview. The sample does not include members of the Armed Forces or U.S. nationals living in foreign countries. It should also be noted that the estimates shown do not represent a complete measure of any given topic during the specified calendar period since data are not collected in the interview for persons who died during the reference period. For many types of statistics collected in the survey, the reference period covers the 2 weeks prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (e.g., 1 year) might be sizable, especially for older persons.

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 noninstitutionalized population of the United States. The sample is designed in such a way that the sample of households interviewed each week is representative of the target population and that weekly samples are additive over time. This feature of the design permits both continuous measurement of characteristics of samples and more detailed analysis of less common characteristics and smaller categories of health-related items. The continuous collection has administrative and operational advantages as well as technical assets since it permits fieldwork to be handled with an experienced, stable staff.

The overall sample was designed so that tabulations can be provided for each of the four major geographic regions and for selected places of residence in the United States.

The first stage of the sample design consists of drawing a sample of 376 primary sampling units (PSU's) from approximately 1,900 geographically defined PSU's. A PSU consists of a county, a small group of contiguous counties, or a standard metropolitan statistical area. The PSU's collectively cover the 50 States and the District of Columbia.

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 six households. Three general types of segments are used.

Area segments which are defined geographically.

List segments, using 1970 census registers as the frame.

Permit segments, using updated lists of building permits issued in sample PSU's since 1970.

Census address listings were used for all areas of the country where addresses were well defined and could be used to locate housing units. In general the list frame included the larger urban areas of the United States from which about two-thirds of the HIS sample was selected.

The usual HIS sample consists of approximately 12,000 segments containing about 50,000 assigned households, of which 9,000 were vacant, demolished, or occupied by persons not in the scope of the survey. The 41,000 eligible occupied households yield a probability sample of about 120,000 persons.

Descriptive material on data collection, field procedures, and questionnaire development in the HIS has been published^{3,4} as well as a detailed description of the sample design⁵ and a report on the estimation procedure and the method used to calculate sampling errors of estimates derived from the survey.⁶

³National Center for Health Statistics: Health survey procedure: concepts, questionnaire development, and definitions in the Health Interview Survey. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 1-No. 2. Public Health Service. Washington. U.S. Government Printing Office, May 1964.

⁴National Center for Health Statistics: Health Interview Survey Procedure, 1957-1974. *Vital and Health Statistics*. Series 1-No. 11. DHEW Pub. No. (HRA) 75-1311. Health Resources Administration. Washington. U.S. Government Office, April 1975.

⁵U.S. National Health Survey: The statistical design of the health household interview survey. *Health Statistics*. PHS Pub. No. 584-A2. Public Health Service. Washington, D.C., July 1958.

⁶National Center for Health Statistics: Estimation and sampling variance in the Health Interview Survey. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 2-No. 38. Public Health Service. Washington. U.S. Government Printing Office, June 1970.

Collection of data.—Field operations for the survey are performed by the U.S. Bureau of the Census under specifications established by the National Center for Health Statistics. In accordance with these specifications the Bureau of the Census participates in survey planning, selects the sample, and conducts the field interviewing as an agent of NCHS. The data are coded, edited, and tabulated by NCHS.

Estimating procedures.—Since the design of the HIS is a complex multistage probability sample, it is necessary to use complex procedures in the derivation of estimates. Four basic operations are involved.

1. *Inflation by the reciprocal of the probability of selection.*—The probability of selection is the product of the probabilities of selection from each step of selection in the design (PSU, segment, and household).
2. *Nonresponse adjustment.*—The estimates are inflated by a multiplication factor which has as its numerator the number of sample households in a given segment and as its denominator the number of households interviewed in that segment.
3. *First-stage ratio adjustment.*—Sampling theory indicates that the use of auxiliary information which is highly correlated with the variables being estimated improves the reliability of the estimates. To reduce the variability between PSU's within a region, the estimates are ratio adjusted to the 1970 populations within 12 color-residence classes.
4. *Poststratification by age-sex-color.*—The estimates are ratio adjusted within each of 60 age-sex-color cells to an independent estimate of the population of each cell for the survey period. These independent estimates are prepared by the Bureau of the Census. Both the first-stage and poststratified ratio adjustments take the form of multiplication factors applied to the weight of each elementary unit (person, household, condition, and hospitalization).

The effect of the ratio-estimating process is to make the sample more closely representative

of the civilian noninstitutionalized population by age, sex, color, and residence, which thereby reduces sampling variance.

As noted, each week's sample represents the population living during that week and characteristics of the population. Consolidation of samples over a time period, e.g., a calendar quarter, produces estimates of average characteristics of the U.S. population for the calendar quarter. Similarly, population data for a year are averages of the four quarterly figures.

For prevalence statistics, such as number of persons with speech impairments or number of persons classified by time interval since last physician visit, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in the quarter. Prevalence data for a year are then obtained by averaging the four quarterly figures.

For other types of statistics—namely those measuring the number of occurrences during a specified time period—such as incidence of acute conditions, number of disability days, or number of visits to a doctor or dentist, 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 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.

Explanation of hospital recall.—The survey questionnaire uses a 12-month-recall period for hospitalizations. That is, the respondent is asked to report hospitalizations which occurred during the 12 months prior to the week of interview. Information is also obtained as to the date of entry into the hospital and duration of stay. Analysis of this information, and also the results of special studies, has shown that there is an increase in underreporting of hospitalizations

with increase in time interval between the discharge and the interview. Exclusive of the hospital experience of decedents, the net underreporting with a 12-month recall is in the neighborhood of 10 percent, but underreporting of discharges within 6 months of the week of interview is estimated to be less than 5 percent. For this reason hospital discharge data in this report are based on hospital discharges reported to have occurred within 6 months of the week of interview. Since the interviews were evenly distributed according to weekly probability samples throughout any interviewing year, no seasonal bias was introduced by doubling the 6-month-recall data to produce an annual estimate for that year of interviewing. Doubling the 6-month data in effect imputes to the entire year preceding the interview the rate of hospital discharges actually observed during the 6 months prior to interview. However, estimates of the number of persons with hospital episodes (as opposed to estimates of the number of hospital discharges) are based on 12-month recall data since a person's 12-month experiences cannot be obtained by doubling his most recent 6-month experience.

General Qualifications

Nonresponse.—Data were adjusted for nonresponse by a procedure which imputes to persons in a household who were not interviewed the characteristics of persons in households in the same segment who were interviewed.

The interview process.—The statistics presented in this report are based on replies obtained in interviews with persons in the sample households. Each person 19 years of age and over present at the time of interview was interviewed individually. For children and for adults not present in the home at the time of the interview, the information was obtained from a related household member such as a spouse or the mother of a child.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can usually pass on to the interviewer only the information the physician has given to the family. For condi-

tions 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, sex, and color, which are adjusted to independent estimates, these figures are based on the sample of households in the HIS. 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. With the exception of the overall totals by age, sex, and color mentioned above, the population figures differ from figures (which are derived from different sources) published in reports of the Bureau of the Census. Official population estimates are presented in Bureau of the Census reports in Series P-20, P-25, and P-60.

Reliability of Estimates

Since the statistics presented in this report 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 reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by

methods built into survey procedures.⁷ Although it is very difficult to measure the extent of bias in the Health Interview Survey, a number of studies have been conducted to study this problem. The results have been published in several reports.⁸⁻¹¹

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 be 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.

Standard error charts.—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 esti-

⁷National Center for Health Statistics: Quality control and measurement of nonsampling error in the Health Interview Survey. *Vital and Health Statistics*. Series 2-No. 54. DHEW Pub. No. (HSM) 73-1328. Health Services and Mental Health Administration. Washington. U.S. Government Printing Office, Mar. 1973

⁸National Center for Health Statistics: Health interview responses compared with medical records. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 2-No. 7. Public Health Service. Washington. U.S. Government Printing Office, July 1965.

⁹National Center for Health Statistics: Comparison of hospitalization reporting in three survey procedures. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 2-No. 8. Public Health Service. Washington. U.S. Government Printing Office, July 1965.

¹⁰National Center for Health Statistics: Interview data on chronic conditions compared with information derived from medical records. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 2-No. 23. Public Health Service. Washington. U.S. Government Printing Office, May 1967.

¹¹National Center for Health Statistics: The influence of interviewer and respondent psychological and behavioral variables on the reporting in household interviews. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 2-No. 26. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1968.

mate. For this report, asterisks are shown for any cell with more than a 30-percent relative standard error. 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.

1. *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 during the reference period used in data collection is usually either 0 to 1 on occasion may take on the value 2 or very rarely 3.
2. *Medium range.*—This class consists of other statistics for which the measure for a single individual during the reference period used in data collection will rarely lie outside the range 0 to 5.
3. *Wide range.*—This class consists of statistics for which the measure for a single individual during the reference period used in data collection can range from 0 to a number in excess of 5, e.g., the number of days of bed disability.

In addition to classifying variables according to whether they are narrow-, medium-, or wide-range, statistics in the survey are further classified as to whether they are based on a reference period of 2 weeks, 6 months, or 12 months.

General rules for determining relative standard errors.—The following rules will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report. These charts represent

standard errors of HIS data. They should be used in preference to the charts which have appeared in all previous Series 10 publications.

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, figures I-V. The number of persons in the total U.S. population or in an age-sex-color 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, figures VI and VII. 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:* This rule applies for prevalence rates or where a unit of the numerator occurs, with few exceptions, only once in the year for any one unit in the denominator. For example, in computing the rate of visual impairments per 1,000 population, the numerator consisting of persons with the impairment is a subclass of the denominator, which includes all persons in the population. Such rates if converted to rates per 100 may be treated as though they were percentages and the relative standard errors obtained from the percentage charts for population estimates. Rates per 1,000, or on any other base, must first be converted to rates per 100; then the percentage chart will provide the relative standard error per 100.

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-color 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 the relative standard error of the numerator and of the denominator can be obtained 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 on the standard error and often will overstate the error.

Rule 5. *Estimates of difference between two statistics (mean, rate, total, etc.):* The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. A formula for the standard error of a difference,

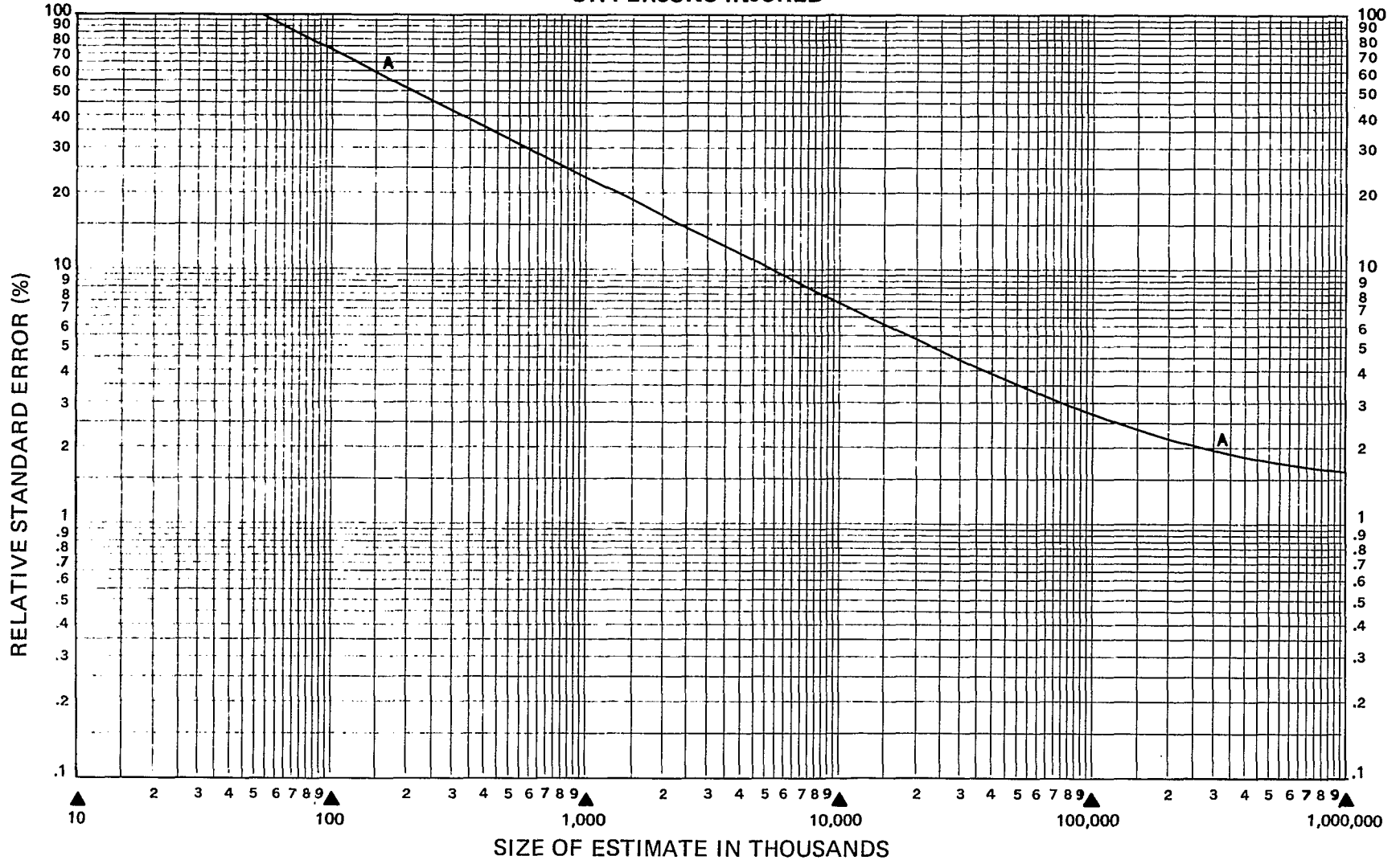
$$d = X_1 - X_2$$

is

$$\sigma_d = \sqrt{(X_1 V_{x1})^2 + (X_2 V_{x2})^2}$$

where X_1 is the estimate for class 1, X_2 is the estimate for class 2, and V_{x1} and V_{x2} are the relative errors of X_1 and X_2 respectively. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics although it is only a rough approximation in most other cases. The relative standard error of each estimate involved in such a difference can be determined by one of the four rules above, whichever is appropriate.

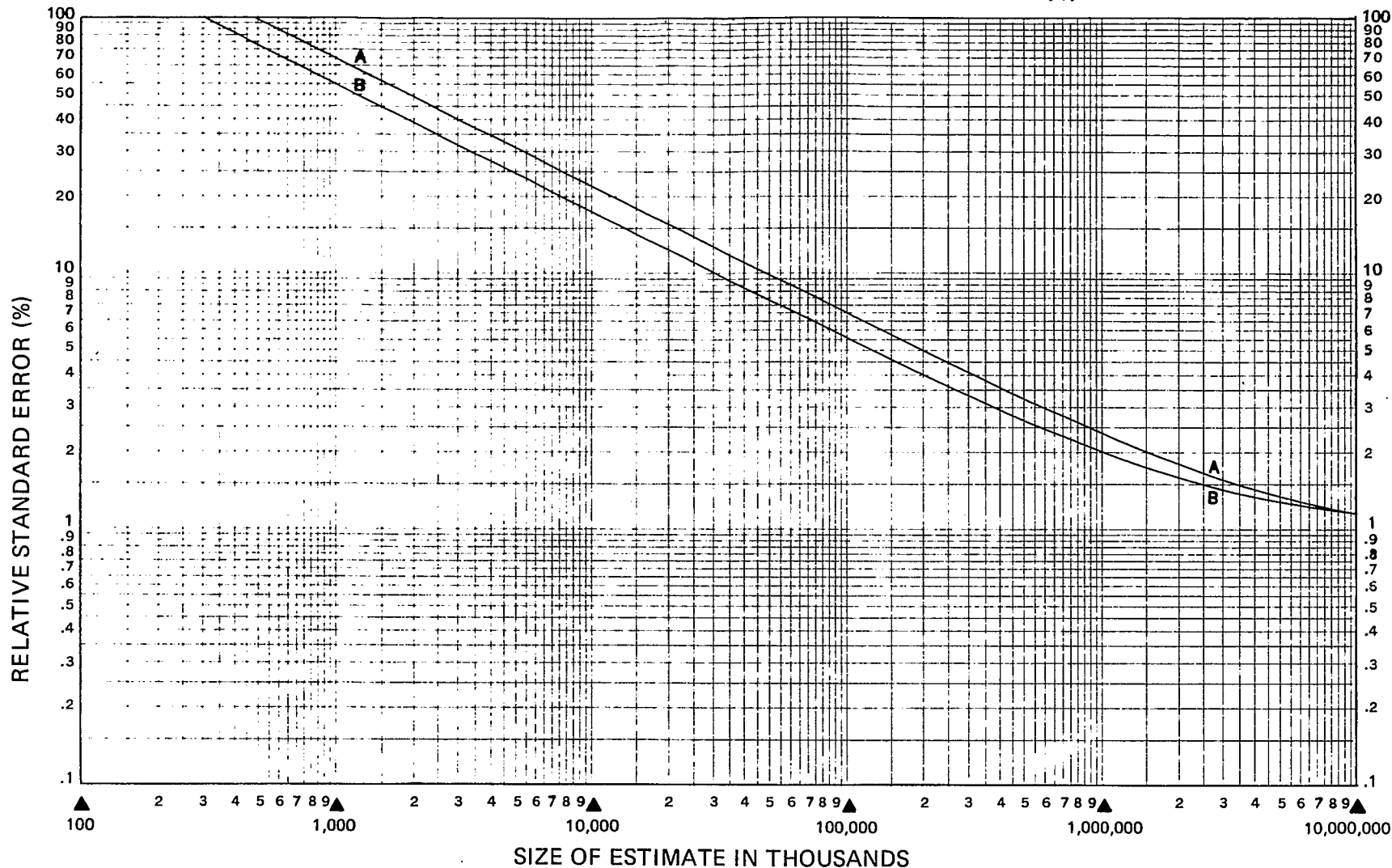
Figure I. RELATIVE STANDARD ERRORS FOR NUMBER OF ACUTE CONDITIONS
OR PERSONS INJURED¹



¹This curve represents estimates of relative standard errors based on 1 to 4 quarters of data collection for narrow range estimates of aggregates using a 2-week reference period.

Example of use of chart: An estimate of 1,000,000 acute respiratory conditions (on scale at bottom of chart) has a relative standard error of 23 percent (read from scale at left side of chart), or a standard error of 230,000 (23 percent of 1,000,000).

