

VITAL & HEALTH STATISTICS

Current Estimates From the National Health Interview Survey

United States, 1987

Includes estimates on incidence of acute conditions, episodes of persons injured, disability days, physician contacts, prevalence of chronic conditions, limitation of activity, hospitalizations, and assessed health status. Estimates are based on data collected in the National Health Interview Survey of 1987.

**Data From the National Health Survey
Series 10, No. 166**

DHHS Publication No. (PHS) 88-1594

U.S. Department of Health and Human
Services

Public Health Service

Centers for Disease Control

National Center for Health Statistics

Hyattsville, Md.

September 1988

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Suggested citation

National Center for Health Statistics, C. A. Schoenborn and M. Mañano. 1988. Current estimates from the National Health Interview Survey: United States, 1987. *Vital and Health Statistics. Series 10*, No. 166. DHHS Pub. No. (PHS) 88-1594. Public Health Service. Washington: U.S. Government Printing Office.

Library of Congress Catalog Card Number 65-62623

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Cooperation of the U.S. Bureau of the Census

Under the legislation establishing the National Health Interview Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the Division of Health Interview Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

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Symbols

- - - Data not available
 - . . . Category not applicable
 - Quantity zero
 - 0.0 Quantity more than zero but less than 0.05
 - Z Quantity more than zero but less than 500 where numbers are rounded to thousands
 - * Figure does not meet standard of reliability or precision (more than 30-percent relative standard error in numerator of percent or rate)
 - # Figure suppressed to comply with confidentiality requirements
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Current Estimates From the National Health Interview Survey

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Introduction

This report on the 1987 civilian noninstitutionalized population residing in the United States presents estimates of acute conditions, episodes of persons injured, restriction in activity, limitation of activity due to chronic conditions, prevalence of chronic conditions, respondent-assessed health status, and the use of medical services—including physician contacts and short-stay hospitalization.

Estimates of these health characteristics are presented in detailed tables for various groups in the population, including those defined by age, sex, race, and family income (each shown for specific age groups), and by geographic region and place of residence. Estimates for other characteristics of special relevance to particular health measures are also included. For instance, estimates of physician contacts are shown by the place where the contact occurred.

The text includes a brief definition of each of the health characteristics included in the detailed tables and reports the 1987 estimate for each characteristic. Text tables include the corresponding 1985 and 1986 estimates for each of the major health characteristics. The remainder of the report deals with various technical matters associated with the National Health Interview Survey (NHIS) data collection procedures and presentation of the results.

In 1985 a new sample for NHIS and a different method of presenting sampling errors were introduced. Therefore, the technical material is of unusual importance to readers who are accustomed to using data from the NHIS prior to 1985.

Although published reports are the primary vehicle for disseminating estimates from the NHIS, data are also available in

the form of standardized microdata tapes that include the regular characteristics of each year's survey from 1969 through 1987. Questions pertaining to the cost and availability of these tapes should be directed to the National Technical Information Service, 5285 Port Royal Road, Springfield, Va. 22161. Public use tapes are also available for special topics included in the NHIS from 1973 through 1987. The special topics studied in 1987 covered three areas: (a) cancer, including questions on acculturation (such as language, ethnic identification, and place of birth of self and parents), medical care, food knowledge, cancer knowledge and attitudes, cancer screening knowledge and practice, smoking and other tobacco use, occupational exposures, height and weight, food intake frequency, vitamin and mineral intake, reproduction and hormone use, family history of cancer, cancer survival, and social relationships and activities; (b) polio; and (c) adoption. The cancer items were contained in two questionnaires—one devoted to cancer control and the other to cancer epidemiology. There was some overlap between the questionnaires: Several questions were asked in both versions. Each questionnaire was administered to one-half of the adult subsample selected to be interviewed on cancer topics. For the cancer topics only, an oversample of Hispanic persons was obtained, with interviews conducted using a Spanish Translation Guide (U.S. Bureau of the Census, 1987a, 1987b). Information on tapes relating to special topics is available from the National Center for Health Statistics, Division of Health Interview Statistics, Systems and Programming Branch, 3700 East-West Highway, Hyattsville, Md. 20782.

Source and limitations of data

The information from the National 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 the civilian noninstitutionalized population of the United States is interviewed by personnel of the U.S. Bureau of the Census. Information is obtained about the health and other characteristics of each member of the household.

The 1987 NHIS was conducted with a full sample. The interviewed sample for 1987 was composed of 47,240 households containing 122,859 persons. The total noninterview rate was 4.7 percent: 2.9 percent was the result of respondent refusal, and the remainder was primarily the result of failure to locate an eligible respondent at home after repeated calls.

In 1985, the NHIS adopted several new sample design features although, conceptually, the sampling plan remained the same as the previous design. The major change included (a) reducing the number of primary sampling locations from 376 to 198 for sampling efficiency, (b) oversampling the black population to improve the precision of the statistics, (c) subdividing the NHIS sample into four separate representative panels to facilitate linkage to other National Center for Health Statistics (NCHS) surveys, and (d) using an all-area frame not based on the decennial census to facilitate NCHS survey linkage and to conduct National Health Interview Survey follow-back surveys. A description of the survey design, the methods used in estimation, and general qualifications of the data obtained from the survey are presented in appendix I.

Because the estimates presented in this report are based on a sample of the population, they are subject to sampling errors. Therefore, readers should pay particular attention to the section of appendix I entitled "Reliability of the estimates," which presents formulas for calculating standard errors and instructions for their use.

All information collected in the survey results from reports by responsible family members residing in the household. When possible, all adult family members participate in the interview. However, proxy responses are accepted for family members who are not at home and are required for all children and for family members who are physically or mentally incapable of responding for themselves. Although a considerable effort is made to ensure accurate reporting, the information from both proxy and self-respondents may be inaccurate because the respondent is unaware of relevant information, has forgotten it, does not wish to reveal it to an interviewer, or because the respondent does not understand the intended meaning of a question.

The major concepts for which estimates are shown in this report are defined in appendix II. Appendix III includes a copy of the questionnaire and flashcards used in the interview. Illnesses and injuries are coded using a slight modification of the ninth revision of the International Classification of Diseases (World Health Organization, 1977). The Division of Health Interview Statistics of NCHS should be contacted for information about coding and editing procedures used to produce the final data file from which the estimates shown in this report are derived.

Highlights for 1987

In the following sections, each of the health-related characteristics included in this report is defined, and the 1987 estimate is compared with the 1985 and 1986 estimates (NCHS, 1986, 1987a) for the same characteristics. The comparisons are highlighted in text tables, which also include the standard error for each of the 1987 estimates. The reader who wants some idea of how much difference there must be between the 1985, 1986, and 1987 estimates to constitute a statistically significant difference may use the standard errors to calculate a confidence interval or a critical value for the *t*-test. Of these two methods, the *t*-test (with a 95-percent level of significance) has been used in the following discussion as a basis for making statements about the difference or lack of difference between the 1985, 1986, and 1987 estimates.

Because the text compares only the overall rates or percents of health-related characteristics between 1985 and 1987, and the age distribution of the civilian noninstitutionalized population does not change greatly over a 3-year period, the possible effect of differing age distributions is not discussed in the text. Tables A–D include age-standardized as well as unstandardized figures, and the 3-year trends are similar for the two.

Readers using the detailed tables who wish to make comparisons of subgroups of the population may want to take into account the possible effect of age in comparing subgroups. For those sociodemographic characteristics for which the age distributions of the subgroups differ to a significant degree (such as for sex, age, and family income), the results are shown for specific age groups. However, in the case of geographic region and place of residence, there is little difference in the age distributions of the subgroups; therefore, these results are not shown for specific age groups.

The detailed results for health characteristics are shown in tables 1–77. Table 78 shows the population used to calculate the unstandardized rates used in this report. The age-standardized figures presented in text tables A–D employ the 1980 civilian noninstitutionalized population of the United States as a standard population. Age-specific rates for six age groups (0–4, 5–17, 18–24, 25–44, 45–64, and 65 years and over) were directly standardized to produce these estimates.

Acute conditions: Incidence, medical attention, and associated restriction in activity

An acute condition is defined for the National Health Interview Survey (NHIS) as a type of illness or injury that

ordinarily lasts less than 3 months, was first noticed less than 3 months before the reference date of the interview, and was serious enough to have had an impact on behavior. Only two types of impact are considered: first, whether the illness or injury caused the person to cut down for at least half a day on the things he or she usually does and, second, whether a physician was contacted regarding the illness or injury.

Incidence

Tables 1–5 show the incidence rate and tables 6–10 the incidence of acute conditions by type of condition and socio-demographic characteristics. The 1987 rate of 172.7 acute conditions per 100 persons per year was lower than the comparable estimate for 1986 (189.8) but similar to the rate for 1985 (175.3) (table A).

For broad types of acute conditions, the 1987 incidence rates per 100 persons per year ranked as follows: respiratory conditions (80.1), injuries (27.0), infective and parasitic diseases (23.2), and digestive system conditions (6.3). The rates for digestive system conditions and injuries were not significantly different from those for 1985 and 1986. The rates for infective and parasitic diseases rose between 1985 and 1986 (from 20.5 to 23.0) but then did not change between 1986 and 1987 (23.2). The 1987 estimate for respiratory conditions (80.1) was lower than in 1985 (87.1) and 1986 (96.8). The 1987 incidence rate of influenza (38.2) was substantially lower than the 1986 rate (55.2) but about the same as that observed in 1985 (40.4).

Medical attention

Tables 11–15 show estimates of the percent of acute conditions that were medically attended. The 1987 estimate of 61.8 percent is slightly higher than the 1986 estimate of 58.2 percent but not significantly different from the 1985 estimate (60.8 percent).

Restricted activity associated with acute conditions

Four types of restricted activity resulting from illness, injury, or impairment are measured in NHIS: days lost from work for currently employed persons 18 years of age and over, school days missed by youths 5–17 years of age, days spent in bed (which may overlap either of the prior types), and other days on which a person cut down on the things he or she usually does. Estimates of “cut-down” days are not presented separately but are included in the generic concept of “restricted-activity days.” The other three types of restricted activity also

Table A. Acute conditions measures: United States, 1985–87

Acute condition measure	Unstandardized				Age standardized		
	1987				1985	1986	1987
	1985	1986	Estimate	Standard error			
Annual incidence of acute conditions							
Number per 100 persons per year							
All acute conditions	175.3	189.8	172.7	3.4	176.4	191.5	174.3
Infective and parasitic diseases	20.5	23.0	23.2	0.9	20.8	23.3	23.8
Respiratory conditions ¹	87.1	96.8	80.1	1.9	87.6	98.0	81.1
Common cold	30.5	26.8	25.9	0.9	30.7	27.1	26.1
Influenza	40.4	55.2	38.2	1.2	40.4	55.9	38.6
Digestive system conditions	7.0	6.3	6.3	0.4	7.1	6.4	6.4
Injuries	27.4	27.2	27.0	1.0	27.6	27.4	27.2
Other acute conditions	33.4	36.4	36.1	1.1	33.3	36.4	35.9
Acute conditions medically attended							
Percent							
All acute conditions	60.8	58.2	61.8	0.6	59.8	58.2	61.4
Restricted activity associated with acute conditions							
Number of days per 100 persons per year							
All restricted-activity days	687.4	763.8	679.9	17.4	685.2	763.7	679.2
Bed days	302.5	345.0	297.6	9.6	302.2	345.5	297.3
Work-loss days ²	309.6	330.5	310.0	10.9	300.3	333.3	301.5
School-loss days ³	386.9	422.5	338.9	17.1	---	---	---
Quarterly incidence of acute conditions							
Number per 100 persons per quarter							
January 1–March 31	58.0	64.6	53.3	1.5	---	---	---
April 1–June 30	35.9	34.3	35.7	1.1	---	---	---
July 1–September 30	34.3	34.9	33.5	1.1	---	---	---
October 1–December 31	47.1	56.0	50.2	1.4	---	---	---

¹Includes other acute respiratory conditions.

²For currently employed persons 18 years of age and over.

³For youths 5–17 years of age.

NOTE: Detailed tables show the 1987 estimates by age, sex, race, family income, geographic region, and place of residence.

included in the generic concept “restricted activity” are usually shown separately in reports from NHIS.

A person may restrict his or her activity on a given day as a result of more than one condition, and these conditions may be acute or chronic. “Restricted activity associated with acute conditions” includes days on which only one or more than one acute condition caused the activity restriction; it also includes days on which one or more acute conditions and one or more chronic conditions caused the activity restriction. In the latter case, because the restriction in activity was due to both acute and chronic conditions, the cause cannot be attributed solely to an acute condition. For this reason, the words “associated with” rather than “caused by” are used to describe this type of estimate.

Tables 16–20 show the incidence rate and tables 21–25 show the incidence of restricted activity associated with acute conditions by type of condition and sociodemographic characteristics. Although the 1987 rates per year of restricted-activity days (679.9) and bed days (297.6) were lower than the corresponding 1986 rates (763.8 and 345.0, respectively), there were no statistically significant differences between the 1985 and 1987 estimates. The rates of work-loss days for currently employed persons 18 years of age and over were similar for 1985, 1986, and 1987. The rate of school loss days for youths

5–17 years of age was lower in 1987 (338.9) than in 1985 (386.9) and 1986 (422.5).

Tables 26–49 show the detailed rates and frequencies for bed days (tables 26–35), work-loss days (tables 36–45), and school-loss days (tables 46–49).

Incidence by quarter

The 1987 incidence rate and incidence of acute conditions by quarter are shown in table 50. As may be noted in table A, the estimated rates for the first and fourth quarters of 1987 (53.3 and 50.2) are lower than the comparable rates for 1986 (64.6 and 56.0). This is primarily the result of excess incidence of influenza during those two quarters of 1986 (NCHS, 1987b). For the second and third quarters, the rates for 1985, 1986, and 1987 are similar, the differences not exceeding what might be expected from sampling variability.

Episodes of persons injured

Injury data may be analyzed in three possible units: (a) The number of injuries sustained in a particular episode involving injury, (b) the number of episodes involving injury during a given period of time, or (c) the number of persons involved in one episode or more in which injury occurred during a period of

time. The estimates of injuries included in tables 1–50 are of the number of injuries that occurred during 1987. This section considers the number of episodes that occurred during 1987 that involved one injury or more. Because of the short reference period used to collect injury data in NHIS (2 weeks), the data cannot be used to estimate the number of persons involved in one episode or more of persons injured during any given year.

Table 51 shows the incidence rate of episodes of persons injured and table 52 the incidence of such episodes by socio-demographic characteristics; whether a moving motor vehicle was involved (and if so, whether this occurred in traffic); where the episode occurred; and, for persons 18 years of age and over, whether they were working at a job or business at the time the episode occurred. The 1987 rate of episodes of persons injured per 100 persons per year (26.0) is similar to the 1985 rate of 26.8 and the 1986 rate of 26.4 (table B).

Restricted activity associated with injury and impairment due to injury

An injury may have health-related effects for many years after it occurs, or, for that matter, even for a lifetime. (This might be the case, for instance, for a person who suffered a dislocated back due to an accident.) The estimates of activity restriction in tables 53 and 54 and of bed days in tables 55 and 56 are based on the present effects of injuries no matter when they occurred. Thus, these estimates include the days shown in earlier tables for acute injuries and also include days of restricted activity during 1987 that are attributable to the effects of injuries suffered prior to 1987. In many cases these old injuries have become impairments, and any restricted activity during 1987 that was caused by an injury-related impairment is also included.

The 1987 rate for restricted-activity days associated with episodes of persons injured (260.4 per 100 persons per year) does not differ significantly from the rates found in 1985 (271.3) and 1986 (241.4) (table B). The 1987 rate for bed days associated with episodes of persons injured (81.4) is similar to the rates for the other two years.

Prevalence of reported chronic conditions

Chronic conditions are defined as conditions that either (a) were first noticed 3 months or more before the reference date of the interview or (b) belong to a group of conditions (including heart disease, diabetes, and others) which are considered chronic regardless of when they began. For the purpose of estimating the prevalence of reported chronic conditions, the total NHIS sample is divided into six representative subsamples; each subsample is administered one of six checklists of types of chronic conditions. Respondents are asked to indicate the presence or absence of each condition specified on the particular list administered to them. Because the presence or absence of many types of chronic conditions is often difficult to ascertain, several “impact” questions are asked about each condition reported. Information is elicited on whether the person has been hospitalized for the condition and the number of days he or she stayed in bed because of the condition during the 12 months prior to the interview.

Totals for all chronic conditions are not shown because NHIS does not measure the total number of chronic conditions for each person. It should also be noted that a person may have more than one chronic condition; therefore, the sum of conditions that are counted may exceed the sum of persons having those conditions.

Tables 57–61 show the prevalence rate and tables 62–66 the prevalence of selected chronic conditions. As may be noted in table 57, the reported conditions with the highest prevalence rates are sinusitis, arthritis, and hypertension (with rates per 1,000 persons of 132.6, 131.8, and 118.6, respectively).

Limitation of activity due to chronic conditions

The concept of limitation of activity used in this report refers to long-term reduction in activity resulting from chronic disease or impairment. The measurement of this concept in NHIS permits one to distinguish among (a) persons unable to carry on their usual activity, (b) persons limited in the amount

Table B. Episodes of persons injured and associated restrictions in activity: United States, 1985–87

Episodes of persons injured and associated restricted activities	Unstandardized				Age standardized		
			1987		1985	1986	1987
	1985	1986	Estimate	Standard error			
Episodes of persons injured		Number per 100 persons per year					
All types of injury	26.8	26.4	26.0	1.1	29.6	26.6	26.2
Restriction in activity associated with episodes of persons injured							
All restricted-activity days ¹	271.3	241.4	260.4	8.7	266.3	238.4	255.8
Bed days	84.6	79.0	81.4	4.3	82.8	77.7	79.0

¹Includes work-loss and school-loss days as well as bed days.

NOTE: Detailed tables show the 1987 estimates by age, sex, race, family income, geographic region, and place of residence.

or kind of their usual activity, (c) persons limited but not in their usual activity, and (d) persons not limited. The category of persons limited in their major activity includes those in the first two groups, that is, those unable to carry on the usual activity for their age-sex group, whether it is working, keeping house, going to school, or capacity for independent living, and those restricted in the amount or kind of usual activity for their age-sex group. Persons limited, but not in their major activity, include persons restricted in other activities such as civic, church, or recreational activities.

The 1987 estimate of the percent of persons limited in activity due to chronic conditions (13.5) is not significantly different from the 1985 or 1986 estimates (table C). Likewise, the estimates of persons limited in their major activity (categories (a) and (b) discussed in the previous paragraph) are similar for 1985, 1986, and 1987 (9.5, 9.4, and 9.2, respectively).

The detailed percent distributions and frequencies for limitation in activity are shown by sociodemographic characteristics in tables 67-68.

Restricted activity due to acute and chronic conditions

Earlier in this report estimates of restricted-activity days associated with acute conditions were shown (tables 16-49), and the relationship between the types of restricted-activity days was discussed. The estimates shown in table 69 are for person days of restricted activity caused by acute or chronic conditions, or both.

As may be noted in table C, the 1987 rate per person per year of restricted-activity days (14.5) is similar to the corre-

sponding rates for the two previous years. The 1987 rates for bed days (6.2), work-loss days (5.4), and school-loss days for youths 5-17 years of age (4.4) are similar to those for 1985 and 1986.

The detailed estimates for each type of restricted-activity day are shown by sociodemographic characteristics in table 69.

Respondent-assessed health status

Data on assessed health status result from simply asking respondents to assess their own health or that of family members living in the same household as excellent, very good, good, fair, or poor. Table 70 shows the percent distribution for these categories according to sociodemographic characteristics. The health of most persons in the civilian noninstitutionalized population was assessed as "excellent" (39.3 percent) or "very good" (27.9 percent). Only 2.7 percent were assessed as "poor" (table C). Overall, the 1987 estimates for the health status categories show respondents assessing health the same way they did in 1985 and 1986.

Physician contacts: Rate and interval since last contact

A contact is defined as a consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered a physician contact if the service is provided by the physician or by another person working under the physician's supervision.

Table C. Health status measures: United States, 1985-87

Health status measure	Unstandardized				Age standardized		
	1987				1985	1986	1987
	1985	1986	Estimate	Standard error			
Restricted activity due to acute and chronic conditions							
Number of days per person per year							
All restricted-activity days	14.8	15.2	14.5	0.3	14.6	15.1	14.2
Bed days	6.1	6.5	6.2	0.2	6.1	6.5	6.1
Work-loss days ¹	5.3	5.5	5.4	0.2	---	---	---
School-loss days ²	4.8	5.0	4.4	0.2	---	---	---
Limitation in activity due to chronic conditions							
Percent							
All persons limited in activity	14.0	14.0	13.5	0.2	13.8	13.7	13.3
Persons limited in major activity	9.5	9.4	9.2	0.1	9.4	9.3	9.1
Respondent-assessed health status							
Percent distribution							
All health statuses ³	100.0	100.0	100.0	-	100.0	100.0	100.0
Excellent	39.5	39.4	39.3	0.3	39.7	39.6	39.6
Very good	27.2	27.3	27.9	0.3	27.2	27.3	27.8
Good	23.1	23.3	22.9	0.2	23.0	23.2	22.8
Fair	7.4	7.2	7.3	0.1	7.3	7.1	7.1
Poor	2.9	2.8	2.7	0.1	2.8	2.8	2.7

¹For currently employed persons 18 years of age and over.

²For youths 5-17 years of age.

³Excludes a small number with unknown health status.

NOTE: Detailed tables show the 1987 estimates by age, sex, race, family income, geographic region, and place of residence.

Annual rate

Table D shows the rates of physician contacts reported for 1985–87. The 1987 rate of 5.4 doctor visits per person per year is essentially identical to the rates for 1985 (5.3) and 1986 (5.4).

Aside from the sociodemographic characteristics, the rates and frequencies are also shown by the place of contact in table 71. The rate was highest for doctor's office (3.1 per person per year), and it was less than one contact per person per year for each of the other places mentioned (telephone, hospital, and other).

Interval since last contact

Table 72 shows the percent distribution and number of persons by the interval of time since the person last had a physician contact. Whereas the estimates for the rate of physician contacts do not include contacts while a person was an overnight patient in a hospital, such contacts are included in the definitions of the interval since a person last saw or talked to a physician or a physician's assistant.

Table D indicates that during 1987 an estimated 76.2 percent of the civilian noninstitutionalized population had contact with a physician during the year preceding interview. This estimate is similar to the 1985 and 1986 estimates (75.4 and 76.0, respectively).

Other estimates of ambulatory medical care services by physicians are provided by data from the National Ambulatory Medical Care Survey, a probability sample survey conducted periodically by the Division of Health Care Statistics of the National Center for Health Statistics. A summary of 1985 survey results, the most recent available, is found in *Advance Data From Vital and Health Statistics*, No. 128 (NCHS, 1987c).

Hospitalization: Episodes and days for persons; discharges and average length of stay

Respondents in the NHIS are asked to describe any hospitalizations during the year preceding the interview that involved at least a 1-night stay. Two of the measures obtained through this series of questions are the number of times and number of days spent in short-stay hospitals in the 12 months prior to interview. Because persons who have died or have been institutionalized in a given reference period are not included in NHIS, the rates and frequencies shown in this report will vary from those based on all overnight patients who entered a short-stay hospital during any given period of time. The difference will be especially great for older persons.

Estimates on hospitalization are presented in two forms: episode estimates and discharge estimates. Episode estimates focus on the person's hospital experience during the 12 months preceding interview. The tables showing these estimates classify people on the basis of whether they were hospitalized during the reference period and, if so, the number of times they were hospitalized. Discharge estimates focus on hospital stays as the unit of analysis rather than on persons.

Hospital episodes and days

Tables 73 (percent distribution) and 74 (frequency) show the distribution of short-stay hospital episodes including and excluding deliveries by the number of times a person was hospitalized during the year preceding interview and sociodemographic characteristics. The category "delivery" is based on the reason the woman entered the hospital or whether surgery related to delivery was performed. The percent of persons in 1987 with one or more hospitalizations during the year preceding interview was 8.4 percent (table D). This is lower than the corresponding estimate for 1985 (9.2) but about the same

Table D. Health care utilization: United States, 1985–87

Health care utilization	Unstandardized				Age standardized		
			1987				
	1985	1986	Estimate	Standard error	1985	1986	1987
Physician contact							
Contacts per person per year	5.3	5.4	5.4	0.1	5.2	5.3	5.3
				Number			
				0.1			
				Percent			
Persons with 1 or more contacts in past year	75.4	76.0	76.2	0.5	75.3	76.0	76.0
Hospitalization							
Persons with 1 or more hospital episodes in past year	9.2	8.6	8.4	0.1	9.0	8.5	8.2
				Number			
Hospital days per person hospitalized in past year	8.5	8.3	8.2	0.2	7.5	7.5	8.4
Discharges per 100 persons per year	12.4	11.8	11.5	0.2	12.2	11.6	11.3
Average length of stay per discharge in days	6.7	6.6	6.4	0.3	6.0	5.9	7.3

NOTE: Detailed tables show the 1987 estimates by age, sex, race, family income, geographic region, and place of residence.

as the 1986 rate (8.6). The 1987 rate is about 18 percent lower than the 1982 estimate of 10.3 percent (NCHS, 1985a).

Associated with the number of times a person was a patient in a short-stay hospital during the year preceding interview is the total number of days (strictly speaking, nights) the person spent as a patient in the hospital. Table D shows that in 1987, persons with one hospitalization or more spent an average of 8.2 days in the hospital in the year preceding interview. This is similar to the 1986 rate of 8.3 and the 1985 rate of 8.5. Tables 75 and 76 show the estimated rate and number of hospital days by the number of times people were hospitalized (including and excluding deliveries) and sociodemographic characteristics.

Hospital discharges and average length of stay

Table 77 shows the rate and number of hospital discharges, the average length of stay, and the number of hospital discharge days by sociodemographic characteristics and by whether a delivery was involved in the hospitalization. Based on data collected during 1987, there were 11.5 discharges per 100 persons, and the average length of stay per discharge was 6.4 days. Both of these rates are similar to the 1985 and 1986 estimates of discharges per 100 persons (12.4 and 11.8, respectively) and days per discharge (6.7 and 6.6, respectively). Examining longer term trends, the 1987 hospital discharge rate

of 11.5 is 19 percent lower than the rate estimated by the NHIS in 1981 (14.2), and the length of stay is about 14 percent lower than in 1981 (7.4) (NCHS, 1982).

This finding probably reflects the following two phenomena: (a) some medical procedures, once performed as inpatient hospital care, are now handled in outpatient medical facilities, and (b) the Health Care Financing Administration (which operates the medicare program), some States, and some third party payers, now reimburse hospitals for inpatient care using a pre-established payment schedule based on patients' diagnosis-related groups.

Information is also collected on hospital discharges from hospital records through the National Hospital Discharge Survey conducted by the National Center for Health Statistics. Estimates from the National Hospital Discharge Survey, published in Series 13 of *Vital and Health Statistics*, are somewhat higher than those presented here because of differences in collection procedures, population sampled, and definitions used. The National Hospital Discharge Survey has experienced a recent decline in its hospital discharge rates. The National Hospital Discharge Survey estimates of average length of stay for older persons are also declining. Thus, the data from the two surveys are consistent. The most recent national estimates of short-stay hospitalization based on the National Hospital Discharge Survey are summarized in Series 13, Number 96 (NCHS, 1988).

Selected topic: Health characteristics of married and unmarried persons

Marital status has been shown to be related to morbidity and mortality. An early National Health Interview Survey (NHIS) report found a clear association between marital status and a variety of health status measures (NCHS, 1976). Mortality studies have found that married persons live longer than widowed, separated or divorced, or never married persons (Goodwin, Hunt, Key, and Samet, 1987; Koskenvuo, Kaprio, Kesaniemi, and Sarna; 1980). This section will describe differences in health status and health care utilization among married, separated and divorced, widowed, and never married U.S. adults. The data have been age-adjusted to control age differences in the marital status groups as a possible explanation for any variations observed in health status or health care utilization. All statistics are shown separately for men and women. Caution should be exercised in interpreting the findings concerning marital status in view of the large age ranges used in the standardization procedure.

Table E shows that married men were less likely to be limited in their activities (15.1 percent) than were separated and divorced (19.7 percent), widowed (18.8 percent), and never married men (20.1 percent). A similar, even stronger, relationship was found for women: 14.2 percent of married women reported some limitation in their activities, compared with 20.8 percent of separated and divorced, 27.8 percent of widowed, and 20.2 percent of never married women. Married persons were also the least likely of any marital status group to

report being in fair or poor health (11.3 percent of men and 12 percent of women). Fair and poor health was most prevalent among widowed men (17.6 percent) and among separated and divorced and widowed women (18.3 and 18.9 percent, respectively).

Acute conditions, most notably respiratory conditions and influenza, were considerably higher among widowed women than women in the other marital status categories. For example, the incidence rate per 100 persons for respiratory conditions was 145.8 for widowed women, compared with 72.1 for married women, 91.0 for separated and divorced women, and 67.9 for never married women. Marital status differences in the incidence rates of respiratory conditions for men are not statistically significant. Incidence of influenza was particularly high among widowed women (122.2 per 100 persons) compared with the other marital status groups. Influenza was also relatively high for widowed men (52.9 per 100 persons) compared with the other marital status groups, although this statistic was less than one-half the rate found for widowed women. However, due to the small number of widowed men and relatively low incidence of the disease, the statistic for influenza for widowed men has a relative standard error of greater than 30 percent and therefore is considered unreliable.

Although some of the statistics on injuries are unreliable due to small numbers, the data suggest that separated and divorced persons, particularly women, were more likely to

Table E. Health status by marital status: United States, 1987

Health status	Male				Female			
	Married	Separated or divorced	Widowed	Never married	Married	Separated or divorced	Widowed	Never married
	Percent							
Limited in activity	15.1	19.7	18.8	20.1	14.2	20.8	27.8	20.2
Assessed health: fair or poor	11.3	15.6	17.6	14.1	12.0	18.3	18.9	13.4
	Number per 100 persons per year							
Total	119.5	124.1	*134.2	101.8	153.8	199.9	317.3	149.6
Respiratory	57.1	53.6	118.6	66.1	72.1	91.0	145.8	67.9
Influenza	32.8	26.7	*52.9	23.0	38.0	36.8	122.2	33.1
Injuries	25.8	32.2	*3.8	*30.4	19.5	41.4	18.6	28.0
	Number of days per person per year							
Restricted-activity days	13.8	20.1	18.4	14.5	16.1	23.4	39.5	17.3
Bed days	5.5	8.0	7.8	5.7	6.9	10.9	11.7	7.2

NOTE: Data have been age adjusted.

Table F. Health care utilization by marital status: United States, 1987

Health care utilization	Male				Female			
	Married	Separated or divorced	Widowed	Never married	Married	Separated or divorced	Widowed	Never married
	Number per person per year							
Physician contacts.....	4.6	4.6	3.9	4.6	6.6	8.6	9.9	6.8
	Number per 100 persons per year							
Hospital discharges (excluding deliveries), ...	12.3	15.8	12.5	12.2	11.0	13.4	15.0	10.4
	Number of days per hospital stay							
Average length of stay.....	6.3	6.9	9.6	9.1	5.6	7.0	6.0	6.4

NOTE: Data have been age adjusted.

suffer injuries than were persons in the other marital status groups. Separated and divorced women were about twice as likely to report an injury (41.4 per 100 persons) as were married women (19.5 per 100 persons) or widowed women (18.6 per 100 persons), with incidence among never married women (28.0 per 100 persons) falling between the two extremes.

Widowed women exhibited a particularly high rate of restricted-activity days (39.5)—more than twice the rate of men and women in most of the other marital status groups. Currently married and never married men reported fewer restricted-activity days than either separated and divorced or widowed men. Similarly, currently married women and never married women had fewer restricted-activity days than formerly married women (both separated and divorced and the widowed). In terms of days spent in bed due to illness, formerly married men and women reported more disability than currently married or never married persons.

Table F shows selected health care utilization measures by marital status. Number of physician contacts varied by

marital status for women but not for men. Physician contacts were higher among widowed women (9.9) and separated and divorced women (8.6) than among married (6.6) or never married women (6.8). For men, number of visits ranged from 3.9 for widowed men to 4.6 for the other marital status groups; this difference is not statistically significant. It may be noted that widowed women exhibited the highest rate of physician contacts (9.9) and widowed men exhibited the lowest (3.9)—a difference of six contacts per year.

Among men, the hospital discharge rate for the separated and divorced was 15.8 per 100 persons compared with 12.3 for currently married, 12.5 for widowed, and 12.2 for never married men. Among women, the widowed and the separated and divorced had the highest rate of hospital discharges per 100 persons (15.0 and 13.4, respectively) followed by the currently married (11.0) and the never married women (10.4). Average length of stay was longer for widowed men (9.6) and never married men (9.1) than for married men (6.3). No statistically significant differences in length of stay were found for women in the various marital status categories.