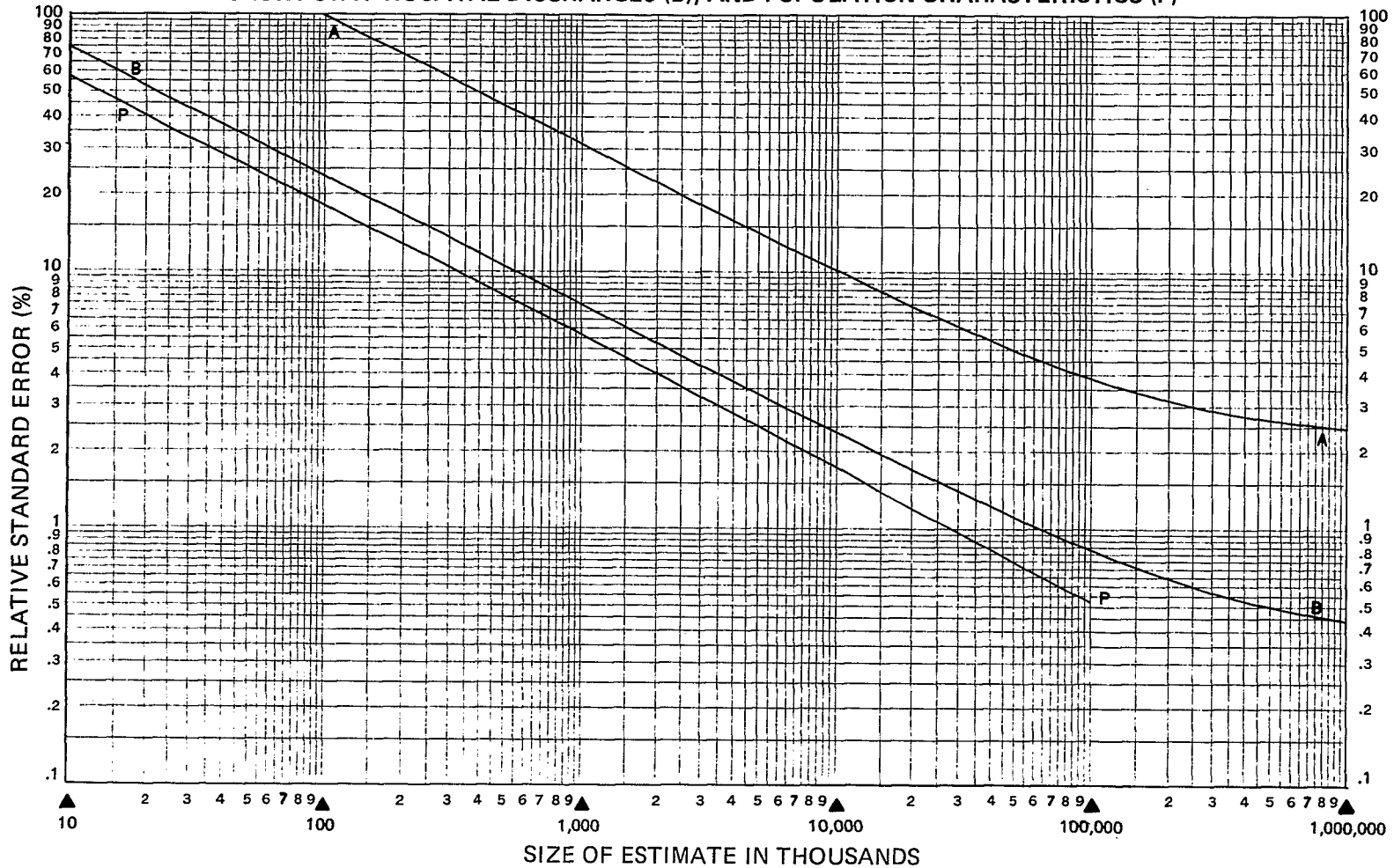
Figure II. RELATIVE STANDARD ERRORS FOR DAYS OF RESTRICTED ACTIVITY OR BED DISABILITY (A) AND FOR DAYS LOST FROM WORK OR SCHOOL (B)¹



¹These curves represent estimates of relative standard errors based on 1 to 4 quarters of data collection for wide range estimates of aggregates using a 2-week reference period.

45 *Example of use of chart:* An estimate of 10,000,000 days of restricted activity (on scale at bottom of chart) has a relative standard error of 22 percent (read from curve A on scale at left side of chart), or a standard error of 2,200,000 (22 percent of 10,000,000).

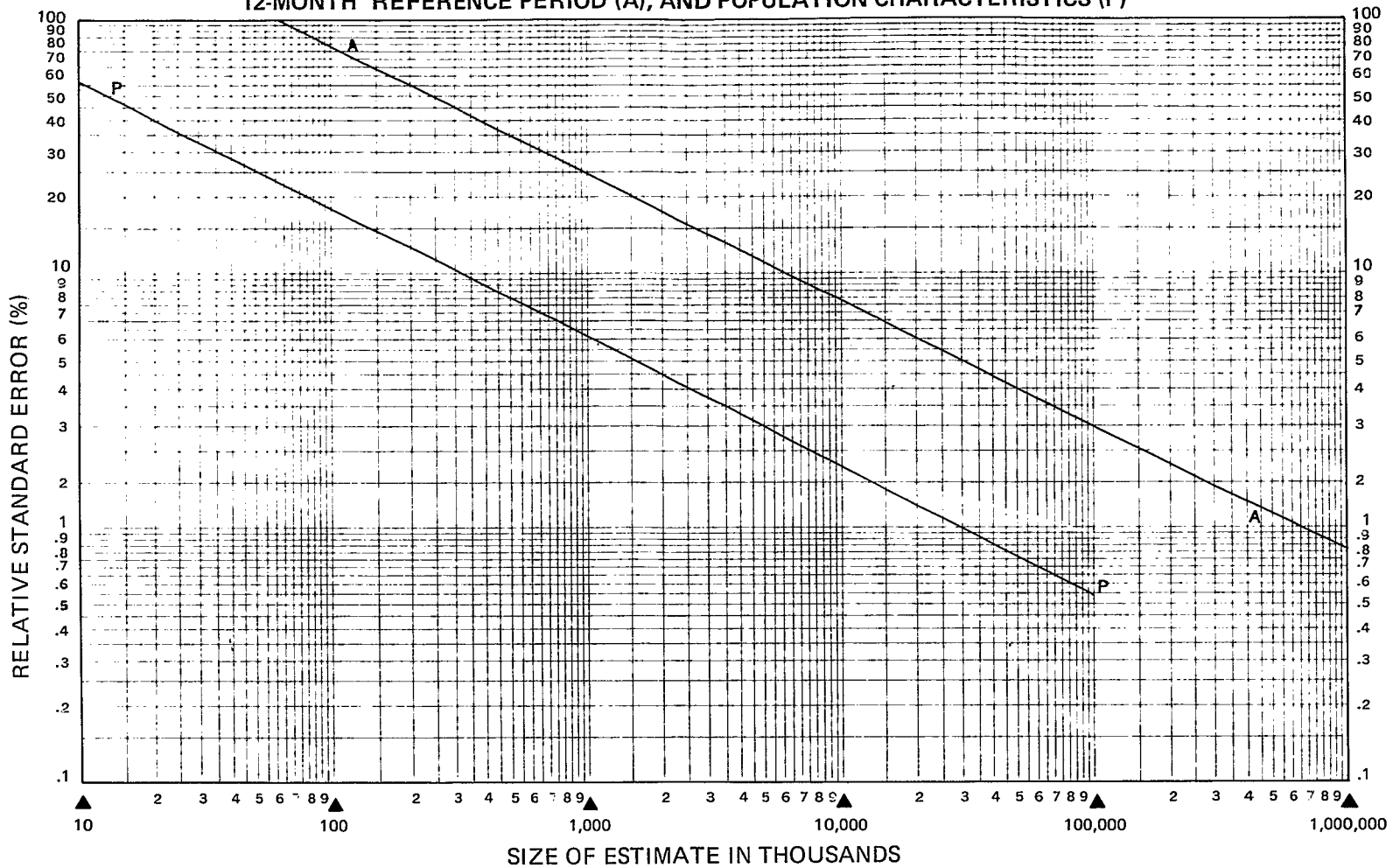
Figure III. RELATIVE STANDARD ERRORS FOR NUMBER OF SHORT-STAY HOSPITAL DAYS (A);
SHORT-STAY HOSPITAL DISCHARGES (B), AND POPULATION CHARACTERISTICS (P)¹



¹The curves related to short-stay hospital days and discharges are based on 4 quarters of data collection for wide and narrow range estimates of aggregates using a 6-month reference period; the curve for population characteristics is based on 4 quarters of data collection for narrow range estimates of aggregates.

Example of use of chart: An estimate of 10,000,000 hospital days (on scale at bottom of chart) has a relative standard error of 10.2 percent (read from curve A on scale at left side of chart), or a standard error of 1,020,000 (10.2 percent of 10,000,000). An estimate of 1,000,000 discharges from short-stay hospitals (curve B) has a relative standard error of 7.4 percent. An estimate of 1,000,000 persons in the Northeast Region (curve P) has a relative standard error of 5.7 percent.

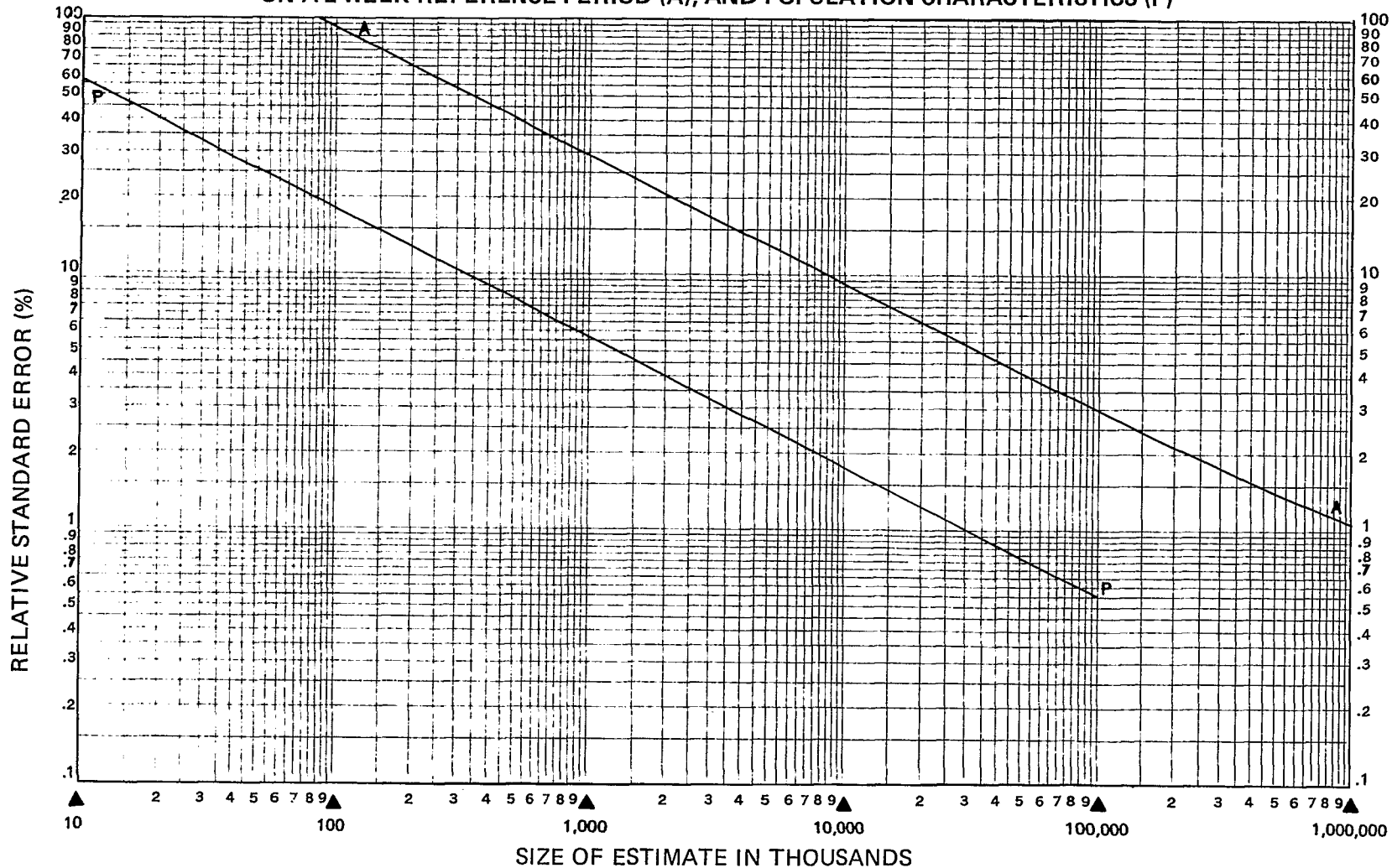
Figure IV. RELATIVE STANDARD ERRORS FOR SHORT-STAY HOSPITAL DAYS BASED ON A 12-MONTH REFERENCE PERIOD (A), AND POPULATION CHARACTERISTICS (P)¹



¹The curve related to hospital days is based on 4 quarters of data collection for wide range estimates of aggregates using a 12-month reference period; the curve for population characteristics is based on 4 quarters of data collection for narrow range estimates of aggregates.

Example of use of chart: An estimate of 10,000,000 days of hospitalization in the past year (on scale at bottom of chart) has a relative standard error of 7.8 percent (read from curve A on scale at left side of chart), or a standard error of 780,000 (7.8 percent of 10,000,000). An estimates of 1,000,000 persons with 1 hospital episode or more (curve P) has a relative standard error of 5.7 percent.

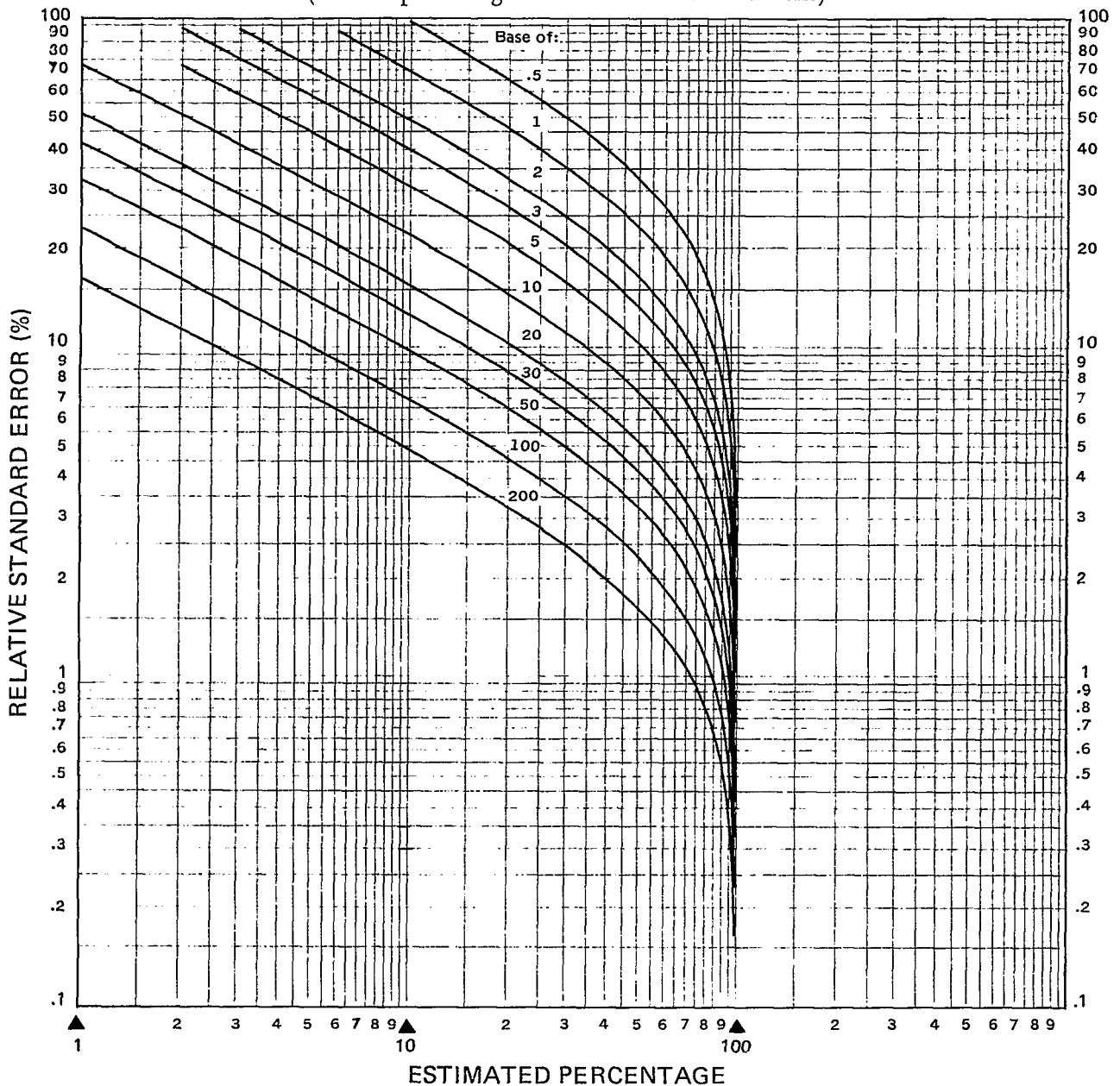
Figure V. RELATIVE STANDARD ERRORS FOR NUMBER OF PHYSICIAN OR DENTAL VISITS BASED ON A 2-WEEK REFERENCE PERIOD (A), AND POPULATION CHARACTERISTICS (P)¹



¹The curve related to physician or dental visits is based on 1 to 4 quarters of data collection for medium range estimates of aggregates using a 2-week reference period; the curve for population characteristics is based on 4 quarters of data collection for narrow range estimate of aggregates.

Example of use of chart: An estimate of 10,000,000 dental visits (on scale at bottom of chart) has a relative standard error of 9.2 percent (read from curve A on scale at left side of chart), or a standard error of 920,000 (9.2 percent of 10,000,000). An estimate of 1,000,000 persons in the Northeast Region (curve P) has a relative standard error of 5.7 percent.

Figure VI. RELATIVE STANDARD ERRORS OF PERCENTAGES OF ACUTE CONDITIONS OR PERSONS INJURED¹
 (Base of percentage shown on curves in millions)

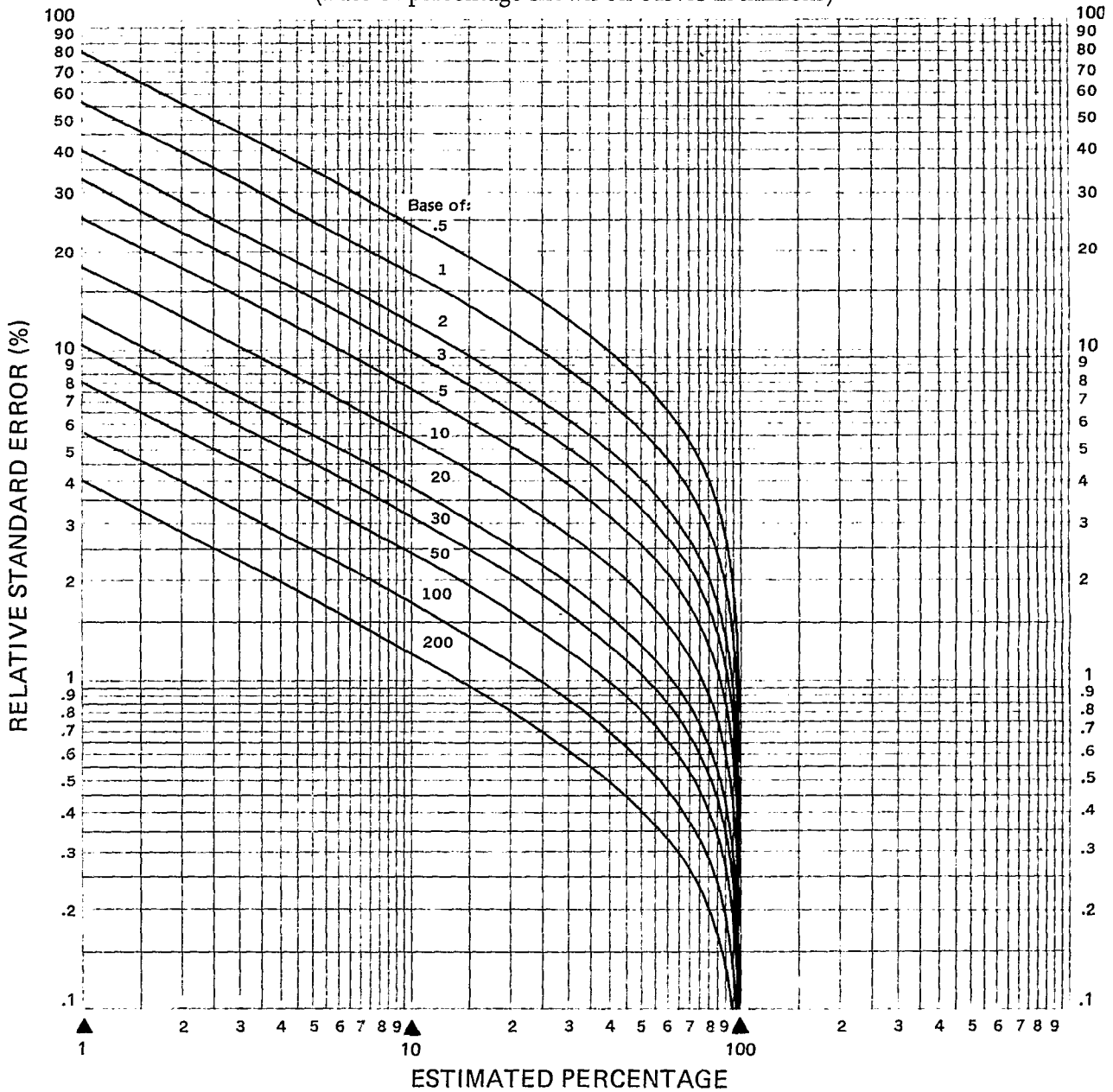


¹These curves represent estimates of relative standard errors of percentages of acute conditions or persons injured based on 1 to 4 quarters of data collection for narrow range data using a 2-week reference period.

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 14.5 percent (read from the scale at the left side of 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 \times 14.5 percent, or 2.9 percentage points.

Figure VII. RELATIVE STANDARD ERRORS OF PERCENTAGES OF POPULATION CHARACTERISTICS¹

(Base of percentage shown on curves in millions)



¹These curves represent estimates of relative standard errors of percentages of population characteristics based on 4 quarters of data collection for narrow range estimates.

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 3.6 percent (read from the scale at the left side of 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 \times 3.6 percent, or 0.72 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, or 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 classified by type according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*,¹² with certain modifications adopted to make the code more suitable for a household interview 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 condi-

tions 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, excluded are the following conditions which are always classified as chronic even though the onset occurred within 3 months prior to week of interview:

- Allergy, any
- Arthritis or rheumatism
- Asthma
- Cancer
- Cleft palate
- Club foot
- Condition present since birth
- Deafness or serious trouble with hearing
- Diabetes
- Epilepsy
- Hardening of the arteries
- Hay fever
- Heart trouble
- Hemorrhoids or piles
- Hernia or rupture
- High blood pressure
- Kidney stones
- Mental illness
- Missing fingers, hand, or arm—toes, foot, or leg
- Palsy
- Paralysis of any kind
- Permanent stiffness or deformity of the foot, leg, fingers, arm, or back
- Prostate trouble
- Repeated trouble with back or spine
- Rheumatic fever
- Serious trouble with seeing, even when wearing glasses

¹²National Center for Health Statistics: *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*. PHS Pub. No. 1693. Public Health Service. Washington. U.S. Government Printing Office, 1967.

Sinus trouble, repeated attacks of
 Speech defect, any
 Stomach ulcer
 Stroke
 Thyroid trouble or goiter
 Tuberculosis
 Tumor, cyst, or growth
 Varicose veins, trouble with

Acute condition groups.—In this report all tables which have data classified by type of condition employ a 5-category regrouping plus several selected subgroups. The condition groups and the International Classification code numbers included in each category are shown in figure VIII.

Chronic condition.—A condition is consid-

<i>Condition Group</i>	<i>International Classification Code Number</i>
Infective and parasitic diseases	000-136
Common childhood diseases	033, 052, 055, 056, 072
Virus not otherwise specified	079.9
Other infective and parasitic diseases	000-032, 034-051, 053, 054, 057-071, 073-136
Respiratory conditions	460-486, 501, 508-516, 519, 783
Upper respiratory conditions	460-465, 501, 508
Common cold	460
Other upper respiratory conditions	461-465, 501, 508
Influenza	470-474
Influenza with digestive manifestations	473
Other influenza	470-472, 474
Other respiratory conditions	466, 480-486, 510-516, 519, 783
Pneumonia	480-486
Bronchitis	466
Other respiratory conditions	510-516, 519, 783
Digestive system conditions	520.6-521.5, 521.7-523.9, 525-530, 535-543, 560, 561, 564-577, 784, 785
Dental conditions	520.6-521.5, 521.7-523.9, 525
Functional and symptomatic upper gastrointestinal disorders not elsewhere classifiable	536, 784.0, 784.1, 784.3, 784.7, 785.4 pt.
Other digestive system conditions	526-530, 535, 537, 540-543, 560, 561, 564-577, 784.2, 784.4-784.6, 785 pt.
Injuries	N800-N870, N872-N884, N890-N894, N900-N994, N996-N999
Fractures, dislocations, sprains, and strains	N800-N848
Fractures and dislocations	N800-N839
Sprains and strains	N840-N848
Open wounds and lacerations	N870, N872-N884, N890-N894, N900-N907
Contusions and superficial injuries	N910-N929
Other current injuries	N850-N869, N930-N994, N996-N999
All other acute conditions	All other acute code numbers
Diseases of the ear	380-387, 745.0-745.3, 781.3
Headaches	791
Genitourinary disorders	580-629, 786, 789
Deliveries and disorders of pregnancy and the puerperium	630-678
Diseases of the skin	680-709
Diseases of the musculoskeletal system	717-733, 787
All other acute conditions	Other acute code numbers

Figure VIII. Acute condition groups with subgroups and ICDA codes

ered chronic if (1) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview or (2) it is one of the conditions always classified as chronic regardless of the onset (see list under the definition of acute condition).

Impairment.—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments. Hence code numbers for impairments in the International Classification of Diseases are not used. In the Supplementary Code, impairments are grouped according to type of functional impairment and etiology. The impairment classification is shown in *Vital and Health Statistics*, Series 10, No. 48.

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.”

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.

Activity-restricting condition.—An activity-restricting condition is one which had its onset in the past 2 weeks and which caused at least 1 day of restricted activity during the 2 calendar weeks before the interview week. (See “Restricted-activity day” under “Terms Relating to Disability.”)

Bed-disabling condition.—A condition with onset in the past 2 weeks involving at least 1 day of bed disability is called a bed-disabling condition. (See “Bed-disability day” under “Terms Relating to Disability.”)

Medically attended condition.—A condition with onset in the past 2 weeks is considered medically attended if a physician has been consulted about it either at its onset or at any time thereafter. However, when the first medical attention for a condition does not occur until after the end of the 2-week period, the case is treated as though there was no medical attention. 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.

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

Restricted-activity day.—A day of restricted activity is one on which a person cuts down on his usual activities for the whole of that day because of an illness or an injury. The term “usual activities” for any day means the

things that the person would ordinarily do on that day. For children under school age, usual activities depend on whatever the usual pattern is for the child's day, which will in turn be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, usual activities might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays, usual activities are the things the person usually does on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth. Persons who have permanently reduced their usual activities because of a chronic condition might not report any restricted-activity days during a 2-week period. Therefore absence of restricted-activity days does *not* imply normal health.

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

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

Bed-disability day.—A 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 day on which a person did not work at his job or business for at least half of his normal workday because of a specific illness or injury. The number of days lost from work is determined only for persons 17 years of age and 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 "Cur-

rently employed" persons under "Demographic Terms.")

School-loss day.—A day lost from school is a normal school day on which a child did not attend school because of a specific illness or injury. The number of days lost from school is determined only for children 6-16 years of age.

Person-day.—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.

Condition-day.—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.

Chronic activity limitation.—Persons are classified into four categories according to the extent to which their activities are limited at present as a result of chronic 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 following descriptions of the four categories:

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

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 amount or kind of major activity performed* (major activity refers to

ability to work, keep house, or engage in school or preschool activities)

Preschool children:

Limited in amount or kind of play with other children, e.g., need special rest periods, cannot play strenuous games, or 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 or cannot go to school full time or for long periods at a time.

Housewives:

Limited in amount or kind of housework, e.g., 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, or cannot do strenuous work.

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

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 whose activities are not limited in any of the ways described above)

Chronic mobility limitation.—Persons are classified into five categories according to the extent to which their mobility is limited at present as a result of chronic conditions. The categories are as follows:

Stays in bed.—Must stay in bed all or most of the time.

Stays in the house.—Must stay in the house, but not in bed, all or most of the time.

Needs help getting around.—Able to go outside but needs the help of another person or of a special aid such as a cane or wheelchair in getting around.

Has trouble getting around freely.—Does not need the help of another person or a special aid but has trouble in getting around freely.

Is not limited in mobility.—Not limited in any of the ways described above.

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.) Each time a person is involved in an accident or in nonaccidental violence causing injury that re-

sults 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 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 Health Interview Survey includes persons whose injuries 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 events which resulted in personal injuries. 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 accident 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 "moving motor vehicle" includes "home-moving motor vehicle" and "while at work-moving motor vehicle." Similarly, the classes "while at work" and "home" include duplicated counts, e.g., "moving motor vehicle-while at work" is included under "while at work."

Motor vehicle.—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 accident.—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" accidents.

Traffic moving motor vehicle accident.—The accident is in the "traffic" category 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.

Nontraffic moving motor vehicle accident.—The accident is in the "nontraffic" category if it occurred entirely in any place other than a public highway.

Nonmoving motor vehicle accident.—If the motor vehicle was not moving at the time of the accident, the accident is considered a "non-moving motor vehicle" accident and is classified in the "other accident" category.

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 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 may have been when he was injured.

Other accident.—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 (e.g., moving motor vehi-

cle, 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.—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 *American Hospital Association, Guide to the Health Care Field* or (2) found on the Master Facility Inventory List maintained by the National Center for Health Statistics.

Short-stay hospital.—A short-stay hospital is one in which the type of service provided by the hospital is general; maternity; eye, ear, nose, and throat; children's; or osteopathic; or it may be the hospital department of an 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 2 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.

Hospital episode.—A hospital episode is any continuous period of stay of 1 night or more 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 discharge.—A hospital discharge is the completion of any continuous period of stay of 1 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.)

Length of hospital stay.—The length of hospital stay is the duration in days, exclusive of the day of discharge, of a hospital discharge. (See definition of "hospital discharge.")

Average length of stay.—The average length of stay per discharged patient is computed by dividing the total number of hospital days for a specified group by the total number of discharges for the same group.

Terms Relating to Dental Visits

Dental visit.—A dental visit is defined as any visit to a dentist's office for treatment or advice, including services by a technician or hygienist acting under a dentist's supervision.

Interval since last dental visit.—The interval since the last dental visit is the length of time prior to the week of interview since a dentist or dental hygienist was last visited for treatment or advice of any type.

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 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 obtaining a chest X-ray in a tuberculosis chest X-ray trailer is not included as a physician visit. However, a special chest X-ray given in a physician's office or in an outpatient clinic is considered a physician visit.

Physician visits to hospital inpatients are not included.

If a physician is called to a 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 on the purpose of the table.

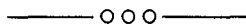
Currently employed.—Persons 17 years of age and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business are currently employed. Current employment in-

cludes 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 a 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 the absence no longer existed.

Free-lance workers are considered currently employed if they had a definite arrangement with one employer or more to work for pay according to a weekly or monthly schedule, either full time or part time.

Excluded from the currently employed population are 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 but not participating in its operation, (2) persons doing housework or charity work for which they receive no pay, (3) seasonal workers during the portion of the year they were not working, and (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 from the Health Interview Survey (HIS) will differ from the estimates prepared from the Current Population Survey (CPS) of the U.S. Bureau of the Census for several reasons. In addition to sampling variability they include three primary conceptual differences, namely: (1) HIS estimates are for persons 17 years of age and over; CPS estimates are for persons 16 years of age and over. (2) HIS uses a 2-week reference period, while CPS uses a 1-week reference period. (3) HIS is a continuing survey with separate samples taken weekly; CPS is a monthly sample taken for the survey week which includes the 12th of the month.



APPENDIX III QUESTIONNAIRE AND FLASH CARDS

O.M.B. No. 68-R1600; Approval Expires March 31, 1978

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. Book _____ of _____ books

FORM HIS-1 (1977)
12-18-76

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

2. R.O. number _____ 3. Sample _____ 4. Segment type
 Area
 Permit
 Address
 Cen-Sup
 Special Place

5. Control number
 PSU _____ Segment _____ Serial _____

6a. What is your exact address? (Include House No., Apt. No., or other identification and ZIP code)

Listing Sheet _____
 Sheet No. _____
 Line No. _____

City _____ State _____ ZIP code _____

b. Is this your mailing address? Same as 6a
 Mark box or specify if different. Include ZIP code.

City _____ State _____ ZIP code _____

c. Special place name _____ Sample unit number _____ Type code _____

7. YEAR BUILT Ask Do NOT Ask
 When was this structure originally built?
 Before 4-1-70 (Continue interview) After 4-1-70 (Go to 9c, complete if required and end interview)

8. Type of living quarters 1 Housing unit 2 OTHER unit

9. Area segments ONLY
 a. Are there any occupied or vacant living quarters besides your own in this building?
 Y (fill Table X) N
 b. Are there any occupied or vacant living quarters besides your own on this floor?
 Y (fill Table X) N
 c. Is there any other building on this property for people to live in - either occupied or vacant?
 Y (fill Table X) N
 d. None

GO TO PROBE PAGE 2

10. Land use 2 RURAL 1 URBAN (13)
 -- Regular units and Special Place units coded 85-88 in 6c, go to 11.
 -- Special Place units not coded 85-88 in 6c, go to 13.

11. Do you own or rent this place? Own Rent Rent for free

12a. Does this place you (own/rent/rent for free) have 10 acres or more? 1 Y (12b) 2 N (12c)
 b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$50 or more? 1 Y (13) 2 N (13)
 c. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$250 or more? 1 Y 2 N

13. How many rooms are in this --? Rooms _____ 14. How many bedrooms are in this --? Bedrooms _____
 Count the kitchen but not the bathroom. If "None" describe in footnotes.

15. What is the telephone number here? 2 None Area code/Number _____

16. Was this interview observed? 1 Y 2 N Code _____

17. Interviewer's name _____

**NOTE: BEFORE LEAVING HOUSEHOLD, CHECK THAT ITEM 20 HAS AN ENTRY.
 Determine the best time for callbacks.**

FOOTNOTES

18. Noninterview reason

TYPE A

1 Refusal - Describe in a footnote } Fill items 1-6a, 7, 8, 10, 12a-c as applicable, 16-19
 2 No one at home - repeated calls
 3 Temporarily absent - Footnote
 4 Other (Specify) _____

TYPE B

1 Vacant - nonseasonal } Fill items 1-6a, 7-10, 12a-c as applicable, 16-19
 2 Vacant - seasonal
 3 Usual residence elsewhere
 4 Armed Forces
 5 Other (Specify) _____

TYPE C

1 Unused line of listing sheet } Fill items 1-6a, 6c if required, 9c if marked, 16-19. Send Inter-Comm.
 2 Demolished
 3 Merged
 4 Outside segment
 5 Built after April 1, 1970
 6 Other (Specify) _____

19. Record of calls

Month	Date	Beginning time	Ending time	Completed Mark (X)
1		a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.	
6		a.m. p.m.	a.m. p.m.	
7		a.m. p.m.	a.m. p.m.	
8		a.m. p.m.	a.m. p.m.	