References

- Goodwin, J. S., W. C. Hunt, C. R. Key, and J. M. Samet. 1987. The effect of marital status on stage, treatment, and survival of cancer patients. *JAMA* 258(21):3125–3130.
- Koskenvuo, M., J. Kaprio, A. Kesaniemi, and S. Sarna. 1980. Differences in mortality from ischemic heart disease by marital status and social class. *J. Chron. Dis.* 33:95–106.
- National Center for Health Statistics, E. Balamuth and S. Shapiro. 1965a. Health interview responses compared with medical records. *Vital and Health Statistics. Series 2, No. 7.* PHS Pub. No. 1000. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics, C. F. Cannell and F. J. Fowler, Jr. 1965b. Comparison of hospitalization reporting in three survey procedures. *Vital and Health Statistics. Series 2, No. 8.* PHS Pub. No. 1000. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics. 1965c. Reporting of hospitalization in the Health Interview Survey. *Vital and Health Statistics. Series 2, No. 6.* PHS Pub. No. 1000. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics, W. G. Madow. 1967. Interview data on chronic conditions compared with information derived from medical records. *Vital and Health Statistics. Series 1, No. 23.* PHS Pub. No. 1000. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics, C. F. Cannell, F. J. Fowler, Jr., and K. H. Marquis. 1968. The influence of interviewer and respondent psychological and behavioral variables on the reporting in household interviews. *Vital and Health Statistics. Series 2, No. 26.* PHS Pub. No. 1000. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics, D. A. Koons. 1973. 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.
- National Center for Health Statistics, M. H. Wilder. 1976. Differentials in health characteristics by marital status: United States, 1971–72. *Vital and Health Statistics. Series 10, No. 104.* DHEW Pub. No. (HRA) 76–1531. Health Resources Administration. Washington. U.S. Government Printing Office.
- National Center for Health Statistics, B. Bloom. 1982. Current estimates from the National Health Interview Survey, United States, 1981. *Vital and Health Statistics. Series 10, No. 141.* DHHS Pub. No. (PHS) 82–1569. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics. 1985a. Current estimates from the National Health Interview Survey, United States, 1982. *Vital and Health Statistics. Series 10, No. 150.* DHHS Pub. No. (PHS) 85–1578. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics, M. G. Kovar and G. S. Poe. 1985b. The National Health Interview Survey design, 1973–84, and procedures, 1975–83. *Vital and Health Statistics. Series 1, No. 18.* DHHS Pub. No. (PHS) 85–1320. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics, A. J. Moss and V. L. Parsons. 1986. Current estimates from the National Health Interview Survey, United States, 1985. *Vital and Health Statistics. Series 10, No. 160.* DHHS Pub. No. (PHS) 86–1588. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics, D. A. Dawson and P. F. Adams. 1987a. Current estimates from the National Health Interview Survey, United States, 1986. *Vital and Health Statistics. Series 10, No. 164.* DHHS Pub. No. (PHS) 87–1592. Public Health Service. Washington. U.S. Government Printing Office.
- National Center for Health Statistics, P. F. Adams. 1987b. Acute conditions and restricted activity during the 1985–1986 influenza season. *Advance Data From Vital and Health Statistics.* No. 132. DHHS Pub. No. (PHS) 87–1250. Public Health Service. Hyattsville, Md.
- National Center for Health Statistics, T. McLemore and J. DeLozier. 1987c. 1985 summary, National Ambulatory Medical Care Survey. *Advance Data From Vital and Health Statistics.* No. 128. DHHS Pub. No. (PHS) 87–1250. Public Health Service. Hyattsville, Md.
- National Center for Health Statistics, E. J. Graves. 1988. Utilization of short-stay hospitals, United States, 1985. Annual summary. *Vital and Health Statistics. Series 13, No. 96.* DHHS Pub. No. (PHS) 88–1757. Public Health Service. Washington. U.S. Government Printing Office.
- U.S. Bureau of the Census, T. F. Moore. 1985. Redesign of the National Health Interview Survey. Statistical Methods Division Methodological Memorandum Series. Report Number CB/SMD/MM/85/02. Unpublished technical paper.
- U.S. Bureau of the Census. 1987a. *Spanish Translation Guide.* National Health Interview Survey, Cancer Control Form HIS–1A.
- U.S. Bureau of the Census. 1987b. *Spanish Translation Guide.* National Health Interview Survey, Epidemiology Study Form HIS–1B.
- U.S. Bureau of the Census. 1987c. *National Health Interview Survey Interviewer's Manual.* HIS–100. U.S. Department of Commerce acting as a collecting agent for the U.S. Public Health Service.
- World Health Organization. 1977. *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the Recommendations of the Ninth Revision Conference, 1975.* Geneva. World Health Organization.

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TABLE 1. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	172.7	358.9	230.1	186.6	158.2	101.0	101.4	100.4
INFECTIVE AND PARASITIC DISEASES.....	23.2	57.0	44.8	22.5	18.2	6.9	7.8	5.5
COMMON CHILDHOOD DISEASES.....	2.0	10.7	5.4	*0.2	*0.3	*	*	*
INTESTINAL VIRUS, UNSPECIFIED.....	4.5	8.5	7.6	5.1	4.2	1.8	2.1	*1.3
VIRAL INFECTIONS, UNSPECIFIED.....	8.8	24.5	15.5	7.7	7.0	3.2	3.6	*2.5
OTHER.....	7.8	13.3	16.3	9.4	6.7	1.9	2.1	*1.6
RESPIRATORY CONDITIONS.....	80.1	160.2	111.4	88.2	74.3	44.0	49.7	34.8
COMMON COLD.....	25.9	77.5	34.4	20.7	21.1	14.8	16.5	12.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.6	20.0	18.9	9.1	7.1	3.9	4.9	*2.3
INFLUENZA.....	38.2	45.9	51.1	52.4	41.1	20.0	23.5	14.5
ACUTE BRONCHITIS.....	3.1	7.1	3.8	3.1	2.6	2.1	1.7	*2.6
PNEUMONIA.....	1.5	*4.0	*1.0	*1.9	1.2	1.4	*1.5	*1.2
OTHER RESPIRATORY CONDITIONS.....	1.8	5.7	2.2	*0.9	1.1	1.8	*1.6	*2.1
DIGESTIVE SYSTEM CONDITIONS.....	6.3	10.7	8.4	7.9	5.0	4.6	3.3	6.8
DENTAL CONDITIONS.....	1.3	*3.6	*0.5	*1.8	1.8	*0.6	*0.6	*0.4
INDIGESTION, NAUSEA, AND VOMITING.....	3.2	*2.9	7.1	3.7	2.1	1.9	*1.2	2.9
OTHER DIGESTIVE CONDITIONS.....	1.8	4.3	*0.9	*2.4	1.1	2.2	*1.4	3.5
INJURIES.....	27.0	25.9	33.5	33.3	28.5	19.5	18.2	21.7
FRACTURES AND DISLOCATIONS.....	3.3	*1.3	4.1	3.6	3.8	2.6	2.5	2.8
SPRAINS AND STRAINS.....	6.4	*0.6	8.0	8.7	8.2	4.2	4.5	3.8
OPEN WOUNDS AND LACERATIONS.....	5.5	8.5	7.5	8.2	5.0	3.3	3.2	3.4
CONTUSIONS AND SUPERFICIAL INJURIES.....	5.2	5.9	7.2	5.7	5.2	3.7	2.8	5.1
OTHER CURRENT INJURIES.....	6.6	9.6	6.8	7.2	6.3	5.7	5.2	6.6
SELECTED OTHER ACUTE CONDITIONS.....	25.1	83.7	25.0	23.5	22.4	14.0	12.3	16.7
EYE CONDITIONS.....	1.3	*3.5	*0.3	*2.2	1.2	1.1	*1.3	*0.8
ACUTE EAR INFECTIONS.....	8.1	56.6	10.9	*2.3	2.9	1.9	1.9	*2.0
OTHER EAR CONDITIONS.....	1.3	*2.5	2.7	*1.4	*0.8	*0.7	*0.1	*1.6
ACUTE URINARY CONDITIONS.....	2.7	*2.9	*1.2	*1.6	3.2	3.5	2.3	5.5
DISORDERS OF MENSTRUATION.....	0.6	...	*0.9	*0.8	*1.0	*0.1	*0.2	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	0.9	*0.1	*	*1.9	1.8	*0.3	*0.3	*0.1
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1.8	...	*0.4	5.5	3.6	*	*	...
SKIN CONDITIONS.....	2.2	7.9	2.1	*1.6	1.6	1.7	*1.7	*1.7
ACUTE MUSCULOSKELETAL CONDITIONS.....	3.1	*0.8	*1.2	3.1	4.3	3.7	3.3	4.4
HEADACHE, EXCLUDING MIGRAINE.....	1.4	*	2.5	*2.0	1.6	*0.6	*0.9	*0.1
FEVER, UNSPECIFIED.....	1.7	9.3	2.9	*1.2	*0.5	*0.3	*0.2	*0.5
ALL OTHER ACUTE CONDITIONS.....	11.0	21.4	7.0	11.1	9.8	12.0	10.2	14.9

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 6 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 2. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR									
ALL ACUTE CONDITIONS.....	156.5	351.0	218.6	140.5	83.0	187.8	367.2	242.1	189.5	115.9
INFECTIVE AND PARASITIC DISEASES.....	20.3	53.5	40.5	15.2	4.6	25.9	60.7	49.3	23.2	8.7
COMMON CHILDHOOD DISEASES.....	1.9	11.5	4.3	*0.2	*-	2.0	9.9	6.5	*0.4	*-
INTESTINAL VIRUS, UNSPECIFIED..	4.4	9.2	7.2	4.1	*1.6	4.6	*7.9	8.1	4.7	1.9
VIRAL INFECTIONS, UNSPECIFIED..	7.4	19.6	14.7	5.5	*1.8	10.2	29.6	16.3	8.8	4.4
OTHER.....	6.6	13.2	14.3	5.4	*1.3	9.0	13.3	18.4	9.3	2.4
RESPIRATORY CONDITIONS.....	72.5	160.4	101.8	65.5	38.0	87.2	160.0	121.5	89.7	48.9
COMMON COLD.....	23.3	73.7	30.0	17.2	13.6	28.4	81.5	38.9	24.7	15.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	7.9	19.0	16.8	5.3	2.5	11.1	21.0	21.1	9.8	5.0
INFLUENZA.....	35.0	47.2	47.6	38.7	17.2	41.1	44.0	54.8	49.2	22.4
ACUTE BRONCHITIS.....	2.6	8.3	3.9	1.8	*1.3	3.5	*5.9	3.8	3.6	2.7
PNEUMONIA.....	1.7	*4.6	*1.0	*1.5	*1.8	1.3	*3.4	*1.0	*1.3	*1.1
OTHER RESPIRATORY CONDITIONS...	2.0	*7.6	*2.5	*1.0	*1.5	1.7	*3.6	*1.9	*1.1	2.0
DIGESTIVE SYSTEM CONDITIONS....	6.0	10.7	9.4	5.1	3.8	6.6	10.7	7.3	6.5	5.3
DENTAL CONDITIONS.....	1.4	*3.9	*0.9	1.7	*0.5	1.2	*3.1	*-	1.9	*0.6
INDIGESTION, NAUSEA, AND VOMITING.....	3.2	*3.0	7.8	2.2	*1.6	3.2	*2.8	6.4	2.8	2.1
OTHER DIGESTIVE CONDITIONS.....	1.4	*3.8	*0.8	*1.1	*1.7	2.1	*4.6	*1.0	1.8	2.6
INJURIES.....	30.5	28.4	38.9	35.1	18.3	23.7	23.2	27.9	24.5	20.6
FRACTURES AND DISLOCATIONS.....	3.5	*0.9	5.4	4.1	*2.1	3.0	*1.7	*2.6	3.4	3.1
SPRAINS AND STRAINS.....	7.2	*-	8.2	10.1	4.2	5.7	*1.3	7.7	6.6	4.2
OPEN WOUNDS AND LACERATIONS.....	7.7	10.0	8.8	9.0	4.4	3.5	*6.9	6.1	2.7	2.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	5.6	*7.4	8.2	6.2	2.4	4.8	*4.3	6.1	4.5	4.7
OTHER CURRENT INJURIES.....	6.4	10.1	8.2	5.7	5.0	6.8	9.0	5.4	7.3	6.3
SELECTED OTHER ACUTE CONDITIONS.....	18.4	77.7	20.6	12.1	9.7	31.4	90.0	29.5	32.9	17.6
EYE CONDITIONS.....	1.2	*3.2	*0.4	*1.5	*0.7	1.4	*3.9	*0.1	1.5	*1.5
ACUTE EAR INFECTIONS.....	7.6	53.1	9.5	1.9	*2.1	8.7	60.2	12.4	3.6	*1.8
OTHER EAR CONDITIONS.....	1.3	*1.9	*2.9	*1.0	*0.4	1.4	*3.1	*2.5	*1.0	*0.9
ACUTE URINARY CONDITIONS.....	0.9	*-	*-	*0.5	*2.2	4.4	*5.9	*2.4	4.9	4.7
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	1.2	...	*1.8	1.8	*0.2
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	1.7	*0.2	*-	3.5	*0.5
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	3.5	...	*0.8	8.0	*-
SKIN CONDITIONS.....	1.8	*7.8	*1.5	*1.5	*1.0	2.5	*8.1	*2.7	1.7	2.3
ACUTE MUSCULOSKELETAL CONDITIONS.....	3.1	*1.2	*1.5	4.3	2.9	3.2	*0.5	*0.9	3.7	4.4
HEADACHE, EXCLUDING MIGRAINE...	0.9	*-	*2.1	*0.9	*0.3	1.8	*-	*2.8	2.4	*0.8
FEVER, UNSPECIFIED.....	1.7	10.5	*2.7	*0.5	*0.1	1.7	*8.1	*3.2	*0.8	*0.5
ALL OTHER ACUTE CONDITIONS.....	8.8	20.2	7.4	7.5	8.6	13.0	22.7	6.6	12.6	14.8

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 7 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 3. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	178.3	283.2	172.6	102.2	138.5	187.9	125.5	92.2
INFECTIVE AND PARASITIC DISEASES.....	24.1	50.8	21.6	6.9	19.2	40.1	9.0	*7.8
COMMON CHILDHOOD DISEASES.....	1.8	6.7	*0.3	*-	3.2	9.0	*0.3	*-
INTESTINAL VIRUS, UNSPECIFIED.....	4.9	8.3	5.0	1.9	2.9	*6.2	*1.6	*0.7
VIRAL INFECTIONS, UNSPECIFIED.....	9.1	18.7	7.8	3.1	7.7	15.1	*3.9	*4.1
OTHER.....	8.3	17.1	7.9	1.8	5.4	9.8	*3.2	*3.0
RESPIRATORY CONDITIONS.....	82.8	132.5	81.9	44.4	58.5	82.4	50.1	39.9
COMMON COLD.....	25.4	46.0	21.6	13.9	28.0	45.1	18.0	21.9
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	10.2	21.0	8.3	4.1	5.8	11.6	*4.1	*1.7
INFLUENZA.....	40.5	54.5	46.8	21.0	19.8	22.4	22.6	11.1
ACUTE BRONCHITIS.....	3.4	5.4	3.1	2.2	*1.6	*1.9	*1.4	*1.4
PNEUMONIA.....	1.5	2.0	1.3	1.4	*1.7	*0.9	*2.6	*1.2
OTHER RESPIRATORY CONDITIONS.....	1.9	3.7	1.0	1.8	*1.5	*1.1	*1.3	*2.5
DIGESTIVE SYSTEM CONDITIONS.....	5.9	9.1	5.1	4.4	9.2	9.5	9.8	*7.6
DENTAL CONDITIONS.....	1.2	*1.3	1.5	*0.6	*2.3	*1.3	*4.0	*0.5
INDIGESTION, NAUSEA, AND VOMITING.....	3.2	6.3	2.3	1.7	3.3	*4.5	*2.7	*2.8
OTHER DIGESTIVE CONDITIONS.....	1.6	1.5	1.3	2.0	3.6	*3.8	*3.0	*4.3
INJURIES.....	28.6	34.5	31.2	20.5	18.5	18.4	22.3	11.8
FRACTURES AND DISLOCATIONS.....	3.5	3.6	3.9	2.8	*2.4	*2.4	*3.1	*1.1
SPRAINS AND STRAINS.....	6.7	6.3	8.7	4.4	4.6	*3.7	6.6	*2.5
OPEN WOUNDS AND LACERATIONS.....	5.9	8.6	6.0	3.6	3.6	*4.0	*4.5	*1.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	5.5	7.5	5.6	3.7	4.4	*4.0	*4.5	*4.7
OTHER CURRENT INJURIES.....	7.1	8.5	7.1	6.0	3.5	*4.3	*3.6	*2.3
SELECTED OTHER ACUTE CONDITIONS.....	26.0	44.9	23.8	14.0	21.5	27.4	19.7	16.3
EYE CONDITIONS.....	1.3	*1.2	1.6	*1.0	*1.5	*1.0	*1.0	*2.9
ACUTE EAR INFECTIONS.....	8.6	26.4	2.9	1.9	6.2	13.6	*2.4	*2.5
OTHER EAR CONDITIONS.....	1.5	3.0	1.2	*0.8	*0.3	*0.9	*-	*-
ACUTE URINARY CONDITIONS.....	2.7	*1.4	2.8	3.6	3.1	*3.1	*2.7	*3.7
DISORDERS OF MENSTRUATION.....	0.5	*0.5	0.9	*0.1	*1.0	*1.6	*0.9	*0.4
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	0.9	*-	1.8	*0.3	*1.0	*0.1	*2.3	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1.9	*0.3	4.2	*-	*1.8	*0.4	*3.8	*-
SKIN CONDITIONS.....	2.1	3.6	1.7	1.6	*2.6	*4.4	*1.6	*1.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	3.4	*1.3	4.4	3.7	*2.1	*-	*2.4	*4.8
HEADACHE, EXCLUDING MIGRAINE.....	1.4	1.9	1.7	*0.6	*1.1	*0.7	*2.1	*-
FEVER, UNSPECIFIED.....	1.7	5.2	*0.6	*0.4	*0.8	*1.5	*0.7	*-
ALL OTHER ACUTE CONDITIONS.....	10.9	11.4	9.6	12.2	11.7	10.2	14.6	*8.8

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 8 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 4. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	198.2	266.3	214.9	126.8	171.3	253.1	179.6	97.5
INFECTIVE AND PARASITIC DISEASES.....	21.8	46.7	19.9	44.3	23.1	42.7	23.4	7.4
COMMON CHILDHOOD DISEASES.....	3.3	11.5	40.5	4-	1.8	6.8	4-	4-
INTESTINAL VIRUS, UNSPECIFIED.....	3.1	45.2	43.8	40.7	5.5	10.5	5.5	41.7
VIRAL INFECTIONS, UNSPECIFIED.....	9.0	19.8	6.9	42.9	7.6	11.3	8.4	43.9
OTHER.....	6.3	10.2	8.7	40.7	6.2	14.1	9.5	41.9
RESPIRATORY CONDITIONS.....	86.4	128.4	94.6	44.7	80.1	129.0	78.8	43.6
COMMON COLD.....	30.3	57.3	26.6	13.3	26.2	53.9	17.2	15.4
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.8	19.0	7.2	45.4	8.9	16.1	9.2	43.0
INFLUENZA.....	38.2	41.2	53.2	19.7	39.1	53.8	47.1	17.9
ACUTE BRONCHITIS.....	4.0	45.7	43.5	43.1	2.9	41.2	43.3	43.9
PNEUMONIA.....	42.3	42.2	42.3	41.5	1.9	41.9	41.2	42.7
OTHER RESPIRATORY CONDITIONS.....	41.9	41.9	41.8	41.8	41.1	42.1	40.7	40.7
DIGESTIVE SYSTEM CONDITIONS.....	7.4	48.3	8.5	45.4	6.6	6.8	8.6	44.0
DENTAL CONDITIONS.....	41.0	40.4	42.2	40.2	41.5	41.0	43.0	40.1
INDIGESTION, NAUSEA, AND VOMITING.....	3.9	44.5	44.4	42.8	3.0	44.3	43.4	41.5
OTHER DIGESTIVE CONDITIONS.....	2.5	43.4	41.9	42.4	2.1	41.5	42.2	42.4
INJURIES.....	32.7	25.1	43.1	27.4	27.3	27.1	33.9	19.5
FRACTURES AND DISLOCATIONS.....	4.3	42.3	6.9	42.9	3.6	42.3	5.3	42.6
SPRAINS AND STRAINS.....	6.8	43.7	9.2	46.6	5.0	44.1	7.0	43.5
OPEN WOUNDS AND LACERATIONS.....	6.4	48.6	6.7	44.4	6.1	46.0	8.3	43.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	6.2	44.3	6.6	7.2	5.7	8.7	5.3	44.0
OTHER CURRENT INJURIES.....	9.1	46.4	13.7	46.3	6.7	46.0	8.0	5.7
SELECTED OTHER ACUTE CONDITIONS.....	32.4	44.0	31.0	24.7	23.5	36.4	22.5	14.6
EYE CONDITIONS.....	42.1	41.6	41.3	43.4	41.1	42.0	40.6	40.9
ACUTE EAR INFECTIONS.....	8.9	23.1	43.6	43.5	7.1	19.8	42.8	42.3
OTHER EAR CONDITIONS.....	42.4	43.6	42.3	41.4	41.2	43.5	40.7	4-
ACUTE URINARY CONDITIONS.....	3.4	41.1	43.7	45.0	3.3	41.3	43.3	44.9
DISORDERS OF MENSTRUATION.....	40.4	40.5	40.8	4-	41.0	40.8	41.7	40.2
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	41.0	4-	42.7	4-	41.0	40.1	42.0	40.6
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	42.1	40.2	45.5	4-	2.6	41.2	5.7	4-
SKIN CONDITIONS.....	3.5	46.6	42.5	42.0	2.0	42.7	41.7	41.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	3.7	40.5	43.6	46.3	2.5	41.0	42.8	43.3
HEADACHE, EXCLUDING MIGRAINE.....	2.6	42.1	43.2	42.2	41.0	40.9	41.3	40.6
FEVER, UNSPECIFIED.....	42.3	44.7	41.8	40.9	40.8	43.0	4-	4-
ALL OTHER ACUTE CONDITIONS.....	17.5	13.8	17.8	20.2	10.7	11.0	12.4	8.4

SEE NOTES AT END OF TABLE.

TABLE 4. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987--CON.

(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 ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	177.6	268.2	169.7	94.6	173.9	293.3	148.2	97.2
INFECTIVE AND PARASITIC DISEASES.....	24.8	48.4	20.1	7.7	25.4	56.7	17.0	8.3
COMMON CHILDHOOD DISEASES.....	1.6	5.5	*0.2	*-	2.3	7.4	*0.6	*-
INTESTINAL VIRUS, UNSPECIFIED.....	5.1	8.0	4.6	*2.9	5.3	9.5	4.7	*2.2
VIRAL INFECTIONS, UNSPECIFIED.....	9.3	20.0	7.0	*1.9	8.9	19.5	5.6	*4.0
OTHER.....	8.7	15.0	8.3	*2.8	8.9	20.4	6.1	*2.1
RESPIRATORY CONDITIONS.....	79.4	120.4	78.9	36.4	85.0	135.4	73.7	50.0
COMMON COLD.....	22.4	35.0	20.6	12.1	27.5	49.0	21.1	17.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	10.9	20.8	9.4	*3.1	10.8	22.8	6.8	5.5
INFLUENZA.....	39.2	53.3	44.0	15.8	40.7	52.0	43.3	24.6
ACUTE BRONCHITIS.....	3.3	5.1	2.8	*2.1	2.9	6.5	*2.2	*0.5
PNEUMONIA.....	1.4	*1.9	*1.4	*0.8	1.3	*1.6	*1.1	*1.3
OTHER RESPIRATORY CONDITIONS.....	2.2	*4.3	*0.7	*2.4	1.8	*3.5	*1.3	*0.9
DIGESTIVE SYSTEM CONDITIONS.....	6.7	11.1	5.6	*4.0	4.8	8.9	3.3	*3.2
DENTAL CONDITIONS.....	1.6	*2.4	*1.7	*0.6	1.3	*1.3	*1.3	*1.3
INDIGESTION, NAUSEA, AND VOMITING.....	3.6	7.4	*2.6	*1.5	2.3	5.7	*1.2	*0.8
OTHER DIGESTIVE CONDITIONS.....	1.4	*1.3	*1.2	*2.0	1.2	*1.9	*0.8	*1.1
INJURIES.....	29.5	32.6	31.5	22.7	26.1	39.1	24.2	16.2
FRACTURES AND DISLOCATIONS.....	3.7	4.6	3.7	*2.8	2.4	*3.6	*1.8	*2.1
SPRAINS AND STRAINS.....	7.0	*3.1	10.1	5.6	7.5	10.4	8.9	*2.1
OPEN WOUNDS AND LACERATIONS.....	5.4	7.1	5.7	*3.3	5.6	9.8	4.2	*3.7
CONTUSIONS AND SUPERFICIAL INJURIES.....	5.4	7.2	5.4	*3.3	4.9	7.4	5.1	*2.1
OTHER CURRENT INJURIES.....	8.0	10.5	6.6	7.7	5.7	7.9	4.2	6.2
SELECTED OTHER ACUTE CONDITIONS.....	27.0	47.1	24.0	10.7	23.2	41.8	19.9	10.1
EYE CONDITIONS.....	1.4	*1.0	*2.1	*0.5	1.1	*0.7	*1.4	*1.0
ACUTE EAR INFECTIONS.....	9.9	29.5	2.9	*1.2	8.0	24.6	*2.1	*1.3
OTHER EAR CONDITIONS.....	1.8	*3.0	*1.7	*0.7	*0.7	*1.5	*0.2	*0.9
ACUTE URINARY CONDITIONS.....	1.9	*0.8	*2.2	*2.7	2.6	*2.6	3.4	*1.9
DISORDERS OF MENSTRUATION.....	*0.4	*0.6	*0.6	*-	*0.4	*0.5	*0.6	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*1.2	*-	*2.4	*0.4	*0.6	*-	*1.1	*0.3
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1.7	*-	3.8	*-	1.5	*-	3.2	*-
SKIN CONDITIONS.....	2.1	4.4	*1.3	*1.2	1.8	*2.7	*1.4	*1.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	3.5	*2.0	4.5	*3.4	2.9	*1.0	4.4	*2.3
HEADACHE, EXCLUDING MIGRAINE.....	1.3	*1.3	*1.7	*0.4	1.4	*1.9	*1.6	*0.3
FEVER, UNSPECIFIED.....	1.8	4.5	*1.0	*0.3	2.0	6.2	*0.3	*0.5
ALL OTHER ACUTE CONDITIONS.....	10.3	8.6	9.6	13.1	9.4	11.4	8.1	9.5

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS I AND X OF TABLE II, THE FREQUENCIES OF TABLES 9 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 5. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	150.8	172.6	168.9	200.9	172.6	170.0	174.3	173.0
INFECTIVE AND PARASITIC DISEASES.....	23.0	18.7	30.7	16.3	22.7	21.1	23.8	24.8
COMMON CHILDHOOD DISEASES.....	1.6	1.4	2.4	2.4	1.8	1.4	2.0	2.7
INTESTINAL VIRUS, UNSPECIFIED.....	6.0	2.2	7.2	*1.3	4.4	4.7	4.2	5.1
VIRAL INFECTIONS, UNSPECIFIED.....	9.4	5.8	13.2	4.6	9.0	8.5	9.4	8.2
OTHER.....	5.9	9.3	7.9	8.0	7.6	6.6	8.3	8.7
RESPIRATORY CONDITIONS.....	67.1	83.1	68.2	109.1	80.0	79.1	80.7	80.2
COMMON COLD.....	26.6	21.3	24.4	33.0	26.7	27.7	26.0	23.4
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	7.3	11.8	8.6	10.8	9.4	8.9	9.8	10.1
INFLUENZA.....	29.0	42.9	27.7	59.1	37.4	36.2	38.2	40.7
ACUTE BRONCHITIS.....	1.6	4.3	3.2	2.9	3.2	3.3	3.1	2.7
PNEUMONIA.....	*1.2	*1.0	2.2	*1.4	1.4	1.3	1.5	1.8
OTHER RESPIRATORY CONDITIONS.....	*1.4	1.6	2.2	2.0	1.9	1.7	2.0	1.6
DIGESTIVE SYSTEM CONDITIONS.....	5.5	4.8	7.1	7.4	6.6	6.5	6.7	5.3
DENTAL CONDITIONS.....	*1.2	*1.0	1.5	*1.4	1.4	1.5	1.3	*1.0
INDIGESTION, NAUSEA, AND VOMITING.....	2.3	2.6	3.1	5.1	3.4	3.0	3.6	2.7
OTHER DIGESTIVE CONDITIONS.....	2.0	*1.3	2.5	*0.9	1.8	2.0	1.8	1.6
INJURIES.....	22.7	26.9	27.5	30.8	27.6	26.8	28.3	24.9
FRACTURES AND DISLOCATIONS.....	2.7	3.0	3.8	3.2	3.3	3.9	2.9	3.2
SPRAINS AND STRAINS.....	6.6	6.4	5.6	7.7	6.6	5.9	7.1	5.7
OPEN WOUNDS AND LACERATIONS.....	5.0	4.8	5.9	6.4	5.7	5.5	5.8	5.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.3	5.9	5.1	5.6	5.4	5.2	5.6	4.5
OTHER CURRENT INJURIES.....	4.1	6.9	7.1	7.9	6.6	6.3	6.9	6.4
SELECTED OTHER ACUTE CONDITIONS.....	23.3	27.3	23.3	27.3	24.6	24.5	24.7	26.8
EYE CONDITIONS.....	1.6	*1.1	0.9	1.8	1.3	1.1	1.3	1.5
ACUTE EAR INFECTIONS.....	8.9	9.2	7.3	7.5	8.2	7.4	8.8	7.9
OTHER EAR CONDITIONS.....	*0.7	*1.0	1.7	1.8	1.2	1.1	1.3	1.7
ACUTE URINARY CONDITIONS.....	2.5	2.5	3.4	2.1	2.3	2.5	2.2	4.0
DISORDERS OF MENSTRUATION.....	*0.4	*0.2	*0.7	*1.1	0.7	*0.4	0.8	*0.4
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.3	*1.2	*0.5	1.6	0.9	1.3	*0.6	*0.7
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1.6	2.0	1.7	2.1	1.9	1.8	1.9	1.7
SKIN CONDITIONS.....	2.4	3.2	1.6	1.8	2.0	2.2	1.9	2.7
ACUTE MUSCULOSKELETAL CONDITIONS.....	3.0	3.6	2.7	3.5	3.0	3.0	3.1	3.6
HEADACHE, EXCLUDING MIGRAINE.....	*0.6	1.8	1.4	1.7	1.4	1.9	1.1	*1.2
FEVER, UNSPECIFIED.....	*1.3	1.6	1.5	2.3	1.7	1.7	1.7	1.5
ALL OTHER ACUTE CONDITIONS.....	9.3	11.7	12.0	10.0	11.0	12.0	10.2	11.0

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS I AND X OF TABLE II, THE FREQUENCIES OF TABLES 10 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 6. NUMBER OF ACUTE CONDITIONS, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	411,914	65,235	103,770	48,759	120,276	73,874	45,605	28,270
INFECTIVE AND PARASITIC DISEASES.....	55,305	10,361	20,211	5,879	13,830	5,025	3,488	1,537
COMMON CHILDHOOD DISEASES.....	4,688	1,951	2,436	60	241	-	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	10,794	1,549	3,433	1,345	3,168	1,299	925	374
VIRAL INFECTIONS, UNSPECIFIED.....	21,100	4,446	6,983	2,013	5,315	2,343	1,635	708
OTHER.....	18,724	2,416	7,359	2,462	5,105	1,383	928	455
RESPIRATORY CONDITIONS.....	191,049	29,118	50,252	23,048	56,472	32,160	22,363	9,797
COMMON COLD.....	61,860	14,081	15,500	5,414	16,072	10,794	7,417	3,377
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	22,814	3,633	8,531	2,386	5,412	2,854	2,201	653
INFLUENZA.....	91,028	8,349	23,052	13,702	31,273	14,652	10,573	4,080
ACUTE BRONCHITIS.....	7,349	1,292	1,734	822	1,983	1,519	786	733
PNEUMONIA.....	3,627	732	452	494	912	1,037	686	351
OTHER RESPIRATORY CONDITIONS.....	4,370	1,032	983	230	820	1,305	700	604
DIGESTIVE SYSTEM CONDITIONS.....	15,028	1,949	3,790	2,067	3,835	3,367	1,470	1,916
DENTAL CONDITIONS.....	3,091	646	208	480	1,351	407	284	123
INDIGESTION, NAUSEA, AND VOMITING.....	7,677	523	3,192	972	1,627	1,364	555	806
OTHER DIGESTIVE CONDITIONS.....	4,260	780	391	616	857	1,616	631	985
INJURIES.....	64,458	4,706	15,104	8,713	21,644	14,291	8,173	6,118
FRACTURES AND DISLOCATIONS.....	7,809	237	1,834	929	2,877	1,932	1,141	791
SPRAINS AND STRAINS.....	15,293	117	3,589	2,266	6,227	3,094	2,025	1,069
OPEN WOUNDS AND LACERATIONS.....	13,206	1,541	3,370	2,133	3,780	2,383	1,433	950
CONTUSIONS AND SUPERFICIAL INJURIES.....	12,438	1,070	3,227	1,497	3,966	2,678	1,239	1,439
OTHER CURRENT INJURIES.....	15,713	1,742	3,084	1,889	4,793	4,204	2,336	1,869
SELECTED OTHER ACUTE CONDITIONS.....	59,920	15,208	11,267	6,147	17,059	10,239	5,530	4,709
EYE CONDITIONS.....	3,106	635	127	570	947	827	601	226
ACUTE EAR INFECTIONS.....	19,412	10,283	4,907	596	2,203	1,422	860	561
OTHER EAR CONDITIONS.....	3,175	459	1,227	366	629	494	46	448
ACUTE URINARY CONDITIONS.....	6,464	528	521	408	2,411	2,595	1,055	1,540
DISORDERS OF MENSTRUATION.....	1,422	...	401	202	745	74	74	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	2,051	14	-	502	1,342	192	152	40
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	4,355	...	179	1,426	2,749	-	-	...
SKIN CONDITIONS.....	5,217	1,438	935	424	1,202	1,217	752	466
ACUTE MUSCULOSKELETAL CONDITIONS.....	7,496	154	532	819	3,257	2,733	1,491	1,242
HEADACHE, EXCLUDING MIGRAINE.....	3,281	-	1,107	527	1,203	445	403	42
FEVER, UNSPECIFIED.....	3,942	1,695	1,329	307	370	242	97	145
ALL OTHER ACUTE CONDITIONS.....	26,153	3,894	3,145	2,906	7,436	8,772	4,580	4,192

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 755,000, A 30-PERCENT RSE.

TABLE 7. NUMBER OF ACUTE CONDITIONS, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1967

(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 ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	180,730	32,643	50,432	70,176	27,481	231,183	32,593	53,338	98,859	46,393
INFECTIVE AND PARASITIC DISEASES.....	23,429	4,976	9,340	7,582	1,531	31,876	5,385	10,871	12,127	3,494
COMMON CHILDHOOD DISEASES.....	2,176	1,072	993	112	-	2,511	879	1,443	190	-
INTESTINAL VIRUS, UNSPECIFIED..	5,081	852	1,657	2,041	532	5,713	697	1,776	2,472	767
VIRAL INFECTIONS, UNSPECIFIED..	8,523	1,821	3,391	2,727	584	12,577	2,625	3,592	4,601	1,758
OTHER.....	7,648	1,231	3,299	2,703	415	11,076	1,184	4,060	4,864	968
RESPIRATORY CONDITIONS.....	83,705	14,922	23,485	32,708	12,591	107,344	14,196	26,767	46,812	19,569
COMMON COLD.....	26,883	6,852	6,930	8,592	4,509	34,978	7,229	8,570	12,894	6,285
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9,146	1,771	3,874	2,661	840	13,668	1,862	4,656	5,136	2,014
INFLUENZA.....	40,381	4,387	10,987	19,323	5,683	50,647	3,961	12,065	25,652	8,969
ACUTE BRONCHITIS.....	3,025	771	904	906	444	4,325	520	831	1,899	1,075
PNEUMONIA.....	1,988	431	221	734	603	1,839	301	231	673	434
OTHER RESPIRATORY CONDITIONS...	2,283	710	568	492	513	2,087	323	415	557	792
DIGESTIVE SYSTEM CONDITIONS....	6,959	997	2,180	2,535	1,247	8,069	952	1,610	3,368	2,140
DENTAL CONDITIONS.....	1,593	367	208	858	160	1,499	279	-	972	247
INDIGESTION, NAUSEA, AND VOMITING.....	3,716	278	1,791	1,119	528	3,961	245	1,400	1,480	836
OTHER DIGESTIVE CONDITIONS.....	1,650	352	181	558	559	2,609	428	210	915	1,057
INJURIES.....	35,227	2,646	8,967	17,561	6,052	29,231	2,060	6,137	12,795	8,239
FRACTURES AND DISLOCATIONS.....	4,093	85	1,253	2,055	700	3,716	152	581	1,751	1,232
SPRAINS AND STRAINS.....	8,336	-	1,902	5,031	1,403	6,957	117	1,687	3,462	1,691
OPEN WOUNDS AND LACERATIONS.....	8,929	931	2,026	4,501	1,470	4,277	609	1,344	1,411	913
CONTUSIONS AND SUPERFICIAL INJURIES.....	6,501	689	1,892	3,112	809	5,937	381	1,335	2,350	1,870
OTHER CURRENT INJURIES.....	7,368	941	1,895	2,861	1,670	8,345	801	1,189	3,821	2,534
SELECTED OTHER ACUTE CONDITIONS.....	21,211	7,224	4,759	6,029	3,200	38,709	7,984	6,509	17,177	7,040
EYE CONDITIONS.....	1,358	293	99	734	232	1,748	342	28	783	595
ACUTE EAR INFECTIONS.....	8,742	4,941	2,185	932	685	10,670	5,342	2,722	1,868	737
OTHER EAR CONDITIONS.....	1,467	181	678	485	122	1,709	279	549	510	371
ACUTE URINARY CONDITIONS.....	987	-	-	252	735	5,477	528	521	2,566	1,861
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	1,422	...	401	947	74
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	2,051	14	-	1,844	192
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	4,355	...	179	4,175	-
SKIN CONDITIONS.....	2,113	722	339	736	317	3,104	717	597	890	901
ACUTE MUSCULOSKELETAL CONDITIONS.....	3,568	108	342	2,166	953	3,927	47	191	1,910	1,780
HEADACHE, EXCLUDING MIGRAINE...	1,069	-	490	471	107	2,213	-	617	1,258	338
FEVER, UNSPECIFIED.....	1,907	980	626	252	49	2,035	715	703	425	192
ALL OTHER ACUTE CONDITIONS.....	10,200	1,878	1,701	3,761	2,860	15,953	2,016	1,444	6,581	5,912

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 0.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 755,000, A 30-PERCENT RSE.

TABLE 8. NUMBER OF ACUTE CONDITIONS, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS IN THOUSANDS ¹								
ALL ACUTE CONDITIONS.....	359,860	145,504	148,371	65,984	40,097	18,261	15,467	6,369
INFECTIVE AND PARASITIC DISEASES.....	48,555	26,109	18,007	4,438	5,544	3,894	1,113	537
COMMON CHILDHOOD DISEASES.....	3,724	3,464	260	-	918	877	41	-
INTESTINAL VIRUS, UNSPECIFIED.....	9,848	4,276	4,319	1,252	840	598	194	47
VIRAL INFECTIONS, UNSPECIFIED.....	18,492	9,604	6,677	2,012	2,227	1,466	480	282
OTHER.....	16,691	8,765	6,751	1,175	1,559	952	399	208
RESPIRATORY CONDITIONS.....	167,148	68,085	70,424	28,639	16,931	8,002	6,173	2,756
COMMON COLD.....	51,173	23,650	18,526	8,997	8,111	4,378	2,217	1,516
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	20,527	10,774	7,100	2,653	1,692	1,068	504	120
INFLUENZA.....	81,715	27,983	40,204	13,529	5,729	2,172	2,786	770
ACUTE BRONCHITIS.....	6,803	2,753	2,626	1,424	462	189	178	95
PNEUMONIA.....	3,005	1,017	1,084	904	492	87	323	63
OTHER RESPIRATORY CONDITIONS.....	3,925	1,909	884	1,132	445	107	165	172
DIGESTIVE SYSTEM CONDITIONS.....	11,876	4,671	4,392	2,812	2,655	927	1,202	526
DENTAL CONDITIONS.....	2,336	684	1,279	373	660	126	499	34
INDIGESTION, NAUSEA, AND VOMITING.....	6,360	3,231	2,006	1,123	962	433	336	193
OTHER DIGESTIVE CONDITIONS.....	3,180	757	1,107	1,316	1,032	367	366	299
INJURIES.....	57,824	17,745	26,857	13,223	5,356	1,788	2,750	817
FRACTURES AND DISLOCATIONS.....	6,968	1,837	3,320	1,811	695	234	385	75
SPRAINS AND STRAINS.....	13,594	3,257	7,476	2,860	1,345	359	612	173
OPEN WOUNDS AND LACERATIONS.....	11,866	4,431	5,141	2,294	1,033	386	557	89
CONTUSIONS AND SUPERFICIAL INJURIES.....	11,020	3,857	4,807	2,356	1,271	393	556	322
OTHER CURRENT INJURIES.....	14,376	4,363	6,111	3,902	1,012	415	440	157
SELECTED OTHER ACUTE CONDITIONS.....	52,489	23,059	20,421	9,009	6,210	2,659	2,428	1,123
EYE CONDITIONS.....	2,640	616	1,399	625	422	101	118	202
ACUTE EAR INFECTIONS.....	17,268	13,569	2,452	1,246	1,790	1,323	292	175
OTHER EAR CONDITIONS.....	3,043	1,555	995	494	86	-	-	-
ACUTE URINARY CONDITIONS.....	5,490	704	2,448	2,338	884	300	327	257
DISORDERS OF MENSTRUATION.....	1,075	242	788	44	295	159	106	29
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,747	-	1,555	192	303	14	289	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	3,792	140	3,652	-	514	39	474	-
SKIN CONDITIONS.....	4,326	1,866	1,430	1,030	748	424	196	126
ACUTE MUSCULOSKELETAL CONDITIONS.....	6,874	687	3,786	2,401	621	-	290	331
HEADACHE, EXCLUDING MIGRAINE.....	2,813	995	1,422	397	321	67	254	-
FEVER, UNSPECIFIED.....	3,421	2,686	493	242	225	145	81	-
ALL OTHER ACUTE CONDITIONS.....	21,967	5,834	8,271	7,863	3,401	992	1,800	610

¹ TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL ACUTE CONDITIONS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE OF 1.7 MILLION, A 20-PERCENT RSE AND OF 755,000, A 30-PERCENT RSE.

TABLE 9. NUMBER OF ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1967

(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 ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS ¹							
ALL ACUTE CONDITIONS.....	61,903	22,681	25,424	13,798	76,215	29,559	32,087	14,570
INFECTIVE AND PARASITIC DISEASES.....	6,807	3,981	2,356	470	10,276	4,989	4,173	1,113
COMMON CHILDHOOD DISEASES.....	1,036	976	60	-	799	799	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	977	445	455	78	2,450	1,225	977	248
VIRAL INFECTIONS, UNSPECIFIED.....	2,813	1,687	811	314	3,397	1,317	1,500	580
OTHER.....	1,981	872	1,030	78	3,629	1,648	1,696	285
RESPIRATORY CONDITIONS.....	26,995	10,937	11,189	4,869	35,656	15,069	14,076	6,512
COMMON COLDS.....	9,469	4,880	3,143	1,447	11,673	6,296	3,078	2,300
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3,060	1,622	851	587	3,963	1,880	1,836	447
INFLUENZA.....	11,939	3,507	6,292	2,140	17,378	6,283	8,417	2,679
ACUTE BRONCHITIS.....	1,241	489	413	339	1,311	140	591	580
PNEUMONIA.....	706	273	275	158	851	225	222	405
OTHER RESPIRATORY CONDITIONS.....	581	166	216	198	479	245	133	101
DIGESTIVE SYSTEM CONDITIONS.....	2,300	703	1,006	591	2,925	797	1,533	595
DENTAL CONDITIONS.....	310	32	256	21	664	114	537	13
INDIGESTION, NAUSEA, AND VOMITING.....	1,208	381	522	305	1,339	508	602	229
OTHER DIGESTIVE CONDITIONS.....	782	289	229	264	922	175	394	353
INJURIES.....	10,219	2,141	5,093	2,986	12,140	3,163	6,065	2,912
FRACTURES AND DISLOCATIONS.....	1,332	196	817	319	1,611	267	955	390
SPRAINS AND STRAINS.....	2,117	312	1,084	721	2,245	474	1,246	525
OPEN WOUNDS AND LACERATIONS.....	2,002	729	797	476	2,732	701	1,489	542
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,926	363	775	788	2,556	1,014	944	598
OTHER CURRENT INJURIES.....	2,843	541	1,620	682	2,995	706	1,432	857
SELECTED OTHER ACUTE CONDITIONS.....	10,106	3,748	3,671	2,687	10,460	4,257	4,018	2,185
EYE CONDITIONS.....	657	133	151	372	471	236	101	134
ACUTE EAR INFECTIONS.....	2,774	1,969	425	380	3,156	2,313	497	346
OTHER EAR CONDITIONS.....	738	310	273	154	546	414	132	-
ACUTE URINARY CONDITIONS.....	1,069	91	438	540	1,461	151	582	727
DISORDERS OF MENSTRUATION.....	140	44	96	-	436	99	308	29
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	319	-	319	-	456	14	353	88
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	666	16	650	-	1,150	140	1,010	-
SKIN CONDITIONS.....	1,080	559	300	220	902	319	305	279
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,150	44	421	685	1,095	112	496	487
HEADACHE, EXCLUDING MIGRAINE.....	799	178	382	239	435	107	233	95
FEVER, UNSPECIFIED.....	714	402	216	96	352	352	-	-
ALL OTHER ACUTE CONDITIONS.....	5,475	1,172	2,108	2,195	4,758	1,285	2,221	1,253

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 9. NUMBER OF ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987--CON.

(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 ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS ¹							
ALL ACUTE CONDITIONS.....	109,552	46,397	47,836	15,319	120,281	54,835	47,590	17,856
INFECTIVE AND PARASITIC DISEASES.....	15,285	8,369	5,676	1,240	17,578	10,608	5,450	1,520
COMMON CHILDHOOD DISEASES.....	1,003	949	54	-	1,560	1,379	187	-
INTESTINAL VIRUS, UNSPECIFIED.....	3,154	1,380	1,301	473	3,689	1,773	1,519	397
VIRAL INFECTIONS, UNSPECIFIED.....	5,752	3,453	1,984	315	6,177	3,649	1,797	731
OTHER.....	5,377	2,586	2,337	452	6,145	3,806	1,946	393
RESPIRATORY CONDITIONS.....	48,968	20,834	22,235	5,898	58,798	25,311	24,310	9,177
COMMON COLD.....	13,820	6,052	5,803	1,965	19,034	9,154	6,760	3,120
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	6,748	3,595	2,651	502	7,477	4,270	2,192	1,015
INFLUENZA.....	24,190	9,227	12,397	2,566	28,151	9,729	13,894	4,528
ACUTE BRONCHITIS.....	2,024	886	790	348	1,998	1,208	692	97
PNEUMONIA.....	855	333	393	129	898	299	352	247
OTHER RESPIRATORY CONDITIONS.....	1,331	742	201	388	1,240	651	420	170
DIGESTIVE SYSTEM CONDITIONS.....	4,127	1,914	1,571	643	3,314	1,667	1,057	590
DENTAL CONDITIONS.....	996	411	493	92	892	250	402	241
INDIGESTION, NAUSEA, AND VOMITING.....	2,251	1,283	733	235	1,607	1,070	391	146
OTHER DIGESTIVE CONDITIONS.....	880	220	344	316	815	347	264	204
INJURIES.....	18,189	5,633	8,872	3,683	18,068	7,310	7,778	2,980
FRACTURES AND DISLOCATIONS.....	2,299	798	1,045	456	1,629	665	572	392
SPRAINS AND STRAINS.....	4,296	539	2,848	910	5,199	1,940	2,866	393
OPEN WOUNDS AND LACERATIONS.....	3,359	1,233	1,593	533	3,873	1,835	1,359	679
CONTUSIONS AND SUPERFICIAL INJURIES.....	3,323	1,249	1,533	542	3,399	1,384	1,637	378
OTHER CURRENT INJURIES.....	4,911	1,815	1,853	1,243	3,969	1,486	1,345	1,138
SELECTED OTHER ACUTE CONDITIONS.....	16,656	8,157	6,765	1,734	16,050	7,811	6,390	1,848
EYE CONDITIONS.....	835	170	584	80	786	129	465	192
ACUTE EAR INFECTIONS.....	6,099	5,105	804	191	5,527	4,607	673	246
OTHER EAR CONDITIONS.....	1,093	515	470	108	514	281	65	168
ACUTE URINARY CONDITIONS.....	1,193	145	607	442	1,927	484	1,096	348
DISORDERS OF MENSTRUATION.....	262	104	158	-	281	93	188	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	725	-	668	57	414	-	367	47
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1,073	-	1,073	-	1,043	-	1,043	-
SKIN CONDITIONS.....	1,317	758	366	194	1,244	511	464	270
ACUTE MUSCULOSKELETAL CONDITIONS.....	2,164	344	1,266	554	2,018	187	1,403	426
HEADACHE, EXCLUDING MIGRAINE.....	777	230	487	59	934	359	524	51
FEVER, UNSPECIFIED.....	1,117	786	282	49	1,361	1,161	103	97
ALL OTHER ACUTE CONDITIONS.....	6,327	1,489	2,716	2,122	6,473	2,127	2,605	1,741

¹ TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL ACUTE CONDITIONS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 759,000, A 30-PERCENT RSE.

TABLE 10. NUMBER OF ACUTE CONDITIONS, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
NUMBER OF ACUTE CONDITIONS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	75,568	98,958	137,476	99,912	310,362	127,150	191,232	93,532
INFECTIVE AND PARASITIC DISEASES.....	11,510	10,696	25,007	8,092	41,908	15,770	26,138	13,398
COMMON CHILDHOOD DISEASES.....	805	786	1,926	1,170	3,235	1,033	2,202	1,453
INTESTINAL VIRUS, UNSPECIFIED.....	3,001	1,285	5,871	637	8,030	3,478	4,553	2,764
VIRAL INFECTIONS, UNSPECIFIED.....	4,724	3,311	10,767	2,298	16,647	6,341	10,306	4,453
OTHER.....	2,981	5,314	6,443	3,986	13,996	4,918	9,077	4,728
RESPIRATORY CONDITIONS.....	33,612	47,647	55,524	54,266	147,666	59,190	88,476	43,383
COMMON COLD.....	13,327	12,239	19,864	16,430	49,231	20,683	28,548	12,630
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3,668	6,791	7,006	5,350	17,377	6,676	10,701	5,438
INFLUENZA.....	14,524	24,621	22,505	29,378	69,036	27,086	41,951	21,992
ACUTE BRONCHITIS.....	792	2,493	2,612	1,452	5,864	2,477	3,387	1,485
PNEUMONIA.....	598	597	1,756	677	2,640	997	1,642	988
OTHER RESPIRATORY CONDITIONS.....	703	907	1,781	979	3,519	1,271	2,248	851
DIGESTIVE SYSTEM CONDITIONS.....	2,774	2,779	5,814	3,662	12,177	4,863	7,314	2,851
DENTAL CONDITIONS.....	619	574	1,227	672	2,540	1,129	1,411	551
INDIGESTION, NAUSEA, AND VOMITING.....	1,156	1,483	2,514	2,524	6,238	2,260	3,978	1,440
OTHER DIGESTIVE CONDITIONS.....	999	722	2,073	466	3,399	1,474	1,925	861
INJURIES.....	11,362	15,435	22,351	15,311	51,009	20,010	30,999	13,449
FRACTURES AND DISLOCATIONS.....	1,378	1,713	3,113	1,605	6,080	2,912	3,168	1,729
SPRAINS AND STRAINS.....	3,305	3,660	4,522	3,805	12,194	4,401	7,793	3,098
OPEN WOUNDS AND LACERATIONS.....	2,489	2,736	4,823	3,159	10,505	4,116	6,390	2,701
CONTUSIONS AND SUPERFICIAL INJURIES.....	2,151	3,371	4,127	2,789	10,000	3,902	6,098	2,438
OTHER CURRENT INJURIES.....	2,038	3,955	5,766	3,953	12,229	4,679	7,550	3,483
SELECTED OTHER ACUTE CONDITIONS.....	11,667	15,668	18,997	13,588	45,418	18,352	27,066	14,502
EYE CONDITIONS.....	816	636	766	887	2,315	853	1,461	791
ACUTE EAR INFECTIONS.....	4,478	5,275	5,919	3,740	15,163	5,560	9,603	4,248
OTHER EAR CONDITIONS.....	342	584	1,346	903	2,282	819	1,462	894
ACUTE URINARY CONDITIONS.....	1,270	1,435	2,735	1,024	4,294	1,852	2,443	2,170
DISORDERS OF MENSTRUATION.....	214	128	531	549	1,209	334	874	213
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	157	672	433	790	1,654	959	695	396
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	812	1,119	1,395	1,029	3,422	1,362	2,061	932
SKIN CONDITIONS.....	1,186	1,820	1,295	916	3,742	1,648	2,095	1,474
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,483	2,064	2,222	1,727	5,557	2,208	3,348	1,939
HEADACHE, EXCLUDING MIGRAINE.....	282	1,024	1,117	859	2,627	1,448	1,179	654
FEVER, UNSPECIFIED.....	628	911	1,235	1,165	3,152	1,308	1,845	790
ALL OTHER ACUTE CONDITIONS.....	4,642	6,733	9,783	4,994	20,204	8,965	11,239	5,949

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 75,000, A 30-PERCENT RSE.

TABLE 11. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
PERCENT								
ALL ACUTE CONDITIONS.....	61.8	79.0	52.8	60.9	56.6	68.1	63.1	76.3
INFECTIVE AND PARASITIC DISEASES.....	61.9	77.6	61.3	61.5	54.8	51.7	48.8	58.5
COMMON CHILDHOOD DISEASES.....	67.3	70.0	63.3	*100.0	*77.6	*	*	*
INTESTINAL VIRUS, UNSPECIFIED.....	39.2	67.3	28.7	*51.7	29.5	*44.4	*48.0	*34.0
VIRAL INFECTIONS, UNSPECIFIED.....	46.8	73.4	45.3	*36.2	33.8	39.1	*33.1	*52.8
OTHER.....	90.5	97.9	90.9	86.5	91.2	80.2	*76.5	*87.7
RESPIRATORY CONDITIONS.....	41.6	65.9	33.3	40.6	32.8	48.4	42.8	61.3
COMMON COLO.....	36.5	59.5	22.9	33.9	25.3	44.0	38.7	55.5
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	71.2	94.5	63.5	57.9	70.3	77.4	73.1	*92.2
INFLUENZA.....	29.7	52.3	22.3	35.4	23.6	36.2	30.0	52.2
ACUTE BRONCHITIS.....	86.2	100.0	78.4	*91.0	86.2	80.8	*88.4	*72.6
PNEUMONIA.....	91.9	*100.0	*100.0	*74.1	100.0	83.8	*75.7	*100.0
OTHER RESPIRATORY CONDITIONS.....	88.0	95.6	80.9	*76.5	*82.3	92.7	*100.0	*84.4
DIGESTIVE SYSTEM CONDITIONS.....	52.7	79.9	23.2	57.7	40.7	80.7	83.0	79.0
DENTAL CONDITIONS.....	47.4	*69.2	*67.3	*42.7	*31.4	*61.2	*69.4	*43.1
INDIGESTION, NAUSEA, AND VOMITING.....	35.1	*68.8	*15.8	*41.7	*26.1	73.1	*70.6	*74.9
OTHER DIGESTIVE CONDITIONS.....	88.4	*96.2	*59.8	*94.6	*83.0	92.0	*100.0	86.8
INJURIES.....	88.8	93.8	91.1	89.9	88.5	84.8	88.7	79.7
FRACTURES AND DISLOCATIONS.....	98.7	*100.0	100.0	94.3	98.3	100.0	100.0	100.0
SPRAINS AND STRAINS.....	83.3	*100.0	90.1	86.9	83.6	71.6	76.6	*62.1
OPEN WOUNDS AND LACERATIONS.....	95.4	100.0	95.9	95.6	93.4	94.9	95.1	94.5
CONTUSIONS AND SUPERFICIAL INJURIES.....	85.6	100.0	82.4	83.8	90.4	77.4	87.0	69.1
OTHER CURRENT INJURIES.....	86.4	83.2	90.7	89.5	83.4	86.7	90.6	81.8
SELECTED OTHER ACUTE CONDITIONS.....	87.9	95.2	76.0	85.5	87.7	92.1	90.8	93.7
EYE CONDITIONS.....	95.2	*100.0	*100.0	*91.2	89.4	100.0	*100.0	*100.0
ACUTE EAR INFECTIONS.....	95.9	98.5	93.8	*90.9	91.2	92.8	88.1	*100.0
OTHER EAR CONDITIONS.....	86.1	*100.0	74.9	*100.0	*79.0	*100.0	*100.0	*100.0
ACUTE URINARY CONDITIONS.....	99.3	*100.0	*100.0	*100.0	100.0	98.2	95.5	100.0
DISORDERS OF MENSTRUATION.....	56.1	...	*25.4	*72.3	*67.9	*59.5	*59.5	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	100.0	*100.0	*	*100.0	100.0	*100.0	*100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	94.5	...	*100.0	85.6	98.8	*	*	...
SKIN CONDITIONS.....	96.4	100.0	91.2	*89.2	100.0	95.2	*100.0	*87.1
ACUTE MUSCULOSKELETAL CONDITIONS.....	86.9	*100.0	*73.7	*87.7	85.7	90.0	91.7	88.0
HEADACHE, EXCLUDING MIGRAINE.....	40.8	*	*34.7	*52.9	*40.1	*43.6	*48.1	*
FEVER, UNSPECIFIED.....	53.8	65.8	*36.3	*58.3	*40.3	*81.0	*100.0	*68.3
ALL OTHER ACUTE CONDITIONS.....	88.0	98.8	80.3	83.4	85.0	89.9	88.0	91.9

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 6 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 12. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT									
ALL ACUTE CONDITIONS.....	59.8	78.2	52.3	54.4	65.2	63.3	79.7	53.3	60.3	69.9
INFECTIVE AND PARASITIC DISEASES.....	61.6	81.0	57.0	57.5	*47.2	62.0	74.4	64.9	56.3	53.7
COMMON CHILDHOOD DISEASES.....	66.5	82.6	*50.8	*50.9	—	68.1	*54.7	71.9	*100.0	—
INTESTINAL VIRUS, UNSPECIFIED..	33.6	*69.2	*15.7	*35.9	*23.5	44.2	*64.8	*40.8	36.4	*58.9
VIRAL INFECTIONS, UNSPECIFIED..	51.4	75.4	49.0	39.2	*47.6	43.6	72.0	41.8	31.6	*36.2
OTHER.....	90.2	95.9	88.0	92.5	*77.1	90.7	100.0	93.3	88.1	81.5
RESPIRATORY CONDITIONS.....	38.2	64.4	31.3	28.9	44.3	44.2	67.5	35.0	39.4	51.1
COMMON COLD.....	34.3	57.0	23.8	18.9	45.3	38.2	62.0	22.2	33.2	43.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	72.2	94.4	60.6	69.9	*86.2	70.5	94.6	66.0	64.7	73.8
INFLUENZA.....	24.8	49.4	18.8	22.0	27.2	33.6	55.6	25.5	31.1	41.9
ACUTE BRONCHITIS.....	81.4	100.0	*69.8	83.8	*67.6	89.6	*100.0	*87.8	89.4	86.2
PNEUMONIA.....	90.4	*100.0	*100.0	*82.6	*89.6	93.6	*100.0	*100.0	*100.0	*75.8
OTHER RESPIRATORY CONDITIONS...	81.8	*93.7	*76.9	*70.7	*81.7	94.7	*100.0	*86.3	*90.5	100.0
DIGESTIVE SYSTEM CONDITIONS....	46.5	79.9	*20.9	39.7	77.9	58.1	79.9	*26.3	51.9	82.2
DENTAL CONDITIONS.....	50.2	*59.4	*67.3	*38.7	*68.8	*44.4	*82.1	—	*30.7	*56.3
INDIGESTION, NAUSEA, AND VOMITING.....	29.3	*81.7	*12.6	*23.5	*70.5	40.6	*54.3	*20.1	*38.3	*74.9
OTHER DIGESTIVE CONDITIONS.....	81.6	*100.0	*50.8	*73.8	*87.7	92.6	*93.0	*67.6	96.4	94.2
INJURIES.....	88.5	94.4	90.2	88.7	83.2	89.2	93.0	92.4	89.1	86.1
FRACTURES AND DISLOCATIONS.....	97.5	*100.0	100.0	94.9	*100.0	100.0	*100.0	*100.0	100.0	100.0
SPRAINS AND STRAINS.....	82.6	—	88.3	84.9	66.4	84.2	*100.0	92.1	83.8	75.9
OPEN WOUNDS AND LACERATIONS....	94.4	100.0	93.2	93.7	94.6	97.6	*100.0	100.0	95.7	95.4
CONTUSIONS AND SUPERFICIAL INJURIES.....	87.3	*100.0	82.8	88.9	*80.6	83.7	*100.0	81.7	88.3	75.9
OTHER CURRENT INJURIES.....	84.4	84.3	89.6	82.6	81.5	88.2	*82.0	92.3	87.0	90.1
SELECTED OTHER ACUTE CONDITIONS.....	85.6	93.8	78.4	76.7	94.8	89.2	96.4	74.2	90.8	90.9
EYE CONDITIONS.....	89.0	*100.0	*100.0	*79.6	*100.0	100.0	*100.0	*100.0	100.0	*100.0
ACUTE EAR INFECTIONS.....	95.9	98.0	97.8	83.4	*92.3	95.8	99.0	90.6	95.1	*93.4
OTHER EAR CONDITIONS.....	86.6	*100.0	*77.7	*90.7	*100.0	85.7	*100.0	*71.4	*82.9	*100.0
ACUTE URINARY CONDITIONS.....	100.0	—	—	*100.0	*100.0	99.1	*100.0	*100.0	100.0	97.4
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	56.1	...	*25.4	*68.8	*59.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	100.0	*100.0	—	100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	94.5	...	*100.0	94.3	—
SKIN CONDITIONS.....	95.3	*100.0	*84.1	*93.9	*100.0	97.2	*100.0	*95.1	100.0	93.3
ACUTE MUSCULOSKELETAL CONDITIONS.....	84.4	*100.0	*86.0	78.9	94.4	89.3	*100.0	*51.3	94.3	87.6
HEADACHE, EXCLUDING MIGRAINE...	*29.2	—	*29.6	*25.3	*44.9	46.5	—	*38.7	*51.1	*43.2
FEVER, UNSPECIFIED.....	51.4	*64.5	*39.3	*21.0	*100.0	56.2	*67.7	*33.7	*64.7	*76.0
ALL OTHER ACUTE CONDITIONS.....	88.6	97.6	84.8	84.3	90.5	87.6	100.0	75.1	84.8	89.6

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 7 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 13. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT							
ALL ACUTE CONDITIONS.....	61.4	63.1	56.8	67.9	66.1	64.7	66.3	69.5
INFECTIVE AND PARASITIC DISEASES.....	60.8	66.1	56.2	48.9	70.4	72.2	*59.4	*80.1
COMMON CHILDHOOD DISEASES.....	70.5	69.6	*79.2	*	*53.7	*51.5	*100.0	*
INTESTINAL VIRUS, UNSPECIFIED.....	37.8	37.3	37.0	*42.3	*54.5	*62.9	*18.0	*100.0
VIRAL INFECTIONS, UNSPECIFIED.....	43.4	52.1	33.1	*35.5	75.1	83.2	*52.7	*70.9
OTHER.....	91.4	93.9	90.3	78.9	82.2	80.5	*83.2	*87.5
RESPIRATORY CONDITIONS.....	40.9	45.3	33.8	48.1	46.7	47.2	44.8	49.6
COMMON COLD.....	36.7	40.7	27.7	44.9	34.6	42.6	*20.5	*32.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	72.0	74.9	65.4	77.8	63.0	*56.4	*79.0	*55.0
INFLUENZA.....	27.7	28.6	24.8	34.7	49.3	42.9	49.5	*67.1
ACUTE BRONCHITIS.....	86.3	89.5	86.8	79.6	*100.0	*100.0	*100.0	*100.0
PNEUMONIA.....	96.2	100.0	100.0	87.5	*63.0	*100.0	*60.4	*34.9
OTHER RESPIRATORY CONDITIONS.....	86.6	87.8	*77.6	91.7	*100.0	*100.0	*100.0	*100.0
DIGESTIVE SYSTEM CONDITIONS.....	51.9	39.9	45.3	82.1	53.3	*51.0	*47.1	*71.3
DENTAL CONDITIONS.....	46.2	*71.3	*27.7	*63.5	*50.6	*77.8	*44.7	*38.2
INDIGESTION, NAUSEA, AND VOMITING.....	32.9	23.5	*28.9	67.4	*36.8	*13.4	*31.0	*100.0
OTHER DIGESTIVE CONDITIONS.....	94.0	*81.8	95.3	100.0	*70.3	*86.4	*65.3	*56.9
INJURIES.....	88.6	91.9	88.2	84.8	90.2	88.5	94.3	*80.3
FRACTURES AND DISLOCATIONS.....	98.5	100.0	96.9	100.0	*100.0	*100.0	*100.0	*100.0
SPRAINS AND STRAINS.....	82.9	89.7	84.1	71.7	88.0	*94.7	*91.1	*59.5
OPEN WOUNDS AND LACERATIONS.....	95.3	96.9	93.7	95.9	95.7	*100.0	*97.1	*69.7
CONTUSIONS AND SUPERFICIAL INJURIES.....	86.2	89.0	88.5	77.0	78.3	*63.4	*87.6	*80.4
OTHER CURRENT INJURIES.....	85.4	87.7	83.7	85.6	95.8	*89.6	*100.0	*100.0
SELECTED OTHER ACUTE CONDITIONS.....	88.2	87.5	87.0	92.6	87.5	84.1	88.7	92.7
EYE CONDITIONS.....	94.3	*100.0	89.3	*100.0	*100.0	*100.0	*100.0	*100.0
ACUTE EAR INFECTIONS.....	96.2	97.0	92.0	96.1	94.1	100.0	*81.8	*69.7
OTHER EAR CONDITIONS.....	87.6	84.2	86.7	*100.0	*26.7	*26.7	*	*
ACUTE URINARY CONDITIONS.....	99.1	*100.0	100.0	98.0	100.0	*100.0	*100.0	*100.0
DISORDERS OF MENSTRUATION.....	*59.5	*42.1	*62.7	*100.0	*35.9	*	*100.0	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	100.0	*	100.0	*100.0	*100.0	*100.0	*100.0	*
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	96.1	*100.0	96.0	*	*81.7	*100.0	*80.4	*
SKIN CONDITIONS.....	97.7	97.1	96.8	100.0	*96.1	*93.2	*100.0	*100.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	86.2	*79.5	85.9	88.7	*95.0	*	*89.3	*100.0
HEADACHE, EXCLUDING MIGRAINE.....	38.9	*34.5	*42.5	*36.8	*62.0	*61.2	*62.2	*
FEVER, UNSPECIFIED.....	52.4	54.1	*29.4	*81.0	*36.0	*	*100.0	*
ALL OTHER ACUTE CONDITIONS.....	87.7	90.6	84.2	89.3	88.1	92.7	84.3	*91.8

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 8 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 14. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT							
ALL ACUTE CONDITIONS.....	67.5	65.2	64.8	76.0	59.5	61.4	55.8	64.0
INFECTIVE AND PARASITIC DISEASES.....	65.2	66.7	64.4	*55.3	63.4	70.3	60.4	*43.5
COMMON CHILDHOOD DISEASES.....	*50.6	*47.5	*100.0	*-	*77.3	*77.3	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*51.6	*67.6	*27.5	*100.0	42.4	*48.7	*40.4	*19.8
VIRAL INFECTIONS, UNSPECIFIED.....	59.6	63.4	*59.1	*41.1	45.5	64.2	*36.7	*25.9
OTHER.....	87.3	94.4	82.9	*67.9	91.1	87.9	92.7	*100.0
RESPIRATORY CONDITIONS.....	49.1	47.6	44.0	64.3	39.9	45.3	30.5	47.8
COMMON COLD.....	43.5	46.2	33.9	55.1	35.8	39.6	25.6	39.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	61.3	59.9	*53.0	*77.2	74.8	78.1	64.2	*100.0
INFLUENZA.....	42.3	33.8	41.8	57.8	28.7	36.6	20.9	34.9
ACUTE BRONCHITIS.....	79.8	*73.8	*82.3	*85.5	76.2	*100.0	*70.7	*76.0
PNEUMONIA.....	*100.0	*100.0	*100.0	*100.0	*77.3	*100.0	*65.8	*71.1
OTHER RESPIRATORY CONDITIONS.....	*90.7	*100.0	*75.5	*100.0	*90.6	*81.6	*100.0	*100.0
DIGESTIVE SYSTEM CONDITIONS.....	55.1	*61.5	*36.1	*80.0	44.9	*51.1	*28.8	*78.0
DENTAL CONDITIONS.....	*30.0	*100.0	*23.8	*-	*33.0	*81.6	*21.2	*100.0
INDIGESTION, NAUSEA, AND VOMITING.....	*41.7	*49.6	*20.3	*68.5	*26.7	*27.6	*8.5	*72.9
OTHER DIGESTIVE CONDITIONS.....	*85.8	*72.7	*85.6	*100.0	*79.8	*100.0	*70.3	*80.5
INJURIES.....	86.7	92.4	88.3	79.9	84.0	85.7	86.0	77.9
FRACTURES AND DISLOCATIONS.....	96.0	*100.0	93.5	*100.0	96.9	*100.0	94.7	*100.0
SPRAINS AND STRAINS.....	71.5	*76.9	73.3	*66.2	83.1	*100.0	89.3	*53.0
OPEN WOUNDS AND LACERATIONS.....	97.8	*100.0	*94.5	*100.0	87.6	*86.6	88.2	*87.1
CONTUSIONS AND SUPERFICIAL INJURIES.....	83.6	*100.0	*85.7	*74.0	75.7	78.4	82.4	*60.5
OTHER CURRENT INJURIES.....	88.1	*83.0	94.0	*77.9	81.5	*80.6	77.3	89.3
SELECTED OTHER ACUTE CONDITIONS.....	87.6	89.9	84.8	88.5	87.7	84.5	90.4	88.9
EYE CONDITIONS.....	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0
ACUTE EAR INFECTIONS.....	96.5	100.0	*77.2	*100.0	93.6	95.7	*100.0	*70.5
OTHER EAR CONDITIONS.....	*100.0	*100.0	*100.0	*100.0	*48.2	*52.2	*35.6	*-
ACUTE URINARY CONDITIONS.....	95.6	*100.0	*100.0	*91.3	100.0	*100.0	*100.0	*100.0
DISORDERS OF MENSTRUATION.....	*68.6	*-	*100.0	*-	*38.1	*-	*53.9	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*100.0	*-	*100.0	*-	*100.0	*100.0	*100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*95.0	*100.0	*94.9	*-	86.4	*100.0	84.6	*-
SKIN CONDITIONS.....	100.0	*100.0	*100.0	*100.0	93.3	*100.0	*100.0	*78.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	76.3	*-	*76.0	*81.3	95.6	*57.1	*100.0	*100.0
HEADACHE, EXCLUDING MIGRAINE.....	*36.0	*23.0	*25.1	*42.8	*63.7	*-	*100.0	*46.3
FEVER, UNSPECIFIED.....	*65.7	*61.4	*79.6	*52.1	*69.3	*69.3	*-	*-
ALL OTHER ACUTE CONDITIONS.....	92.5	98.1	97.8	84.5	82.9	84.4	81.5	83.6

SEE NOTES AT END OF TABLE.