20. List column numbers of persons requiring callbacks.
 None
 R4 _____
 DS _____

21. Record of additional calls

Month	Date	Beginning time	Ending time	Col. Nos. completed
1		a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	

22. Enter reason for noninterviews for persons requiring callbacks

1 Refusal (Specify below)
 2 No one at home - repeated calls
 3 Temporarily absent (Specify below)
 4 Other (Specify below)

Specify _____

SP D

<p>1a. What is the name of the head of this household? - Enter name in first column b. What are the names of all other persons who live here? - List all persons who live here. 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 d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No *Apply household membership rules. f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? Y Col(s). _____ (Delete) 2 N</p>	<p>1a. First name _____ AGE _____ Last name _____ RACE 1 W 2 B 3 OT</p>
<p>2. How is --- related to --- (Head of household)?</p>	<p>2. Relationship _____ SEX HEAD 1 M 2 F</p>
<p>3. What is ---'s date of birth? (Enter date and Age, and circle Race and Sex) Refer to Flashcard _____ to determine Sample Persons; mark SP boxes.</p>	<p>3. Month _____ Date _____ Year _____ BED DAYS DV HOSP. <input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP) _____ (NP) _____ (NP) _____ (NP)</p>
<p>C 1. Record the number of Bed Days, Doctor Visits, and Hospitalizations 2. Record each condition in the person's column, with the question number(s) where it was reported. Reference dates 2-week period _____, _____ 12-month Bed Days and Doctor visit probe _____ Hospital probe _____</p>	<p>C Q. No. _____ Condition _____ _____ _____ _____ _____</p>
<p>If 17+, ask: 4. Is --- now married, widowed, divorced, separated, or never married?</p>	<p>4. 0 <input type="checkbox"/> Under 17 1 <input type="checkbox"/> Married - spouse present 6 <input type="checkbox"/> Married - spouse absent 2 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Never married</p>
<p>H If related persons 17 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 "Yes," ask: Please ask them to join us.</p>	<p>H 0 <input type="checkbox"/> Under 17 1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Not at home</p>
<p>This survey is being conducted to collect information on the Nation's health. I will ask about visits to doctors and dentists, illness in the family, and other health related items. (Hand calendar) The next few questions refer to the past 2 weeks, the 2 weeks outlined in red on that calendar, beginning Monday, _____ (date), and ending this past Sunday, _____ (date). 5a. During those 2 weeks, did --- stay in bed because of any illness or injury? b. During that 2-week period, how many days did --- stay in bed all or most of the day?</p>	<p>5a. 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) b. _____ Days</p>
<p>6. During those 2 weeks, how many days did illness or injury keep --- from work? (For females): not counting work around the house?</p>	<p>6. _____ WL days (8) 00 <input type="checkbox"/> None (9)</p>
<p>7. During those 2 weeks, how many days did illness or injury keep --- from school?</p>	<p>7. _____ SL days 00 <input type="checkbox"/> None (9)</p>
<p>8. On how many of these --- days lost from { work school } did --- stay in bed all or most of the day?</p>	<p>8. _____ Days 00 <input type="checkbox"/> None</p>
<p>9a. (NOT COUNTING the day(s) { in bed lost from work lost from school }) Were there any (other) days during the past 2 weeks that --- cut down on the things he usually does because of illness or injury? b. (Again, not counting the day(s) { in bed lost from work lost from school }) During that period, how many (other) days did he cut down for as much as a day?</p>	<p>9a. 1 Y 2 N (10) b. _____ Days 00 <input type="checkbox"/> None</p>
<p>If one or more days in 5-9, ask 10 otherwise go to next person. 10a. What condition caused --- to { stay in bed miss work miss school cut down } during the past 2 weeks? b. Did any other condition cause him to { stay in bed miss work miss school cut down } during that period? c. What condition?</p>	<p>10a. Enter condition in item C Ask 10b b. Y N (NP) c. Enter condition in item C (10b)</p>

Fill item C, (BED DAYS), from 5b for all persons.

<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	4.	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	4.	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	H	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	H	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home
Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days	5a.	Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days	Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days	5a.	Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days	Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days
___ WL days (8) 00 <input type="checkbox"/> None (9)	6.	___ WL days (8) 00 <input type="checkbox"/> None (9)	___ WL days (8) 00 <input type="checkbox"/> None (9)	6.	___ WL days (8) 00 <input type="checkbox"/> None (9)	___ WL days (8) 00 <input type="checkbox"/> None (9)
___ SL days 00 <input type="checkbox"/> None (9)	7.	___ SL days 00 <input type="checkbox"/> None (9)	___ SL days 00 <input type="checkbox"/> None (9)	7.	___ SL days 00 <input type="checkbox"/> None (9)	___ SL days 00 <input type="checkbox"/> None (9)
___ Days 00 <input type="checkbox"/> None	8.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None	8.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None
1 Y 2 N (10)	9a.	1 Y 2 N (10)	1 Y 2 N (10)	9a.	1 Y 2 N (10)	1 Y 2 N (10)
___ Days 00 <input type="checkbox"/> None	b.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None	b.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None
Enter condition in item C Ask 10b	10a.	Enter condition in item C Ask 10b	Enter condition in item C Ask 10b	10a.	Enter condition in item C Ask 10b	Enter condition in item C Ask 10b
Y N (NP)	b.	Y N (NP)	Y N (NP)	b.	Y N (NP)	Y N (NP)
Enter condition in item C (10b)	c.	Enter condition in item C (10b)	Enter condition in item C (10b)	c.	Enter condition in item C (10b)	Enter condition in item C (10b)

Fill item C, (BED DAYS), from 5b for all persons.

<p>11a. During the past 2 weeks, did anyone in the family, that is you, your —, etc., have any (other) accidents or injuries? Y N (12)</p>	
<p>b. Who was this? — Mark "Accident or injury" box in person's column.</p>	<p>11b. <input type="checkbox"/> Accident or injury</p>
<p>c. What was the injury?</p>	<p>c. Injury</p>
<p>d. Did anyone have any other accidents or injuries during that period? Y (Reask 11b and c) N</p> <p>If "Accident or injury" ask:</p>	
<p>e. As a result of the accident, did — see a doctor or did he cut down on the things he usually does?</p>	<p>e. Y (Enter injury in Item C) N</p>
<p>12a. During the past 2 weeks, did anyone in the family go to the dentist? Y N (13)</p>	
<p>b. Who was this? — Mark "Dental visit" box in person's column.</p>	<p>12b. <input type="checkbox"/> Dental visit</p>
<p>c. During the past 2 weeks, did anyone else in the family go to a dentist? Y (Reask 12b and c) N</p> <p>If "Dental visit," ask:</p>	
<p>d. During the past 2 weeks, how many times did — go to a dentist?</p>	<p>d. _____ No. of dental visits (NP)</p>
<p>Do not ask for children 1 yr. old and under.</p> <p>Mark box or ask:</p> <p>13. ABOUT how long has it been since — LAST went to a dentist?</p>	<p>13. 1 <input type="checkbox"/> 2-week dental visit</p> <p>2 <input type="checkbox"/> Past 2 weeks not reported (12)</p> <p>3 <input type="checkbox"/> 2 weeks—6 months</p> <p>4 <input type="checkbox"/> Over 6—12 months</p> <p>5 <input type="checkbox"/> 1 year</p> <p>6 <input type="checkbox"/> 2—4 years</p> <p>7 <input type="checkbox"/> 5+ years</p> <p>8 <input type="checkbox"/> Never</p>
<p>FOOTNOTES</p>	

<input type="checkbox"/> Accident or injury Injury	11b. c.	<input type="checkbox"/> Accident or injury Injury	<input type="checkbox"/> Accident or injury Injury	11b. c.	<input type="checkbox"/> Accident or injury Injury	<input type="checkbox"/> Accident or injury Injury
Y (Enter injury in item C) N	e.	Y (Enter injury in item C) N	Y (Enter injury in item C) N	e.	Y (Enter injury in item C) N	Y (Enter injury in item C) N
<input type="checkbox"/> Dental visit	12b.	<input type="checkbox"/> Dental visit	<input type="checkbox"/> Dental visit	12b.	<input type="checkbox"/> Dental visit	<input type="checkbox"/> Dental visit
____ No. of dental visits (NP)	d.	____ No. of dental visits (NP)	____ No. of dental visits (NP)	d.	____ No. of dental visits (NP)	____ No. of dental visits (NP)
1 <input type="checkbox"/> 2-week dental visit	13.	1 <input type="checkbox"/> 2-week dental visit	1 <input type="checkbox"/> 2-week dental visit	13.	1 <input type="checkbox"/> 2-week dental visit	1 <input type="checkbox"/> 2-week dental visit
2 <input type="checkbox"/> Past 2 weeks not reported (12)		2 <input type="checkbox"/> Past 2 weeks not reported (12)	2 <input type="checkbox"/> Past 2 weeks not reported (12)		2 <input type="checkbox"/> Past 2 weeks not reported (12)	2 <input type="checkbox"/> Past 2 weeks not reported (12)
3 <input type="checkbox"/> 2 weeks-6 months		3 <input type="checkbox"/> 2 weeks-6 months	3 <input type="checkbox"/> 2 weeks-6 months		3 <input type="checkbox"/> 2 weeks-6 months	3 <input type="checkbox"/> 2 weeks-6 months
4 <input type="checkbox"/> Over 6-12 months		4 <input type="checkbox"/> Over 6-12 months	4 <input type="checkbox"/> Over 6-12 months		4 <input type="checkbox"/> Over 6-12 months	4 <input type="checkbox"/> Over 6-12 months
5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year
6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years
7 <input type="checkbox"/> 5+ Years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years
8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never
FOOTNOTES						

<p>14. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did --- see a medical doctor? Do not count doctors seen while a patient in a hospital.</p>	<p>14. 00 <input type="checkbox"/> None _____ Number of visits } NP</p>
(Besides those visits)	
<p>15a. During that 2-week period did anyone in the family go to a doctor's office or clinic for shots, X-rays, tests, or examinations?</p>	<p>Y N (16)</p>
<p>b. Who was this? - Mark "Doctor visit" box in person's column.</p>	<p>15b. <input type="checkbox"/> Doctor visit</p>
<p>c. Anyone else?</p>	<p>Y (Reask 15b and c) N</p>
<p>If "Doctor visit," ask:</p>	
<p>d. How many times did --- visit the doctor during that period?</p>	<p>d. _____ Number of visits (NP)</p>
<p>16a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?</p>	<p>Y N (17)</p>
<p>b. Who was the phone call about? - Mark "Phone call" box in person's column.</p>	<p>16b. <input type="checkbox"/> Phone call</p>
<p>c. Any calls about anyone else?</p>	<p>Y (Reask 16b and c) N</p>
<p>If "Phone call," ask:</p>	
<p>d. How many telephone calls were made to get medical advice about --- ?</p>	<p>d. _____ Number of calls (NP)</p>
<p>Fill item C, (DV), from 14-16 for all persons. Ask 17a for each person with visits in DV box.</p>	
<p>17a. For what condition did --- see or talk to a doctor during the past 2 weeks?</p>	<p>17a. <input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition</p>
<p>b. Did --- see or talk to a doctor about any specific condition?</p>	<p>b. Y N (NP)</p>
<p>c. What condition?</p>	<p>c. Enter condition in item C Ask 17d</p>
<p>d. During that period, did --- see or talk to a doctor about any other condition?</p>	<p>d. Y (17c) N (NP)</p>
<p>e. During the past 2 weeks was --- sick because of her pregnancy?</p>	<p>e. Y N (17d)</p>
<p>f. What was the matter?</p>	<p>f. Enter condition in item C (17d)</p>
<p>18a. During the past 12 months, (that is since (date) a year ago), about how many times did --- see or talk to a medical doctor? (Do not count doctors seen while a patient in a hospital.) (Include the --- visits you already told me about.)</p>	<p>18a. 000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None _____ Number of visits</p>
<p>b. ABOUT how long has it been since --- LAST saw or talked to a medical doctor? Include doctors seen while a patient in a hospital.</p>	<p>b. 1 <input type="checkbox"/> 2-week DV 2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17) 3 <input type="checkbox"/> 2 wks.-6 mos. 4 <input type="checkbox"/> Over 6-12 mos. 5 <input type="checkbox"/> 1 year 6 <input type="checkbox"/> 2-4 years 7 <input type="checkbox"/> 5+ years 8 <input type="checkbox"/> Never</p>

00 <input type="checkbox"/> None ____ Number of visits } NP	14.	00 <input type="checkbox"/> None ____ Number of visits } NP	00 <input type="checkbox"/> None ____ Number of visits } NP	14.	00 <input type="checkbox"/> None ____ Number of visits } NP	00 <input type="checkbox"/> None ____ Number of visits } NP
<input type="checkbox"/> Doctor visit	15b.	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit	15b.	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit
____ Number of visits (NP)	d.	____ Number of visits (NP)	____ Number of visits (NP)	d.	____ Number of visits (NP)	____ Number of visits (NP)
<input type="checkbox"/> Phone call	16b.	<input type="checkbox"/> Phone call	<input type="checkbox"/> Phone call	16b.	<input type="checkbox"/> Phone call	<input type="checkbox"/> Phone call
____ Number of calls (NP)	d.	____ Number of calls (NP)	____ Number of calls (NP)	d.	____ Number of calls (NP)	____ Number of calls (NP)
<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	17a.	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	17a.	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition
Y N (NP)	b.	Y N (NP)	Y N (NP)	b.	Y N (NP)	Y N (NP)
Enter condition in item C Ask 17d	c.	Enter condition in item C Ask 17d	Enter condition in item C Ask 17d	c.	Enter condition in item C Ask 17d	Enter condition in item C Ask 17d
Y (17c) N (NP)	d.	Y (17c) N (NP)	Y (17c) N (NP)	d.	Y (17c) N (NP)	Y (17c) N (NP)
Y N (17d)	e.	Y N (17d)	Y N (17d)	e.	Y N (17d)	Y N (17d)
Enter condition in item C (17d)	f.	Enter condition in item C (17d)	Enter condition in item C (17d)	f.	Enter condition in item C (17d)	Enter condition in item C (17d)
000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	18a.	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	18a.	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits
1 <input type="checkbox"/> 2-week DV	b.	1 <input type="checkbox"/> 2-week DV	1 <input type="checkbox"/> 2-week DV	b.	1 <input type="checkbox"/> 2-week DV	1 <input type="checkbox"/> 2-week DV
2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)		2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)	2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)		2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)	2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)
3 <input type="checkbox"/> 2 wks.-6 mos.		3 <input type="checkbox"/> 2 wks.-6 mos.	3 <input type="checkbox"/> 2 wks.-6 mos.		3 <input type="checkbox"/> 2 wks.-6 mos.	3 <input type="checkbox"/> 2 wks.-6 mos.
4 <input type="checkbox"/> Over 6-12 mos.		4 <input type="checkbox"/> Over 6-12 mos.	4 <input type="checkbox"/> Over 6-12 mos.		4 <input type="checkbox"/> Over 6-12 mos.	4 <input type="checkbox"/> Over 6-12 mos.
5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year
6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years
7 <input type="checkbox"/> 5+ years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years
8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never

Ages 17+	19a. What was --- doing MOST OF THE PAST 12 MONTHS - (For males): working or doing something else? If "something else," ask: b. What was --- doing? If 45+ years and was not "working," "keeping house," or "going to school," ask: c. Is --- retired? d. If "retired," ask: Did he retire because of his health?	19. & 20. 1 <input type="checkbox"/> Working (24a) 2 <input type="checkbox"/> Keeping house (24b) 3 <input type="checkbox"/> Retired, health (23) 4 <input type="checkbox"/> Retired, other (23) 5 <input type="checkbox"/> Going to school (26) 6 <input type="checkbox"/> 17+ something else (23) 7 <input type="checkbox"/> 6-16 something else (25)
Ages 6-16	20a. What was --- doing MOST OF THE PAST 12 MONTHS - going to school or doing something else? If "something else," ask: b. What was --- doing?	
Ages under 6		0 <input type="checkbox"/> 1-5 years (27) 0 <input type="checkbox"/> Under 1 (22)
21a. Is --- able to take part at all in ordinary play with other children? b. Is he limited in the kind of play he can do because of his health? c. Is he limited in the amount of play because of his health?	21a. Y 1 N (28) b. 2 Y (28) N c. 2 Y (28) N (27)	
22a. Is --- limited in any way because of his health? b. In what way is he limited? Record limitation, not condition.	22a. 1 Y 5 N (NP) b. _____ (28)	
23a. Does --- health now keep him from working? b. Is he limited in the kind of work he could do because of his health? c. Is he limited in the amount of work he could do because of his health? d. Is he limited in the kind or amount of other activities because of his health?	23a. 1 Y (28) N b. 2 Y (28) N c. 2 Y (28) N d. 3 Y (28) N (27)	
24a. Does --- NOW have a job? b. In terms of health, is --- NOW able to (work - keep house) at all? c. Is he limited in the kind of (work - housework) he can do because of his health? d. Is he limited in the amount of (work - housework) he can do because of his health? e. Is he limited in the kind or amount of other activities because of his health?	24a. Y (24c) N b. Y 1 N (28) c. 2 Y (28) N d. 2 Y (28) N e. 3 Y (28) N (27)	
25. In terms of health would --- be able to go to school?	25. Y 1 N (28)	
26a. Does (would) --- have to go to a certain type of school because of his health? b. Is he (would he be) limited in school attendance because of his health? c. Is he limited in the kind or amount of other activities because of his health?	26a. 2 Y (28) N b. 2 Y (28) N c. 3 Y (28) N	
27a. Is --- limited in ANY WAY because of a disability or health? b. In what way is he limited? Record limitation, not condition.	27a. 4 Y 5 N (NP) b. _____	
28a. About how long has he { been limited in --- been unable to --- had to go to a certain type of school? } b. What (other) condition causes this limitation? If "old age" only, ask: Is this limitation caused by any specific condition? c. Is this limitation caused by any other condition? Mark box or ask: d. Which of these conditions would you say is the MAIN cause of his limitation?	28a. 000 <input type="checkbox"/> Less than 1 month 1 _____ Mos. 2 _____ Yrs. b. Enter condition in Item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP) c. Y (Reask 28b and c) N <input type="checkbox"/> Only 1 condition d. Enter main condition	