TABLE 14. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987--CON.
 (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 ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT							
ALL ACUTE CONDITIONS.....	61.5	62.3	58.1	69.6	60.9	64.4	55.9	63.4
INFECTIVE AND PARASITIC DISEASES.....	60.7	63.2	58.4	*54.3	62.5	71.4	50.9	*41.4
COMMON CHILDHOOD DISEASES.....	*57.8	*61.1	*	*	87.9	86.2	*100.0	*
INTESTINAL VIRUS, UNSPECIFIED.....	30.2	*23.8	*39.4	*24.1	38.9	*39.3	*33.1	*58.7
VIRAL INFECTIONS, UNSPECIFIED.....	48.6	55.5	*33.8	*67.3	41.7	56.6	*20.1	*20.1
OTHER.....	91.9	95.1	91.1	*77.0	91.0	95.2	88.5	*63.4
RESPIRATORY CONDITIONS.....	41.4	44.1	37.4	47.4	40.5	44.9	34.0	45.8
COMMON COLD.....	34.3	38.4	27.3	42.0	34.0	37.6	24.8	43.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	69.3	73.8	65.1	*58.4	73.9	72.6	75.7	75.5
INFLUENZA.....	28.5	26.2	29.1	33.6	28.6	28.9	26.8	34.8
ACUTE BRONCHITIS.....	93.7	85.8	100.0	*100.0	92.1	95.4	*85.4	*100.0
PNEUMONIA.....	94.0	*100.0	*100.0	*60.5	100.0	*100.0	*100.0	*100.0
OTHER RESPIRATORY CONDITIONS.....	96.6	*93.9	*100.0	*100.0	81.4	*86.6	*65.5	*100.0
DIGESTIVE SYSTEM CONDITIONS.....	43.0	*31.5	*45.9	*70.3	62.0	49.7	*69.0	*84.1
DENTAL CONDITIONS.....	*36.4	*51.8	*30.4	*	*72.5	*81.2	*61.4	*81.7
INDIGESTION, NAUSEA, AND VOMITING.....	*26.8	*16.6	*34.8	*57.9	*39.6	*30.3	*55.8	*65.1
OTHER DIGESTIVE CONDITIONS.....	91.8	*80.0	*91.9	*100.0	94.5	*87.0	*100.0	*100.0
INJURIES.....	88.6	93.4	87.6	83.8	91.4	91.0	90.7	94.3
FRACTURES AND DISLOCATIONS.....	100.0	100.0	100.0	*100.0	100.0	*100.0	*100.0	*100.0
SPRAINS AND STRAINS.....	77.8	*89.6	80.4	*62.5	89.0	88.2	89.7	*87.8
OPEN WOUNDS AND LACERATIONS.....	95.5	96.4	93.3	*100.0	100.0	100.0	100.0	*100.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	93.3	88.9	94.6	*100.0	86.1	84.8	87.6	*83.9
OTHER CURRENT INJURIES.....	85.0	92.7	81.1	79.4	87.4	85.4	83.3	94.7
SELECTED OTHER ACUTE CONDITIONS.....	86.4	89.1	81.1	94.2	90.1	89.2	90.7	91.6
EYE CONDITIONS.....	*87.9	*100.0	*82.7	*100.0	*93.8	*100.0	*89.5	*100.0
ACUTE EAR INFECTIONS.....	96.6	96.9	*93.8	*100.0	97.4	98.0	*92.9	*100.0
OTHER EAR CONDITIONS.....	91.3	*90.7	*90.2	*100.0	*100.0	*100.0	*100.0	*100.0
ACUTE URINARY CONDITIONS.....	100.0	*100.0	*100.0	*100.0	100.0	*100.0	100.0	*100.0
DISORDERS OF MENSTRUATION.....	*41.2	*51.9	*34.2	*	*83.6	*51.6	*100.0	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*100.0	*	*100.0	*100.0	*100.0	*	*100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	95.2	*	95.2	*	100.0	*	100.0	*
SKIN CONDITIONS.....	94.4	*96.2	*87.4	*100.0	95.7	*89.4	*100.0	*100.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	81.3	*100.0	71.4	*92.4	87.3	*73.8	92.7	*75.7
HEADACHE, EXCLUDING MIGRAINE.....	*37.7	*40.9	*40.7	*	*35.8	*56.3	*25.2	*
FEVER, UNSPECIFIED.....	*38.0	*41.0	*18.8	*100.0	67.2	*61.5	*100.0	*100.0
ALL OTHER ACUTE CONDITIONS.....	87.3	87.2	81.0	95.6	83.5	90.6	76.1	85.7

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II; THE FREQUENCIES OF TABLE 9 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 15. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	PERCENT							
ALL ACUTE CONDITIONS.....	62.4	63.1	64.7	56.0	62.1	63.0	61.5	60.6
INFECTIVE AND PARASITIC DISEASES.....	55.9	76.0	54.1	75.5	63.4	65.1	62.4	57.0
COMMON CHILDHOOD DISEASES.....	*80.9	*63.9	63.4	66.7	75.6	80.6	73.3	*48.8
INTESTINAL VIRUS, UNSPECIFIED.....	51.9	*41.4	32.3	*39.6	42.4	53.0	34.4	30.0
VIRAL INFECTIONS, UNSPECIFIED.....	35.2	65.5	43.5	58.7	49.6	53.1	47.4	36.2
OTHER.....	85.9	92.7	89.0	95.5	89.0	85.8	90.8	94.9
RESPIRATORY CONDITIONS.....	42.5	40.9	49.6	33.2	41.9	42.9	41.2	40.3
COMMON COLD.....	34.1	39.8	41.0	30.6	36.8	37.3	36.4	35.6
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	79.0	77.1	69.3	60.9	69.7	70.2	69.4	76.0
INFLUENZA.....	34.5	25.1	39.7	23.6	30.3	33.1	28.5	27.9
ACUTE BRONCHITIS.....	*67.6	85.2	89.1	93.0	88.7	82.1	93.6	76.3
PNEUMONIA.....	*100.0	*80.9	89.6	*100.0	90.7	*75.5	100.0	94.8
OTHER RESPIRATORY CONDITIONS.....	*100.0	*67.5	97.2	81.5	90.2	100.0	84.7	*78.6
DIGESTIVE SYSTEM CONDITIONS.....	59.8	53.5	52.2	47.6	50.6	47.8	52.4	62.0
DENTAL CONDITIONS.....	*44.9	*59.6	*37.2	*58.2	44.9	*36.2	*51.7	*59.2
INDIGESTION, NAUSEA, AND VOMITING.....	*38.9	*35.9	30.9	37.0	32.0	*27.4	34.6	*48.4
OTHER DIGESTIVE CONDITIONS.....	93.2	*84.8	86.9	*90.1	88.8	87.8	89.7	*86.3
INJURIES.....	88.3	88.2	90.2	87.9	89.7	90.6	89.0	85.8
FRACTURES AND DISLOCATIONS.....	96.2	97.0	100.0	100.0	98.3	96.5	100.0	100.0
SPRAINS AND STRAINS.....	88.2	80.8	80.8	84.5	84.6	86.8	83.3	78.3
OPEN WOUNDS AND LACERATIONS.....	97.7	95.6	93.1	97.0	95.7	97.9	94.4	94.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	77.2	85.1	87.5	89.7	86.4	87.3	85.9	82.0
OTHER CURRENT INJURIES.....	83.3	88.8	91.9	77.7	87.9	87.0	88.4	81.4
SELECTED OTHER ACUTE CONDITIONS.....	91.2	87.2	85.3	89.6	87.6	87.4	87.7	89.0
EYE CONDITIONS.....	100.0	*100.0	100.0	*83.1	93.5	100.0	89.7	100.0
ACUTE EAR INFECTIONS.....	97.6	95.3	93.0	98.9	95.6	95.3	95.8	96.7
OTHER EAR CONDITIONS.....	*100.0	*69.7	83.8	94.9	90.3	94.3	88.1	*75.5
ACUTE URINARY CONDITIONS.....	100.0	100.0	98.3	100.0	98.9	97.5	100.0	100.0
DISORDERS OF MENSTRUATION.....	*56.1	*37.5	*42.6	*73.6	*56.4	*31.1	*66.0	*54.9
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*100.0	*100.0	*100.0	100.0	100.0	100.0	*100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	93.7	87.4	96.6	100.0	94.4	88.3	98.4	95.0
SKIN CONDITIONS.....	95.4	95.2	96.4	100.0	95.0	92.2	97.1	100.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	82.6	86.2	89.4	88.4	88.5	86.2	90.0	82.5
HEADACHE, EXCLUDING MIGRAINE.....	*29.8	*32.8	*47.7	*45.1	36.7	*50.7	*19.6	*57.3
FEVER, UNSPECIFIED.....	*57.3	*67.4	*28.0	68.8	57.1	67.8	49.4	*40.9
ALL OTHER ACUTE CONDITIONS.....	88.2	90.2	85.9	88.8	87.5	88.7	86.6	89.5

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 10 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 16. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	679.9	936.3	654.7	689.9	629.6	680.2	606.2	798.3
INFECTIVE AND PARASITIC DISEASES.....	74.5	165.2	151.6	64.8	46.8	36.8	30.9	46.3
COMMON CHILDHOOD DISEASES.....	11.3	40.3	40.1	*2.0	*1.4	*-	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	10.2	*24.9	14.1	*13.3	7.9	*5.6	*7.0	*3.3
VIRAL INFECTIONS, UNSPECIFIED.....	25.5	62.1	41.4	21.9	19.5	14.2	13.0	*16.0
OTHER.....	27.5	37.8	56.0	27.6	17.9	17.1	*10.9	27.0
RESPIRATORY CONDITIONS.....	264.4	459.6	304.8	236.6	236.9	229.3	201.2	274.2
COMMON COLD.....	66.4	174.3	82.4	43.7	52.9	52.0	47.7	58.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	25.9	50.9	49.2	27.2	18.5	12.5	*9.4	*17.5
INFLUENZA.....	130.7	168.5	138.5	136.4	134.8	110.2	103.5	121.0
ACUTE BRONCHITIS.....	17.5	*16.5	19.9	*6.7	13.8	23.9	13.3	40.9
PNEUMONIA.....	17.2	29.4	11.8	*16.5	13.4	21.5	23.1	19.1
OTHER RESPIRATORY CONDITIONS.....	6.7	*19.9	*3.0	*6.1	*3.5	9.2	*4.2	*17.1
DIGESTIVE SYSTEM CONDITIONS.....	26.3	35.2	14.8	34.0	23.5	31.2	21.9	46.2
DENTAL CONDITIONS.....	4.9	*16.5	*1.5	*9.5	*4.8	*2.7	*2.4	*3.2
INDIGESTION, NAUSEA, AND VOMITING.....	6.8	*6.2	*8.4	*8.6	*4.8	7.4	*3.5	*13.7
OTHER DIGESTIVE CONDITIONS.....	14.6	*12.6	*4.9	*15.9	13.9	21.1	16.0	29.3
INJURIES.....	163.5	38.2	105.7	184.6	173.6	212.1	202.4	227.6
FRACTURES AND DISLOCATIONS.....	54.2	*5.7	31.7	62.8	55.4	75.8	61.4	98.8
SPRAINS AND STRAINS.....	39.0	*2.6	28.6	46.8	51.7	38.6	48.6	22.7
OPEN WOUNDS AND LACERATIONS.....	15.8	*15.9	*10.6	20.4	17.8	15.3	19.1	*9.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	20.3	*1.3	12.8	*12.9	20.5	32.1	27.2	40.0
OTHER CURRENT INJURIES.....	34.1	*12.7	22.0	41.8	28.2	90.3	46.1	57.0
SELECTED OTHER ACUTE CONDITIONS.....	107.7	179.7	62.0	135.5	113.3	102.4	100.5	105.6
EYE CONDITIONS.....	*1.9	*2.9	*0.2	*0.6	*1.9	*3.3	*2.1	*5.3
ACUTE EAR INFECTIONS.....	20.9	135.4	22.5	*1.7	9.7	10.0	*10.9	*8.6
OTHER EAR CONDITIONS.....	*1.5	*4.9	*3.4	*0.8	*0.6	*0.8	*1.1	*0.4
ACUTE URINARY CONDITIONS.....	11.6	*7.0	*4.6	*12.6	7.7	20.9	18.0	25.5
DISORDERS OF MENSTRUATION.....	*1.6	..	*1.8	*3.6	*2.4	*0.3	*0.5	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	6.4	*-	*1.8	*3.8	7.3	12.0	12.0	*11.9
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	26.1	..	*11.2	79.3	47.9	..	..	..
SKIN CONDITIONS.....	5.0	*4.6	*3.4	*5.2	*3.9	7.3	*7.2	*7.4
ACUTE MUSCULOSKELETAL CONDITIONS.....	23.8	*1.2	*5.1	*17.7	23.7	43.2	44.7	40.8
HEADACHE, EXCLUDING MIGRAINE.....	3.9	..	*3.1	*6.8	*5.2	*3.0	*3.4	*2.3
FEVER, UNSPECIFIED.....	4.9	*23.7	*6.7	*3.3	*2.9	*1.7	*0.7	*3.5
ALL OTHER ACUTE CONDITIONS.....	43.5	58.4	15.8	34.4	35.7	68.2	49.4	98.3

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II. THE FREQUENCIES OF TABLE 21 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 17. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR										
ALL ACUTE CONDITIONS.....	589.1	999.0	609.1	536.0	540.0	765.1	870.5	702.4	749.7	796.2
INFECTIVE AND PARASITIC DISEASES.....	66.0	159.3	149.9	39.1	22.0	62.5	171.4	153.3	63.2	49.1
COMMON CHILDHOOD DISEASES.....	11.6	*43.8	38.7	*0.8	*-	11.1	*36.8	41.7	*2.4	*-
INTESTINAL VIRUS, UNSPECIFIED..	9.0	*19.4	*14.6	*7.8	*4.1	11.4	*30.6	*13.5	10.7	*6.8
VIRAL INFECTIONS, UNSPECIFIED..	21.0	*48.2	45.5	14.3	*6.6	29.7	76.7	37.1	25.7	20.4
OTHER.....	24.4	*47.9	51.3	16.2	*11.4	30.4	*27.4	61.0	24.5	21.9
RESPIRATORY CONDITIONS.....	231.1	476.7	266.3	193.9	193.8	295.5	441.6	345.0	277.9	258.7
COMMON COLD.....	59.6	159.2	72.5	41.8	49.5	72.8	190.1	92.7	59.0	54.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	19.9	*55.7	39.2	13.4	*6.3	31.5	*45.9	59.7	27.8	17.7
INFLUENZA.....	112.4	195.7	118.0	111.1	86.9	147.9	140.1	159.9	158.3	129.5
ACUTE BRONCHITIS.....	14.4	*14.9	*21.0	*8.6	18.5	20.4	*18.3	*18.8	15.2	28.5
PNEUMONIA.....	17.4	*27.9	*12.5	13.9	23.1	16.9	*31.0	*11.1	14.5	20.3
OTHER RESPIRATORY CONDITIONS...	7.4	*23.5	*3.1	*5.1	*9.5	5.9	*16.1	*2.8	*3.2	*8.9
DIGESTIVE SYSTEM CONDITIONS....	21.3	*41.4	*13.7	20.8	21.8	30.9	*28.7	*16.0	31.4	39.0
DENTAL CONDITIONS.....	*4.5	*22.2	*1.6	*4.5	*1.5	5.4	*10.5	*1.4	*7.5	*3.7
INDIGESTION, NAUSEA, AND VOMITING.....	5.3	*10.2	*8.1	*4.0	*3.9	8.2	*1.9	*8.6	*7.4	*10.3
OTHER DIGESTIVE CONDITIONS.....	11.6	*9.0	*4.1	12.3	16.4	17.3	*16.3	*5.8	16.5	25.1
INJURIES.....	172.0	*45.0	120.6	217.0	175.5	155.5	*31.1	90.1	137.5	242.4
FRACTURES AND DISLOCATIONS.....	55.5	*10.7	33.6	74.2	55.1	53.0	*0.5	29.7	41.1	93.0
SPRAINS AND STRAINS.....	38.4	*-	31.0	53.1	32.3	39.6	*5.3	26.1	47.9	43.9
OPEN WOUNDS AND LACERATIONS....	20.4	*16.6	*15.0	27.8	*13.9	11.6	*15.1	*6.0	*9.5	16.4
CONTUSIONS AND SUPERFICIAL INJURIES.....	21.4	*2.1	*13.8	25.2	26.4	19.3	*0.5	*11.8	12.2	36.8
OTHER CURRENT INJURIES.....	36.3	*15.7	27.2	36.8	47.7	32.0	*9.5	*16.5	26.8	52.4
SELECTED OTHER ACUTE CONDITIONS.....	62.4	178.6	44.5	35.9	82.1	150.3	180.9	80.4	198.4	119.2
EYE CONDITIONS.....	*1.4	*1.4	*0.4	*0.8	*3.1	*2.4	*4.5	*-	*2.3	*3.4
ACUTE EAR INFECTIONS.....	20.1	141.8	*20.1	*3.3	*11.2	21.7	128.7	25.0	11.8	*9.0
OTHER EAR CONDITIONS.....	*1.6	*5.4	*3.1	*0.9	*0.4	*1.5	*4.3	*3.7	*0.5	*1.1
ACUTE URINARY CONDITIONS.....	5.5	*-	*1.1	*1.4	16.3	17.4	*14.4	*8.3	16.1	24.7
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	*3.1	...	*3.7	*5.4	*0.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	12.4	*-	*-	12.5	21.9
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	50.5	...	*22.9	109.5	*-
SKIN CONDITIONS.....	*4.4	*3.2	*4.2	*3.7	*6.0	5.6	*6.1	*2.5	*4.7	*8.4
ACUTE MUSCULOSKELETAL CONDITIONS.....	22.2	*0.5	*9.0	17.9	44.1	25.3	*2.0	*1.1	26.3	42.4
HEADACHE, EXCLUDING MIGRAINE...	*2.3	*-	*2.5	*3.9	*0.5	5.4	*-	*3.6	*7.3	*5.1
FEVER, UNSPECIFIED.....	4.8	*26.3	*4.1	*4.0	*0.6	4.9	*20.9	*9.5	*2.0	*2.7
ALL OTHER ACUTE CONDITIONS.....	36.2	98.0	*14.0	29.3	44.7	50.3	*16.8	*17.6	41.2	87.7

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 22 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 18. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	695.5	775.9	648.6	694.0	613.6	546.0	678.1	590.7
INFECTIVE AND PARASITIC DISEASES.....	78.0	164.3	55.9	38.8	56.5	122.2	*22.0	*25.7
COMMON CHILDHOOD DISEASES.....	10.5	39.0	*1.4	*-	18.8	*51.9	*3.3	*-
INTESTINAL VIRUS, UNSPECIFIED.....	10.8	16.8	10.6	*6.3	*8.4	*21.0	*3.3	*-
VIRAL INFECTIONS, UNSPECIFIED.....	26.5	49.3	22.0	14.3	18.7	*31.8	*10.6	*14.8
OTHER.....	30.2	59.2	21.9	18.2	*10.5	*17.5	*4.8	*10.9
RESPIRATORY CONDITIONS.....	273.1	367.2	245.9	234.4	209.6	251.6	187.4	190.2
COMMON COLD.....	66.0	105.3	52.1	53.2	66.2	111.5	43.3	*43.3
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	28.2	55.5	23.7	12.5	*11.6	*23.5	*4.7	*7.3
INFLUENZA.....	137.0	159.2	140.8	114.2	89.5	87.1	92.9	86.9
ACUTE BRONCHITIS.....	18.8	20.6	13.5	24.4	*10.0	*11.7	*5.2	*15.9
PNEUMONIA.....	16.3	17.6	11.9	21.0	25.7	*14.7	*34.5	*25.3
OTHER RESPIRATORY CONDITIONS.....	6.9	*9.0	*4.0	9.1	*6.7	*3.1	*6.7	*11.6
DIGESTIVE SYSTEM CONDITIONS.....	25.3	19.4	23.8	32.0	35.0	*29.4	43.9	*27.2
DENTAL CONDITIONS.....	4.6	*5.6	*5.6	*2.7	*7.3	*6.9	*10.2	*2.8
INDIGESTION, NAUSEA, AND VOMITING.....	6.8	*8.6	*5.3	*7.6	*4.7	*5.4	*4.4	*4.2
OTHER DIGESTIVE CONDITIONS.....	13.8	*5.3	13.0	21.8	23.0	*17.1	*29.3	*20.2
INJURIES.....	169.7	92.0	176.2	222.9	134.2	55.8	197.6	131.4
FRACTURES AND DISLOCATIONS.....	56.8	26.0	56.4	81.8	36.7	*13.4	62.0	*24.2
SPRAINS AND STRAINS.....	39.6	22.5	49.7	39.8	38.0	*13.5	63.4	*27.2
OPEN WOUNDS AND LACERATIONS.....	17.4	12.8	20.3	17.3	*7.8	*11.1	*9.1	*0.8
CONTUSIONS AND SUPERFICIAL INJURIES.....	19.4	10.7	16.5	30.3	29.8	*5.2	*36.5	*52.3
OTHER CURRENT INJURIES.....	36.4	19.9	33.3	53.8	21.9	*12.6	*26.6	*26.8
SELECTED OTHER ACUTE CONDITIONS.....	107.1	106.1	113.9	98.8	120.3	*49.5	170.6	130.2
EYE CONDITIONS.....	*1.5	*1.0	*0.8	*2.7	*5.4	*1.0	*7.2	*8.6
ACUTE EAR INFECTIONS.....	22.3	62.8	7.7	9.6	*13.6	*16.6	*9.7	*16.3
OTHER EAR CONDITIONS.....	*1.7	*4.2	*0.8	*0.9	*0.4	*1.3	*-	*-
ACUTE URINARY CONDITIONS.....	10.1	*5.4	8.0	16.7	24.7	*6.2	*18.3	*62.0
DISORDERS OF MENSTRUATION.....	*1.3	*1.1	*2.3	*0.3	*3.7	*2.7	*6.3	*0.4
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	7.0	*-	7.4	12.1	*3.8	*-	*1.2	*13.6
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	25.0	*8.3	53.9	*-	37.7	*8.2	82.2	*-
SKIN CONDITIONS.....	4.8	*3.4	*4.2	*6.7	*6.7	*6.1	*5.7	*9.1
ACUTE MUSCULOSKELETAL CONDITIONS.....	24.6	*4.6	21.6	44.5	*13.7	*1.8	*19.7	*19.7
HEADACHE, EXCLUDING MIGRAINE.....	3.4	*2.1	*4.1	*3.3	*8.5	*2.6	*17.6	*0.5
FEVER, UNSPECIFIED.....	5.3	13.1	*3.1	*2.0	*2.1	*2.8	*2.7	*-
ALL OTHER ACUTE CONDITIONS.....	42.3	26.9	32.9	67.0	57.9	*39.4	56.6	86.1

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 23 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 19. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	899.2	730.3	840.3	1095.4	725.4	733.8	758.7	678.9
INFECTIVE AND PARASITIC DISEASES.....	85.7	163.4	71.2	*40.6	73.5	134.4	60.6	41.4
COMMON CHILDHOOD DISEASES.....	*14.3	*46.2	*4.4	*-	*11.4	*43.3	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*10.4	*21.1	*11.4	*1.0	14.5	*22.6	*16.0	*6.4
VIRAL INFECTIONS, UNSPECIFIED.....	32.5	*48.2	*29.8	*23.1	20.7	*31.2	*21.6	*11.5
OTHER.....	28.5	*47.8	*25.6	*16.6	26.9	*37.3	*23.0	*23.4
RESPIRATORY CONDITIONS.....	349.9	377.9	295.3	387.4	258.0	368.6	243.9	188.2
COMMON COLD.....	77.0	126.6	54.0	63.2	60.1	123.6	30.0	39.3
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	35.0	*37.6	*33.3	*34.7	22.9	46.0	*24.2	*3.4
INFLUENZA.....	179.4	149.7	176.2	206.2	134.7	179.8	152.4	78.4
ACUTE BRONCHITIS.....	21.5	*23.9	*12.0	*30.0	17.2	*8.4	*12.0	*30.3
PNEUMONIA.....	23.7	*26.8	*12.3	*33.5	18.3	*6.1	*16.2	*30.3
OTHER RESPIRATORY CONDITIONS.....	*13.4	*13.4	*7.5	*19.7	*4.7	*4.8	*3.1	*6.5
DIGESTIVE SYSTEM CONDITIONS.....	40.4	*22.3	*41.1	54.0	26.5	*10.8	37.7	*25.3
DENTAL CONDITIONS.....	*6.6	*6.4	*4.7	*8.9	*4.7	*5.7	*7.6	*0.3
INDIGESTION, NAUSEA, AND VOMITING.....	*13.3	*9.2	*10.9	*19.0	*5.3	*4.7	*5.1	*6.1
OTHER DIGESTIVE CONDITIONS.....	20.6	*6.7	*25.5	*26.1	16.4	*0.4	*25.0	*18.8
INJURIES.....	201.4	*58.3	199.5	315.4	188.2	72.1	223.5	236.7
FRACTURES AND DISLOCATIONS.....	70.4	*13.2	77.7	107.2	50.6	*23.3	74.7	60.9
SPRAINS AND STRAINS.....	35.6	*15.4	61.1	*23.8	34.9	*7.6	57.4	*29.3
OPEN WOUNDS AND LACERATIONS.....	21.3	*14.7	*10.5	*38.2	21.3	*13.0	*26.3	*21.7
CONTUSIONS AND SUPERFICIAL INJURIES.....	30.6	*1.4	*9.9	75.9	29.7	*10.0	34.7	39.3
OTHER CURRENT INJURIES.....	43.4	*13.5	*40.3	70.2	45.7	*18.3	30.4	85.6
SELECTED OTHER ACUTE CONDITIONS.....	157.6	93.3	161.8	203.4	117.4	91.2	153.5	94.7
EYE CONDITIONS.....	*4.4	*2.7	*0.8	*9.6	*5.9	*1.9	*6.7	*8.2
ACUTE EAR INFECTIONS.....	19.3	*36.4	*8.3	*17.8	23.4	54.2	*9.0	*16.7
OTHER EAR CONDITIONS.....	*2.1	*3.6	*1.8	*1.2	*2.3	*6.0	*1.9	*-
ACUTE URINARY CONDITIONS.....	22.5	*2.8	*8.9	52.7	16.0	*4.8	*20.5	*19.4
DISORDERS OF MENSTRUATION.....	*1.6	*1.8	*1.3	*1.7	*1.4	*1.5	*2.4	*0.2
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*12.0	*-	*4.1	*30.0	*3.4	*-	*7.6	*1.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	41.3	*17.3	96.4	*-	37.0	*15.3	82.2	*7.2
SKIN CONDITIONS.....	*7.4	*4.5	*6.0	*11.1	*3.0	*1.1	*0.8	*-
ACUTE MUSCULOSKELETAL CONDITIONS.....	30.4	*1.0	*21.7	63.0	20.3	*0.8	*19.6	36.3
HEADACHE, EXCLUDING MIGRAINE.....	*7.5	*3.4	*9.1	*9.1	*3.3	*0.9	*2.9	*5.8
FEVER, UNSPECIFIED.....	*9.2	*19.8	*3.3	*7.3	*1.2	*4.7	*-	*-
ALL OTHER ACUTE CONDITIONS.....	64.1	*15.1	71.5	94.5	61.9	56.6	39.6	92.6

SEE NOTES AT END OF TABLE.

TABLE 19. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987--CON.

(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 ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	681.4	755.3	661.9	636.4	577.9	750.9	523.2	497.3
INFECTIVE AND PARASITIC DISEASES.....	74.2	150.1	44.9	44.2	77.0	175.2	46.3	30.9
COMMON CHILDHOOD DISEASES.....	9.3	32.5	*0.4	*	13.8	45.8	*3.1	*
INTESTINAL VIRUS, UNSPECIFIED.....	10.9	*13.5	*9.3	*10.9	10.7	*21.3	*7.2	*6.0
VIRAL INFECTIONS, UNSPECIFIED.....	25.2	45.2	*17.4	*17.1	22.2	44.2	*14.8	*12.7
OTHER.....	28.9	58.8	*17.8	*16.2	30.3	63.9	21.2	*12.2
RESPIRATORY CONDITIONS.....	267.1	345.3	250.6	212.2	237.4	345.6	210.7	173.9
COMMON COLD.....	64.4	85.2	55.0	58.5	65.4	105.2	53.3	46.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	30.0	57.3	24.5	*10.4	26.4	59.8	*15.8	*11.0
INFLUENZA.....	128.3	158.6	135.0	84.5	116.7	132.8	118.3	97.5
ACUTE BRONCHITIS.....	22.0	*22.1	*17.3	*30.1	12.4	*22.3	*9.5	*7.3
PNEUMONIA.....	16.8	*14.9	*18.2	*24.2	13.6	*20.2	*11.6	*10.5
OTHER RESPIRATORY CONDITIONS.....	*3.5	*7.2	*0.6	*4.4	*2.9	*5.3	*2.2	*1.6
DIGESTIVE SYSTEM CONDITIONS.....	25.9	*22.0	26.2	*29.5	13.2	*18.7	*9.7	*13.5
DENTAL CONDITIONS.....	*6.9	*11.2	*6.8	*2.6	*2.4	*2.0	*2.5	*2.4
INDIGESTION, NAUSEA, AND VOMITING.....	*7.2	*8.9	*6.7	*6.3	*2.9	*6.6	*2.2	*0.5
OTHER DIGESTIVE CONDITIONS.....	11.7	*1.9	*12.7	*20.6	7.9	*10.1	*5.0	*10.5
INJURIES.....	162.9	103.8	181.5	193.9	142.2	104.1	142.9	179.7
FRACTURES AND DISLOCATIONS.....	50.5	32.1	55.5	61.5	51.4	*23.9	47.2	86.9
SPRAINS AND STRAINS.....	39.5	*13.6	50.2	48.5	43.8	44.8	42.1	45.7
OPEN WOUNDS AND LACERATIONS.....	14.3	*14.2	*16.9	*10.0	13.5	*9.5	17.1	*11.2
CONTUSIONS AND SUPERFICIAL INJURIES.....	20.3	*14.8	21.5	*24.0	11.3	*10.2	*12.6	*10.1
OTHER CURRENT INJURIES.....	38.4	*29.3	37.5	49.9	22.2	*15.7	24.0	*25.7
SELECTED OTHER ACUTE CONDITIONS.....	112.0	116.1	119.3	94.9	80.9	82.6	91.2	61.3
EYE CONDITIONS.....	*0.4	*	*0.4	*0.9	*0.3	*	*0.6	*
ACUTE EAR INFECTIONS.....	27.2	74.0	*9.6	*7.9	17.8	50.7	*5.0	*0.8
OTHER EAR CONDITIONS.....	*1.2	*3.3	*0.5	*	*0.8	*1.6	*	*1.5
ACUTE URINARY CONDITIONS.....	*7.8	*5.2	*4.1	*16.8	*7.4	*5.9	*5.3	*12.5
DISORDERS OF MENSTRUATION.....	*0.7	*0.9	*1.1	*	*2.0	*1.3	*3.5	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*5.9	*	*7.4	*9.6	*7.1	*	*7.8	*13.2
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	26.3	*9.6	51.7	*	17.0	*0.7	36.2	*
SKIN CONDITIONS.....	*4.9	*4.8	*7.2	*1.1	*2.9	*4.2	*1.8	*3.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	27.5	*6.9	23.3	56.8	18.1	*6.2	23.0	*21.7
HEADACHE, EXCLUDING MIGRAINE.....	*3.7	*1.3	*7.0	*0.6	*3.8	*2.8	*6.2	*0.5
FEVER, UNSPECIFIED.....	*6.3	*10.0	*7.0	*1.2	*3.7	*9.2	*1.8	*1.6
ALL OTHER ACUTE CONDITIONS.....	39.3	*17.9	39.5	61.8	27.1	*24.9	22.3	37.9

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 24 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 20. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	591.6	671.3	654.0	821.0	671.9	668.3	674.3	707.3
INFECTIVE AND PARASITIC DISEASES.....	78.5	58.6	91.8	60.8	73.4	67.1	77.6	78.6
COMMON CHILDHOOD DISEASES.....	*8.4	*6.8	16.0	11.9	10.8	10.6	11.0	13.2
INTESTINAL VIRUS, UNSPECIFIED.....	14.6	*6.0	14.2	*4.2	9.9	12.8	8.0	11.4
VIRAL INFECTIONS, UNSPECIFIED.....	32.4	15.1	32.6	19.0	27.6	24.5	29.7	18.3
OTHER.....	23.1	30.6	29.0	25.6	25.1	19.3	29.0	35.7
RESPIRATORY CONDITIONS.....	227.1	250.6	224.0	383.8	263.9	266.5	260.8	265.8
COMMON COLD.....	81.3	45.3	54.3	95.7	72.5	63.6	78.5	45.8
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	19.0	30.0	24.7	30.1	25.7	22.7	27.8	26.5
INFLUENZA.....	99.2	124.2	104.6	212.6	123.7	136.2	115.2	154.7
ACUTE BRONCHITIS.....	13.5	20.8	15.4	21.1	18.6	22.2	16.1	13.8
PNEUMONIA.....	*9.4	23.3	19.0	14.9	17.1	19.3	15.7	17.3
OTHER RESPIRATORY CONDITIONS.....	*4.6	*7.0	*6.1	*9.3	6.3	*4.5	7.6	*7.8
DIGESTIVE SYSTEM CONDITIONS.....	26.8	26.2	27.9	23.3	24.9	27.7	22.9	31.1
DENTAL CONDITIONS.....	*6.2	*2.4	*6.3	*4.4	4.8	*5.4	*4.4	*5.4
INDIGESTION, NAUSEA, AND VOMITING.....	*5.3	*6.1	*6.0	*10.4	6.7	7.3	6.4	*7.0
OTHER DIGESTIVE CONDITIONS.....	15.3	17.7	15.6	*8.4	13.3	15.1	12.2	18.7
INJURIES.....	115.9	178.1	163.4	194.7	158.6	158.2	158.8	180.2
FRACTURES AND DISLOCATIONS.....	42.7	53.5	51.0	71.7	50.3	56.0	46.5	67.4
SPRAINS AND STRAINS.....	42.0	37.2	32.4	49.1	40.7	33.5	45.6	33.4
OPEN WOUNDS AND LACERATIONS.....	*5.5	15.5	23.5	14.0	16.1	15.5	16.5	14.9
CONTUSIONS AND SUPERFICIAL INJURIES.....	11.8	28.8	17.2	24.1	19.8	19.5	20.0	22.0
OTHER CURRENT INJURIES.....	13.8	43.2	39.2	35.7	31.7	33.8	30.2	42.5
SELECTED OTHER ACUTE CONDITIONS.....	108.4	102.9	102.2	121.8	108.3	103.3	111.8	105.8
EYE CONDITIONS.....	*0.6	*0.6	*2.3	*4.2	*2.4	*1.7	*2.9	*0.3
ACUTE EAR INFECTIONS.....	23.9	19.8	16.5	26.4	21.7	15.5	25.9	18.2
OTHER EAR CONDITIONS.....	*1.3	*1.1	*1.3	*2.7	*1.4	*1.0	*1.7	*1.9
ACUTE URINARY CONDITIONS.....	*7.5	12.2	15.3	*9.2	11.0	13.4	9.3	13.9
DISORDERS OF MENSTRUATION.....	*0.5	*1.0	*2.8	*1.4	*1.6	*1.1	*1.9	*1.7
OTHER DISORDERS OF FEMALE GENITAL TRACT DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*10.1	*8.8	*5.5	*1.5	6.4	*6.8	6.2	*6.3
SKIN CONDITIONS.....	29.9	23.2	24.2	28.7	26.1	22.4	28.6	25.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	*4.3	*2.0	*6.4	*6.9	4.3	*4.9	*3.8	*7.5
HEADACHE, EXCLUDING MIGRAINE.....	23.1	25.2	19.0	30.7	24.7	23.6	25.4	20.8
FEVER, UNSPECIFIED.....	*3.6	*4.0	*3.5	*4.7	4.3	7.2	*2.2	*2.7
ALL OTHER ACUTE CONDITIONS.....	35.0	54.9	44.8	36.7	42.8	43.5	42.4	45.8

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 25 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 21. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1987
 (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 ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	1,621,859	170,177	295,279	180,287	478,732	497,384	272,639	224,745
INFECTIVE AND PARASITIC DISEASES.....	177,833	30,026	68,363	16,941	35,561	26,943	13,894	13,048
COMMON CHILDHOOD DISEASES.....	27,059	7,334	18,102	524	1,099	-	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	24,446	4,517	6,338	3,480	6,029	4,081	3,145	930
VIRAL INFECTIONS, UNSPECIFIED.....	60,827	11,295	18,651	5,712	14,817	10,352	5,849	4,503
OTHER.....	65,501	6,879	25,272	7,225	13,615	12,510	4,901	7,609
RESPIRATORY CONDITIONS.....	630,618	83,533	137,462	61,828	180,102	167,693	90,487	77,206
COMMON COLD.....	158,466	31,679	37,156	11,419	40,217	37,994	21,466	16,526
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	61,784	9,258	22,199	7,100	14,074	9,153	4,235	4,918
INFLUENZA.....	311,797	30,632	62,457	35,647	102,471	80,590	46,530	34,060
ACUTE BRONCHITIS.....	41,756	3,007	8,988	1,752	10,506	17,503	5,999	11,504
PNEUMONIA.....	40,937	5,343	5,324	4,321	10,194	15,754	10,380	5,374
OTHER RESPIRATORY CONDITIONS.....	15,878	3,614	1,337	1,589	2,639	6,699	1,876	4,823
DIGESTIVE SYSTEM CONDITIONS.....	62,701	6,404	6,693	8,874	17,892	22,839	9,829	13,010
DENTAL CONDITIONS.....	11,781	2,997	661	2,478	3,672	1,973	1,059	914
INDIGESTION, NAUSEA, AND VOMITING.....	16,207	1,122	3,808	2,242	3,621	5,412	1,569	3,843
OTHER DIGESTIVE CONDITIONS.....	34,714	2,285	2,223	4,153	10,599	15,454	7,201	8,253
INJURIES.....	389,949	6,946	47,680	48,249	131,954	155,120	91,031	64,089
FRACTURES AND DISLOCATIONS.....	129,298	1,040	14,298	16,422	42,104	55,433	27,631	27,802
SPRAINS AND STRAINS.....	93,148	474	12,895	12,222	39,303	28,254	21,871	6,383
OPEN WOUNDS AND LACERATIONS.....	37,722	2,884	4,798	5,321	13,527	11,192	8,582	2,610
CONTUSIONS AND SUPERFICIAL INJURIES.....	48,435	238	5,780	3,359	15,591	23,466	12,213	11,253
OTHER CURRENT INJURIES.....	81,347	2,310	9,909	10,925	21,428	36,775	20,734	16,041
SELECTED OTHER ACUTE CONDITIONS.....	257,035	32,662	27,977	35,400	86,088	74,908	45,184	29,724
EYE CONDITIONS.....	4,642	533	99	144	1,446	2,421	940	1,481
ACUTE EAR INFECTIONS.....	49,895	24,611	10,147	449	7,378	7,311	4,886	2,425
OTHER EAR CONDITIONS.....	3,684	882	1,518	218	467	578	478	101
ACUTE URINARY CONDITIONS.....	27,763	1,277	2,088	3,303	5,818	15,277	8,095	7,182
DISORDERS OF MENSTRUATION.....	3,833	..	815	952	1,849	217	217	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	15,283	-	-	984	5,556	8,743	5,399	3,344
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	62,196	..	5,045	20,709	36,442	-	-	..
SKIN CONDITIONS.....	11,987	837	1,514	1,361	2,948	5,327	3,231	2,096
ACUTE MUSCULOSKELETAL CONDITIONS.....	56,759	221	2,317	4,636	18,012	31,573	20,096	11,477
HEADACHE, EXCLUDING MIGRAINE.....	9,335	-	1,391	1,777	3,984	2,183	1,549	634
FEVER, UNSPECIFIED.....	11,657	4,301	3,043	866	2,168	1,278	293	985
ALL OTHER ACUTE CONDITIONS.....	103,723	10,606	7,104	8,995	27,136	49,881	22,214	27,667

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 22. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	680,068	92,918	140,539	267,807	178,805	941,791	77,259	154,740	391,213	318,580
INFECTIVE AND PARASITIC DISEASES.....	76,222	14,813	34,594	19,514	7,306	101,611	15,213	33,769	32,987	19,643
COMMON CHILDHOOD DISEASES.....	13,372	4,071	8,923	379	-	13,687	3,263	9,179	1,244	-
INTESTINAL VIRUS, UNSPECIFIED..	10,439	1,804	3,357	3,911	1,367	14,007	2,714	2,982	5,598	2,714
VIRAL INFECTIONS, UNSPECIFIED..	24,288	4,487	10,487	7,144	2,170	36,540	6,808	8,164	13,386	8,182
OTHER.....	28,123	4,452	11,828	8,081	3,763	37,378	2,428	13,444	12,759	8,747
RESPIRATORY CONDITIONS.....	266,857	44,340	61,446	96,901	64,170	363,761	39,193	76,016	145,029	103,523
COMMON COLD.....	68,801	14,804	16,732	20,870	16,395	89,665	16,875	20,424	30,766	21,600
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	22,995	5,181	9,046	6,691	2,077	38,789	4,078	13,153	14,483	7,075
INFLUENZA.....	129,735	18,198	27,222	55,525	28,790	182,061	12,434	35,234	82,593	51,800
ACUTE BRONCHITIS.....	16,653	1,382	4,844	4,307	6,119	25,104	1,625	4,144	7,951	11,384
PNEUMONIA.....	20,086	2,593	2,888	6,967	7,639	20,850	2,750	2,436	7,549	8,115
OTHER RESPIRATORY CONDITIONS...	8,587	2,182	714	2,541	3,151	7,291	1,432	624	1,687	3,549
DIGESTIVE SYSTEM CONDITIONS....	24,608	3,854	3,166	10,375	7,214	38,093	2,550	3,527	16,391	15,625
DENTAL CONDITIONS.....	5,138	2,068	358	2,224	488	6,643	929	304	3,925	1,485
INDIGESTION, NAUSEA, AND VOMITING.....	6,108	949	1,871	1,988	1,300	10,099	173	1,938	3,876	4,113
OTHER DIGESTIVE CONDITIONS.....	13,362	837	937	6,162	5,426	21,351	1,448	1,286	8,590	10,027
INJURIES.....	198,585	4,188	27,833	108,440	58,124	191,364	2,758	19,847	71,763	96,996
FRACTURES AND DISLOCATIONS.....	64,063	994	7,755	37,075	18,239	65,235	47	6,543	21,451	37,195
SPRAINS AND STRAINS.....	44,366	-	7,145	26,514	10,706	46,782	474	5,750	25,012	17,547
OPEN WOUNDS AND LACERATIONS....	23,497	1,541	3,470	13,870	4,617	14,225	1,343	1,328	4,979	6,575
CONTUSIONS AND SUPERFICIAL INJURIES.....	24,709	191	3,178	12,589	8,751	23,725	48	2,602	6,361	14,715
OTHER CURRENT INJURIES.....	41,950	1,463	6,285	18,393	15,810	39,397	847	3,625	13,961	20,965
SELECTED OTHER ACUTE CONDITIONS.....	72,016	16,608	10,262	17,949	27,197	185,018	16,054	17,714	103,539	47,711
EYE CONDITIONS.....	1,669	133	99	397	1,041	2,973	400	-	1,193	1,380
ACUTE EAR INFECTIONS.....	23,174	13,187	4,631	1,660	3,696	26,721	11,423	5,516	6,167	3,615
OTHER EAR CONDITIONS.....	1,800	504	708	457	130	1,884	378	809	248	448
ACUTE URINARY CONDITIONS.....	6,367	-	253	723	5,392	21,395	1,277	1,835	8,398	9,886
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	3,833	...	815	2,802	217
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	15,283	-	-	6,540	8,743
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	62,196	...	5,045	57,151	-
SKIN CONDITIONS.....	5,084	296	969	1,842	1,976	6,903	541	545	2,467	3,351
ACUTE MUSCULOSKELETAL CONDITIONS.....	25,645	44	2,065	8,933	14,604	31,114	177	253	13,715	16,969
HEADACHE, EXCLUDING MIGRAINE...	2,686	-	588	1,937	161	6,649	-	803	3,825	2,022
FEVER, UNSPECIFIED.....	5,591	2,444	950	2,000	197	6,065	1,857	2,093	1,034	1,081
ALL OTHER ACUTE CONDITIONS.....	41,779	9,115	3,237	14,627	14,800	61,943	1,491	3,867	21,504	35,081

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 23. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS ¹							
ALL ACUTE CONDITIONS.....	1,403,955	398,596	557,461	447,898	177,609	53,245	83,552	40,812
INFECTIVE AND PARASITIC DISEASES.....	157,472	84,395	48,007	25,071	16,365	11,878	2,713	1,774
COMMON CHILDHOOD DISEASES.....	21,242	20,027	1,215	-	5,454	5,045	408	-
INTESTINAL VIRUS, UNSPECIFIED.....	21,836	8,653	9,102	4,081	2,446	2,038	407	-
VIRAL INFECTIONS, UNSPECIFIED.....	53,437	25,324	18,879	9,233	5,418	3,090	1,307	1,021
OTHER.....	60,957	30,390	18,811	11,756	3,048	1,704	591	753
RESPIRATORY CONDITIONS.....	551,321	188,634	211,381	151,306	60,681	24,451	23,087	13,144
COMMON COLD.....	133,164	54,078	44,757	34,329	19,159	10,832	5,338	2,989
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	56,892	28,502	20,354	8,036	3,359	2,279	576	504
INFLUENZA.....	276,491	81,778	120,989	73,724	25,921	8,467	11,452	6,002
ACUTE BRONCHITIS.....	37,966	10,591	11,613	15,762	2,885	1,141	645	1,100
PNEUMONIA.....	32,859	9,038	10,262	13,560	7,428	1,427	4,254	1,746
OTHER RESPIRATORY CONDITIONS.....	13,949	4,648	3,406	5,895	1,929	303	822	804
DIGESTIVE SYSTEM CONDITIONS.....	51,078	9,969	20,452	20,657	10,139	2,854	5,409	1,876
DENTAL CONDITIONS.....	9,363	2,861	4,789	1,713	2,117	668	1,256	193
INDIGESTION, NAUSEA, AND VOMITING.....	13,812	4,410	4,516	4,886	1,355	521	547	287
OTHER DIGESTIVE CONDITIONS.....	27,904	2,698	11,147	14,058	6,666	1,666	3,605	1,395
INJURIES.....	342,601	47,281	151,452	143,868	38,847	5,426	24,345	9,077
FRACTURES AND DISLOCATIONS.....	114,658	13,379	48,468	52,811	10,613	1,301	7,640	1,672
SPRAINS AND STRAINS.....	79,976	11,575	42,706	25,696	11,007	1,312	7,816	1,880
OPEN WOUNDS AND LACERATIONS.....	35,200	6,599	17,465	11,136	2,258	1,083	1,119	55
CONTUSIONS AND SUPERFICIAL INJURIES.....	39,247	5,509	14,206	19,532	8,619	509	4,494	3,616
OTHER CURRENT INJURIES.....	73,520	10,220	28,607	34,693	6,350	1,221	3,276	1,854
SELECTED OTHER ACUTE CONDITIONS.....	216,116	54,483	97,888	63,745	34,822	4,806	21,022	8,994
EYE CONDITIONS.....	2,965	533	708	1,725	1,577	99	882	597
ACUTE EAR INFECTIONS.....	45,084	32,269	6,627	6,188	3,933	1,609	1,200	1,123
OTHER EAR CONDITIONS.....	3,466	2,183	705	578	126	126	-	-
ACUTE URINARY CONDITIONS.....	20,432	2,760	6,864	10,809	7,144	605	2,257	4,282
DISORDERS OF MENSTRUATION.....	2,707	548	1,972	188	1,074	267	778	29
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	14,195	-	6,395	7,800	1,088	-	144	943
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	50,551	4,246	46,305	-	10,921	799	10,122	-
SKIN CONDITIONS.....	9,698	1,756	3,601	4,341	1,930	595	708	627
ACUTE MUSCULOSKELETAL CONDITIONS.....	49,580	2,361	18,529	28,890	3,960	177	2,424	1,359
HEADACHE, EXCLUDING MIGRAINE.....	6,781	1,094	3,539	2,149	2,455	252	2,169	34
FEVER, UNSPECIFIED.....	10,656	6,734	2,644	1,278	614	276	338	-
ALL OTHER ACUTE CONDITIONS.....	85,367	13,834	28,282	43,250	16,755	3,831	6,977	5,947

¹TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL RESTRICTED-ACTIVITY DAYS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 24. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS ¹							
ALL ACUTE CONDITIONS.....	280,805	62,203	99,392	119,210	322,702	85,704	135,538	101,460
INFECTIVE AND PARASITIC DISEASES.....	26,758	13,917	8,421	4,420	32,702	15,699	10,819	6,185
COMMON CHILDHOOD DISEASES.....	4,463	3,939	524	-	5,058	5,058	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	3,250	1,794	1,352	104	6,463	2,643	2,860	960
VIRAL INFECTIONS, UNSPECIFIED.....	10,140	4,108	3,520	2,512	9,221	3,647	3,451	1,723
OTHER.....	8,904	4,075	3,025	1,804	11,960	4,351	4,107	3,502
RESPIRATORY CONDITIONS.....	109,280	32,192	34,930	42,158	114,759	43,056	43,571	26,132
COMMON COLD.....	24,051	10,784	6,390	6,876	26,731	14,431	6,425	5,875
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	10,916	3,199	3,936	3,781	10,201	5,368	4,326	506
INFLUENZA.....	56,035	12,748	20,841	22,446	59,937	20,995	27,228	11,713
ACUTE BRONCHITIS.....	6,711	2,036	1,416	3,260	7,659	986	2,139	4,534
PNEUMONIA.....	7,396	2,285	1,459	3,651	8,135	715	2,893	4,527
OTHER RESPIRATORY CONDITIONS.....	4,171	1,139	889	2,142	2,096	560	560	977
DIGESTIVE SYSTEM CONDITIONS.....	12,632	1,900	4,856	5,876	11,771	1,267	6,727	3,777
DENTAL CONDITIONS.....	2,065	547	551	967	2,084	671	1,362	52
INDIGESTION, NAUSEA, AND VOMITING.....	4,145	786	1,288	2,071	2,372	548	905	919
OTHER DIGESTIVE CONDITIONS.....	6,422	567	3,017	2,838	7,315	48	4,460	2,806
INJURIES.....	62,885	4,963	23,595	34,327	83,723	8,419	39,925	35,379
FRACTURES AND DISLOCATIONS.....	21,986	1,128	9,188	11,669	25,169	2,721	13,349	9,099
SPRAINS AND STRAINS.....	11,129	1,312	7,225	2,592	15,515	882	10,260	4,373
OPEN WOUNDS AND LACERATIONS.....	6,659	1,256	1,242	4,160	9,404	1,520	4,699	3,245
CONTUSIONS AND SUPERFICIAL INJURIES.....	9,551	115	1,175	8,260	13,228	1,164	6,191	5,873
OTHER CURRENT INJURIES.....	13,560	1,151	4,764	7,645	20,348	2,133	5,426	12,789
SELECTED OTHER ACUTE CONDITIONS.....	49,228	7,949	19,137	22,141	52,220	10,654	27,416	14,149
EYE CONDITIONS.....	1,364	226	94	1,044	2,646	225	1,193	1,227
ACUTE EAR INFECTIONS.....	6,020	3,099	981	1,941	10,427	6,332	1,600	2,496
OTHER EAR CONDITIONS.....	654	305	218	130	1,034	697	336	-
ACUTE URINARY CONDITIONS.....	7,023	238	1,053	5,732	7,127	565	3,664	2,898
DISORDERS OF MENSTRUATION.....	500	155	158	188	626	176	420	29
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	3,755	-	485	3,270	1,496	-	1,350	146
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	12,882	1,475	11,407	-	16,471	1,784	14,687	-
SKIN CONDITIONS.....	2,299	381	708	1,210	1,350	128	147	1,075
ACUTE MUSCULOSKELETAL CONDITIONS.....	9,505	89	2,565	6,851	9,012	95	3,498	5,419
HEADACHE, EXCLUDING MIGRAINE.....	2,355	292	1,078	985	1,487	107	520	860
FEVER, UNSPECIFIED.....	2,871	1,690	391	790	545	545	-	-
ALL OTHER ACUTE CONDITIONS.....	20,023	1,283	8,453	10,287	27,528	6,609	7,081	13,838

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 24. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987--CON.

(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 ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS ¹							
ALL ACUTE CONDITIONS.....	420,351	130,679	186,626	103,046	399,709	140,375	167,976	91,358
INFECTIVE AND PARASITIC DISEASES.....	45,785	25,967	12,001	7,156	53,289	32,741	14,803	5,685
COMMON CHILDHOOD DISEASES.....	5,739	5,631	108	-	9,547	8,556	991	-
INTESTINAL VIRUS, UNSPECIFIED.....	0,728	2,339	2,632	1,757	7,383	3,978	2,300	1,105
VIRAL INFECTIONS, UNSPECIFIED.....	15,519	7,827	4,916	2,776	15,368	8,270	4,757	2,341
OTHER.....	17,799	10,171	5,005	2,623	20,990	11,937	6,614	2,239
RESPIRATORY CONDITIONS.....	164,754	59,737	70,662	34,355	164,205	64,601	67,661	31,943
COMMON COLD.....	39,709	14,738	15,498	9,473	45,246	19,669	17,124	8,451
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	18,504	9,907	6,921	1,676	18,274	11,180	5,065	2,029
INFLUENZA.....	79,175	27,435	38,051	13,689	80,732	24,831	37,994	17,906
ACUTE BRONCHITIS.....	13,595	3,830	4,885	4,880	8,567	4,166	3,063	1,339
PNEUMONIA.....	11,628	2,581	5,129	3,919	9,399	3,770	3,710	1,920
OTHER RESPIRATORY CONDITIONS.....	2,144	1,247	179	717	1,986	965	765	296
DIGESTIVE SYSTEM CONDITIONS.....	15,970	3,813	7,389	4,769	9,101	3,497	3,123	2,480
DENTAL CONDITIONS.....	4,280	1,934	1,928	417	1,635	376	808	450
INDIGESTION, NAUSEA, AND VOMITING.....	4,443	1,544	1,875	1,023	2,024	1,228	701	95
OTHER DIGESTIVE CONDITIONS.....	7,248	334	3,586	3,328	5,442	1,893	1,614	1,935
INJURIES.....	100,518	17,966	51,162	31,390	98,362	19,453	45,889	33,020
FRACTURES AND DISLOCATIONS.....	31,133	5,546	15,638	9,950	35,574	4,465	15,142	15,966
SPRAINS AND STRAINS.....	24,349	2,345	14,148	7,855	30,279	8,369	13,509	8,400
OPEN WOUNDS AND LACERATIONS.....	8,827	2,453	4,754	1,620	9,328	1,769	5,490	2,062
CONTUSIONS AND SUPERFICIAL INJURIES.....	12,495	2,555	6,060	3,879	7,816	1,909	4,045	1,862
OTHER CURRENT INJURIES.....	23,714	5,067	10,562	8,085	15,366	2,941	7,696	4,730
SELECTED OTHER ACUTE CONDITIONS.....	69,082	20,092	33,628	15,363	55,973	15,433	29,278	11,263
EYE CONDITIONS.....	251	-	101	150	201	-	201	-
ACUTE EAR INFECTIONS.....	16,785	12,806	2,698	1,281	12,337	9,485	1,609	1,244
OTHER EAR CONDITIONS.....	728	578	151	-	561	291	-	270
ACUTE URINARY CONDITIONS.....	4,790	901	1,168	2,722	5,091	1,102	1,699	2,291
DISORDERS OF MENSTRUATION.....	460	158	302	-	1,351	235	1,116	-
OTHER DISORDERS OF FEMALE GENITAL TRACT DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	3,623	-	2,074	1,549	4,944	-	2,520	2,424
SKIN CONDITIONS.....	16,239	1,661	14,578	-	11,738	125	11,613	-
ACUTE MUSCULOSKELETAL CONDITIONS.....	3,038	835	2,020	183	2,007	787	573	647
HEADACHE, EXCLUDING MIGRAINE.....	10,951	1,190	6,572	9,190	12,535	1,165	7,377	3,994
FEVER, UNSPECIFIED.....	2,307	233	1,981	93	2,614	525	1,987	101
ALL OTHER ACUTE CONDITIONS.....	24,242	3,104	11,123	10,014	18,776	4,648	7,162	6,967

¹ TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL RESTRICTED-ACTIVITY DAYS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 25. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	296,480	384,883	532,196	408,300	1,239,444	499,800	739,645	382,415
INFECTIVE AND PARASITIC DISEASES.....	39,345	33,593	74,672	30,222	135,347	50,178	85,169	42,486
COMMON CHILDHOOD DISEASES.....	4,227	3,891	13,001	5,939	19,928	7,894	12,034	7,131
INTESTINAL VIRUS, UNSPECIFIED.....	7,299	3,454	11,584	2,109	18,277	9,551	8,726	6,169
VIRAL INFECTIONS, UNSPECIFIED.....	16,222	8,686	26,491	9,429	50,923	18,305	32,618	9,904
OTHER.....	11,598	17,562	23,596	12,745	46,220	14,428	31,792	19,281
RESPIRATORY CONDITIONS.....	113,801	143,674	182,283	190,860	486,913	200,796	286,117	143,704
COMMON COLD.....	40,744	25,962	44,147	47,613	133,715	47,583	86,132	24,751
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9,524	17,207	20,074	14,980	47,455	16,970	30,486	14,328
INFLUENZA.....	49,735	71,240	85,090	105,732	228,170	101,853	126,317	83,627
ACUTE BRONCHITIS.....	6,758	11,925	12,571	10,503	34,302	16,625	17,677	7,454
PNEUMONIA.....	4,731	13,351	15,436	7,419	31,591	14,404	17,186	9,346
OTHER RESPIRATORY CONDITIONS.....	2,308	3,990	4,967	4,614	11,679	3,361	8,318	4,199
DIGESTIVE SYSTEM CONDITIONS.....	13,409	15,018	22,708	11,567	45,877	20,750	25,127	16,824
DENTAL CONDITIONS.....	3,095	1,361	5,129	2,196	8,853	4,038	4,815	2,928
INDIGESTION, NAUSEA, AND VOMITING.....	2,671	3,491	4,856	5,188	12,418	5,442	6,976	3,789
OTHER DIGESTIVE CONDITIONS.....	7,642	10,165	12,723	4,183	24,606	11,271	13,336	10,107
INJURIES.....	58,064	102,125	132,943	96,818	292,500	118,328	174,172	97,450
FRACTURES AND DISLOCATIONS.....	21,421	30,662	41,535	35,680	92,837	41,844	50,993	36,460
SPRAINS AND STRAINS.....	21,054	21,304	26,379	24,411	75,074	25,036	50,039	18,074
OPEN WOUNDS AND LACERATIONS.....	2,771	8,859	19,148	6,944	29,645	11,576	18,070	8,076
CONTUSIONS AND SUPERFICIAL INJURIES.....	5,900	16,541	13,988	12,005	36,552	14,582	21,970	11,882
OTHER CURRENT INJURIES.....	6,917	24,760	31,892	17,778	58,390	25,290	33,101	22,957
SELECTED OTHER ACUTE CONDITIONS.....	54,336	59,004	83,132	60,562	199,832	77,231	122,602	57,202
EYE CONDITIONS.....	305	330	1,901	2,106	4,462	1,308	3,154	180
ACUTE EAR INFECTIONS.....	12,001	11,361	13,417	13,116	40,055	11,613	28,442	9,841
OTHER EAR CONDITIONS.....	673	650	1,030	1,332	2,635	750	1,884	1,049
ACUTE URINARY CONDITIONS.....	3,746	6,977	12,441	4,598	20,243	10,048	10,195	7,520
DISORDERS OF MENSTRUATION.....	257	568	2,308	700	2,891	844	2,047	943
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	5,043	5,040	4,464	737	11,873	5,052	6,821	3,410
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	14,977	13,294	19,652	14,272	48,173	16,747	31,426	14,023
SKIN CONDITIONS.....	2,153	1,159	5,235	3,440	7,915	3,699	4,215	4,072
ACUTE MUSCULOSKELETAL CONDITIONS.....	11,583	14,445	15,473	15,258	45,503	17,682	27,820	11,257
HEADACHE, EXCLUDING MIGRAINE.....	1,810	2,302	2,887	2,336	7,874	5,418	2,456	1,461
FEVER, UNSPECIFIED.....	1,787	2,879	4,323	2,668	8,210	4,070	4,141	3,446
ALL OTHER ACUTE CONDITIONS.....	17,525	31,469	36,458	18,271	78,974	32,516	46,458	24,749

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 26. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	297.6	439.5	288.0	300.6	273.8	291.7	261.9	339.5
INFECTIVE AND PARASITIC DISEASES.....	35.5	74.3	69.9	37.5	24.0	16.0	17.1	*14.1
COMMON CHILDHOOD DISEASES.....	3.9	*15.3	11.9	*2.0	*0.8	*-	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	5.6	*10.4	*9.2	*9.1	*4.2	*2.3	*3.2	*0.9
VIRAL INFECTIONS, UNSPECIFIED.....	14.6	33.3	24.1	*12.4	11.0	8.6	*9.0	*8.0
OTHER.....	11.5	*15.3	24.7	*13.9	8.0	*5.0	*4.9	*5.2
RESPIRATORY CONDITIONS.....	132.7	207.4	155.8	139.0	114.5	116.5	101.0	141.1
COMMON COLD.....	25.2	62.7	31.3	*18.6	19.3	20.6	16.8	26.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	11.7	*16.1	25.0	*15.2	7.8	*5.3	*4.9	*6.0
INFLUENZA.....	73.1	94.5	82.8	88.3	72.4	57.3	54.9	61.1
ACUTE BRONCHITIS.....	7.5	*5.7	*8.2	*3.8	*4.3	12.2	*8.3	*18.5
PNEUMONIA.....	11.1	*16.8	*6.5	*12.6	8.4	14.9	14.1	*16.1
OTHER RESPIRATORY CONDITIONS.....	3.9	*11.6	*1.9	*0.4	*2.4	*6.1	*2.0	*12.7
DIGESTIVE SYSTEM CONDITIONS.....	12.1	*18.5	*7.7	*16.0	10.2	13.0	*9.5	20.3
DENTAL CONDITIONS.....	*1.5	*5.1	*0.5	*2.5	*1.5	*0.8	*1.3	*0.2
INDIGESTION, NAUSEA, AND VOMITING.....	2.5	*3.1	*3.5	*2.2	*2.1	*2.4	*1.0	*4.6
OTHER DIGESTIVE CONDITIONS.....	8.1	*10.3	*3.7	*11.3	*6.7	10.4	*7.2	*15.5
INJURIES.....	53.4	*20.6	20.2	52.2	57.7	78.0	73.0	86.1
FRACTURES AND DISLOCATIONS.....	19.2	*5.7	*4.3	*17.9	20.5	30.9	20.0	48.5
SPRAINS AND STRAINS.....	9.7	*0.4	*2.7	*7.4	16.3	10.4	15.0	*2.9
OPEN WOUNDS AND LACERATIONS.....	4.2	*5.2	*2.7	*4.6	*4.8	*4.2	*6.6	*0.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	6.6	*0.5	*3.6	*3.4	*6.2	11.6	*10.3	*13.7
OTHER CURRENT INJURIES.....	13.7	*8.9	*6.9	*18.9	10.0	21.0	21.1	20.8
SELECTED OTHER ACUTE CONDITIONS.....	45.4	74.5	28.7	42.3	52.3	42.3	45.6	37.0
EYE CONDITIONS.....	*0.5	*0.7	*-	*-	*0.6	*0.9	*0.6	*1.3
ACUTE EAR INFECTIONS.....	9.0	56.0	*8.6	*1.4	*5.6	*3.9	*4.2	*3.3
OTHER EAR CONDITIONS.....	*0.6	*2.2	*1.8	*-	*0.1	*0.3	*0.3	*0.4
ACUTE URINARY CONDITIONS.....	5.3	*1.5	*1.9	*4.6	*3.0	11.1	*10.2	*12.6
DISORDERS OF MENSTRUATION.....	*0.8	...	*1.3	*1.1	*1.3	*-	*-	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	3.0	*-	*-	*1.0	*3.7	*5.7	*9.3	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	10.3	...	*5.7	27.2	19.6	*-	*-	...
SKIN CONDITIONS.....	*2.0	*3.9	*1.6	*0.4	*1.5	*2.8	*3.0	*2.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	9.5	*1.2	*2.8	*2.7	12.5	15.1	16.2	*13.4
HEADACHE, EXCLUDING MIGRAINE.....	*2.1	*-	*1.5	*2.4	*3.2	*1.6	*1.3	*2.1
FEVER, UNSPECIFIED.....	*2.2	*8.9	*3.6	*1.5	*1.2	*0.9	*0.4	*1.6
ALL OTHER ACUTE CONDITIONS.....	18.5	44.3	*5.7	*13.6	15.0	25.4	15.7	40.9