<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)	19. & 20.	<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)	<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)	19. & 20.	<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)	<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)
<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)		<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)	<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)		<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)	<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)
Y 1 N (28)	21a.	Y 1 N (28)	Y 1 N (28)	21a.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
2 Y (28) N (27)	c.	2 Y (28) N (27)	2 Y (28) N (27)	c.	2 Y (28) N (27)	2 Y (28) N (27)
1 Y 5 N (NP)	22a.	1 Y 5 N (NP)	1 Y 5 N (NP)	22a.	1 Y 5 N (NP)	1 Y 5 N (NP)
_____ (28)	b.	_____ (28)	_____ (28)	b.	_____ (28)	_____ (28)
1 Y (28) N	23a.	1 Y (28) N	1 Y (28) N	23a.	1 Y (28) N	1 Y (28) N
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
2 Y (28) N	c.	2 Y (28) N	2 Y (28) N	c.	2 Y (28) N	2 Y (28) N
3 Y (28) N (27)	d.	3 Y (28) N (27)	3 Y (28) N (27)	d.	3 Y (28) N (27)	3 Y (28) N (27)
Y (24c) N	24a.	Y (24c) N	Y (24c) N	24a.	Y (24c) N	Y (24c) N
Y 1 N (28)	b.	Y 1 N (28)	Y 1 N (28)	b.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	c.	2 Y (28) N	2 Y (28) N	c.	2 Y (28) N	2 Y (28) N
2 Y (28) N	d.	2 Y (28) N	2 Y (28) N	d.	2 Y (28) N	2 Y (28) N
3 Y (28) N (27)	e.	3 Y (28) N (27)	3 Y (28) N (27)	e.	3 Y (28) N (27)	3 Y (28) N (27)
Y 1 N (28)	25.	Y 1 N (28)	Y 1 N (28)	25.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	26a.	2 Y (28) N	2 Y (28) N	26a.	2 Y (28) N	2 Y (28) N
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
3 Y (28) N	c.	3 Y (28) N	3 Y (28) N	c.	3 Y (28) N	3 Y (28) N
4 Y 5 N (NP)	27a.	4 Y 5 N (NP)	4 Y 5 N (NP)	27a.	4 Y 5 N (NP)	4 Y 5 N (NP)
_____	b.	_____	_____	b.	_____	_____
000 <input type="checkbox"/> Less than 1 month	28a.	000 <input type="checkbox"/> Less than 1 month	000 <input type="checkbox"/> Less than 1 month	28a.	000 <input type="checkbox"/> Less than 1 month	000 <input type="checkbox"/> Less than 1 month
1 ____ Mos. 2 ____ Yrs.		1 ____ Mos. 2 ____ Yrs.	1 ____ Mos. 2 ____ Yrs.		1 ____ Mos. 2 ____ Yrs.	1 ____ Mos. 2 ____ Yrs.
Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)	b.	Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)	Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)	b.	Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)	Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)
Y (Reask 28b and c) N	c.	Y (Reask 28b and c) N	Y (Reask 28b and c) N	c.	Y (Reask 28b and c) N	Y (Reask 28b and c) N
<input type="checkbox"/> Only 1 condition		<input type="checkbox"/> Only 1 condition	<input type="checkbox"/> Only 1 condition		<input type="checkbox"/> Only 1 condition	<input type="checkbox"/> Only 1 condition
_____	d.	_____	_____	d.	_____	_____
Enter main condition		Enter main condition	Enter main condition		Enter main condition	Enter main condition

29a. Was --- a patient in a hospital at any time since (date) a year ago?		29a.	Y	N (Item C)						
b. How many times was --- in a hospital since (date) a year ago?		b.	_____ Times (Item C)							
30a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?			Y	N (31)						
b. Who was this? - Circle "Y" in person's column. If "Y," ask:		30b.	Y							
c. During that period, how many times was --- in a nursing home or similar place?		c.	_____ Times (Item C)							
31a. Was --- born in a hospital? Ask for each child 1 year old or under if date of birth is on or after reference date. If "Yes," and no hospitalizations entered in his and/or mother's column, enter "1" in 29b and item C. If "Yes," and a hospitalization is entered for the mother and/or baby, ask 31b for each.		31a.	Y	N (NP)						
b. Is this hospitalization included in the number you gave me for ---? If "No," correct entries in 29 and item C for mother and/or baby.		b.	Y	N						
32a. Does anyone in the family (you, your ---, etc.) NOW have - If "Yes," ask 32b and c b. Who is this? - Enter name of condition and letter of line where reported in appropriate person's column in item C. c. Does anyone else have . . . ?	A. Deafness in one or both ears?	H. A detached retina or any other condition of the retina?								
	B. Any other trouble hearing with one or both ears?	I. Any other trouble seeing with one or both eyes even when wearing glasses?								
	C. Tinnitus or ringing in the ears?	J. A cleft palate or harelip?								
	D. Blindness in one or both eyes?	K. Stammering or stuttering?								
	E. Cataracts?	L. Any other speech defect?								
	F. Glaucoma?	M. A missing finger, hand, or arm, toe, foot, or leg?								
	G. Color blindness?	N. A missing (breast), kidney or lung?								
33a. Does anyone in the family use - If "Yes," ask 33b and c b. Who is this? Mark box in person's column c. Anyone else?	<table border="1"> <tr> <td>1. Eyeglasses?</td> <td></td> </tr> <tr> <td>2. Contact lenses?</td> <td></td> </tr> <tr> <td>3. A hearing aid?</td> <td></td> </tr> </table> <p>For "hearing aid," with no hearing problem reported, enter "33, hearing trouble," in item C2</p>	1. Eyeglasses?		2. Contact lenses?		3. A hearing aid?		33b.	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Hearing aid (Item C)	
1. Eyeglasses?										
2. Contact lenses?										
3. A hearing aid?										
34. Compared to other persons ---'s age, would you say that his health is excellent, good, fair, or poor?		34.	<div style="text-align: center;">①</div> 1 E 2 G 3 F 4 P							
R Q's 4-34	For persons 17 years or over, show who responded for (or was present during the asking of) Questions 4-34.	R	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly Person _____ was repondent.							
	If persons responded for self, show whether entirely or partly. For persons under 17 show who responded for them.									

Y N (Item C)	29a.	Y N (Item C)	Y N (Item C)	29a.	Y N (Item C)	Y N (Item C)
____ Times (Item C)	b.	____ Times (Item C)	____ Times (Item C)	b.	____ Times (Item C)	____ Times (Item C)
Y	30b.	Y	Y	30b.	Y	Y
____ Times (Item C)	c.	____ Times (Item C)	____ Times (Item C)	c.	____ Times (Item C)	____ Times (Item C)
Y N (NP)	31a.	Y N (NP)	Y N (NP)	31a.	Y N (NP)	Y N (NP)
Y N	b.	Y N	Y N	b.	Y N	Y N
32a. Does anyone in the family NOW have - If "Yes," ask 32 b and c b. Who is this? Enter name of condition and letter of line where reported in appropriate person's column in item C. c. Does anyone else have . . . ?		O. Palsy or cerebral palsy? P. Paralysis of any kind? Q. Curvature of the spine? R. REPEATED trouble with back or spine? S. Any TROUBLE with fallen arches or flatfeet? T. A clubfoot?		U. Permanent stiffness or any deformity of the back, foot, or leg? V. Permanent stiffness or any deformity of the fingers, hand, or arm? W. Mental retardation? X. Any condition caused by an old accident, or injury? If "Yes," ask: What is the condition? Y. Epilepsy? Z. REPEATED convulsions, seizures, or blackouts?		
1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)	33b.	1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)	1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)	33b.	1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)	1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)
②		③	④		⑤	⑥
1 E 2 G 3 F 4 P	34.	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	34.	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P
1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent	R	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent	R	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent

35a. Is anyone in the family (that is you, your -- etc.) limited in the kind or amount of their activities because of an emotional or nervous condition?	Y N (36)	
b. Who is this? Mark "Condition" box in person's column.		35b. <input type="checkbox"/> Condition Mark D box, THEN 35c
c. Would you say this is an emotional or nervous condition? Mark appropriate box in each person's column.		c. 1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier
d. Does anyone else in the family have an emotional or nervous condition that limits them in the kind or amount of their activities?	Y (Reask 35b and c) N	
36a. Because of a disability or health problem, does anyone in the family (that is you, your -- etc.) -- If "Yes," ask 36b and c b. Who is this? Mark appropriate box in person's column c. Anyone else?	1. Need the help of another person in getting around outside of this neighborhood? 2. Need the help of another person in getting around in this neighborhood? 3. Need the help of another person in getting around inside of this house (apartment)?	36b. 1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house
37a. Because of a disability or health problem, does anyone in the family stay in bed all or most of the day?	Y N (38)	
b. Who is this? Mark "Stays in bed" in person's column		37b. 4 <input type="checkbox"/> Stays in bed
c. Anyone else?	Y (Reask 37b and c) N	
For each person with "Needs help" or "Stays in bed," ask 38-40; otherwise go to next page.		
38. How long has -- (needed help in getting around/had to stay in bed)?		000 <input type="checkbox"/> Less than 1 month 38. 1 ___ Mos. 2 ___ Yrs.
39a. How often does -- (need help in getting around/need help because he has to stay in bed) -- most of the time, some of the time, or once in a while? b. Does -- receive the needed help -- most of the time, some of the time, or once in a while? c. When -- receives help who provides it -- a relative, friend, nurse, or some other person? Anyone else?		39a. 1 <input type="checkbox"/> All/most <input type="checkbox"/> Other -- Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once b. 1 <input type="checkbox"/> All/most <input type="checkbox"/> Other -- Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 0 <input type="checkbox"/> Never (40) c. 1 <input type="checkbox"/> Relative <input type="checkbox"/> Other -- Specify 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse
40a. What disability or health problem causes -- to (need help in getting around/stay in bed)? b. Does any other condition cause -- to (need help in getting around/stay in bed)? c. What other disability or health problem causes -- to (need help in getting around/stay in bed)? Mark box or ask: d. Which of these conditions would you say is the main cause of this disability or health problem?		40a. 1 <input type="checkbox"/> Reported earlier } (Mark Condition } D box 2 <input type="checkbox"/> Enter Cond. in C2 } THEN 3 <input type="checkbox"/> Old age only } 40b) b. Y N (40d) c. Enter condition in C2 Reask 40b and c d. <input type="checkbox"/> Only 1 condition Enter main condition

<input type="checkbox"/> Condition Mark D box, THEN 35c	35b.	<input type="checkbox"/> Condition Mark D box, THEN 35c	<input type="checkbox"/> Condition Mark D box, THEN 35c	35b.	<input type="checkbox"/> Condition Mark D box, THEN 35c	<input type="checkbox"/> Condition Mark D box, THEN 35c
1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier	c.	1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier	1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier	c.	1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier	1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier
1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house	36b.	1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house	1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house	36b.	1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house	1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house
4 <input type="checkbox"/> Stays in bed	37b.	4 <input type="checkbox"/> Stays in bed	4 <input type="checkbox"/> Stays in bed	37b.	4 <input type="checkbox"/> Stays in bed	4 <input type="checkbox"/> Stays in bed
000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.	38.	000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.	000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.	38.	000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.	000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.
1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once	39a.	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once	39a.	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once
1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 0 <input type="checkbox"/> Never (40)	b.	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 0 <input type="checkbox"/> Never (40)	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 0 <input type="checkbox"/> Never (40)	b.	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 0 <input type="checkbox"/> Never (40)	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 0 <input type="checkbox"/> Never (40)
1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse	c.	1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse	1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse	c.	1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse	1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse
1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)	40a.	1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)	1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)	40a.	1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)	1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)
Y N (40d)	b.	Y N (40d)	Y N (40d)	b.	Y N (40d)	Y N (40d)
Enter condition in C2 Reask 40b and c	c.	Enter condition in C2 Reask 40b and c	Enter condition in C2 Reask 40b and c	c.	Enter condition in C2 Reask 40b and c	Enter condition in C2 Reask 40b and c
<input type="checkbox"/> Only 1 condition Enter main condition	d.	<input type="checkbox"/> Only 1 condition Enter main condition	<input type="checkbox"/> Only 1 condition Enter main condition	d.	<input type="checkbox"/> Only 1 condition Enter main condition	<input type="checkbox"/> Only 1 condition Enter main condition

<p>41a. Because of a disability or health problem, does anyone in the family (that is, you, your --, etc.) need help -- If "Yes," ask 41b and c</p> <p>b. Who is this? <i>Mark appropriate box in person's column</i></p> <p>c. Anyone else?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1. Bathing?</td><td style="width: 20px;"></td></tr> <tr><td style="text-align: center;">2. Dressing?</td><td></td></tr> <tr><td style="text-align: center;">3. Eating?</td><td></td></tr> <tr><td style="text-align: center;">4. Using the toilet?</td><td></td></tr> </table>	1. Bathing?		2. Dressing?		3. Eating?		4. Using the toilet?		<p>41b.</p> <p>1 <input type="checkbox"/> Bathing</p> <p>2 <input type="checkbox"/> Dressing</p> <p>3 <input type="checkbox"/> Eating</p> <p>4 <input type="checkbox"/> Toilet</p>								
1. Bathing?																		
2. Dressing?																		
3. Eating?																		
4. Using the toilet?																		
<p>For each person with an entry in 41, ask 42-44, otherwise go to next page.</p>																		
<p>42. How long has -- needed help { bathing? dressing? eating? using the toilet? }</p>	42.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Mos.</th> <th style="width: 10%; text-align: center;">Yrs.</th> </tr> </thead> <tbody> <tr><td>Bathing</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>Dressing</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>Eating</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> <tr><td>Toilet</td><td style="text-align: center;">___</td><td style="text-align: center;">___</td></tr> </tbody> </table>		Mos.	Yrs.	Bathing	___	___	Dressing	___	___	Eating	___	___	Toilet	___	___	
	Mos.	Yrs.																
Bathing	___	___																
Dressing	___	___																
Eating	___	___																
Toilet	___	___																
<p>43a. How often does -- need help { bathing dressing eating using the toilet } most of the time, some of the time, or once in a while?</p> <p>-----</p> <p>b. How often does he receive the needed help { bathing dressing eating using the toilet } most of the time, some of the time, or once in a while?</p> <p>-----</p> <p>c. When -- receives help, who provides it -- a relative, friend, nurse, or some other person? Anyone else?</p>	43a.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Bathing</td><td>_____</td></tr> <tr><td>Dressing</td><td>_____</td></tr> <tr><td>Eating</td><td>_____</td></tr> <tr><td>Toilet</td><td>_____</td></tr> </tbody> </table> <p>b.</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Bathing</td><td>_____</td></tr> <tr><td>Dressing</td><td>_____</td></tr> <tr><td>Eating</td><td>_____</td></tr> <tr><td>Toilet</td><td>_____</td></tr> </tbody> </table> <p>c.</p> <p>1 <input type="checkbox"/> Relative</p> <p>2 <input type="checkbox"/> Friend</p> <p>3 <input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Other -- <i>Specify</i>_____</p>	Bathing	_____	Dressing	_____	Eating	_____	Toilet	_____	Bathing	_____	Dressing	_____	Eating	_____	Toilet	_____
Bathing	_____																	
Dressing	_____																	
Eating	_____																	
Toilet	_____																	
Bathing	_____																	
Dressing	_____																	
Eating	_____																	
Toilet	_____																	
<p>44a. What disability or health problem causes -- to need help { bathing, dressing, eating, using the toilet? }</p> <p>-----</p> <p>b. Does any other condition cause this need?</p> <p>-----</p> <p>c. What other disability or health problem causes -- to need help { bathing, dressing, eating, using the toilet? }</p> <p>-----</p> <p><i>Mark box or ask:</i></p> <p>d. Which of these conditions would you say is the main reason -- needs help { bathing? dressing? eating? using the toilet? }</p>	44a.	<p>1 <input type="checkbox"/> Reported earlier Condition (Mark D box THEN 44b)</p> <p>2 <input type="checkbox"/> Enter Cond. in C2</p> <p>3 <input type="checkbox"/> Old age only</p> <p>b. Y N (44d)</p> <p>c. Enter condition in C2 <i>Reask 44b and c</i></p> <p>d. 1 <input type="checkbox"/> Only 1 condition (NP)</p> <p>Bathing _____</p> <p>Dressing _____</p> <p>Eating _____</p> <p>Toilet _____</p>																
<p>FOOTNOTES</p>																		

1 <input type="checkbox"/> Bathing 2 <input type="checkbox"/> Dressing 3 <input type="checkbox"/> Eating 4 <input type="checkbox"/> Toilet	41b.	1 <input type="checkbox"/> Bathing 2 <input type="checkbox"/> Dressing 3 <input type="checkbox"/> Eating 4 <input type="checkbox"/> Toilet	1 <input type="checkbox"/> Bathing 2 <input type="checkbox"/> Dressing 3 <input type="checkbox"/> Eating 4 <input type="checkbox"/> Toilet	41b.	1 <input type="checkbox"/> Bathing 2 <input type="checkbox"/> Dressing 3 <input type="checkbox"/> Eating 4 <input type="checkbox"/> Toilet	1 <input type="checkbox"/> Bathing 2 <input type="checkbox"/> Dressing 3 <input type="checkbox"/> Eating 4 <input type="checkbox"/> Toilet
Mos. Yrs. Bathing _____ Dressing _____ Eating _____ Toilet _____	42.	Mos. Yrs. Bathing _____ Dressing _____ Eating _____ Toilet _____	Mos. Yrs. Bathing _____ Dressing _____ Eating _____ Toilet _____	42.	Mos. Yrs. Bathing _____ Dressing _____ Eating _____ Toilet _____	Mos. Yrs. Bathing _____ Dressing _____ Eating _____ Toilet _____
Bathing _____ Dressing _____ Eating _____ Toilet _____	43a.	Bathing _____ Dressing _____ Eating _____ Toilet _____	Bathing _____ Dressing _____ Eating _____ Toilet _____	43a.	Bathing _____ Dressing _____ Eating _____ Toilet _____	Bathing _____ Dressing _____ Eating _____ Toilet _____
Bathing _____ Dressing _____ Eating _____ Toilet _____	b.	Bathing _____ Dressing _____ Eating _____ Toilet _____	Bathing _____ Dressing _____ Eating _____ Toilet _____	b.	Bathing _____ Dressing _____ Eating _____ Toilet _____	Bathing _____ Dressing _____ Eating _____ Toilet _____
1 <input type="checkbox"/> Relative 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse <input type="checkbox"/> Other - Specify _____	c.	1 <input type="checkbox"/> Relative 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse <input type="checkbox"/> Other - Specify _____	1 <input type="checkbox"/> Relative 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse <input type="checkbox"/> Other - Specify _____	c.	1 <input type="checkbox"/> Relative 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse <input type="checkbox"/> Other - Specify _____	1 <input type="checkbox"/> Relative 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse <input type="checkbox"/> Other - Specify _____
1 <input type="checkbox"/> Reported earlier Condition _____ 2 <input type="checkbox"/> Enter Cond. in C2 3 <input type="checkbox"/> Old age only	44a.	1 <input type="checkbox"/> Reported earlier Condition _____ 2 <input type="checkbox"/> Enter Cond. in C2 3 <input type="checkbox"/> Old age only	1 <input type="checkbox"/> Reported earlier Condition _____ 2 <input type="checkbox"/> Enter Cond. in C2 3 <input type="checkbox"/> Old age only	44a.	1 <input type="checkbox"/> Reported earlier Condition _____ 2 <input type="checkbox"/> Enter Cond. in C2 3 <input type="checkbox"/> Old age only	1 <input type="checkbox"/> Reported earlier Condition _____ 2 <input type="checkbox"/> Enter Cond. in C2 3 <input type="checkbox"/> Old age only
Y N (44d) Enter condition in C2 Reask 44b and c	b.	Y N (44d) Enter condition in C2 Reask 44b and c	Y N (44d) Enter condition in C2 Reask 44b and c	b.	Y N (44d) Enter condition in C2 Reask 44b and c	Y N (44d) Enter condition in C2 Reask 44b and c
1 <input type="checkbox"/> Only 1 condition (NP) Bathing _____ Dressing _____ Eating _____ Toilet _____	d.	1 <input type="checkbox"/> Only 1 condition (NP) Bathing _____ Dressing _____ Eating _____ Toilet _____	1 <input type="checkbox"/> Only 1 condition (NP) Bathing _____ Dressing _____ Eating _____ Toilet _____	d.	1 <input type="checkbox"/> Only 1 condition (NP) Bathing _____ Dressing _____ Eating _____ Toilet _____	1 <input type="checkbox"/> Only 1 condition (NP) Bathing _____ Dressing _____ Eating _____ Toilet _____
FOOTNOTES						

BD	Mark box(es) from item C.	BD 1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days
45. During the past 12 months (that is since _____ (date) a year ago), ABOUT how many days did illness or injury keep -- in bed all or most of the day? (Include the days in the past 2 weeks.) (Include the days while a patient in a hospital.) (Was it more than 7 days or less than 7 days?) (Was it more than 30 days or less than 30 days?) (Was it more than half the year or less than half the year?)		45. 0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (6 months) 4 <input type="checkbox"/> 181+ (6 months +)

Table SA																																							
46a. Does anyone in the family now use (any of the following special aids) -	Yes	No																																					
1. An artificial arm?			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:10%;">Type of aid</th> <th style="width:20%;">If 1-6 in (b), ASK: Does he use one or two (at a time)?</th> <th style="width:60%;">If 3-10 in (b), ASK: For what condition does he need this? (Item C) If "brace," Ask: On what part of the body is the brace worn? (d)</th> </tr> <tr> <th>(a)</th> <th>(b)</th> <th>(c)</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> </tbody> </table>	Person No.	Type of aid	If 1-6 in (b), ASK: Does he use one or two (at a time)?	If 3-10 in (b), ASK: For what condition does he need this? (Item C) If "brace," Ask: On what part of the body is the brace worn? (d)	(a)	(b)	(c)				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
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		1 <input type="checkbox"/> 2 <input type="checkbox"/> Other																																					
		1 <input type="checkbox"/> 2 <input type="checkbox"/> Other																																					
2. An artificial leg?																																							
3. A brace of any kind?																																							
4. Crutches?																																							
5. A cane or walking stick?																																							
6. Special shoes?																																							
7. A wheel chair?																																							
8. A walker?																																							
9. Guide dog?																																							
10. Any other kind of aid for getting around?																																							
<i>If "Yes," specify:</i> _____ <div style="text-align: center;">Enter in Table SA</div>																																							
b. Who is this? c. Anyone else?																																							

FOOTNOTES

1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	BD	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	BD	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days
0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (6 months) 4 <input type="checkbox"/> 181+ (6 months +)	45.	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (6 months) 4 <input type="checkbox"/> 181+ (6 months +)	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (6 months) 4 <input type="checkbox"/> 181+ (6 months +)	45.	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (6 months) 4 <input type="checkbox"/> 181+ (6 months +)	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (6 months) 4 <input type="checkbox"/> 181+ (6 months +)

Table SA - Continued

Is the _____ used all of the time, most of the time or only occasionally? (e)	How long has he used _____? (f)	How was the _____ obtained? Was it purchased, rented, borrowed or a gift? (g)
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift
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1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift

CONDITION 1

1. Person number _____ Name of condition _____

2. When did -- last see or talk to a doctor about his . . . ?

1 <input type="checkbox"/> In interview week (Reask 2)	2 <input type="checkbox"/> 2 wks.-6 mos.	3 <input type="checkbox"/> Over 6-12 mos.	4 <input type="checkbox"/> 1 yr.	5 <input type="checkbox"/> 2-4 yrs.	6 <input type="checkbox"/> 5+ yrs.	7 <input type="checkbox"/> Never	8 <input type="checkbox"/> DK if Dr. seen	9 <input type="checkbox"/> DK when Dr. seen
--	--	---	----------------------------------	-------------------------------------	------------------------------------	----------------------------------	---	---

A1 Examine "Name of condition" entry and mark

<input type="checkbox"/> Color blindness (NC)	<input type="checkbox"/> On Card C (A2)
<input type="checkbox"/> Accident or injury (A2)	<input type="checkbox"/> Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask:

3a. What did the doctor say it was? - Did he give it a medical name?

Do not ask for Cancer On Card C (A2)

b. What was the cause of . . . ?

Accident or injury (A2)

If the entry in 3a or 3b includes the words:

Ailment	Condition	Disorder	Trouble	} Ask c:
Anemia	Cyst	Growth	Tumor	
Asthma	Defect	Measles	Ulcer	
Attack	Disease	Rupture		

c. What kind of . . . is it?

For allergy or stroke, ask:

d. How does the allergy (stroke) affect him?

If in 3a-d there is an impairment or any of the following entries:

Abscess	Damage	Paralysis	} Ask e:
Ache (except head or ear)	Growth	Rupture	
Bleeding	Hemorrhage	Sore	
Blood clot	Infection	Soreness	
Boil	Inflammation	Tumor	
Cancer	Neuralgia	Ulcer	
Cramps (except menstrual)	Neuritis	Varicose veins	
Cyst	Pain	Weak	
	Palsy	Weakness	

e. What part of the body is affected?

Show the following detail:

Head	skull, scalp, face
Back/spine/vertebra	upper, middle, lower
Ear or eye	one or both
Arm	one or both; shoulder, upper, elbow, lower, wrist, hand
Leg	one or both; hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in:

1 <input type="checkbox"/> Item 1	3 <input type="checkbox"/> Q. 3b	5 <input type="checkbox"/> Q. 3d
2 <input type="checkbox"/> Q. 3a	4 <input type="checkbox"/> Q. 3c	6 <input type="checkbox"/> Q. 3e

4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does? 1 Y 2 N (9)

5. During that period, how many days did he cut down for as much as a day? ____ Days
00 None (9)

6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day? ____ Days
00 None

Ask if 17+ years:

7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house? ____ Days (9)
00 None (9)

Ask if 6-16 years:

8. How many days did his . . . keep him from school during that 2-week period? ____ Days
00 None

9. When did -- first notice his . . . ?

1 <input type="checkbox"/> Last week	4 <input type="checkbox"/> 2 weeks-3 months
2 <input type="checkbox"/> Week before	5 <input type="checkbox"/> Over 3-12 months
3 <input type="checkbox"/> Past 2 weeks-DK which	6 <input type="checkbox"/> More than 12 months ago

(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
(Was it during the past 2 weeks or before that time?)

A3

1 <input type="checkbox"/> Not an eye cond. (AA)	3 <input type="checkbox"/> First eye cond. (6+ yrs.) (10)
2 <input type="checkbox"/> First eye cond. (under 6) (10g)	4 <input type="checkbox"/> Not first eye cond. (AA)

These next questions are about how well -- can see (with glasses/contacts).

10a. Can -- see well enough to read ordinary newspaper print with his { left eye? 1 Y 2 N } right eye? 1 Y 2 N

b. Can -- see well enough to recognize the features of people he knows if they are close enough? Y N

c. Can -- see moving objects, such as cars moving or people walking? Y N

d. Can -- see well enough to step down? Y N

e. Can -- see well enough to recognize a friend walking on the other side of the street? Y N

If ALL "No," ask 10f; otherwise go to 10g.

f. Can -- see well enough to tell if a light is on? Y (AA) N (AA)

g. How much trouble would you say that -- has in seeing, a great deal, some, or hardly any at all?

<input type="checkbox"/> Great deal	<input type="checkbox"/> Some
<input type="checkbox"/> Hardly any or none	<input type="checkbox"/> Other - Specify _____

AA

1 Missing extremity (A4)
 2 Condition in C2 does not have a letter as source (A4)
 3 Condition in C2 has a letter as source, Doctor seen (11)
 4 Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . . ? 1 Y 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N

12. Has he ever had surgery for this condition? 1 Y 2 N

13. Was he ever hospitalized for this condition? 1 Y 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ? ___ Times (Do not count visits while a patient in a hospital.) 000 None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day? ___ Days 000 None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work? ___ Days For females: Not counting work around the house? 000 None

16a. How often does his . . . bother him -- all of the time, often, once in a while, or never?
 1 All the time 2 Often 3 Once in a while
 0 Never (A4) 6 Other -- Specify _____

b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
 4 Other -- Specify _____

FOOTNOTES

A4 Accident or injury Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years Before 2 years (18a)

b. When did the accident happen?
 Last week Over 3--12 months
 Week before 1--2 years
 2 weeks--3 months

18a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now? How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises)
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other -- Specify _____

20. Was -- at work at his job or business when the accident happened?
 1 Y 3 While in Armed Services
 2 N 4 Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

2-WEEKS DOCTOR VISITS PAGE		1. Person number _____
Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.		2a. _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before
2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor? ----- Month _____ Date _____		Y (Reask 2a and b) N (Ask 3-6 for each visit)
b. Were there any other doctor visits for him during that period?		b.
3. Where did he see the doctor on the _____ (date), at a clinic, hospital, doctor's office, or some other place? If Hospital: Was it the outpatient clinic or the emergency room? If Clinic: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?		3. 0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other (Specify) _____
4. Is the doctor a general practitioner or a specialist?		4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist -- What kind of specialist is he? _____
5. During this visit (call) did -- actually see (talk to) the doctor?		5. 1 Y 2 N
6a. Why did he visit (call) the doctor on _____ (date)? Write in reason _____ Mark appropriate box(es)		6a. _____ 1 <input type="checkbox"/> Diag. or treatment (6c) 2 <input type="checkbox"/> General checkup (6b) 3 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other _____ } (P1)
b. Was this for any specific condition? Mark box or ask: _____		b. Y (Enter condition in 6a and change to "Diag. or treatment") N (P1) <input type="checkbox"/> Condition reported in 6a
c. For what condition did -- visit (call) the doctor on _____ (date)?		c. _____
PI	A Condition page is required for the condition in question 6. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required doctor visits.	
FOOTNOTES		

1. Person number _____	1. Person number _____	1. Person number _____
2a. _____ Month Date OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before	2a. _____ Month Date OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before	2a. _____ Month Date OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before
b. Y (Reask 2a and b) N (Ask 3-6 for each visit)	b. Y (Reask 2a and b) N (Ask 3-6 for each visit)	b. Y (Reask 2a and b) N (Ask 3-6 for each visit)
3. 0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other (Specify) <u> </u>	3. 0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other (Specify) <u> </u>	3. 0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other (Specify) <u> </u>
4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? <u> </u>	4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? <u> </u>	4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? <u> </u>
5. 1 Y 2 N	5. 1 Y 2 N	5. 1 Y 2 N
6a. _____ 1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other _____ } (P1)	6a. _____ 1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other _____ } (P1)	6a. _____ 1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other _____ } (P1)
b. Y (Enter condition in 6a and change to "Diag. or treatment") N (P1)	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (P1)	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (P1)
c. <input type="checkbox"/> Condition reported in 6a	c. <input type="checkbox"/> Condition reported in 6a	c. <input type="checkbox"/> Condition reported in 6a
PI A Condition page is required for the condition in question 6. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required doctor visits.		
FOOTNOTES		

HOSPITAL PAGE

	1. Person number _____
2. When did -- enter the hospital (nursing home) (the last time)? <small>You said that -- was in the hospital (nursing home) during the past year. USE YOUR CALENDAR Make sure the YEAR is correct</small>	2. Month _____ Date _____ Year 19 ____
3. What is the name and address of this hospital (nursing home)?	3. Name _____ Street _____ City (or county) _____ State _____
4. How many nights was -- in the hospital (nursing home)?	4. _____ Nights
5a. How many of these -- nights were during the past 12 months? <small>Complete 5 from entries in 2 and 4; if not clear, ask the questions.</small>	5a. _____ Nights
b. How many of these -- nights were during the past 2 weeks?	b. _____ Nights
c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?	c. Y _____ N _____
6. For what condition did -- enter the hospital (nursing home) - do you know the medical name? <small>If medical name unknown, enter an adequate description.</small>	6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition _____
For delivery ask: Was this a normal delivery? } If "NO," ask: For newborn, ask: } What was the matter? Was the baby normal at birth? }	Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. ----- Kind ----- Part of body
7a. Were any operations performed on -- during this stay at the hospital (nursing home)?	7a. Y _____ o N (P2) _____
b. What was the name of the operation? <small>If name of operation is not known, describe what was done.</small>	b. _____ Y (Describe) <u>7</u> N _____
c. Any other operations during this stay?	c. _____
P2	A Condition page is required if the condition in 6 or 7 is listed specifically in 32 and is "NOW" present, or there is "1" or more nights in 5b. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.
FOOTNOTES	

1. Person number _____ 2. Month _____ Date _____ Year 19____ 3. Name _____ Street _____ City (or county) _____ State _____ 4. _____ Nights 5a. _____ Nights ----- b. _____ Nights ----- c. Y _____ N _____ 6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. ----- Kind _____ ----- Part of body _____ ----- 7a. Y _____ o N (P2) ----- b. _____ ----- Y (Describe) <u> ✓ </u> N _____ ----- c. _____	1. Person number _____ 2. Month _____ Date _____ Year 19____ 3. Name _____ Street _____ City (or county) _____ State _____ 4. _____ Nights 5a. _____ Nights ----- b. _____ Nights ----- c. Y _____ N _____ 6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. ----- Kind _____ ----- Part of body _____ ----- 7a. Y _____ o N (P2) ----- b. _____ ----- Y (Describe) <u> ✓ </u> N _____ ----- c. _____	1. Person number _____ 2. Month _____ Date _____ Year 19____ 3. Name _____ Street _____ City (or county) _____ State _____ 4. _____ Nights 5a. _____ Nights ----- b. _____ Nights ----- c. Y _____ N _____ 6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. ----- Kind _____ ----- Part of body _____ ----- 7a. Y _____ o N (P2) ----- b. _____ ----- Y (Describe) <u> ✓ </u> N _____ ----- c. _____
---	---	---

P2

A Condition page is required if the condition in 6 or 7 is listed specifically in 32 and is "NOW" present, or there is "1" or more nights in 5b. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.

FOOTNOTES

HEARING SUPPLEMENT

R1

- No Hearing Problem (NP)
- A, B, or 33 in C2 (1-3)

1. Has -- ever used a hearing aid?

1.

1 Y 2 N

(Hand Card H)

Please look at this card -

2a. Which statement best describes --'s hearing in his LEFT ear (without a hearing aid)?

2a.

Good	Little trouble	Lot of trouble	Deaf
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

b. Which statement best describes --'s hearing in his RIGHT ear (without a hearing aid)?

b.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

If age 3+ , ask:

3a. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person WHISPERS to him from across a quiet room?

3a.

Under 3 (R2)
1 Y (R2) 2 N

b. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person TALKS IN A NORMAL VOICE to him from across a quiet room?

b.

1 Y (R2) 2 N

c. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person SHOUTS to him from across a quiet room?

c.

1 Y (R2) 2 N

d. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND a person if that person SPEAKS LOUDLY into his better ear?

d.

1 Y (R2) 2 N

e. (Without a hearing aid) Can -- usually tell the sound of speech from other sounds and noises?

e.

1 Y (R2) 2 N

f. (Without a hearing aid) Can -- usually tell one kind of noise from another?

f.

1 Y (R2) 2 N

g. (Without a hearing aid) Can -- hear loud noises?

g.

1 Y 2 N

R2

Q.'s 1-3

For persons 17 years old or over, show who responded for (or was present during the asking of) Q.'s 1-3. If persons responded for self, show whether entirely or partly. For persons under 17, show who responded for them.