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 31 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 27. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR										
ALL ACUTE CONDITIONS.....	252.9	479.5	259.1	225.8	226.0	339.4	397.7	318.3	333.2	346.1
INFECTIVE AND PARASITIC DISEASES.....	30.5	67.9	66.4	20.4	*10.2	40.3	81.0	73.6	34.2	20.7
COMMON CHILDHOOD DISEASES.....	*4.2	*20.8	*11.7	*0.5	*-	*3.5	*9.5	*12.1	*1.6	*-
INTESTINAL VIRUS, UNSPECIFIED..	5.4	*7.9	*8.4	*5.9	*1.8	5.8	*13.0	*10.1	*5.1	*2.7
VIRAL INFECTIONS, UNSPECIFIED..	10.7	*21.3	26.3	*6.4	*3.4	18.3	*45.8	*21.9	16.1	*13.0
OTHER.....	10.1	*17.9	*20.1	*7.5	*5.0	12.7	*12.7	29.5	11.5	*5.1
RESPIRATORY CONDITIONS.....	116.9	208.3	140.1	101.0	98.9	147.5	206.4	172.2	139.8	131.0
COMMON COLD.....	22.4	*52.6	28.4	16.4	18.7	27.9	73.3	34.3	21.8	22.2
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	10.0	*19.3	*20.0	*7.2	*4.7	13.3	*12.8	30.2	12.1	*5.8
INFLUENZA.....	63.8	107.0	74.0	63.2	45.4	81.9	81.4	92.0	89.1	67.1
ACUTE BRONCHITIS.....	6.3	*4.4	*9.1	*2.7	*10.4	8.6	*7.0	*7.3	*5.6	13.7
PNEUMONIA.....	10.4	*14.0	*6.6	*9.7	*13.1	11.8	*19.7	*6.4	*9.2	16.4
OTHER RESPIRATORY CONDITIONS...	*3.9	*11.0	*1.9	*1.8	*6.6	*3.9	*12.2	*1.9	*1.9	*5.7
DIGESTIVE SYSTEM CONDITIONS....	10.1	*18.8	*6.3	*10.3	*9.9	14.0	*18.3	*9.2	13.1	16.7
DENTAL CONDITIONS.....	*1.5	*7.1	*0.2	*1.6	*0.6	*1.5	*3.0	*0.8	*1.9	*1.0
INDIGESTION, NAUSEA, AND VOMITING.....	*2.0	*4.7	*2.9	*1.7	*1.2	*3.0	*1.5	*4.1	*2.5	*3.3
OTHER DIGESTIVE CONDITIONS.....	6.5	*7.0	*3.2	*6.9	*8.1	9.5	*13.8	*4.3	*8.7	*12.4
INJURIES.....	56.1	*29.3	24.2	69.8	65.3	50.8	*11.5	*15.9	43.4	88.5
FRACTURES AND DISLOCATIONS.....	21.1	*10.7	*2.1	28.1	26.6	17.5	*0.5	*6.6	11.9	34.5
SPRAINS AND STRAINS.....	9.2	*-	*4.7	13.8	*8.0	10.2	*0.8	*0.6	14.2	*12.3
OPEN WOUNDS AND LACERATIONS....	5.7	*3.7	*4.2	*7.4	*4.8	*2.8	*6.7	*1.1	*2.2	*3.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	8.7	*0.9	*5.3	*7.6	*15.0	4.6	*-	*1.9	*3.4	*8.8
OTHER CURRENT INJURIES.....	11.5	*14.0	*8.0	13.0	*10.9	15.7	*3.5	*5.7	11.7	29.3
SELECTED OTHER ACUTE CONDITIONS.....	26.0	80.6	*18.3	15.7	31.4	63.5	68.0	39.7	82.2	51.3
EYE CONDITIONS.....	*0.6	*1.4	*-	*0.4	*1.2	*0.4	*-	*-	*0.5	*0.5
ACUTE EAR INFECTIONS.....	8.8	60.3	*8.5	*1.9	*4.9	9.2	*51.5	*8.8	*7.0	*3.0
OTHER EAR CONDITIONS.....	*0.7	*2.6	*1.5	*0.2	*0.4	*0.6	*1.8	*2.1	*-	*0.3
ACUTE URINARY CONDITIONS.....	*3.6	*-	*0.4	*-	*12.1	6.9	*3.0	*3.3	*6.6	*10.2
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	*1.5	...	*2.7	*2.4	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	5.9	*-	*-	*5.9	*10.5
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM...	...	...	...	...	...	20.0	...	*11.7	4.2	*-
SKIN CONDITIONS.....	*1.8	*3.2	*1.3	*0.8	*3.1	*2.2	*4.7	*2.0	*1.6	*2.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	7.1	*0.5	*4.3	*8.4	*9.1	11.8	*2.0	*1.1	11.6	20.1
HEADACHE, EXCLUDING MIGRAINE...	*1.3	*-	*0.8	*2.5	*0.2	*2.8	*-	*2.2	*3.5	*2.8
FEVER, UNSPECIFIED.....	*2.1	*12.7	*1.4	*1.5	*0.3	*2.3	*5.0	*5.8	*1.0	*1.4
ALL OTHER ACUTE CONDITIONS.....	13.4	74.6	*3.7	*8.6	*10.4	23.3	*12.6	*7.8	20.5	37.8

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 32 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 28. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	299.4	342.2	275.9	296.6	304.3	285.9	336.1	273.4
INFECTIVE AND PARASITIC DISEASES.....	37.4	74.6	30.4	17.0	26.4	58.4	*11.1	*8.8
COMMON CHILDHOOD DISEASES.....	3.6	12.0	*1.3	*	*6.7	*20.0	*	*
INTESTINAL VIRUS, UNSPECIFIED.....	5.7	*8.8	6.2	*2.6	*5.6	*14.3	*2.0	*
VIRAL INFECTIONS, UNSPECIFIED.....	15.2	27.9	12.5	8.7	*10.4	*17.6	*5.5	*8.8
OTHER.....	12.8	25.8	10.4	*5.7	*3.7	*6.5	*3.5	*
RESPIRATORY CONDITIONS.....	135.0	177.3	121.6	119.0	117.8	127.6	118.9	102.2
COMMON COLD.....	24.6	37.9	19.2	21.1	26.8	*41.5	*20.0	*18.4
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	12.7	24.5	10.8	*5.7	*5.9	*12.7	*3.0	*1.3
INFLUENZA.....	75.8	92.3	77.8	60.1	54.6	54.7	62.8	*39.9
ACUTE BRONCHITIS.....	7.7	*8.2	*4.4	11.8	*5.6	*4.7	*3.8	*9.9
PNEUMONIA.....	10.3	*8.8	8.0	14.6	18.9	*12.9	*22.5	*21.0
OTHER RESPIRATORY CONDITIONS.....	3.8	*5.6	*1.3	*5.7	*5.9	*1.0	*6.7	*11.6
DIGESTIVE SYSTEM CONDITIONS.....	11.3	*9.1	11.1	13.5	19.2	*21.8	*18.3	*17.4
DENTAL CONDITIONS.....	*1.3	*1.4	*1.5	*0.8	*3.2	*4.3	*3.4	*1.4
INDIGESTION, NAUSEA, AND VOMITING.....	*2.5	*3.4	*2.2	*2.3	*2.5	*4.0	*1.4	*2.1
OTHER DIGESTIVE CONDITIONS.....	7.6	*4.3	7.4	10.3	*13.5	*13.4	*13.4	*13.9
INJURIES.....	55.6	20.4	55.0	84.3	42.7	*23.6	65.5	*29.0
FRACTURES AND DISLOCATIONS.....	21.4	*4.9	21.3	34.5	*6.6	*4.7	*11.7	*0.3
SPRAINS AND STRAINS.....	8.2	*1.4	10.3	10.8	19.2	*4.9	*36.2	*9.1
OPEN WOUNDS AND LACERATIONS.....	4.4	*2.8	*5.1	*4.7	*3.1	*7.4	*1.4	*
CONTUSIONS AND SUPERFICIAL INJURIES.....	6.3	*3.1	*4.8	11.0	*8.2	*1.2	*9.9	*15.3
OTHER CURRENT INJURIES.....	15.2	*8.1	13.4	23.3	*5.6	*5.4	*6.4	*4.3
SELECTED OTHER ACUTE CONDITIONS.....	43.1	45.6	45.6	37.6	65.5	*25.4	86.1	85.3
EYE CONDITIONS.....	*0.4	*0.3	*0.5	*0.4	*1.2	*	*	*5.2
ACUTE EAR INFECTIONS.....	9.6	24.9	*4.6	*4.2	*6.6	*11.3	*5.6	*1.6
OTHER EAR CONDITIONS.....	*0.7	*2.1	*0.1	*0.4	*0.4	*1.3	*	*
ACUTE URINARY CONDITIONS.....	3.5	*1.6	*2.7	*6.2	18.6	*3.0	*9.3	*57.3
DISORDERS OF MENSTRUATION.....	*0.6	*0.9	*1.0	*	*1.8	*1.4	*3.1	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	3.3	*	*3.5	*5.7	*2.2	*	*0.9	*7.8
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	9.7	*4.7	20.0	*	*17.0	*1.6	*38.6	*
SKIN CONDITIONS.....	*1.8	*2.1	*1.1	*2.5	*3.8	*3.9	*2.3	*6.4
ACUTE MUSCULOSKELETAL CONDITIONS.....	9.5	*2.5	9.0	15.6	*8.1	*1.8	*13.9	*6.6
HEADACHE, EXCLUDING MIGRAINE.....	*1.7	*1.2	*1.9	*1.8	*5.0	*0.3	*11.2	*0.5
FEVER, UNSPECIFIED.....	*2.2	*5.5	*1.2	*1.0	*0.8	*0.7	*1.4	*
ALL OTHER ACUTE CONDITIONS.....	17.1	15.1	12.2	25.3	32.6	*29.1	*36.3	*30.8

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 33 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 29. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	436.0	362.3	381.1	553.2	330.2	376.4	359.1	259.5
INFECTIVE AND PARASITIC DISEASES.....	43.3	92.8	*39.5	*8.6	34.5	60.7	30.2	*12.1
COMMON CHILDHOOD DISEASES.....	*7.5	*21.5	*4.4	*-	*2.6	*9.8	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*4.9	*8.6	*6.8	*-	*7.0	*12.0	*8.7	*1.0
VIRAL INFECTIONS, UNSPECIFIED.....	21.0	*36.6	*21.3	*8.6	12.7	*22.0	*11.8	*6.6
OTHER.....	*9.8	*26.2	*7.0	*-	12.2	*16.8	*15.7	*4.4
RESPIRATORY CONDITIONS.....	194.9	185.3	163.2	237.0	141.2	193.5	138.6	103.5
COMMON COLD.....	34.9	*48.6	*25.2	*34.6	25.7	50.4	*19.5	*13.8
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*16.4	*14.4	*17.7	*16.5	*10.7	*21.6	*12.3	*0.3
INFLUENZA.....	105.8	89.0	103.6	121.4	77.7	108.1	88.4	41.0
ACUTE BRONCHITIS.....	*12.2	*6.6	*6.1	*23.3	*8.5	*4.5	*3.4	*17.7
PNEUMONIA.....	18.2	*21.3	*6.0	*28.9	15.6	*5.6	*13.6	*25.7
OTHER RESPIRATORY CONDITIONS.....	*7.5	*5.4	*4.6	*12.3	*3.1	*3.2	*1.5	*5.0
DIGESTIVE SYSTEM CONDITIONS.....	21.3	*11.1	*18.6	*32.3	*11.3	*5.7	*21.8	*3.2
DENTAL CONDITIONS.....	*1.6	*2.5	*1.3	*1.8	*1.5	*3.9	*1.2	*-
INDIGESTION, NAUSEA, AND VOMITING.....	*7.3	*7.3	*3.0	*12.0	*1.7	*1.4	*2.3	*1.1
OTHER DIGESTIVE CONDITIONS.....	*12.2	*1.3	*14.3	*18.5	*8.2	*0.4	*18.3	*2.1
INJURIES.....	73.8	*20.1	66.4	123.9	67.9	*26.5	82.5	82.8
FRACTURES AND DISLOCATIONS.....	21.9	*2.5	*21.9	*37.0	20.2	*5.5	*26.9	*23.6
SPRAINS AND STRAINS.....	*12.0	*4.7	*18.9	*10.3	*10.9	*-	*20.2	*8.2
OPEN WOUNDS AND LACERATIONS.....	*3.8	*1.6	*1.6	*7.9	*10.6	*5.5	*11.7	*13.1
CONTUSIONS AND SUPERFICIAL INJURIES.....	*10.4	*1.4	*1.3	*27.3	*11.6	*4.7	*14.4	*13.8
OTHER CURRENT INJURIES.....	25.8	*10.0	*22.7	*41.5	14.6	*10.8	*9.3	*24.1
SELECTED OTHER ACUTE CONDITIONS.....	71.7	*40.4	54.9	114.4	50.1	57.5	62.4	*29.5
EYE CONDITIONS.....	*0.7	*-	*-	*2.0	*1.7	*1.1	*1.5	*2.4
ACUTE EAR INFECTIONS.....	*11.3	*19.5	*6.3	*10.4	12.1	*30.6	*6.2	*4.6
OTHER EAR CONDITIONS.....	*1.0	*2.0	*-	*1.2	*1.0	*3.6	*0.3	*-
ACUTE URINARY CONDITIONS.....	*9.8	*1.1	*1.9	*25.3	*7.1	*0.9	*8.5	*10.2
DISORDERS OF MENSTRUATION.....	*0.8	*1.8	*0.9	*-	*0.6	*0.7	*1.0	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*7.6	*-	*-	*21.7	*1.2	*-	*2.4	*0.6
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*10.2	*2.4	*25.2	*-	16.3	*14.5	31.0	*-
SKIN CONDITIONS.....	*3.2	*1.6	*2.4	*5.3	*1.3	*1.1	*-	*2.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	18.3	*1.0	*14.1	*36.4	*7.2	*0.8	*10.7	*8.1
HEADACHE, EXCLUDING MIGRAINE.....	*4.9	*1.5	*3.4	*9.1	*0.8	*0.9	*0.9	*0.7
FEVER, UNSPECIFIED.....	*6.0	*9.4	*0.8	*3.2	*0.9	*3.4	*-	*-
ALL OTHER ACUTE CONDITIONS.....	30.9	*12.7	*38.4	*37.0	25.1	*32.6	*17.4	*28.4

SEE NOTES AT END OF TABLE.

TABLE 29. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987--CON.

(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 ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	281.9	318.9	268.6	265.7	242.1	314.5	230.1	189.2
INFECTIVE AND PARASITIC DISEASES.....	36.3	62.8	22.7	*31.6	36.8	80.8	23.7	*14.9
COMMON CHILDHOOD DISEASES.....	*3.8	*12.8	*0.4	*	*3.4	*10.1	*1.5	*
INTESTINAL VIRUS, UNSPECIFIED.....	*6.3	*7.6	*5.8	*5.7	*6.6	*13.6	*4.3	*3.3
VIRAL INFECTIONS, UNSPECIFIED.....	15.6	*25.4	*9.8	*15.1	12.4	*25.7	*7.4	*7.7
OTHER.....	10.7	*17.0	*6.7	*10.8	14.4	31.3	*10.5	*3.9
RESPIRATORY CONDITIONS.....	128.5	164.8	126.4	93.5	110.7	165.3	101.1	71.7
COMMON COLD.....	22.1	30.8	*17.6	*20.8	23.7	41.1	18.4	*15.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	14.6	*29.6	*12.0	*3.8	10.8	*26.1	*6.0	*3.5
INFLUENZA.....	69.3	80.6	77.4	43.3	65.4	82.6	66.0	47.0
ACUTE BRONCHITIS.....	9.7	*12.1	*5.0	*15.2	*4.3	*6.0	*4.2	*2.6
PNEUMONIA.....	11.6	*9.4	*13.8	*10.1	*4.7	*5.6	*5.1	*2.9
OTHER RESPIRATORY CONDITIONS.....	*1.2	*2.9	*0.6	*0.3	*1.9	*3.8	*1.5	*0.6
DIGESTIVE SYSTEM CONDITIONS.....	9.2	*6.5	*10.6	*9.7	8.4	*12.7	*6.6	*7.3
DENTAL CONDITIONS.....	*2.1	*2.4	*2.6	*0.8	*1.0	*0.3	*1.3	*1.3
INDIGESTION, NAUSEA, AND VOMITING.....	*2.6	*3.8	*2.9	*0.9	*1.5	*2.7	*1.6	*0.2
OTHER DIGESTIVE CONDITIONS.....	*4.5	*0.3	*5.2	*8.0	*5.8	*9.6	*3.7	*5.7
INJURIES.....	47.6	*22.0	43.5	82.0	43.9	*13.1	53.0	59.4
FRACTURES AND DISLOCATIONS.....	17.4	*7.7	*13.5	34.6	18.8	*0.8	22.7	30.3
SPRAINS AND STRAINS.....	10.4	*0.6	*12.6	*16.9	9.0	*3.3	*12.0	*9.6
OPEN WOUNDS AND LACERATIONS.....	*1.5	*2.7	*1.7	*	*2.2	*1.8	*3.0	*1.2
CONTUSIONS AND SUPERFICIAL INJURIES.....	*6.5	*3.7	*5.8	*10.5	*3.0	*1.4	*3.3	*4.2
OTHER CURRENT INJURIES.....	11.8	*7.4	*9.9	*20.0	10.9	*5.8	*11.9	*14.1
SELECTED OTHER ACUTE CONDITIONS.....	46.1	53.2	51.4	*29.0	31.7	*25.8	38.8	*25.1
EYE CONDITIONS.....	*0.1	*	*	*0.3	*0.3	*	*0.6	*
ACUTE EAR INFECTIONS.....	12.3	31.9	*5.8	*2.7	*4.9	*13.9	*1.7	*1.3
OTHER EAR CONDITIONS.....	*0.3	*0.8	*0.2	*	*0.3	*0.6	*	*0.5
ACUTE URINARY CONDITIONS.....	*2.7	*0.8	*0.3	*9.0	*3.0	*1.4	*1.7	*6.9
DISORDERS OF MENSTRUATION.....	*0.5	*0.6	*0.7	*	*1.0	*1.0	*1.7	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*2.7	*	*3.7	*3.9	*3.1	*	*5.0	*2.9
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	10.6	*3.2	21.2	*	8.2	*0.7	17.2	*
SKIN CONDITIONS.....	*2.3	*2.9	*3.2	*	*1.4	*2.5	*0.1	*2.4
ACUTE MUSCULOSKELETAL CONDITIONS.....	*8.1	*5.9	*7.3	*12.0	*6.5	*1.4	*7.4	*10.0
HEADACHE, EXCLUDING MIGRAINE.....	*3.4	*0.8	*6.5	*0.6	*1.2	*0.8	*2.2	*
FEVER, UNSPECIFIED.....	*3.1	*6.3	*2.5	*0.6	*1.8	*3.5	*1.3	*1.1
ALL OTHER ACUTE CONDITIONS.....	14.2	*9.6	*13.8	*19.9	10.7	*16.9	*7.0	*10.8

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 34 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 30. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	258.7	283.0	305.3	340.8	298.2	308.6	291.1	295.4
INFECTIVE AND PARASITIC DISEASES.....	35.0	28.4	46.1	27.0	35.1	35.6	34.8	36.9
COMMON CHILDHOOD DISEASES.....	*2.1	*2.2	6.7	*3.0	3.3	*3.8	*3.0	*5.8
INTESTINAL VIRUS, UNSPECIFIED.....	*7.7	*3.2	8.3	*1.9	5.2	7.2	*3.7	*7.0
VIRAL INFECTIONS, UNSPECIFIED.....	17.6	9.2	18.7	11.0	16.1	15.6	16.4	*9.6
OTHER.....	*7.6	13.8	12.4	11.1	10.6	9.0	11.7	14.5
RESPIRATORY CONDITIONS.....	115.0	127.3	115.3	185.1	131.0	137.8	126.3	136.5
COMMON COLD.....	28.4	15.9	23.7	35.2	27.1	24.8	28.8	18.6
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*7.9	13.9	11.4	13.6	12.1	11.6	12.5	10.3
INFLUENZA.....	64.7	72.7	54.4	112.8	69.1	74.0	65.7	87.1
ACUTE BRONCHITIS.....	*5.0	9.5	7.6	*7.6	7.8	9.7	6.5	*6.6
PNEUMONIA.....	*6.4	13.2	14.2	*8.6	10.8	14.1	8.6	12.2
OTHER RESPIRATORY CONDITIONS.....	*2.6	*2.1	*4.0	*7.2	4.0	*3.7	*4.1	*3.8
DIGESTIVE SYSTEM CONDITIONS.....	13.0	12.0	12.9	*9.9	12.1	15.5	9.8	12.0
DENTAL CONDITIONS.....	*1.5	*0.9	*1.8	*1.8	*1.4	*1.9	*1.1	*1.8
INDIGESTION, NAUSEA, AND VOMITING.....	*1.0	*3.1	*2.5	*3.4	*2.3	*2.6	*2.0	*3.4
OTHER DIGESTIVE CONDITIONS.....	*10.5	*8.0	8.6	*4.7	8.4	10.9	6.7	*6.8
INJURIES.....	37.5	47.6	66.9	54.1	52.4	49.3	54.6	56.8
FRACTURES AND DISLOCATIONS.....	16.4	12.5	24.7	20.7	17.6	13.1	20.7	24.7
SPRAINS AND STRAINS.....	12.0	*7.7	11.4	*7.0	9.7	8.1	10.8	*9.7
OPEN WOUNDS AND LACERATIONS.....	*0.3	*2.9	*6.1	*6.6	4.3	*4.6	*4.0	*4.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	*1.9	10.5	*4.8	*9.7	6.2	*6.0	6.4	*8.0
OTHER CURRENT INJURIES.....	*6.8	14.0	19.9	*10.0	14.6	17.4	12.7	10.5
SELECTED OTHER ACUTE CONDITIONS.....	43.1	44.8	43.4	51.4	47.4	47.7	47.3	38.2
EYE CONDITIONS.....	*0.1	*	*1.1	*0.5	*0.7	*0.2	*1.0	*
ACUTE EAR INFECTIONS.....	*10.1	*6.1	7.2	14.3	9.7	7.8	10.9	*6.9
OTHER EAR CONDITIONS.....	*0.2	*0.5	*0.7	*1.2	*0.6	*0.3	*0.8	*0.8
ACUTE URINARY CONDITIONS.....	*5.5	*4.4	*6.2	*4.6	5.4	*7.0	*4.2	*5.1
DISORDERS OF MENSTRUATION.....	*0.5	*0.4	*1.3	*0.5	*0.8	*0.5	*1.1	*0.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*2.8	*4.8	*3.5	*0.5	3.3	*4.5	*2.6	*2.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*10.3	12.9	8.7	*10.0	10.7	8.9	11.9	*9.1
SKIN CONDITIONS.....	*1.4	*1.4	*2.4	*2.8	*1.7	*2.0	*1.5	*3.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	*8.0	*9.0	9.3	12.0	10.5	10.6	10.5	*6.2
HEADACHE, EXCLUDING MIGRAINE.....	*3.2	*1.9	*1.6	*1.9	*2.2	*3.3	*1.4	*1.7
FEVER, UNSPECIFIED.....	*1.0	*3.4	*1.5	*3.0	*1.9	*2.6	*1.5	*2.9
ALL OTHER ACUTE CONDITIONS.....	15.2	22.9	20.6	13.4	20.2	22.6	18.5	13.0

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 35 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 31. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF BED DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	709,818	79,892	129,902	78,553	208,125	213,345	117,775	95,571
INFECTIVE AND PARASITIC DISEASES.....	84,723	13,500	31,526	9,794	18,236	11,667	7,692	3,975
COMMON CHILDHOOD DISEASES.....	9,228	2,778	5,350	524	576	-	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	13,322	1,888	4,157	2,384	3,214	1,679	1,434	245
VIRAL INFECTIONS, UNSPECIFIED.....	34,824	6,045	10,877	3,242	8,347	6,312	4,047	2,265
OTHER.....	27,349	2,789	11,143	3,644	6,099	3,675	2,210	1,464
RESPIRATORY CONDITIONS.....	316,487	37,691	70,250	36,316	87,064	85,165	45,440	39,726
COMMON COLD.....	60,149	11,402	14,124	4,871	14,703	15,049	7,534	7,516
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	27,967	2,930	11,255	3,976	5,899	3,907	2,208	1,699
INFLUENZA.....	174,498	17,179	37,349	23,062	55,013	41,894	24,703	17,191
ACUTE BRONCHITIS.....	17,939	1,033	3,712	998	3,238	8,958	3,739	5,218
PNEUMONIA.....	26,572	3,046	2,952	3,300	6,389	10,886	6,352	4,535
OTHER RESPIRATORY CONDITIONS.....	9,362	2,102	859	108	1,822	4,470	904	3,567
DIGESTIVE SYSTEM CONDITIONS.....	28,811	3,371	3,490	4,188	7,787	9,975	4,274	5,701
DENTAL CONDITIONS.....	3,580	924	227	663	1,155	612	569	43
INDIGESTION, NAUSEA, AND VOMITING.....	6,025	569	1,572	576	1,567	1,741	446	1,294
OTHER DIGESTIVE CONDITIONS.....	19,206	1,878	1,691	2,948	5,065	7,623	3,259	4,364
INJURIES.....	127,405	3,746	9,095	13,633	43,884	57,047	32,815	24,233
FRACTURES AND DISLOCATIONS.....	45,821	1,040	1,922	4,667	15,561	22,630	8,987	13,643
SPRAINS AND STRAINS.....	23,141	68	1,211	1,942	12,352	7,569	6,761	809
OPEN WOUNDS AND LACERATIONS.....	10,053	939	1,227	1,202	3,648	3,037	2,946	91
CONTUSIONS AND SUPERFICIAL INJURIES.....	15,763	84	1,640	878	4,693	8,468	4,621	3,847
OTHER CURRENT INJURIES.....	32,626	1,614	3,094	4,943	7,631	15,343	9,500	5,843
SELECTED OTHER ACUTE CONDITIONS.....	108,195	13,535	12,966	11,059	39,718	30,917	20,493	10,424
EYE CONDITIONS.....	1,226	133	-	-	463	630	269	360
ACUTE EAR INFECTIONS.....	21,514	10,181	3,900	376	4,233	2,823	1,904	919
OTHER EAR CONDITIONS.....	1,529	401	793	-	104	231	130	101
ACUTE URINARY CONDITIONS.....	12,671	269	836	1,191	2,258	8,118	4,580	3,538
DISORDERS OF MENSTRUATION.....	1,841	...	588	287	965	-	-	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	7,267	-	-	265	2,808	4,194	4,194	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	24,580	...	2,583	7,111	14,886	-	-	...
SKIN CONDITIONS.....	4,741	710	741	116	1,121	2,052	1,337	715
ACUTE MUSCULOSKELETAL CONDITIONS.....	22,745	221	1,248	693	9,534	11,049	7,286	3,763
HEADACHE, EXCLUDING MIGRAINE.....	4,928	-	670	620	2,459	1,180	598	582
FEVER, UNSPECIFIED.....	5,154	1,621	1,606	400	886	641	194	447
ALL OTHER ACUTE CONDITIONS.....	44,198	8,051	2,575	3,563	11,436	18,574	7,062	11,512

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 32. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1967

(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 ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF BED DAYS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	292,017	44,596	59,771	112,795	74,854	417,801	35,296	70,131	173,883	138,491
INFECTIVE AND PARASITIC DISEASES.....	35,171	6,314	15,315	10,172	3,371	49,551	7,186	16,211	17,858	8,296
COMMON CHILDHOOD DISEASES.....	4,890	1,932	2,694	264	-	4,338	846	2,656	836	-
INTESTINAL VIRUS, UNSPECIFIED..	6,230	734	1,929	2,956	611	7,092	1,154	2,228	2,642	1,068
VIRAL INFECTIONS, UNSPECIFIED..	12,356	1,985	6,058	3,194	1,119	22,468	4,061	4,819	8,395	5,193
OTHER.....	11,696	1,663	4,635	3,757	1,641	15,653	1,126	6,508	5,985	2,034
RESPIRATORY CONDITIONS.....	134,914	19,373	32,322	50,458	32,761	181,573	18,318	37,927	72,923	52,405
COMMON COLD.....	25,804	4,894	6,558	8,175	6,177	34,345	6,508	7,566	11,399	8,872
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	11,556	1,795	4,612	3,579	1,570	16,411	1,135	6,643	6,296	2,337
INFLUENZA.....	73,668	9,953	17,079	31,585	15,050	100,830	7,226	20,270	46,490	26,844
ACUTE BRONCHITIS.....	7,300	412	2,097	1,333	3,459	10,639	621	1,615	2,904	5,499
PNEUMONIA.....	12,032	1,299	1,532	4,866	4,334	14,540	1,746	1,420	4,822	6,552
OTHER RESPIRATORY CONDITIONS...	4,554	1,019	445	920	2,170	4,808	1,083	414	1,011	2,300
DIGESTIVE SYSTEM CONDITIONS....	11,614	1,747	1,459	5,129	3,278	17,197	1,023	2,031	6,846	6,697
DENTAL CONDITIONS.....	1,717	657	48	813	200	1,863	267	179	1,005	412
INDIGESTION, NAUSEA, AND VOMITING.....	2,360	438	666	854	402	3,665	131	906	1,290	1,339
OTHER DIGESTIVE CONDITIONS.....	7,537	653	746	3,462	2,677	11,669	1,225	946	4,552	4,946
INJURIES.....	64,814	2,725	5,585	34,878	21,626	62,591	1,021	3,510	22,638	35,422
FRACTURES AND DISLOCATIONS....	24,329	994	475	14,036	8,824	21,492	47	1,447	6,192	13,806
SPRAINS AND STRAINS.....	10,590	-	1,074	6,873	2,643	12,552	68	137	7,420	4,927
OPEN WOUNDS AND LACERATIONS....	6,604	347	977	3,687	1,592	3,450	592	250	1,163	1,445
CONTUSIONS AND SUPERFICIAL INJURIES.....	10,054	84	1,219	3,789	4,961	5,710	-	421	1,782	3,507
OTHER CURRENT INJURIES.....	13,239	1,300	1,840	6,493	3,606	19,387	315	1,254	6,081	11,737
SELECTED OTHER ACUTE CONDITIONS.....	29,982	7,500	4,228	7,867	10,388	78,213	6,034	8,739	42,910	20,529
EYE CONDITIONS.....	745	133	-	201	411	481	-	-	262	219
ACUTE EAR INFECTIONS.....	10,184	5,608	1,971	972	1,632	11,330	4,573	1,930	3,637	1,191
OTHER EAR CONDITIONS.....	817	242	341	104	130	711	158	452	-	101
ACUTE URINARY CONDITIONS.....	4,121	-	101	-	4,020	8,550	269	735	3,448	4,098
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	1,841	...	588	1,253	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	7,267	-	-	3,073	4,194
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM...	...	...	...	...	...	24,580	...	2,583	21,997	-
SKIN CONDITIONS.....	2,038	296	304	399	1,039	2,703	414	437	839	1,013
ACUTE MUSCULOSKELETAL CONDITIONS.....	8,228	44	996	4,191	2,998	14,517	177	253	6,036	8,051
HEADACHE, EXCLUDING MIGRAINE...	1,474	-	186	1,228	59	3,455	-	483	1,851	1,121
FEVER, UNSPECIFIED.....	2,376	1,177	328	772	99	2,778	443	1,278	515	542
ALL OTHER ACUTE CONDITIONS.....	15,521	6,937	862	4,292	3,431	28,677	1,114	1,713	10,707	15,143