R2

- 1 Responded for self-entirely
 - 2 Responded for self-partly
- Person _____ was respondent

FOOTNOTES

<input type="checkbox"/> No Hearing Problem (NP) <input type="checkbox"/> A, B, or 33 in C2 (1-3)				R1	<input type="checkbox"/> No Hearing Problem (NP) <input type="checkbox"/> A, B, or 33 in C2 (1-3)				R1	<input type="checkbox"/> No Hearing Problem (NP) <input type="checkbox"/> A, B, or 33 in C2 (1-3)				R1	<input type="checkbox"/> No Hearing Problem (NP) <input type="checkbox"/> A, B, or 33 in C2 (1-3)				
1 Y 2 N				1.	1 Y 2 N				1.	1 Y 2 N				1.	1 Y 2 N				
Good	Little trouble	Lot of trouble	Deaf	2a.	Good	Little trouble	Lot of trouble	Deaf	2a.	Good	Little trouble	Lot of trouble	Deaf	2a.	Good	Little trouble	Lot of trouble	Deaf	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>
<input type="checkbox"/> Under 3 (R2) 1 Y (R2) 2 N				3a.	<input type="checkbox"/> Under 3 (R2) 1 Y (R2) 2 N				3a.	<input type="checkbox"/> Under 3 (R2) 1 Y (R2) 2 N				3a.	<input type="checkbox"/> Under 3 (R2) 1 Y (R2) 2 N				
1 Y (R2) 2 N				b.	1 Y (R2) 2 N				b.	1 Y (R2) 2 N				b.	1 Y (R2) 2 N				
1 Y (R2) 2 N				c.	1 Y (R2) 2 N				c.	1 Y (R2) 2 N				c.	1 Y (R2) 2 N				
1 Y (R2) 2 N				d.	1 Y (R2) 2 N				d.	1 Y (R2) 2 N				d.	1 Y (R2) 2 N				
1 Y (R2) 2 N				e.	1 Y (R2) 2 N				e.	1 Y (R2) 2 N				e.	1 Y (R2) 2 N				
1 Y (R2) 2 N				f.	1 Y (R2) 2 N				f.	1 Y (R2) 2 N				f.	1 Y (R2) 2 N				
1 Y 2 N				g.	1 Y 2 N				g.	1 Y 2 N				g.	1 Y 2 N				
1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent				R2	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent				R2	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent				R2	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent				
FOOTNOTES																			

R3 Under 19 (NP)
 19+ (1-2)

1a. Does --- need help from others in using public transportation, such as buses, trains, subways or planes?	1a.	1 Y (2) 2 N								
b. Does --- use public transportation?	b.	1 Y (2) 2 N								
c. If --- had to use public transportation would --- need the help of other persons?	c.	1 Y 2 N								
2a. Does --- drive a car?	2a.	1 Y (2c) 2 N								
b. Does a disability or health problem keep him from driving a car?	b.	1 Y (NP) 2 N (NP)								
c. Is the car he usually drives specially equipped for handicapped persons?	c.	1 Y 2 N (NP)								
d. Was the car specially equipped for ---?	d.	1 Y 2 N								
<p>Ask if 19+:</p> <p>3a. (Besides) During the past 12 months did (adults 19+) have --</p> <p>If "Yes," ask:</p> <p>b. Who was this? Mark "symptom" in person's column and reask 3a and b.</p> <p>If "symptom," ask 3c-e</p> <p>c. Did ---'s (symptom) last more or less than 24 hours?</p> <p>d. Did --- see a doctor for his (symptom(s)) at that time?</p> <p>e. Was --- hospitalized because of the (symptom(s))?</p>	<table border="1"> <tr> <td>1. Sudden paralysis or weakness of an arm and leg on the same side of the body?</td> <td></td> </tr> <tr> <td>2. Sudden numbness on one side of the body?</td> <td></td> </tr> <tr> <td>3. Sudden loss of vision?</td> <td></td> </tr> <tr> <td>4. Sudden loss of speech?</td> <td></td> </tr> </table>	1. Sudden paralysis or weakness of an arm and leg on the same side of the body?		2. Sudden numbness on one side of the body?		3. Sudden loss of vision?		4. Sudden loss of speech?		<p><input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours</p> <p>1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>3b. and c.</p> <p>d. 1 Y 2 N (4) 3 DK (4)</p> <p>e. 1 Y 2 N 3 DK</p>
1. Sudden paralysis or weakness of an arm and leg on the same side of the body?										
2. Sudden numbness on one side of the body?										
3. Sudden loss of vision?										
4. Sudden loss of speech?										
<p>4a. (Besides) During the past 12 months did (adults 19+) have --</p> <p>If "Yes," ask:</p> <p>b. Who was this? Mark box in person's column and reask 4a and b</p>	<table border="1"> <tr> <td>1. Diabetes or sugar diabetes?</td> <td></td> </tr> <tr> <td>2. High blood pressure or hypertension?</td> <td></td> </tr> <tr> <td>3. Heart disease or heart trouble?</td> <td></td> </tr> <tr> <td>4. Blood clots in arms, legs, or lungs?</td> <td></td> </tr> </table>	1. Diabetes or sugar diabetes?		2. High blood pressure or hypertension?		3. Heart disease or heart trouble?		4. Blood clots in arms, legs, or lungs?		<p>4b.</p> <p>1 <input type="checkbox"/> Diabetes</p> <p>2 <input type="checkbox"/> High Blood Pressure</p> <p>3 <input type="checkbox"/> Heart Disease</p> <p>4 <input type="checkbox"/> Blood Clots</p>
1. Diabetes or sugar diabetes?										
2. High blood pressure or hypertension?										
3. Heart disease or heart trouble?										
4. Blood clots in arms, legs, or lungs?										
<p>Ask if 19+:</p> <p>If "stroke" in C2 go to 5b.</p> <p>5a. Has --- EVER had a stroke?</p> <p>b. Has a doctor EVER told --- he had a stroke?</p> <p>c. How old was --- at the time he had his first stroke?</p> <p>d. Was --- hospitalized for this first stroke?</p>	<p><input type="checkbox"/> Under 19 (NP) <input type="checkbox"/> Stroke in C2 (5b)</p> <p>5a. 1 Y 2 N (NP) 3 DK (NP)</p> <p>b. 1 Y 2 N 3 DK</p> <p>c. _____ Years</p> <p>d. 1 Y 2 N</p>									

<input type="checkbox"/> Under 19 (NP) <input type="checkbox"/> 19+ (1-2)	R3	<input type="checkbox"/> Under 19 (NP) <input type="checkbox"/> 19+ (1-2)	<input type="checkbox"/> Under 19 (NP) <input type="checkbox"/> 19+ (1-2)	R3	<input type="checkbox"/> Under 19 (NP) <input type="checkbox"/> 19+ (1-2)	<input type="checkbox"/> Under 19 (NP) <input type="checkbox"/> 19+ (1-2)
1 Y (2) 2 N	1a.	1 Y (2) 2 N	1 Y (2) 2 N	1a.	1 Y (2) 2 N	1 Y (2) 2 N
1 Y (2) 2 N	b.	1 Y (2) 2 N	1 Y (2) 2 N	b.	1 Y (2) 2 N	1 Y (2) 2 N
1 Y 2 N	c.	1 Y 2 N	1 Y 2 N	c.	1 Y 2 N	1 Y 2 N
1 Y (2c) 2 N	2a.	1 Y (2c) 2 N	1 Y (2c) 2 N	2a.	1 Y (2c) 2 N	1 Y (2c) 2 N
1 Y (NP) 2 N (NP)	b.	1 Y (NP) 2 N (NP)	1 Y (NP) 2 N (NP)	b.	1 Y (NP) 2 N (NP)	1 Y (NP) 2 N (NP)
1 Y 2 N (NP)	c.	1 Y 2 N (NP)	1 Y 2 N (NP)	c.	1 Y 2 N (NP)	1 Y 2 N (NP)
1 Y 2 N	d.	1 Y 2 N	1 Y 2 N	d.	1 Y 2 N	1 Y 2 N
<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours		<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours	<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours		<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours	<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours
1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3b. and c.	1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3b. and c.	1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>
2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/>
3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/>
4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/>
1 Y 2 N (4) 9 DK (4)	d.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)	d.	1 Y 2 N (4) DK (4)	1 Y 2 N (4) 9 DK (4)
1 Y 2 N 9 DK	e.	1 Y 2 N 9 DK	1 Y 2 N 9 DK	e.	1 Y 2 N DK	1 Y 2 N 9 DK
1 <input type="checkbox"/> Diabetes	4b.	1 <input type="checkbox"/> Diabetes	1 <input type="checkbox"/> Diabetes	4b.	1 <input type="checkbox"/> Diabetes	1 <input type="checkbox"/> Diabetes
2 <input type="checkbox"/> High Blood Pressure		2 <input type="checkbox"/> High Blood Pressure	2 <input type="checkbox"/> High Blood Pressure		2 <input type="checkbox"/> High Blood Pressure	2 <input type="checkbox"/> High Blood Pressure
3 <input type="checkbox"/> Heart Disease		3 <input type="checkbox"/> Heart Disease	3 <input type="checkbox"/> Heart Disease		3 <input type="checkbox"/> Heart Disease	3 <input type="checkbox"/> Heart Disease
4 <input type="checkbox"/> Blood Clots		4 <input type="checkbox"/> Blood Clots	4 <input type="checkbox"/> Blood Clots		4 <input type="checkbox"/> Blood Clots	4 <input type="checkbox"/> Blood Clots
<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)		<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)	<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)		<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)	<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)
1 Y 2 N (NP) 9 DK (NP)	5a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)	5a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)
1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK
_____ Years	c.	_____ Years	_____ Years	c.	_____ Years	_____ Years
1 Y 2 N	d.	1 Y 2 N	1 Y 2 N	d.	1 Y 2 N	1 Y 2 N

	R4	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)																		
6. On the average, how many hours of sleep do you usually get at night?	6.	_____ Hours																		
7. How often do you eat breakfast – almost every day, sometimes, rarely or never?	7.	<input type="checkbox"/> Everyday <input type="checkbox"/> Other – Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never																		
8. Including evening snacks, how often do you eat between meals – almost every day, sometimes, rarely or never?	8.	<input type="checkbox"/> Everyday <input type="checkbox"/> Other – Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never																		
9. Would you say that you are physically more active, less active or about as active as other persons your age?	9.	<input type="checkbox"/> More active <input type="checkbox"/> Other – Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same																		
10a. How often do you drink wine – never, occasionally, once or twice a week, or more than twice a week?	10a.	<input type="checkbox"/> Never <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)																		
b. How often do you drink beer – never, occasionally, once or twice a week, or more than twice a week?	b.	<input type="checkbox"/> Never <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)																		
c. How often do you drink liquor – never, occasionally, once or twice a week, or more than twice a week? If all "Never," go to 11	c.	<input type="checkbox"/> Never <input type="checkbox"/> More <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice																		
d. When you drink --, how many drinks do you usually have at one sitting? If under 5 in 10d ask; otherwise go to 11	d.	_____ Wine (10b) _____ Liquor _____ Beer (10c)																		
e. On any one occasion during the past 12 months, did you have 5 or more drinks of (wine/beer/liquor)?	e.	1 Y 2 N																		
11a. Have you smoked at least 100 cigarettes in your entire life?	11a.	1 Y 2 N (12)																		
b. Do you smoke cigarettes now?	b.	1 Y 2 N (12)																		
c. On the average, ABOUT how many cigarettes a day do you smoke?	c.	_____ Cigarettes																		
12a. About how tall are you without shoes?	12a.	_____ Feet _____ Inches																		
b. About how much do you weigh without clothes or shoes?	b.	_____ Pounds																		
13a. During the past 12 months, have you had any problems getting medical care for yourself (for any of the following reasons) –	13a, and b.	<table border="1"> <thead> <tr> <th></th> <th>a. Had problem</th> <th>b. Prevented care</th> </tr> </thead> <tbody> <tr> <td>1. Because care was not available when you needed it?</td> <td></td> <td></td> </tr> <tr> <td>2. Because of how much it cost?</td> <td></td> <td></td> </tr> <tr> <td>3. Because you didn't know where to go?</td> <td></td> <td></td> </tr> <tr> <td>4. Because you didn't have a way to get there?</td> <td></td> <td></td> </tr> <tr> <td>5. Because the hours weren't convenient?</td> <td></td> <td></td> </tr> </tbody> </table>		a. Had problem	b. Prevented care	1. Because care was not available when you needed it?			2. Because of how much it cost?			3. Because you didn't know where to go?			4. Because you didn't have a way to get there?			5. Because the hours weren't convenient?		
		a. Had problem	b. Prevented care																	
1. Because care was not available when you needed it?																				
2. Because of how much it cost?																				
3. Because you didn't know where to go?																				
4. Because you didn't have a way to get there?																				
5. Because the hours weren't convenient?																				
	1 Y (b) N 1 Y 2 N																			
	2 Y (b) N 1 Y 2 N																			
	3 Y (b) N 1 Y 2 N																			
	4 Y (b) N 1 Y 2 N																			
	5 Y (b) N 1 Y 2 N																			
b. Did this problem PREVENT you from getting medical care for yourself?																				

<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)	R4	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)	R4	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)	
_____ Hours		6. _____ Hours	_____ Hours		6. _____ Hours	_____ Hours	
<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	7.	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	7.	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	
<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____		8.	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____		<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	8.	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____
<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____	9.	<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____	<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____	9.	<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____	<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____	
<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)		10a.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)		<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	10a.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)
<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	b.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	b.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	
<input type="checkbox"/> Never 4 <input type="checkbox"/> More <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice		c.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice		<input type="checkbox"/> Never 4 <input type="checkbox"/> More <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice	c.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice
_____ Wine (10b) _____ Liquor _____ Beer (10c)	d.	_____ Wine (10b) _____ Liquor _____ Beer (10c)	_____ Wine (10b) _____ Liquor _____ Beer (10c)	d.	_____ Wine (10b) _____ Liquor _____ Beer (10c)	_____ Wine (10b) _____ Liquor _____ Beer (10c)	
1 Y 2 N		e.	1 Y 2 N		1 Y 2 N	e.	1 Y 2 N
1 Y 2 N (12)	11a.	1 Y 2 N (12)	1 Y 2 N (12)	11a.	1 Y 2 N (12)	1 Y 2 N (12)	
1 Y 2 N (12)		b.	1 Y 2 N (12)		1 Y 2 N (12)	b.	1 Y 2 N (12)
_____ Cigarettes	c.	_____ Cigarettes	_____ Cigarettes	c.	_____ Cigarettes	_____ Cigarettes	
_____ Feet _____ Inches		12a.	_____ Feet _____ Inches		_____ Feet _____ Inches	12a.	_____ Feet _____ Inches
_____ Pounds	b.	_____ Pounds	_____ Pounds	b.	_____ Pounds	_____ Pounds	
a. Had problem b. Prevented care		13a. and b.	a. Had problem b. Prevented care		a. Had problem b. Prevented care	13a. and b.	a. Had problem b. Prevented care
1 Y (b) N 1 Y 2 N	13a. and b.	1 Y (b) N 1 Y 2 N	1 Y (b) N 1 Y 2 N	13a. and b.	1 Y (b) N 1 Y 2 N	1 Y (b) N 1 Y 2 N	
2 Y (b) N 1 Y 2 N		2 Y (b) N 1 Y 2 N	2 Y (b) N 1 Y 2 N		2 Y (b) N 1 Y 2 N	2 Y (b) N 1 Y 2 N	2 Y (b) N 1 Y 2 N
3 Y (b) N 1 Y 2 N		3 Y (b) N 1 Y 2 N	3 Y (b) N 1 Y 2 N		3 Y (b) N 1 Y 2 N	3 Y (b) N 1 Y 2 N	3 Y (b) N 1 Y 2 N
4 Y (b) N 1 Y 2 N		4 Y (b) N 1 Y 2 N	4 Y (b) N 1 Y 2 N		4 Y (b) N 1 Y 2 N	4 Y (b) N 1 Y 2 N	4 Y (b) N 1 Y 2 N
5 Y (b) N 1 Y 2 N		5 Y (b) N 1 Y 2 N	5 Y (b) N 1 Y 2 N		5 Y (b) N 1 Y 2 N	5 Y (b) N 1 Y 2 N	5 Y (b) N 1 Y 2 N

DS PAGE

DS

- 1 3-18 (1)
- 2 19+, respondent available (5)
- 3 19+, return call required (NP)

Complete for each person age 3 and over with D box marked

Person number _____

1. Is -- now attending or enrolled in school?						1 Y	2 N (4)
2. Is it a public or private school?						1 <input type="checkbox"/> Public	2 <input type="checkbox"/> Private
3. Does -- receive special educational services or attend special classes at school because of a disability or health problem?						1 Y	2 N
4. Does -- now take any medicine prescribed by a doctor because he is more active or more restless than other children?						1 Y	2 N
5. Is -- covered by a health insurance plan that pays any part of a hospital bill?						1 Y	2 N
6. During the past 12 months, has -- had a general physical examination?						1 Y	2 N
7. During the past 12 months, did -- receive --							
	Received service past 12 months (1)	Is -- now receiving this service? (2)	Was -- helped by this (3)	Does -- now need (4)	Has -- tried to get this service? (5)		
A. Physical therapy?	1 Y (Col. 2) 2 N (Col. 4)	1 Y (B) 2 N	1 Y 2 N	1 Y 2 N (B)	1 Y 2 N		
B. Psychological counseling?	1 Y (Col. 2) 2 N (Col. 4)	1 Y (C) 2 N	1 Y 2 N	1 Y 2 N (C)	1 Y 2 N		
Ask if 16+: Because of a disability or health problem, during the past 12 months, did -- receive --							
C. Job counseling or guidance?	1 Y (Col. 2) 2 N (Col. 4)	1 Y (D) 2 N	1 Y 2 N	1 Y 2 N (D)	1 Y 2 N		
D. Job training or vocational training?	1 Y (Col. 2) 2 N (Col. 4)	1 Y (E) 2 N	1 Y 2 N	1 Y 2 N (E)	1 Y 2 N		
E. Job placement services?	1 Y (Col. 2) 2 N (Col. 4)	1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N		
If "Yes," in column (1), question 7, ask: otherwise go to 9							
8a. Was a government agency involved in arranging or providing (services) for --?						1 Y	2 N (9)
b. What is the name of the agency? Any other agency?						_____	
9a. During the past 12 months, have you tried to get information related to --'s health problem or disability?						1 Y	2 N (9a)
b. Did you get the information?						1 Y	2 N (9a)
c. Did you get the information from --'s doctor, a government agency, or some other source?						1 <input type="checkbox"/> Doctor (9a)	2 <input type="checkbox"/> Government
						3 <input type="checkbox"/> Other	
d. From whom did you receive the information?						_____	
e. Do you need (additional) information related to --'s health problem or disability?						1 Y	2 N
10a. Have any changes been made to this house (apartment) because of --'s health problem or disability?						1 Y	2 N (10a)
b. What changes have been made?						_____	

c. Do any (additional) changes need to be made because of --'s health problem or disability?						1 Y	2 N (NP)
d. What (additional) changes need to be made?						_____	