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 33. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS IN THOUSANDS ¹							
ALL ACUTE CONDITIONS.....	604,302	175,777	237,081	191,444	88,080	27,780	41,413	18,887
INFECTIVE AND PARASITIC DISEASES.....	75,413	38,320	26,134	10,959	7,647	5,674	1,363	609
COMMON CHILDHOOD DISEASES.....	7,287	6,187	1,100	-	1,941	1,941	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	11,575	4,544	5,351	1,679	1,634	1,386	247	-
VIRAL INFECTIONS, UNSPECIFIED.....	30,690	14,349	10,736	5,605	3,005	1,713	683	609
OTHER.....	25,862	13,240	8,947	3,675	1,068	634	434	-
RESPIRATORY CONDITIONS.....	272,417	91,106	104,518	76,792	34,103	12,395	14,645	7,063
COMMON COLD.....	49,658	19,484	16,535	13,638	7,769	4,034	2,466	1,269
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	25,555	12,587	9,316	3,653	1,694	1,234	368	92
INFLUENZA.....	153,080	47,429	66,881	38,770	15,815	5,317	7,742	2,759
ACUTE BRONCHITIS.....	15,598	4,200	3,766	7,632	1,616	461	470	684
PNEUMONIA.....	20,885	4,541	6,911	9,433	5,485	1,254	2,778	1,454
OTHER RESPIRATORY CONDITIONS.....	7,641	2,866	1,109	3,666	1,721	95	822	804
DIGESTIVE SYSTEM CONDITIONS.....	22,888	4,697	9,510	8,681	5,564	2,116	2,249	1,199
DENTAL CONDITIONS.....	2,540	729	1,295	517	935	422	419	95
INDIGESTION, NAUSEA, AND VOMITING.....	5,106	1,749	1,856	1,501	713	392	177	144
OTHER DIGESTIVE CONDITIONS.....	15,242	2,220	6,360	6,663	3,916	1,302	1,653	961
INJURIES.....	112,141	10,455	47,277	54,409	12,367	2,295	8,071	2,001
FRACTURES AND DISLOCATIONS.....	43,105	2,502	18,314	22,289	1,924	460	1,442	22
SPRAINS AND STRAINS.....	16,548	713	8,891	6,943	5,559	474	4,459	626
OPEN WOUNDS AND LACERATIONS.....	8,901	1,446	4,418	3,037	889	720	168	-
CONTUSIONS AND SUPERFICIAL INJURIES.....	12,810	1,609	4,105	7,095	2,385	115	1,215	1,054
OTHER CURRENT INJURIES.....	30,778	4,184	11,549	15,045	1,610	525	787	299
SELECTED OTHER ACUTE CONDITIONS.....	86,912	23,447	39,165	24,300	18,974	2,470	10,613	5,891
EYE CONDITIONS.....	865	133	463	269	360	-	-	360
ACUTE EAR INFECTIONS.....	19,410	12,775	3,920	2,714	1,899	1,102	689	109
OTHER EAR CONDITIONS.....	1,403	1,068	104	231	126	126	-	-
ACUTE URINARY CONDITIONS.....	7,089	812	2,302	3,976	5,396	293	1,147	3,956
DISORDERS OF MENSTRUATION.....	1,272	450	822	-	516	138	379	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	6,622	-	2,967	3,655	645	-	106	539
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	19,574	2,425	17,149	-	4,919	158	4,761	-
SKIN CONDITIONS.....	3,644	1,073	960	1,612	1,096	379	278	440
ACUTE MUSCULOSKELETAL CONDITIONS.....	19,115	1,292	7,767	10,056	2,336	177	1,707	453
HEADACHE, EXCLUDING MIGRAINE.....	3,391	598	1,646	1,146	1,439	26	1,379	34
FEVER, UNSPECIFIED.....	4,526	2,821	1,065	641	241	72	169	-
ALL OTHER ACUTE CONDITIONS.....	34,530	7,751	10,477	16,302	9,424	2,829	4,471	2,125

¹TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL BED DAYS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 34. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987
 (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 ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS IN THOUSANDS ¹							
ALL ACUTE CONDITIONS.....	136,148	30,864	45,079	60,205	146,897	43,968	64,152	38,777
INFECTIVE AND PARASITIC DISEASES.....	13,520	7,908	4,675	936	15,362	7,084	6,474	1,804
COMMON CHILDHOOD DISEASES.....	2,353	1,829	524	-	1,150	1,150	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	1,535	733	803	-	3,105	1,407	1,549	150
VIRAL INFECTIONS, UNSPECIFIED.....	6,570	3,114	2,520	936	5,672	2,567	2,114	991
OTHER.....	3,062	2,232	829	-	5,434	1,959	2,812	663
RESPIRATORY CONDITIONS.....	60,878	15,783	19,305	25,790	62,828	22,599	24,768	15,462
COMMON COLD.....	10,888	4,142	2,983	3,762	11,425	5,890	3,478	2,057
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	5,117	1,227	2,092	1,798	4,751	2,518	2,193	39
INFLUENZA.....	33,044	7,578	12,258	13,208	34,548	12,625	15,792	6,131
ACUTE BRONCHITIS.....	3,813	558	716	2,540	3,779	529	610	2,640
PNEUMONIA.....	5,670	1,816	712	3,141	6,930	657	2,431	3,842
OTHER RESPIRATORY CONDITIONS.....	2,345	461	543	1,341	1,395	378	263	754
DIGESTIVE SYSTEM CONDITIONS.....	6,664	942	2,203	3,520	5,049	668	3,898	484
DENTAL CONDITIONS.....	558	211	153	194	674	461	213	-
INDIGESTION, NAUSEA, AND VOMITING.....	2,288	623	358	1,307	744	159	419	167
OTHER DIGESTIVE CONDITIONS.....	3,818	107	1,692	2,018	3,631	48	3,266	317
INJURIES.....	23,055	1,713	7,858	13,484	30,209	3,092	14,747	12,371
FRACTURES AND DISLOCATIONS.....	6,836	213	2,596	4,026	8,984	639	4,813	3,532
SPRAINS AND STRAINS.....	3,745	398	2,232	1,116	4,841	-	3,616	1,225
OPEN WOUNDS AND LACERATIONS.....	1,188	137	195	856	4,695	641	2,094	1,959
CONTUSIONS AND SUPERFICIAL INJURIES.....	3,238	115	155	2,968	5,180	551	2,570	2,059
OTHER CURRENT INJURIES.....	8,048	849	2,680	4,518	6,509	1,260	1,653	3,596
SELECTED OTHER ACUTE CONDITIONS.....	22,380	3,438	6,491	12,451	22,279	6,716	11,153	4,410
EYE CONDITIONS.....	219	-	-	219	755	133	262	360
ACUTE EAR INFECTIONS.....	3,532	1,658	745	1,129	5,364	3,572	1,111	680
OTHER EAR CONDITIONS.....	301	171	-	130	461	416	45	-
ACUTE URINARY CONDITIONS.....	3,072	93	230	2,749	3,147	101	1,523	1,522
DISORDERS OF MENSTRUATION.....	263	155	108	-	251	77	174	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	2,358	-	-	2,358	530	-	435	95
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	3,182	204	2,977	-	7,230	1,690	5,540	-
SKIN CONDITIONS.....	987	136	278	573	568	128	-	440
ACUTE MUSCULOSKELETAL CONDITIONS.....	5,709	89	1,662	3,958	3,216	95	1,911	1,210
HEADACHE, EXCLUDING MIGRAINE.....	1,515	131	398	985	361	107	152	102
FEVER, UNSPECIFIED.....	1,243	800	94	349	397	397	-	-
ALL OTHER ACUTE CONDITIONS.....	9,651	1,080	4,547	4,024	11,169	3,811	3,112	4,246

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 3*. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987--CON.

(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 ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS IN THOUSANDS ¹							
ALL ACUTE CONDITIONS.....	173,923	55,183	75,719	43,021	167,429	58,785	73,882	34,762
INFECTIVE AND PARASITIC DISEASES.....	22,389	10,867	6,411	5,111	25,428	15,095	7,602	2,731
COMMON CHILDHOOD DISEASES.....	2,331	2,223	108	-	2,364	1,896	468	-
INTESTINAL VIRUS, UNSPECIFIED.....	3,885	1,313	1,646	926	4,532	2,544	1,384	604
VIRAL INFECTIONS, UNSPECIFIED.....	9,601	4,398	2,762	2,441	8,600	4,601	2,387	1,411
OTHER.....	6,572	2,933	1,894	1,745	9,932	5,855	3,363	716
RESPIRATORY CONDITIONS.....	79,299	28,511	35,650	15,138	76,543	30,894	32,468	13,181
COMMON COLD.....	13,652	5,332	4,953	3,367	16,369	7,687	5,906	2,776
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9,025	5,015	3,395	614	7,442	4,880	1,915	646
INFLUENZA.....	42,777	13,940	21,822	7,015	45,249	15,439	21,174	8,636
ACUTE BRONCHITIS.....	5,968	2,094	1,410	2,464	2,955	1,123	1,352	480
PNEUMONIA.....	7,142	1,624	3,890	1,628	3,237	1,053	1,645	539
OTHER RESPIRATORY CONDITIONS.....	734	505	179	50	1,292	712	476	104
DIGESTIVE SYSTEM CONDITIONS.....	5,682	1,125	2,991	1,567	5,818	2,365	2,117	1,337
DENTAL CONDITIONS.....	1,271	422	720	129	720	56	427	236
INDIGESTION, NAUSEA, AND VOMITING.....	1,610	654	817	139	1,053	509	499	44
OTHER DIGESTIVE CONDITIONS.....	2,801	49	1,454	1,298	4,046	1,799	1,191	1,056
INJURIES.....	29,366	3,809	12,273	13,283	30,371	2,449	17,004	10,919
FRACTURES AND DISLOCATIONS.....	10,735	1,331	3,802	5,602	13,024	148	7,302	5,574
SPRAINS AND STRAINS.....	6,395	100	3,553	2,742	6,230	610	3,856	1,764
OPEN WOUNDS AND LACERATIONS.....	939	462	477	-	1,524	334	970	221
CONTUSIONS AND SUPERFICIAL INJURIES.....	3,990	637	1,647	1,706	2,081	269	1,049	764
OTHER CURRENT INJURIES.....	7,307	1,280	2,794	3,233	7,511	1,089	3,827	2,596
SELECTED OTHER ACUTE CONDITIONS.....	28,409	9,213	14,495	4,701	21,900	4,832	12,452	4,616
EYE CONDITIONS.....	50	-	-	50	201	-	201	-
ACUTE EAR INFECTIONS.....	7,576	5,524	1,622	430	3,360	2,591	534	235
OTHER EAR CONDITIONS.....	196	138	59	-	216	116	-	101
ACUTE URINARY CONDITIONS.....	1,684	130	98	1,457	2,060	269	532	1,259
DISORDERS OF MENSTRUATION.....	306	107	199	-	719	188	530	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,663	-	1,030	633	2,147	-	1,608	539
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	6,533	562	5,970	-	5,654	125	5,529	-
SKIN CONDITIONS.....	1,419	505	914	-	955	463	46	446
ACUTE MUSCULOSKELETAL CONDITIONS.....	5,022	1,016	2,067	1,939	4,475	269	2,363	1,843
HEADACHE, EXCLUDING MIGRAINE.....	2,067	139	1,834	93	849	155	694	-
FEVER, UNSPECIFIED.....	1,891	1,090	703	98	1,263	655	414	194
ALL OTHER ACUTE CONDITIONS.....	8,776	1,659	3,900	3,220	7,369	3,150	2,239	1,979

¹TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL BED DAYS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 35. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF BED DAYS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	129,645	162,273	248,412	169,488	550,128	230,758	319,370	159,690
INFECTIVE AND PARASITIC DISEASES.....	17,526	16,273	37,505	13,420	64,788	26,656	38,133	19,935
COMMON CHILDHOOD DISEASES.....	1,042	1,266	5,422	1,497	6,087	2,846	3,242	3,140
INTESTINAL VIRUS, UNSPECIFIED.....	3,843	1,816	6,735	928	9,517	5,404	4,113	3,805
VIRAL INFECTIONS, UNSPECIFIED.....	8,830	5,301	15,234	5,459	29,648	11,658	17,990	5,176
OTHER.....	3,811	7,889	10,113	5,535	19,536	6,748	12,788	7,813
RESPIRATORY CONDITIONS.....	57,640	72,978	93,837	92,031	241,589	103,068	138,521	74,898
COMMON COLD.....	14,214	9,092	19,322	17,521	50,073	18,516	31,558	10,076
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3,979	7,977	9,255	6,756	22,406	8,649	13,756	5,561
INFLUENZA.....	32,437	41,696	44,265	56,100	127,430	55,316	72,114	47,068
ACUTE BRONCHITIS.....	2,520	5,461	6,168	3,790	14,392	7,270	7,122	3,547
PNEUMONIA.....	3,183	7,542	11,584	4,264	19,999	10,579	9,420	6,573
OTHER RESPIRATORY CONDITIONS.....	1,308	1,210	3,243	3,601	7,289	2,739	4,550	2,073
DIGESTIVE SYSTEM CONDITIONS.....	6,496	6,884	10,524	4,906	22,324	11,582	10,742	6,487
DENTAL CONDITIONS.....	732	514	1,461	874	2,614	1,458	1,156	966
INDIGESTION, NAUSEA, AND VOMITING.....	518	1,764	2,038	1,705	4,160	1,950	2,210	1,865
OTHER DIGESTIVE CONDITIONS.....	5,247	4,606	7,025	2,328	15,550	8,174	7,375	3,656
INJURIES.....	18,781	27,308	54,417	26,900	96,710	36,834	59,876	30,695
FRACTURES AND DISLOCATIONS.....	8,238	7,155	20,111	10,316	32,486	9,777	22,709	13,334
SPRAINS AND STRAINS.....	6,001	4,435	9,240	3,465	17,892	6,056	11,836	5,250
OPEN WOUNDS AND LACERATIONS.....	150	1,674	4,936	3,294	7,905	3,474	4,430	2,149
CONTUSIONS AND SUPERFICIAL INJURIES.....	962	6,039	3,930	4,833	11,463	4,490	6,973	4,300
OTHER CURRENT INJURIES.....	3,430	8,005	16,200	4,991	26,964	13,036	13,927	5,662
SELECTED OTHER ACUTE CONDITIONS.....	21,585	25,684	35,353	25,572	87,527	35,694	51,833	20,668
EYE CONDITIONS.....	52	-	920	254	1,226	133	1,093	-
ACUTE EAR INFECTIONS.....	5,065	3,478	5,840	7,131	17,810	5,814	11,996	3,704
OTHER EAR CONDITIONS.....	101	270	586	572	1,081	254	826	448
ACUTE URINARY CONDITIONS.....	2,762	2,533	5,070	2,306	9,902	5,249	4,653	2,769
DISORDERS OF MENSTRUATION.....	257	254	1,069	261	1,557	405	1,152	284
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,408	2,772	2,837	249	6,161	3,333	2,828	1,106
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	5,162	7,371	7,050	4,997	19,673	6,667	13,006	4,908
SKIN CONDITIONS.....	678	776	1,915	1,371	3,131	1,490	1,640	1,610
ACUTE MUSCULOSKELETAL CONDITIONS.....	3,994	5,188	7,599	5,965	19,390	7,896	11,494	3,355
HEADACHE, EXCLUDING MIGRAINE.....	1,593	1,084	1,282	969	4,015	2,494	1,522	913
FEVER, UNSPECIFIED.....	514	1,957	1,185	1,498	3,583	1,958	1,624	1,571
ALL OTHER ACUTE CONDITIONS.....	7,616	13,146	16,776	6,660	37,190	16,924	20,266	7,007

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 30. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES 18 YEARS AND OVER	18-44 YEARS		45 YEARS AND OVER		
		TOTAL	18-24 YEARS	25-44 YEARS	TOTAL	45-64 YEARS
NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR						
ALL ACUTE CONDITIONS.....	310.0	320.4	343.0	313.8	285.3	290.5
INFECTIVE AND PARASITIC DISEASES.....	22.8	28.1	35.6	25.9	*10.2	*11.1
COMMON CHILDHOOD DISEASES.....	*0.9	*1.2	*0.7	*1.4	#-	#-
INTESTINAL VIRUS, UNSPECIFIED.....	4.5	*5.1	*6.6	*4.6	*3.2	*3.6
VIRAL INFECTIONS, UNSPECIFIED.....	7.9	10.0	*13.3	9.1	*3.0	*3.3
OTHER.....	9.5	11.7	*15.1	10.8	*4.0	*4.2
RESPIRATORY CONDITIONS.....	99.3	102.5	116.5	98.5	91.6	89.8
COMMON COLD.....	20.9	20.9	*16.9	22.1	20.7	21.8
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8.0	9.3	*14.2	7.9	*4.8	*3.7
INFLUENZA.....	56.3	61.5	70.8	58.8	43.8	39.4
ACUTE BRONCHITIS.....	5.2	*4.4	*4.5	*4.4	*7.0	*7.8
PNEUMONIA.....	7.8	5.2	*7.1	*4.6	14.0	15.6
OTHER RESPIRATORY CONDITIONS.....	*1.2	*1.2	*2.9	*0.7	*1.3	*1.5
DIGESTIVE SYSTEM CONDITIONS.....	14.2	15.8	23.8	13.5	*10.5	*9.4
DENTAL CONDITIONS.....	3.8	*4.6	*10.8	*2.8	*1.9	*1.8
INDIGESTION, NAUSEA, AND VOMITING.....	*2.4	*3.4	*3.3	*3.4	*0.1	*0.1
OTHER DIGESTIVE CONDITIONS.....	8.0	7.8	*9.7	7.2	*8.5	*7.5
INJURIES.....	105.9	107.5	100.3	109.6	102.1	108.2
FRACTURES AND DISLOCATIONS.....	32.4	31.8	*18.3	35.7	33.8	34.6
SPRAINS AND STRAINS.....	29.8	31.1	36.8	29.5	26.6	29.2
OPEN WOUNDS AND LACERATIONS.....	12.4	12.5	*11.2	12.8	12.3	13.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	13.8	13.7	*10.6	14.6	14.1	13.6
OTHER CURRENT INJURIES.....	17.5	18.4	23.5	17.0	15.4	17.2
SELECTED OTHER ACUTE CONDITIONS.....	52.1	52.9	57.5	51.6	50.1	51.6
EYE CONDITIONS.....	*1.2	*1.6	*0.3	*2.0	*0.2	*0.2
ACUTE EAR INFECTIONS.....	4.0	*3.3	*1.0	*4.0	*5.6	*4.2
OTHER EAR CONDITIONS.....	*0.3	*0.3	*0.3	*0.2	*0.5	*0.2
ACUTE URINARY CONDITIONS.....	3.6	*3.4	*4.8	*3.0	*4.3	*4.6
DISORDERS OF MENSTRUATION.....	*0.8	*1.1	*1.4	*1.0	*0.1	*0.1
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*3.5	*3.1	*1.5	*3.6	*4.4	*4.9
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	16.5	23.4	34.9	20.1	#-	#-
SKIN CONDITIONS.....	*3.2	*2.3	*2.3	*2.3	*5.3	*4.3
ACUTE MUSCULOSKELETAL CONDITIONS.....	14.4	8.9	*8.2	9.1	27.4	30.4
HEADACHE, EXCLUDING MIGRAINE.....	*2.5	*2.8	*1.8	*3.1	*1.8	*2.0
FEVER, UNSPECIFIED.....	*2.2	*2.9	*1.0	*3.4	*0.6	*0.7
ALL OTHER ACUTE CONDITIONS.....	15.7	13.5	*9.4	14.7	20.7	20.4

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 41 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 37. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	MALE			FEMALE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR					
ALL ACUTE CONDITIONS.....	262.7	287.9	270.9	343.8	359.7	304.2
INFECTIVE AND PARASITIC DISEASES.....	16.2	21.1	*4.9	31.0	36.4	*17.2
COMMON CHILDHOOD DISEASES.....	*0.3	*0.5	#-	*1.5	*2.1	#-
INTESTINAL VIRUS, UNSPECIFIED.....	*3.7	*4.9	*1.1	*5.5	*5.2	*6.1
VIRAL INFECTIONS, UNSPECIFIED.....	*6.2	*7.6	*3.0	10.1	13.0	*2.9
OTHER.....	*5.9	*8.1	*0.8	13.9	16.1	*8.3
RESPIRATORY CONDITIONS.....	87.3	89.6	82.1	114.1	118.1	104.2
COMMON COLD.....	18.0	16.2	21.9	24.5	26.6	*19.2
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*5.0	*4.6	*5.8	11.7	15.0	*3.4
INFLUENZA.....	53.9	60.3	39.1	59.2	62.8	50.0
ACUTE BRONCHITIS.....	*1.6	*2.3	#-	9.6	*7.0	*16.2
PNEUMONIA.....	7.0	*4.2	*13.5	8.8	*6.4	*14.7
OTHER RESPIRATORY CONDITIONS.....	*1.9	*2.0	*1.7	*0.4	*0.3	*0.7
DIGESTIVE SYSTEM CONDITIONS.....	13.6	13.4	*14.1	15.0	18.7	*5.8
DENTAL CONDITIONS.....	*3.7	*4.2	*2.6	*3.9	*5.1	*1.0
INDIGESTION, NAUSEA, AND VOMITING.....	*2.4	*3.4	#-	*2.5	*3.4	*0.3
OTHER DIGESTIVE CONDITIONS.....	7.5	*5.8	*11.5	8.6	*10.3	*4.5
INJURIES.....	123.5	131.3	105.7	84.2	78.9	97.4
FRACTURES AND DISLOCATIONS.....	39.2	39.7	38.0	23.9	22.2	28.1
SPRAINS AND STRAINS.....	28.8	30.3	25.5	31.0	32.1	28.2
OPEN WOUNDS AND LACERATIONS.....	17.5	20.1	*11.6	*6.1	*3.3	*13.2
CONTUSIONS AND SUPERFICIAL INJURIES.....	18.0	18.6	*16.7	8.6	*7.8	*10.6
OTHER CURRENT INJURIES.....	19.9	22.6	*13.8	14.6	13.4	*17.4
SELECTED OTHER ACUTE CONDITIONS.....	28.9	20.7	47.8	80.9	92.0	53.2
EYE CONDITIONS.....	*0.6	*0.7	*0.3	*1.9	*2.6	#-
ACUTE EAR INFECTIONS.....	*3.8	*1.7	*8.6	*4.3	*5.3	*1.8
OTHER EAR CONDITIONS.....	*0.3	*0.4	#-	*0.4	*0.1	*1.1
ACUTE URINARY CONDITIONS.....	*2.6	*0.8	*6.7	*4.9	*6.5	*1.1
DISORDERS OF MENSTRUATION.....	..	..	..	*1.8	*2.4	*0.2
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	..	..	..	*7.8	*6.8	*10.2
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	..	..	..	36.9	51.7	#-
SKIN CONDITIONS.....	*3.0	*3.0	*3.1	*3.5	*1.5	*8.3
ACUTE MUSCULOSKELETAL CONDITIONS.....	13.8	*7.6	28.1	15.0	*10.5	*26.4
HEADACHE, EXCLUDING MIGRAINE.....	*1.6	*2.0	*0.6	*3.6	*3.7	*3.4
FEVER, UNSPECIFIED.....	*3.3	*4.5	*0.5	*0.8	*0.9	*0.7
ALL OTHER ACUTE CONDITIONS.....	13.2	11.8	*16.4	18.7	15.6	*26.4

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 42 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 38. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	WHITE			BLACK		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR					
ALL ACUTE CONDITIONS.....	305.9	314.1	286.8	387.8	421.1	298.7
INFECTIVE AND PARASITIC DISEASES.....	23.6	29.3	*10.5	*16.8	*19.1	*10.8
COMMON CHILDHOOD DISEASES.....	*0.6	*0.8	*-	*3.6	*4.9	*-
INTESTINAL VIRUS, UNSPECIFIED.....	5.0	*5.5	*3.7	*2.0	*2.8	*-
VIRAL INFECTIONS, UNSPECIFIED.....	8.4	11.0	*2.2	*6.5	*4.9	*10.8
OTHER.....	9.7	12.0	*4.6	*4.7	*6.5	*-
RESPIRATORY CONDITIONS.....	100.8	105.7	89.3	94.4	87.7	*112.2
COMMON COLD.....	20.2	20.7	19.1	*29.9	*27.4	*36.5
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8.6	10.3	*4.5	*2.4	*2.1	*3.2
INFLUENZA.....	58.4	64.3	44.9	42.1	*41.6	*43.2
ACUTE BRONCHITIS.....	5.4	*4.8	*6.9	*4.6	*2.5	*10.4
PNEUMONIA.....	6.8	*4.5	*12.3	*14.4	*12.7	*18.9
OTHER RESPIRATORY CONDITIONS.....	*1.3	*1.2	*1.5	*1.0	*1.4	*-
DIGESTIVE SYSTEM CONDITIONS.....	14.1	15.3	*11.4	*18.0	*22.9	*4.9
DENTAL CONDITIONS.....	*3.6	*4.4	*1.8	*5.7	*6.9	*2.8
INDIGESTION, NAUSEA, AND VOMITING.....	*2.5	*3.5	*0.2	*2.2	*3.0	*-
OTHER DIGESTIVE CONDITIONS.....	8.0	7.5	*9.4	*10.1	*13.1	*2.1
INJURIES.....	102.5	100.5	107.2	149.0	179.1	*68.0
FRACTURES AND DISLOCATIONS.....	30.8	28.0	37.3	44.8	57.7	*10.1
SPRAINS AND STRAINS.....	27.4	28.1	26.0	53.6	64.3	*24.8
OPEN WOUNDS AND LACERATIONS.....	13.5	13.3	14.0	*6.6	*9.0	*-
CONTUSIONS AND SUPERFICIAL INJURIES.....	12.5	11.9	13.8	*27.8	*30.7	*20.2
OTHER CURRENT INJURIES.....	18.3	19.3	16.1	*16.2	*17.4	*13.0
SELECTED OTHER ACUTE CONDITIONS.....	49.4	49.9	48.3	89.7	92.7	*81.6
EYE CONDITIONS.....	*0.7	*0.9	*0.2	*5.5	*7.5	*-
ACUTE EAR INFECTIONS.....	*3.7	*2.6	*6.2	*8.1	*10.5	*1.7
OTHER EAR CONDITIONS.....	*0.4	*0.3	*0.5	*-	*-	*-
ACUTE URINARY CONDITIONS.....	*2.8	*2.9	*2.6	*11.7	*8.1	*21.5
DISORDERS OF MENSTRUATION.....	*0.6	*0.9	*-	*1.7	*2.0	*0.9
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*3.3	*3.4	*3.2	*6.0	*1.7	*17.3
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	15.3	21.8	*-	*31.3	*42.9	*-
SKIN CONDITIONS.....	*2.8	*2.2	*4.2	*7.9	*4.2	*17.6
ACUTE MUSCULOSKELETAL CONDITIONS.....	15.4	9.7	28.8	*9.7	*5.4	*21.5
HEADACHE, EXCLUDING MIGRAINE.....	*1.9	*1.9	*1.9	*7.8	*10.3	*1.1
FEVER, UNSPECIFIED.....	*2.5	*3.3	*0.7	*-	*-	*-
ALL OTHER ACUTE CONDITIONS.....	15.4	13.3	20.2	*19.9	*19.5	*21.2

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II. THE FREQUENCIES OF TABLES 43 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 39. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	FAMILY INCOME								
	LESS THAN \$10,000			\$10,000-\$24,999			\$25,000 OR MORE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	414.3	318.5	701.8	368.1	380.5	333.7	285.7	300.7	250.5
INFECTIVE AND PARASITIC DISEASES.....	*19.0	*24.5	*2.3	24.9	28.7	*14.2	22.9	28.1	*10.9
COMMON CHILDHOOD DISEASES.....	*1.6	*2.1	*-	*-	*-	*-	*1.4	*1.9	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*1.5	*2.0	*-	*5.0	*6.0	*2.0	*5.1	*5.3	*4.7
VIRAL INFECTIONS, UNSPECIFIED.....	*6.5	*8.0	*2.3	*11.5	*15.2	*1.2	6.6	*7.8	*3.9
OTHER.....	*9.3	*12.4	*-	*8.4	*7.5	*11.1	9.8	13.0	*2.2
RESPIRATORY CONDITIONS.....	120.8	113.5	*143.0	97.1	96.4	98.9	99.9	106.6	84.2
COMMON COLD.....	*16.9	*19.8	*8.2	16.6	*17.1	*15.1	20.7	22.1	*17.5
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*12.3	*7.6	*26.4	*9.5	*11.2	*4.8	7.6	9.6	*3.1
INFLUENZA.....	76.1	*68.8	*97.9	54.3	62.0	*33.0	57.6	63.5	43.6
ACUTE BRONCHITIS.....	*3.8	*1.6	*10.5	*5.8	*3.7	*11.6	*6.0	*5.7	*6.8
PNEUMONIA.....	*11.7	*15.6	*-	*9.3	*1.6	*30.6	7.3	*5.1	*12.6
OTHER RESPIRATORY CONDITIONS.....	*-	*-	*-	*1.6	*0.8	*3.7	*0.6	*0.6	*0.6
DIGESTIVE SYSTEM CONDITIONS.....	*19.0	*22.6	*8.1	22.3	23.7	*18.3	8.3	*8.3	*8.2
DENTAL CONDITIONS.....	*7.9	*7.8	*8.1	*4.5	*5.0	*3.2	*1.8	*2.2	*0.8
INDIGESTION, NAUSEA, AND VOMITING.....	*2.8	*3.7	*-	*4.1	*5.6	*-	*1.5	*2.1	*0.2
OTHER DIGESTIVE CONDITIONS.....	*8.3	*11.1	*-	*13.7	*13.1	*15.1	*5.0	*4.1	*7.2
INJURIES.....	159.5	83.7	386.9	142.1	146.8	129.1	91.5	97.8	76.7
FRACTURES AND DISLOCATIONS.....	*39.4	*12.7	*119.3	36.0	42.1	*19.0	31.6	31.6	31.7
SPRAINS AND STRAINS.....	*28.9	*30.8	*23.3	37.5	37.2	*38.4	28.4	28.9	27.1
OPEN WOUNDS AND LACERATIONS.....	*32.3	*17.8	*75.8	21.0	19.7	*24.5	*6.4	*7.3	*4.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	*34.0	*8.8	*109.5	24.1	22.5	*28.4	9.1	12.5	*1.1
OTHER CURRENT INJURIES.....	*25.0	*13.6	*59.0	23.5	25.2	*18.8	16.0	17.6	*12.5
SELECTED OTHER ACUTE CONDITIONS.....	71.2	*51.0	*131.7	60.4	68.4	*38.5	49.9	48.8	52.4
EYE CONDITIONS.....	*-	*-	*-	*3.3	*4.5	*-	*0.6	*0.7	*0.3
ACUTE EAR INFECTIONS.....	*11.7	*2.8	*38.4	*4.8	*4.0	*7.0	*2.7	*2.4	*3.4
OTHER EAR CONDITIONS.....	*0.7	*1.0	*-	*0.4	*0.5	*-	*0.3	*0.1	*0.9
ACUTE URINARY CONDITIONS.....	*0.9	*1.2	*-	*5.5	*7.3	*0.6	*3.9	*2.4	*7.5
DISORDERS OF MENSTRUATION.....	*0.7	*0.9	*-	*0.9	*1.0	*0.4	*0.9	*1.2	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*1.4	*1.9	*-	*3.1	*3.3	*2.6	*4.6	*3.6	*6.9
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*23.9	*31.9	*-	20.8	28.3	*-	14.7	21.0	*-
SKIN CONDITIONS.....	*8.0	*6.3	*13.1	*2.4	*0.7	*7.2	*3.0	*3.1	*2.6
ACUTE MUSCULOSKELETAL CONDITIONS.....	*17.2	*3.4	*58.5	*10.4	*6.7	*20.8	15.8	10.2	28.8
HEADACHE, EXCLUDING MIGRAINE.....	*6.6	*1.6	*21.6	*2.5	*3.4	*-	*2.6	*3.2	*1.1
FEVER, UNSPECIFIED.....	*-	*-	*-	*6.4	*8.7	*-	*0.9	*0.8	*1.1
ALL OTHER ACUTE CONDITIONS.....	*24.9	*23.2	*29.9	21.3	*16.5	*34.7	13.2	11.1	*18.1

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 44 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 40. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	310.9	296.4	322.3	305.2	312.7	317.0	309.9	300.1
INFECTIVE AND PARASITIC DISEASES.....	32.3	*12.6	26.2	19.5	25.0	24.0	25.7	*14.5
COMMON CHILDHOOD DISEASES.....	*1.4	*-	*1.4	*0.5	*1.1	*0.4	*1.6	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*9.3	*2.2	*5.6	*0.8	4.6	*5.5	*4.0	*4.2
VIRAL INFECTIONS, UNSPECIFIED.....	*13.5	*4.1	*9.4	*4.6	8.8	*9.2	8.5	*4.9
OTHER.....	*8.3	*6.4	*9.8	*13.6	10.6	*9.0	11.6	*5.4
RESPIRATORY CONDITIONS.....	80.2	91.1	96.4	132.1	101.8	106.8	98.6	90.1
COMMON COLD.....	22.7	15.3	15.9	33.4	21.9	19.4	23.5	17.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*5.6	*7.3	*10.2	*7.4	8.4	*8.0	8.7	*6.3
INFLUENZA.....	44.1	51.1	53.2	79.1	56.8	58.2	55.9	54.2
ACUTE BRONCHITIS.....	*3.2	*5.7	*5.4	*6.2	5.6	*7.2	*4.7	*3.4
PNEUMONIA.....	*4.5	*11.4	*9.5	*4.2	8.2	13.3	*4.9	*6.4
OTHER RESPIRATORY CONDITIONS.....	*-	*0.3	*2.3	*1.9	*0.9	*0.7	*1.0	*2.6
DIGESTIVE SYSTEM CONDITIONS.....	19.8	*14.5	10.9	*13.7	15.2	16.5	14.4	*10.5
DENTAL CONDITIONS.....	*3.9	*3.2	*4.7	*3.0	*3.9	*4.8	*3.4	*3.3
INDIGESTION, NAUSEA, AND VOMITING.....	*1.7	*3.8	*2.0	*2.2	*2.7	*2.4	*2.8	*1.6
OTHER DIGESTIVE CONDITIONS.....	*14.2	*7.5	*4.1	*8.5	8.6	*9.4	8.2	*5.6
INJURIES.....	92.1	105.7	121.5	95.3	104.3	105.3	103.7	111.9
FRACTURES AND DISLOCATIONS.....	37.9	33.5	28.2	32.1	30.8	32.5	29.7	38.2
SPRAINS AND STRAINS.....	35.8	23.5	32.1	27.4	31.6	34.6	29.7	23.3
OPEN WOUNDS AND LACERATIONS.....	*0.9	*9.4	22.9	*10.9	12.2	12.4	12.1	*13.1
CONTUSIONS AND SUPERFICIAL INJURIES.....	*8.2	22.7	*9.0	*16.8	13.8	*9.9	16.2	*14.0
OTHER CURRENT INJURIES.....	*9.4	16.6	29.3	*8.0	15.9	15.9	15.9	23.3
SELECTED OTHER ACUTE CONDITIONS.....	66.9	53.8	53.4	33.4	51.6	50.2	52.5	53.9
EYE CONDITIONS.....	*-	*-	*2.4	*1.7	*1.5	*0.1	*2.3	*-
ACUTE EAR INFECTIONS.....	*4.6	*6.1	*3.5	*1.8	*4.1	*4.1	*4.1	*3.7
OTHER EAR CONDITIONS.....	*0.7	*0.2	*0.3	*0.2	*0.4	*0.6	*0.2	*0.2
ACUTE URINARY CONDITIONS.....	*4.9	*4.1	*3.9	*1.3	*3.6	*4.9	*2.8	*3.6
DISORDERS OF MENSTRUATION.....	*0.7	*0.1	*1.4	*0.7	*0.8	*0.5	*1.0	*0.6
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*4.1	*3.4	*4.9	*0.6	*4.3	*2.7	*5.3	*0.6
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	21.3	20.8	14.9	*9.3	16.8	12.5	19.5	*15.4
SKIN CONDITIONS.....	*6.9	*0.6	*3.6	*2.0	*3.0	*4.3	*2.2	*4.1
ACUTE MUSCULOSKELETAL CONDITIONS.....	17.3	14.9	13.2	*12.6	13.6	14.7	12.9	17.2
HEADACHE, EXCLUDING MIGRAINE.....	*5.4	*2.2	*0.5	*3.2	*2.9	*5.0	*1.5	*1.0
FEVER, UNSPECIFIED.....	*1.1	*1.3	*4.9	*-	*0.7	*0.7	*0.8	*7.6
ALL OTHER ACUTE CONDITIONS.....	19.5	18.8	13.8	*11.2	14.7	14.3	14.9	19.2