If 17+, ask:		
1a. What is the highest grade or year --- attended in school?		1a. <input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6 +
b. Did --- finish the --- grade (year)?		b. 1 Y 2 N
2a. Did --- ever serve in the Armed Forces of the United States?		2a. 1 Y 2 N (3)
b. When did he serve? Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.	Vietnam Era (Aug. '64 to April '75) VN Korean War (June '50-Jan. '55) KW World War II (Sept. '40-July '47) WWII World War I (April '17-Nov. '18) WWI Post Vietnam (May '75 to present) PVN Other Service (all other periods) OS	b. 1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI
c. Does --- have a service connected disability?		c. 1 Y 2 N
3a. Did --- work at any time last week or the week before -- not counting work around the house?		3a. 1 Y (4) 2 N
b. Even though --- did not work during these 2 weeks, does he have a job or business?		b. 1 Y 2 N
c. Was he looking for work or on layoff from a job?		c. 1 Y 2 N (4)
d. Which -- looking for work or on layoff from a job?		d. 1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Ask for all persons with a "Yes" in 3a, b, or c. If "Yes" in 3c only, questions 4a through 4e apply to this person's LAST full-time civilian job.	4a. For whom did --- work? Name of company, business, organization, or other employer	4a. Employer
	b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm	b. Industry
	c. What kind of work was --- doing? For example, electrical engineer, stock clerk, typist, farmer	c. Occupation
	d. What were ---'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete	d. Duties
	Complete from entries in 4a-d; if not clear, ask: e. Was --- an employee of PRIVATE company, business, or individual for wages, salary, or commission? P --- a FEDERAL government employee? F --- a STATE government employee? S --- a LOCAL government employee? L --- self-employed in OWN business, professional practice, or farm? If not a farm, ask: Is the business incorporated? Yes I No (or farm) SE --- working WITHOUT PAY in family business or farm? WP --- NEVER WORKED NEV	e. Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV

<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	1a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	1a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
1 Y 2 N	b.	1 Y 2 N	1 Y 2 N	b.	1 Y 2 N	1 Y 2 N
1 Y 2 N (3)	2a.	1 Y 2 N (3)	1 Y 2 N (3)	2a.	1 Y 2 N (3)	1 Y 2 N (3)
1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	b.	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	b.	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI
1 Y 2 N	c.	1 Y 2 N	1 Y 2 N	c.	1 Y 2 N	1 Y 2 N
1 Y (4) 2 N	3a.	1 Y (4) 2 N	1 Y (4) 2 N	3a.	1 Y (4) 2 N	1 Y (4) 2 N
1 Y 2 N	b.	1 Y 2 N	1 Y 2 N	b.	1 Y 2 N	1 Y 2 N
1 Y 2 N (4)	c.	1 Y 2 N (4)	1 Y 2 N (4)	c.	1 Y 2 N (4)	1 Y 2 N (4)
1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	d.	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	d.	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Employer	4a.	Employer	Employer	4a.	Employer	Employer
Industry	b.	Industry	Industry	b.	Industry	Industry
Occupation	c.	Occupation	Occupation	c.	Occupation	Occupation
Duties	d.	Duties	Duties	d.	Duties	Duties
Class of worker	e.	Class of worker	Class of worker	e.	Class of worker	Class of worker
1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV		1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV	1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV		1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV	1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV

<p>If 17+, ask: 5a. During the past 12 months, about how many months did you have a job?</p> <hr/> <p>b. During that period, ABOUT how many days did illness or injury keep -- from work -- not counting work around the house?</p>	<p>5a. <input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year</p> <hr/> <p>b. <input type="checkbox"/> None _____ Days _____ Months</p>
<p>Hand Card O If 17+, ask: 6a. Which of those groups BEST describes -- 's national origin or ancestry?</p> <hr/> <p>If multiple entries, ask: b. Which of those groups, that is, (entries in 6a) would you say BEST describes -- 's national origin or ancestry?</p>	<p>6a. <input type="checkbox"/> Under 17 (NP) _____ (Enter precode)</p> <hr/> <p>b. _____ (Specify)</p>
<p>7a. During the past 12 months, has anyone in the family received medical care which has been or will be paid for by MEDICARE?</p> <p style="text-align: right;">Y N (8)</p> <hr/> <p>b. Who was this? Mark "Medicare" in person's column.</p> <hr/> <p>c. Anyone else?</p> <p style="text-align: right;">Y (Reask 7b and c) N</p>	<p>7b. 1 <input type="checkbox"/> Medicare</p>
<p>8a. There is a public program called -- (Medicaid) which provides medical assistance to persons in need. During the past 12 months, has anyone in the family received medical care which has been or will be paid for by -- (MEDICAID)?</p> <p style="text-align: right;">Y N (9)</p> <hr/> <p>b. Who was this? Mark "Medicaid" in person's column.</p> <hr/> <p>c. Anyone else?</p> <p style="text-align: right;">Y (Reask 8b and c) N</p>	<p>8b. 1 <input type="checkbox"/> Medicaid</p>
<p>9a. During the past 12 months, has anyone in the family received medical care provided or paid for by the Veterans Administration?</p> <p style="text-align: right;">Y N(10)</p> <hr/> <p>b. Who was this? Mark "VA" in person's column.</p> <hr/> <p>c. Anyone else?</p> <p style="text-align: right;">Y (Reask 9b and c) N</p>	<p>9b. 1 <input type="checkbox"/> VA</p>
<p>FOOTNOTES</p>	

<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months	5a.	<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months	<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months	5a.	<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months	<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months
<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)	6a.	<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)	<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)	6a.	<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)	<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)
1 <input type="checkbox"/> Medicare	7b.	1 <input type="checkbox"/> Medicare	1 <input type="checkbox"/> Medicare	7b.	1 <input type="checkbox"/> Medicare	1 <input type="checkbox"/> Medicare
1 <input type="checkbox"/> Medicaid	8b.	1 <input type="checkbox"/> Medicaid	1 <input type="checkbox"/> Medicaid	8b.	1 <input type="checkbox"/> Medicaid	1 <input type="checkbox"/> Medicaid
1 <input type="checkbox"/> VA	9b.	1 <input type="checkbox"/> VA	1 <input type="checkbox"/> VA	9b.	1 <input type="checkbox"/> VA	1 <input type="checkbox"/> VA
FOOTNOTES						

Hand Card 1

<p>10. Which of those income groups represents your total combined family income for the past 12 months — that is, yours, your —s, etc.? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.</p>	<p>10. 00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I 01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J 02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H</p>						
<p>11a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p> <p>b. Did any other family members receive any income during the past 12 months? Y (Reask 11a and b) N</p>	<p>11a. <input type="checkbox"/> Income</p>						
<p>If only one person with "Income" box marked, go to 13 If 2 or more persons with "Income" box marked, ask 12 for each:</p> <p>12. Which of those income groups represents —s income for the past 12 months?</p>	<p>12. 00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I 01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J 02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H</p>						
<p>13a. During the past 12 months, did anyone in the family receive any payments or benefits from Workmen's Compensation? Y N (14)</p> <p>b. Who was this? Mark "Workmen's Compensation" box in person's column.</p> <p>c. Anyone else? Y (Reask 13b and c) N</p>	<p>13b. 1 <input type="checkbox"/> Workmen's Compensation</p>						
<p>14a. During the past 12 months, did anyone in the family receive any disability payments or disability benefits from — If "Yes," ask 14b.</p> <p>b. Was this because of a disability? If "Yes," ask 14c and d, otherwise continue with list.</p> <p>c. Who was this? Mark appropriate box in person's column.</p> <p>d. Anyone else?</p> <table border="1" data-bbox="608 864 1098 994" style="margin-left: auto; margin-right: auto;"> <tr> <td>1. Social Security Administration?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Veterans Administration?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. State public welfare or assistance?</td> <td><input type="checkbox"/></td> </tr> </table>	1. Social Security Administration?	<input type="checkbox"/>	2. Veterans Administration?	<input type="checkbox"/>	3. State public welfare or assistance?	<input type="checkbox"/>	<p>14b. 1 <input type="checkbox"/> SSA 2 <input type="checkbox"/> VA 3 <input type="checkbox"/> Welfare</p>
1. Social Security Administration?	<input type="checkbox"/>						
2. Veterans Administration?	<input type="checkbox"/>						
3. State public welfare or assistance?	<input type="checkbox"/>						
<p>15a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"? Y N (Household page)</p> <p>b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.</p> <p>c. Are any other family members included in this program? Y (Reask 15b and c) N</p>	<p>15b. <input type="checkbox"/> AFDC</p>						

SP <input type="checkbox"/>		D <input type="checkbox"/>		SP <input type="checkbox"/>		D <input type="checkbox"/>		SP <input type="checkbox"/>		D <input type="checkbox"/>		SP <input type="checkbox"/>		D <input type="checkbox"/>																							
First name 2		AGE		1a.		First name 3		AGE		1a.		First name 4		AGE		1a.		First name 5		AGE		1a.		First name 6		AGE											
Last name		RACE 1 W 2 B 3 OT				Last name		RACE 1 W 2 B 3 OT				Last name		RACE 1 W 2 B 3 OT				Last name		RACE 1 W 2 B 3 OT				Last name		RACE 1 W 2 B 3 OT											
Relationship		SEX 1 M 2 F		2.		Relationship		SEX 1 M 2 F		2.		Relationship		SEX 1 M 2 F		2.		Relationship		SEX 1 M 2 F		2.		Relationship		SEX 1 M 2 F		2.									
Month	Date	Year	3.		Month	Date	Year	3.		Month	Date	Year	3.		Month	Date	Year	3.		Month	Date	Year	3.		Month	Date	Year	3.									
BED DAYS			DV		HOSP.		C			BED DAYS			DV		HOSP.		C			BED DAYS			DV		HOSP.		C			BED DAYS			DV		HOSP.		
<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)		<input type="checkbox"/> None (NP)		<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)		<input type="checkbox"/> None (NP)		<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)		<input type="checkbox"/> None (NP)		<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)		<input type="checkbox"/> None (NP)					
____(NP)			____(NP)		____(NP)		____(NP)			____(NP)			____(NP)		____(NP)		____(NP)			____(NP)			____(NP)		____(NP)		____(NP)			____(NP)		____(NP)					
Q. No.		Condition				Q. No.		Condition				Q. No.		Condition				Q. No.		Condition				Q. No.		Condition				Q. No.		Condition					
<input type="checkbox"/> Income				11a.		<input type="checkbox"/> Income						<input type="checkbox"/> Income						11a.		<input type="checkbox"/> Income						<input type="checkbox"/> Income											
00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I				12.		00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I						00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I						12.		00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I						00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I											
01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J						01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J						01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J								01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J						01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J											
02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K						02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K						02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K								02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K						02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K											
03 <input type="checkbox"/> D 07 <input type="checkbox"/> H						03 <input type="checkbox"/> D 07 <input type="checkbox"/> H						03 <input type="checkbox"/> D 07 <input type="checkbox"/> H								03 <input type="checkbox"/> D 07 <input type="checkbox"/> H						03 <input type="checkbox"/> D 07 <input type="checkbox"/> H											
<input type="checkbox"/> Workmen's Compensation				13b.		<input type="checkbox"/> Workmen's Compensation						<input type="checkbox"/> Workmen's Compensation						13b.		<input type="checkbox"/> Workmen's Compensation						<input type="checkbox"/> Workmen's Compensation											
1 <input type="checkbox"/> SSA				14b.		1 <input type="checkbox"/> SSA						1 <input type="checkbox"/> SSA						14b.		1 <input type="checkbox"/> SSA						1 <input type="checkbox"/> SSA											
2 <input type="checkbox"/> VA						2 <input type="checkbox"/> VA						2 <input type="checkbox"/> VA								2 <input type="checkbox"/> VA						2 <input type="checkbox"/> VA											
3 <input type="checkbox"/> Welfare						3 <input type="checkbox"/> Welfare						3 <input type="checkbox"/> Welfare								3 <input type="checkbox"/> Welfare						3 <input type="checkbox"/> Welfare											
<input type="checkbox"/> AFDC				15b.		<input type="checkbox"/> AFDC						<input type="checkbox"/> AFDC						15b.		<input type="checkbox"/> AFDC						<input type="checkbox"/> AFDC											

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit →	If in AREA SEGMENT, also enter for FIRST unit listed on property →	LISTING SHEET								
			Sheet number	Line number							
TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS											
Line No.	LOCATION OF UNIT	If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit.	If outside Area Segment boundary, mark box below, STOP and –	Are these (Specify location) quarters for more than one group of people?	USE OR CHARACTERISTICS				CLASSIFICATION		
	Where are these quarters located? Enter exact description of location, e.g., basement, 2nd floor, rear After entering description or location: • in Area Segment, go to (3) • In other type of Segments, – If living quarters are not within the same specific sample address (and structure, if Permit Segment) – STOP TABLE X – Otherwise, go to (3)				• If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit. • If unlisted, – And Area Segment, go to (4). – And another type of Segment, go to (5) (3)	• Go to next line of Table X, if additional quarters determined. OR • Go to Household page, item 9, or Probe page, question 1 (as applicable).	If "Yes," fill one line for each group.	OCCUPIED	ALL QUARTERS Do these quarters in (Specify location) have:		N – Not a separate unit – Add occupants to this questionnaire. (Complete a separate questionnaire for each unrelated person or family group.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)			
1		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N	HU	OT
2		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N	HU	OT
3		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N	HU	OT
NOTE: Be sure to continue interview for original sample unit.											
FOOTNOTES											

CARD C

Conditions reported for which questions 3a-3e need not be asked:

Acne	Hernia (any type)
Appendicitis	Kidney stones
Arteriosclerosis	Laryngitis
Arthritis (any kind)	Migraine (any kind)
Athlete's foot	Mumps
Bronchitis (any kind)	Normal delivery
Bunions	Phlebitis (Thrombophlebitis)
Bursitis	Pneumonia
Calluses	Pregnancy
Chickenpox	Sciatica
Cold	Sinus (any kind)
Corns	Strep (Streptococcus) throat
Croup	Tonsillitis
Diabetes (any type)	Ulcer (duodenal, stomach, peptic or gastric only)
Epilepsy (any kind)	Vasectomy
Gallstones	Warts
Goiter	Whopping cough
Hardening of the arteries	
Hay fever	
Hemorrhoids or piles (any kind)	

CARD E2

Examples of inadequate entries for question 3a, Condition page; and/or question 6, Hospital page:

Effects, aftereffects, ill effects, or an operation but no description of what the effects are.

Tests, X-rays, but no results or final diagnosis given.

Vague descriptions such as heart failure, leg bothers, lame, retarded, bad kidney, crippled, can't run, can't bend, limited use, etc., if a more complete description is not recorded in a succeeding question.

Blank, dk, or only a part of body given.

Examples of inadequate entries for "kind," question 3c Condition page; or question 6 Hospital page:

Entries giving only site, part of body, or surface, such as flesh tumor, bone cyst, skin ulcer.

A repeat of the entry in 3a (Condition page) or 6 (Hospital page), such as stomach trouble.

CARD E1

Complete questions 11-16 on the Condition page for these conditions.

- A. Deafness in one or both ears
- B. Any other trouble hearing with one or both ears
- C. Tinnitus or ringing in the ears
- D. Blindness in one or both eyes
- E. Cataracts
- F. Glaucoma
- G. Color blindness
- H. A detached retina or any other condition of the retina
- I. Any other trouble seeing with one or both eyes even when wearing glasses
- J. A cleft palate or harelip
- K. Stammering or stuttering
- L. Any other speech defect
- M. A missing finger, hand, or arm, toe, foot, or leg
- N. A missing (breast), kidney, or lung
- O. Palsy or cerebral palsy
- P. Paralysis of any kind
- Q. Curvature of the spine
- R. REPEATED trouble with back or spine
- S. Any TROUBLE with fallen arches or flatfeet
- T. A clubfoot
- U. Permanent stiffness or any deformity of the back, foot, or leg
- V. Permanent stiffness or any deformity of the fingers, hand, or arm
- W. Mental retardation
- X. Any condition caused by an old accident or injury
- Y. Epilepsy
- Z. REPEATED convulsions, seizures, or blackouts

C
E1

CARD E3

Show detail in question 3e, Condition page and/or question 6, Hospital page for these IMPAIRMENTS.

- Deafness
- Trouble hearing
- Other ear condition
- Blindness
- Trouble seeing
- Other eye condition
- Missing hand - all or part
- Missing arm - all or part
- Missing foot - all or part
- Missing leg - all or part
- Trouble, stiffness or any deformity of - foot, leg, fingers, arm, or back

E2
E3

CARD E4

Examples of adequate entries for Kind of Injury for question 18a, Condition page; and question 6, Hospital page.

- Fracture, broken
- Wound open, puncture, laceration, cut
- Dislocation, displacement
- Sprain, strain, twisted, pulled ligaments
- Contusion, bruise
- Concussion
- Abrasion, blister, scratch, insect, human or animal bite
- Foreign body in . . .
- Burn, scald
- Gunshot, shrapnel wounds
- "Twisted" ankle, knee; "pulled" ligaments, tendons, or muscles
- Superficial injury
- Rupture of internal organs
- Amputation
- Sunburn, sunstroke, sun poisoning

Examples of adequate entries for present effects for question 18b, Condition page; and question 6, Hospital page.

- Absence, missing, loss of
- Stiffness, pain, hurts
- Deformity, paralysis
- Blindness, deafness
- Shock
- Arthritis, rheumatism

CARD I

- Under \$1,000 (including loss) . . . Group A
- \$ 1,000-\$ 1,999 Group B
- \$ 2,000 - \$ 2,999 Group C
- \$ 3,000 - \$ 3,999 Group D
- \$ 4,000 - \$ 4,999 Group E
- \$ 5,000 - \$ 5,999 Group F
- \$ 6,000 - \$ 6,999 Group G
- \$ 7,000 - \$ 9,999 Group H
- \$10,000 - \$14,999 Group I
- \$15,000 - \$24,999 Group J
- \$25,000 and over Group K

CARD O

National Origin or Ancestry

- 01 Countries of Central or South America
- 02 Chicano
- 03 Cuban
- 04 Mexican
- 05 Mexicano
- 06 Mexican-American
- 07 Puerto Rican
- 08 Other Spanish
- 09 European, except Spanish (such as German, Irish, English, French and all other European countries)
- 10 Black, Negro, or Afro-American
- 11 American Indian or Alaskan Native
- 12 Asian or Pacific Islander, such as Chinese, Japanese, Korean, Filipino, Samoan

OR

Another group not listed - Specify

0

CARD H

Which statement best describes your hearing in your left ear (without a hearing aid)?

1. Hearing is good
2. Little trouble hearing
3. Lot of trouble hearing
4. Deaf

Which statement best describes your hearing in your right ear (without a hearing aid)?

1. Hearing is good
2. Little trouble hearing
3. Lot of trouble hearing
4. Deaf

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