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 45 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 41. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES 18 YEARS AND OVER	18-44 YEARS			45 YEARS AND OVER	
		TOTAL	18-24 YEARS	25-44 YEARS	TOTAL	45-64 YEARS
NUMBER OF WORK-LOSS DAYS IN THOUSANDS						
ALL ACUTE CONDITIONS.....	347,446	252,853	60,818	192,035	94,593	86,232
INFECTIVE AND PARASITIC DISEASES.....	25,530	22,140	6,319	15,821	3,390	3,299
COMMON CHILDHOOD DISEASES.....	958	958	120	838	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	5,059	3,990	1,170	2,820	1,070	1,070
VIRAL INFECTIONS, UNSPECIFIED.....	8,908	7,928	2,357	5,571	980	980
OTHER.....	10,605	9,264	2,673	6,591	1,341	1,250
RESPIRATORY CONDITIONS.....	111,289	80,907	20,652	60,255	30,383	26,657
COMMON COLD.....	23,399	16,527	3,001	13,526	6,873	6,473
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8,936	7,352	2,511	4,841	1,584	1,090
INFLUENZA.....	63,051	48,511	12,559	35,952	14,539	11,707
ACUTE BRONCHITIS.....	5,794	3,472	806	2,666	2,322	2,322
PNEUMONIA.....	8,728	4,095	1,252	2,843	4,633	4,633
OTHER RESPIRATORY CONDITIONS.....	1,382	950	523	427	432	432
DIGESTIVE SYSTEM CONDITIONS.....	15,944	12,469	4,215	8,253	3,475	2,787
DENTAL CONDITIONS.....	4,258	3,632	1,910	1,722	626	527
INDIGESTION, NAUSEA, AND VOMITING.....	2,721	2,676	581	2,096	44	44
OTHER DIGESTIVE CONDITIONS.....	8,965	6,160	1,724	4,436	2,805	2,216
INJURIES.....	118,734	84,872	17,788	67,084	33,862	32,111
FRACTURES AND DISLOCATIONS.....	36,288	25,091	3,240	21,851	11,197	10,280
SPRAINS AND STRAINS.....	33,403	24,570	6,518	18,052	8,833	8,682
OPEN WOUNDS AND LACERATIONS.....	13,926	9,849	1,991	7,858	4,077	4,032
CONUSIONS AND SUPERFICIAL INJURIES.....	15,481	10,818	1,877	8,942	4,663	4,025
OTHER CURRENT INJURIES.....	19,636	14,544	4,163	10,381	5,092	5,092
SELECTED OTHER ACUTE CONDITIONS.....	58,405	41,787	10,186	31,601	16,618	15,316
EYE CONDITIONS.....	1,294	1,243	50	1,194	50	50
ACUTE EAR INFECTIONS.....	4,494	2,628	175	2,453	1,867	1,257
OTHER EAR CONDITIONS.....	364	207	56	151	157	56
ACUTE URINARY CONDITIONS.....	4,072	2,655	844	1,811	1,417	1,366
DISORDERS OF MENSTRUATION.....	879	850	241	609	29	29
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	3,897	2,437	258	2,179	1,459	1,459
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	18,462	18,462	6,191	12,271	-	-
SKIN CONDITIONS.....	3,615	1,846	409	1,437	1,769	1,282
ACUTE MUSCULOSKELETAL CONDITIONS.....	16,088	7,010	1,462	5,548	9,077	9,025
HEADACHE, EXCLUDING MIGRAINE.....	2,793	2,195	318	1,877	598	598
FEVER, UNSPECIFIED.....	2,447	2,253	181	2,072	194	194
ALL OTHER ACUTE CONDITIONS.....	17,544	10,679	1,659	9,020	6,865	6,061

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 42. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	MALE			FEMALE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS					
ALL ACUTE CONDITIONS.....	175,399	124,371	51,028	172,047	128,482	43,565
INFECTIVE AND PARASITIC DISEASES.....	10,042	9,122	921	15,488	13,018	2,470
COMMON CHILDHOOD DISEASES.....	206	206	-	751	751	-
INTESTINAL VIRUS, UNSPECIFIED.....	2,324	2,122	202	2,736	1,868	868
VIRAL INFECTIONS, UNSPECIFIED.....	3,850	3,282	568	5,058	4,646	412
OTHER.....	3,662	3,511	151	6,943	5,753	1,190
RESPIRATORY CONDITIONS.....	54,168	38,707	15,461	57,122	42,200	14,922
COMMON COLD.....	11,143	7,017	4,126	12,256	9,509	2,747
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3,104	2,002	1,102	5,832	5,350	482
INFLUENZA.....	33,444	26,072	7,372	29,607	22,440	7,167
ACUTE BRONCHITIS.....	977	977	-	4,816	2,494	2,322
PNEUMONIA.....	4,328	1,794	2,534	4,400	2,301	2,099
OTHER RESPIRATORY CONDITIONS.....	1,172	845	328	210	106	104
DIGESTIVE SYSTEM CONDITIONS.....	8,448	5,799	2,649	7,496	6,670	826
DENTAL CONDITIONS.....	2,312	1,824	488	1,946	1,808	138
INDIGESTION, NAUSEA, AND VOMITING.....	1,476	1,476	-	1,245	1,200	44
OTHER DIGESTIVE CONDITIONS.....	4,660	2,498	2,161	4,306	3,662	644
INJURIES.....	76,611	56,703	19,908	42,123	28,169	13,953
FRACTURES AND DISLOCATIONS.....	24,316	17,149	7,167	11,972	7,942	4,030
SPRAINS AND STRAINS.....	17,886	13,086	4,800	15,516	11,484	4,033
OPEN WOUNDS AND LACERATIONS.....	10,861	8,673	2,187	3,065	1,176	1,889
CONTUSIONS AND SUPERFICIAL INJURIES.....	11,194	8,045	3,150	4,287	2,774	1,513
OTHER CURRENT INJURIES.....	12,354	9,750	2,604	7,282	4,794	2,488
SELECTED OTHER ACUTE CONDITIONS.....	17,942	8,939	9,004	40,462	32,848	7,614
EYE CONDITIONS.....	353	302	50	941	941	-
ACUTE EAR INFECTIONS.....	2,357	742	1,615	2,138	1,886	252
OTHER EAR CONDITIONS.....	160	160	-	204	47	157
ACUTE URINARY CONDITIONS.....	1,606	348	1,258	2,466	2,307	159
DISORDERS OF MENSTRUATION.....	...	...	...	879	850	29
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	3,897	2,437	1,459
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	18,462	18,462	-
SKIN CONDITIONS.....	1,879	1,301	578	1,736	545	1,191
ACUTE MUSCULOSKELETAL CONDITIONS.....	8,557	3,262	5,295	7,531	3,748	3,783
HEADACHE, EXCLUDING MIGRAINE.....	985	876	109	1,808	1,318	489
FEVER, UNSPECIFIED.....	2,046	1,947	99	401	305	95
ALL OTHER ACUTE CONDITIONS.....	8,188	5,103	3,085	9,356	5,576	3,780

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 43. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	WHITE			BLACK		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS ¹					
ALL ACUTE CONDITIONS.....	296,774	213,154	83,619	44,496	35,200	9,297
INFECTIVE AND PARASITIC DISEASES.....	22,937	19,882	3,055	1,930	1,595	335
COMMON CHILDHOOD DISEASES.....	550	550	-	408	408	-
INFLUENZA.....	4,824	3,754	1,070	235	235	-
VIRAL INFECTIONS, UNSPECIFIED.....	8,112	7,467	645	745	410	335
OTHER.....	9,452	8,111	1,341	542	542	-
RESPIRATORY CONDITIONS.....	97,784	71,758	26,026	10,825	7,333	3,492
COMMON COLD.....	19,610	14,030	5,580	3,428	2,293	1,136
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8,307	6,985	1,322	275	175	100
INFLUENZA.....	56,707	43,611	13,096	4,826	3,481	1,345
ACUTE BRONCHITIS.....	5,265	3,266	1,999	529	206	323
PNEUMONIA.....	6,632	3,035	3,597	1,648	1,060	588
OTHER RESPIRATORY CONDITIONS.....	1,264	831	432	119	119	-
DIGESTIVE SYSTEM CONDITIONS.....	13,716	10,393	3,323	2,069	1,918	152
DENTAL CONDITIONS.....	3,494	2,954	539	659	573	86
INDIGESTION, NAUSEA, AND VOMITING.....	2,417	2,373	44	250	250	-
OTHER DIGESTIVE CONDITIONS.....	7,805	5,066	2,739	1,160	1,095	65
INJURIES.....	99,447	68,188	31,259	17,094	14,976	2,118
FRACTURES AND DISLOCATIONS.....	29,857	18,973	10,883	5,138	4,824	314
SPRAINS AND STRAINS.....	26,616	19,039	7,577	6,149	5,377	772
OPEN WOUNDS AND LACERATIONS.....	13,070	8,993	4,077	752	752	-
CONTUSIONS AND SUPERFICIAL INJURIES.....	12,131	8,097	4,035	3,193	2,564	628
OTHER CURRENT INJURIES.....	17,773	13,086	4,688	1,862	1,458	404
SELECTED OTHER ACUTE CONDITIONS.....	47,960	33,883	14,076	10,290	7,749	2,541
EYE CONDITIONS.....	664	613	50	630	630	-
ACUTE EAR INFECTIONS.....	3,566	1,752	1,814	928	875	53
OTHER EAR CONDITIONS.....	364	207	157	-	-	-
ACUTE URINARY CONDITIONS.....	2,727	1,979	748	1,346	677	669
DISORDERS OF MENSTRUATION.....	627	627	-	200	171	29
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	3,213	2,293	920	683	144	539
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	14,827	14,827	-	3,586	3,586	-
SKIN CONDITIONS.....	2,713	1,491	1,222	902	355	547
ACUTE MUSCULOSKELETAL CONDITIONS.....	14,969	6,562	8,407	1,118	448	670
HEADACHE, EXCLUDING MIGRAINE.....	1,843	1,279	564	896	862	34
FEVER, UNSPECIFIED.....	2,447	2,253	194	-	-	-
ALL OTHER ACUTE CONDITIONS.....	14,930	9,050	5,879	2,288	1,629	659

¹TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL WORK-LOSS DAYS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 44. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	FAMILY INCOME								
	LESS THAN \$10,000			\$10,000-\$24,999			\$25,000 OR MORE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS ¹								
ALL ACUTE CONDITIONS.....	30,956	17,846	13,110	105,409	80,031	25,378	175,358	129,430	45,928
INFECTIVE AND PARASITIC DISEASES.....	1,417	1,375	43	7,129	6,046	1,083	14,065	12,075	1,990
COMMON CHILDHOOD DISEASES.....	120	120	-	-	-	-	838	838	-
INTESTINAL VIRUS, UNSPECIFIED.....	113	113	-	1,420	1,270	150	3,158	2,289	869
VIRAL INFECTIONS, UNSPECIFIED.....	488	446	43	3,291	3,200	90	4,067	3,353	714
OTHER.....	696	696	-	2,419	1,576	843	8,002	5,595	407
RESPIRATORY CONDITIONS.....	9,028	6,357	2,671	27,793	20,275	7,518	61,323	45,888	15,435
COMMON COLD.....	1,265	1,112	153	4,742	3,594	1,148	12,735	9,523	3,211
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	921	427	494	2,726	2,358	368	4,689	4,121	568
INFLUENZA.....	5,683	3,856	1,828	15,555	13,043	2,512	35,332	27,334	7,998
ACUTE BRONCHITIS.....	287	91	196	1,658	778	881	3,700	2,455	1,245
PNEUMONIA.....	872	872	-	2,661	337	2,324	4,503	2,195	2,309
OTHER RESPIRATORY CONDITIONS.....	-	-	-	450	166	284	365	261	104
DIGESTIVE SYSTEM CONDITIONS.....	1,416	1,265	152	6,374	4,983	1,391	5,102	3,591	1,512
DENTAL CONDITIONS.....	588	436	152	1,288	1,047	241	1,086	939	147
INDIGESTION, NAUSEA, AND VOMITING.....	207	207	-	1,174	1,174	-	936	891	44
OTHER DIGESTIVE CONDITIONS.....	622	622	-	3,912	2,763	1,150	3,081	1,760	1,321
INJURIES.....	11,917	4,690	7,227	40,692	30,874	9,818	56,180	42,108	14,071
FRACTURES AND DISLOCATIONS.....	2,942	714	2,228	10,299	8,857	1,442	19,411	13,593	5,818
SPRAINS AND STRAINS.....	2,162	1,727	435	10,750	7,829	2,921	17,428	12,453	4,975
OPEN WOUNDS AND LACERATIONS.....	2,411	995	1,416	6,012	4,148	1,864	3,930	3,134	797
CONTUSIONS AND SUPERFICIAL INJURIES.....	2,537	491	2,046	6,893	4,733	2,160	5,567	5,368	198
OTHER CURRENT INJURIES.....	1,865	763	1,102	6,738	5,307	1,432	9,843	7,560	2,283
SELECTED OTHER ACUTE CONDITIONS.....	5,317	2,858	2,460	17,307	14,378	2,929	30,615	21,007	9,608
EYE CONDITIONS.....	-	-	-	941	941	-	353	302	50
ACUTE EAR INFECTIONS.....	874	156	718	1,367	834	533	1,667	1,051	616
OTHER EAR CONDITIONS.....	56	56	-	104	104	-	204	47	157
ACUTE URINARY CONDITIONS.....	68	68	-	1,581	1,534	47	2,424	1,054	1,370
DISORDERS OF MENSTRUATION.....	50	50	-	245	216	29	532	532	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	106	106	-	883	690	194	2,797	1,531	1,266
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1,786	1,786	-	5,954	5,954	-	9,027	9,027	-
SKIN CONDITIONS.....	600	355	245	695	147	547	1,822	1,343	479
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,282	189	1,093	2,985	1,406	1,579	9,674	4,392	5,282
HEADACHE, EXCLUDING MIGRAINE.....	496	92	404	725	725	-	1,572	1,378	194
FEVER, UNSPECIFIED.....	-	-	-	1,827	1,827	-	544	350	194
ALL OTHER ACUTE CONDITIONS.....	1,860	1,302	558	6,113	3,473	2,640	8,072	4,760	3,311

¹ TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL WORK-LOSS DAYS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; OF 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 45. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	73,075	80,882	120,957	72,532	275,485	108,489	166,996	71,961
INFECTIVE AND PARASITIC DISEASES.....	7,601	3,450	9,844	4,635	22,048	8,207	13,841	3,482
COMMON CHILDHOOD DISEASES.....	321	-	516	120	958	120	838	-
INTESTINAL VIRUS, UNSPECIFIED.....	2,175	595	2,101	189	4,048	1,871	2,177	1,012
VIRAL INFECTIONS, UNSPECIFIED.....	3,162	1,110	3,530	1,105	7,739	3,143	4,596	1,169
OTHER.....	1,943	1,745	3,696	3,221	9,304	3,074	6,230	1,301
RESPIRATORY CONDITIONS.....	18,852	24,858	36,193	31,385	89,690	36,541	53,149	21,600
COMMON COLD.....	5,347	4,164	5,963	7,926	19,295	6,633	12,662	4,105
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	1,328	2,005	3,841	1,762	7,418	2,750	4,668	1,518
INFLUENZA.....	10,372	13,930	19,955	18,793	50,047	19,928	30,119	13,004
ACUTE BRONCHITIS.....	754	1,549	2,014	1,477	4,972	2,463	2,510	821
PNEUMONIA.....	1,051	3,115	3,574	987	7,190	4,537	2,653	1,538
OTHER RESPIRATORY CONDITIONS.....	-	95	847	441	766	230	538	614
DIGESTIVE SYSTEM CONDITIONS.....	4,658	3,946	4,082	3,258	13,420	5,651	7,769	2,523
DENTAL CONDITIONS.....	923	864	1,766	705	3,471	1,627	1,844	787
INDIGESTION, NAUSEA, AND VOMITING.....	404	1,028	766	522	2,335	807	1,528	386
OTHER DIGESTIVE CONDITIONS.....	3,331	2,054	1,550	2,031	7,615	3,217	4,397	1,350
INJURIES.....	21,654	28,832	45,604	22,645	91,894	36,024	55,871	26,840
FRACTURES AND DISLOCATIONS.....	8,911	9,142	10,601	7,635	27,130	11,123	16,008	9,158
SPRAINS AND STRAINS.....	8,423	6,407	12,050	6,522	27,817	11,834	15,983	5,585
OPEN WOUNDS AND LACERATIONS.....	202	2,559	8,578	2,586	10,786	4,245	6,541	3,139
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,916	6,184	3,385	3,996	12,120	3,375	8,745	3,362
OTHER CURRENT INJURIES.....	2,201	4,540	10,990	1,905	14,041	5,446	8,594	5,595
SELECTED OTHER ACUTE CONDITIONS.....	15,735	14,678	20,052	7,939	45,492	17,179	28,313	12,913
EYE CONDITIONS.....	-	-	890	404	1,294	49	1,245	-
ACUTE EAR INFECTIONS.....	1,087	1,673	1,317	418	3,597	1,397	2,200	897
OTHER EAR CONDITIONS.....	157	45	106	56	319	215	103	45
ACUTE URINARY CONDITIONS.....	1,161	1,128	1,482	302	3,211	1,690	1,521	861
DISORDERS OF MENSTRUATION.....	154	29	523	174	738	179	559	142
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	959	935	1,849	154	3,760	925	2,836	136
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	5,003	5,678	5,574	2,207	14,781	4,272	10,509	3,681
SKIN CONDITIONS.....	1,620	162	1,357	476	2,628	1,467	1,161	987
ACUTE MUSCULOSKELETAL CONDITIONS.....	4,065	4,078	4,948	2,996	11,970	5,030	6,940	4,118
HEADACHE, EXCLUDING MIGRAINE.....	1,262	598	180	754	2,562	1,728	834	231
FEVER, UNSPECIFIED.....	268	352	1,827	-	633	227	406	1,813
ALL OTHER ACUTE CONDITIONS.....	4,575	5,117	5,182	2,670	12,941	4,888	8,053	4,603

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 46. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 YOUTHS 5-17 YEARS OF AGE, BY SEX, RACE, FAMILY INCOME, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES 5-17 YEARS	SEX		RACE		FAMILY INCOME				
		MALE	FEMALE	WHITE	BLACK	LESS THAN \$10,000	\$10,000- \$19,999	\$20,000- \$34,999	\$35,000 OR MORE	
NUMBER OF SCHOOL-LOSS DAYS PER 100 YOUTHS PER YEAR										
ALL ACUTE CONDITIONS.....	338.9	320.1	358.6	349.2	260.8	358.6	323.8	338.0	348.9	
INFECTIVE AND PARASITIC DISEASES.....	88.0	90.9	84.9	90.0	77.8	94.6	57.9	82.6	110.0	
COMMON CHILDHOOD DISEASES.....	27.6	28.5	26.6	26.5	*33.9	*24.5	*21.0	*22.4	35.4	
INTESTINAL VIRUS, UNSPECIFIED.....	9.9	*9.7	*10.1	*9.0	*15.3	*8.9	*4.8	*10.3	*16.0	
VIRAL INFECTIONS, UNSPECIFIED.....	21.9	25.0	18.6	21.8	*16.0	*28.5	*8.9	*22.1	*22.9	
OTHER.....	28.6	27.6	29.6	32.6	*12.7	*32.6	*23.1	*27.8	35.7	
RESPIRATORY CONDITIONS.....	177.7	161.3	195.0	182.0	137.9	196.8	203.8	173.6	167.7	
COMMON COLD.....	47.4	42.1	53.1	44.1	*52.0	*63.4	62.2	34.3	42.3	
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	28.5	23.0	34.3	31.1	*17.2	*26.4	*29.8	*28.4	35.6	
INFLUENZA.....	85.1	75.8	94.8	88.8	57.6	89.6	103.0	86.0	77.9	
ACUTE BRONCHITIS.....	10.5	*13.4	*7.5	11.5	*4.7	*6.5	*4.3	*19.3	*7.6	
PNEUMONIA.....	*4.0	*5.0	*2.9	*3.9	*5.2	*10.9	*1.1	*2.5	*2.9	
OTHER RESPIRATORY CONDITIONS.....	*2.3	*2.1	*2.4	*2.5	*1.3	*	*3.4	*3.0	*1.6	
DIGESTIVE SYSTEM CONDITIONS.....	10.8	*10.5	*11.0	11.3	*10.3	*5.6	*7.7	*12.5	*8.8	
DENTAL CONDITIONS.....	*1.0	*1.0	*1.1	*0.5	*3.9	*	*0.9	*3.3	*	
INDIGESTION, NAUSEA, AND VOMITING.....	*6.4	*6.6	*6.1	*6.7	*6.2	*3.0	*6.9	*8.0	*3.7	
OTHER DIGESTIVE CONDITIONS.....	*3.4	*3.0	*3.8	*4.1	*0.3	*2.6	*	*1.2	*5.1	
INJURIES.....	29.2	33.4	24.7	31.2	*23.8	*13.8	*27.5	35.7	33.2	
FRACTURES AND DISLOCATIONS.....	*7.4	*7.8	*7.0	*7.3	*9.9	*7.8	*7.8	*12.1	*4.2	
SPRAINS AND STRAINS.....	*6.8	*7.3	*6.3	*7.0	*5.7	*2.8	*4.6	*1.9	*14.9	
OPEN WOUNDS AND LACERATIONS.....	*5.8	*9.0	*2.4	*5.8	*7.0	*1.7	*4.7	*5.9	*7.0	
CONTUSIONS AND SUPERFICIAL INJURIES.....	*3.4	*4.1	*2.7	*4.2	*	*	*7.6	*3.4	*1.8	
OTHER CURRENT INJURIES.....	*5.8	*5.3	*6.3	*6.9	*1.2	*1.4	*2.9	*12.4	*5.3	
SELECTED OTHER ACUTE CONDITIONS.....	26.6	18.5	34.9	27.8	*24.5	*44.6	*18.7	*29.5	*21.6	
EYE CONDITIONS.....	*0.1	*0.1	*	*	*0.4	*0.4	*	*	*	
ACUTE EAR INFECTIONS.....	11.4	*9.1	*13.9	13.4	*2.7	*3.5	*8.8	*18.4	*12.4	
OTHER EAR CONDITIONS.....	*1.8	*2.1	*1.4	*1.8	*1.8	*3.7	*4.5	*0.8	*	
ACUTE URINARY CONDITIONS.....	*1.5	*	*3.1	*1.8	*0.3	*1.0	*	*0.2	*0.3	
DISORDERS OF MENSTRUATION.....	*1.1	...	*2.2	*0.9	*2.0	*	*1.0	*1.3	*1.3	
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*	...	*	*	*	*	*	*	*	
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*3.2	...	*6.5	*2.0	*10.0	*24.0	*0.7	*	*	
SKIN CONDITIONS.....	*1.8	*2.8	*0.8	*1.6	*3.5	*4.3	*	*1.1	*3.1	
ACUTE MUSCULOSKELETAL CONDITIONS.....	*1.0	*1.0	*0.9	*1.2	*	*0.8	*1.2	*2.1	*0.4	
HEADACHE, EXCLUDING MIGRAINE.....	*1.9	*1.5	*2.3	*1.9	*2.0	*4.2	*1.3	*1.2	*0.8	
FEVER, UNSPECIFIED.....	*2.9	*2.0	*3.9	*3.1	*1.9	*2.6	*1.3	*4.5	*3.3	
ALL OTHER ACUTE CONDITIONS.....	*6.7	*5.4	*8.0	*7.0	*6.4	*3.3	*8.2	*4.1	*7.7	

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR COLUMNS 1-5 CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II, THE FREQUENCIES OF TABLE 48 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 6-9 CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 48 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 47. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 YOUTHS 5-17 YEARS OF AGE, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
NUMBER OF SCHOOL-LOSS DAYS PER 100 YOUTHS PER YEAR								
ALL ACUTE CONDITIONS.....	259.9	331.0	337.2	423.7	336.1	332.2	338.6	347.8
INFECTIVE AND PARASITIC DISEASES.....	82.5	67.8	123.6	57.0	78.7	76.4	80.2	117.2
COMMON CHILDHOOD DISEASES.....	*18.8	*13.1	45.5	*22.8	23.3	*27.2	20.9	41.2
INTESTINAL VIRUS, UNSPECIFIED.....	*10.4	*7.6	*17.2	*	*10.4	*13.5	*8.5	*8.4
VIRAL INFECTIONS, UNSPECIFIED.....	*20.8	*9.4	34.1	*17.1	18.8	*14.4	21.5	*31.6
OTHER.....	*32.5	37.7	26.8	*17.1	26.2	*21.3	29.3	*36.0
RESPIRATORY CONDITIONS.....	130.1	196.9	141.3	260.0	175.6	174.3	176.4	184.6
COMMON COLD.....	58.0	45.9	33.2	63.4	52.7	58.2	49.2	*30.9
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*24.0	*31.6	26.7	*32.1	28.6	*23.5	31.9	*28.0
INFLUENZA.....	*39.2	94.9	69.7	141.5	75.6	71.6	78.1	115.1
ACUTE BRONCHITIS.....	*5.3	*18.8	*5.7	*13.6	11.9	*14.2	*10.4	*6.2
PNEUMONIA.....	*3.1	*2.2	*4.7	*5.6	*4.0	*2.8	*4.7	*4.0
OTHER RESPIRATORY CONDITIONS.....	*0.5	*3.5	*1.4	*3.8	*2.8	*4.1	*2.0	*0.4
DIGESTIVE SYSTEM CONDITIONS.....	*3.5	*15.1	*10.3	*13.3	*10.9	*10.9	*11.0	*10.3
DENTAL CONDITIONS.....	*	*0.4	*2.0	*1.1	*0.6	*0.3	*0.7	*2.5
INDIGESTION, NAUSEA, AND VOMITING.....	*2.9	*4.6	*6.4	*11.7	*6.9	*8.2	*6.1	*4.8
OTHER DIGESTIVE CONDITIONS.....	*0.6	*10.1	*1.9	*0.5	*3.5	*2.3	*4.2	*3.1
INJURIES.....	*15.0	*17.8	33.0	49.3	34.9	34.6	35.0	*11.3
FRACTURES AND DISLOCATIONS.....	*3.9	*2.7	*11.3	*9.7	*8.7	*13.3	*5.9	*3.2
SPRAINS AND STRAINS.....	*6.2	*2.3	*3.4	*18.5	*7.9	*4.1	*10.3	*3.4
OPEN WOUNDS AND LACERATIONS.....	*2.8	*0.9	*8.5	*9.6	*7.2	*8.8	*6.2	*1.2
CONTUSIONS AND SUPERFICIAL INJURIES.....	*1.6	*5.7	*3.0	*3.2	*4.0	*6.0	*2.7	*1.7
OTHER CURRENT INJURIES.....	*0.5	*6.2	*6.9	*8.2	*7.1	*2.5	*9.9	*1.7
SELECTED OTHER ACUTE CONDITIONS.....	*22.5	*28.3	*20.4	*38.6	28.5	*27.7	29.0	*20.5
EYE CONDITIONS.....	*	*	*0.2	*	*0.1	*0.2	*	*
ACUTE EAR INFECTIONS.....	*11.6	*13.0	*5.7	*19.1	11.9	*6.1	*15.5	*10.0
OTHER EAR CONDITIONS.....	*	*1.6	*2.2	*2.8	*1.8	*1.4	*2.0	*1.6
ACUTE URINARY CONDITIONS.....	*5.9	*0.6	*0.6	*	*1.9	*0.9	*2.4	*0.4
DISORDERS OF MENSTRUATION.....	*0.5	*1.7	*1.3	*0.3	*1.4	*1.3	*1.5	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*	*	*	*	*	*	*	*
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*	*0.5	*4.9	*6.3	*4.2	*10.4	*0.2	*
SKIN CONDITIONS.....	*1.1	*1.2	*1.0	*4.5	*2.3	*1.4	*2.8	*0.4
ACUTE MUSCULOSKELETAL CONDITIONS.....	*	*1.6	*1.0	*1.0	*0.9	*0.7	*1.0	*1.2
HEADACHE, EXCLUDING MIGRAINE.....	*0.6	*4.5	*1.2	*1.0	*1.9	*2.4	*1.6	*1.7
FEVER, UNSPECIFIED.....	*2.8	*3.5	*2.3	*3.5	*2.2	*2.9	*1.8	*5.2
ALL OTHER ACUTE CONDITIONS.....	*6.2	*5.1	*8.7	*5.5	*7.6	*8.3	*7.1	*3.9

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 49 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 48. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR YOUTHS 5-17 YEARS OF AGE, BY SEX, RACE, FAMILY INCOME, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	ALL AGES 5-17 YEARS	SEX		RACE		FAMILY INCOME				
		MALE	FEMALE	WHITE	BLACK	LESS THAN \$10,000	\$10,000- \$19,999	\$20,000- \$34,999	\$35,000 OR MORE	
NUMBER OF SCHOOL-LOSS DAYS IN THOUSANDS ¹										
ALL ACUTE CONDITIONS.....	152,864	73,855	79,009	127,867	19,592	20,459	25,849	41,132	48,675	
INFECTIVE AND PARASITIC DISEASES.....	39,675	20,969	18,706	32,945	5,431	5,396	4,619	10,057	15,348	
COMMON CHILDHOOD DISEASES.....	12,452	6,583	5,869	9,720	2,369	1,396	1,679	2,731	4,941	
INTESTINAL VIRUS, UNSPECIFIED.....	4,472	2,249	2,223	3,292	1,065	509	387	1,249	2,226	
VIRAL INFECTIONS, UNSPECIFIED.....	9,860	5,763	4,098	7,983	1,113	1,628	710	2,693	5,201	
OTHER.....	12,891	6,374	6,516	11,950	884	1,862	1,843	3,385	4,981	
RESPIRATORY CONDITIONS.....	80,170	37,220	42,950	66,624	9,625	11,226	16,266	21,122	23,396	
COMMON COLD.....	21,395	9,704	11,691	16,155	3,626	3,616	4,968	4,180	5,896	
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	12,851	5,300	7,551	11,379	1,200	1,508	2,379	3,462	4,961	
INFLUENZA.....	38,376	17,481	20,895	32,505	4,016	5,111	8,220	10,465	10,863	
ACUTE BRONCHITIS.....	4,735	3,091	1,644	4,227	328	371	342	2,349	1,054	
PNEUMONIA.....	1,796	1,153	644	1,431	366	620	87	302	402	
OTHER RESPIRATORY CONDITIONS.....	1,017	492	525	928	90	-	270	364	222	
DIGESTIVE SYSTEM CONDITIONS.....	4,865	2,434	2,431	4,145	720	321	617	1,517	1,225	
DENTAL CONDITIONS.....	470	223	247	201	269	-	69	401	-	
INDIGESTION, NAUSEA, AND VOMITING.....	2,876	1,529	1,347	2,445	431	171	548	975	513	
OTHER DIGESTIVE CONDITIONS.....	1,519	682	837	1,499	20	150	-	141	713	
INJURIES.....	13,169	7,717	5,451	11,419	1,659	786	2,196	4,339	4,625	
FRACTURES AND DISLOCATIONS.....	3,344	1,795	1,549	2,655	689	447	621	1,472	583	
SPRAINS AND STRAINS.....	3,070	1,681	1,389	2,579	400	161	365	230	2,073	
OPEN WOUNDS AND LACERATIONS.....	2,598	2,066	531	2,112	486	97	376	714	977	
CONCUSSIONS AND SUPERFICIAL INJURIES.....	1,544	948	595	1,544	-	-	605	410	254	
OTHER CURRENT INJURIES.....	2,613	1,227	1,386	2,530	84	81	229	1,514	738	
SELECTED OTHER ACUTE CONDITIONS.....	11,977	4,278	7,699	10,172	1,710	2,542	1,496	3,592	3,007	
EYE CONDITIONS.....	25	25	-	-	25	25	-	-	-	
ACUTE EAR INFECTIONS.....	5,151	2,097	3,054	4,919	185	199	705	2,235	1,724	
OTHER EAR CONDITIONS.....	792	481	311	666	126	213	358	95	-	
ACUTE URINARY CONDITIONS.....	680	-	680	657	23	55	-	23	43	
DISORDERS OF MENSTRUATION.....	484	...	484	346	138	-	77	158	188	
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	-	...	-	-	-	-	-	-	-	
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1,423	...	1,423	728	695	1,371	52	-	-	
SKIN CONDITIONS.....	816	635	182	571	245	248	-	137	432	
ACUTE MUSCULOSKELETAL CONDITIONS.....	442	233	208	442	-	44	95	254	45	
HEADACHE, EXCLUDING MIGRAINE.....	838	335	503	697	141	240	107	144	114	
FEVER, UNSPECIFIED.....	1,326	472	854	1,146	133	147	102	547	458	
ALL OTHER ACUTE CONDITIONS.....	3,008	1,237	1,771	2,561	447	188	655	505	1,071	

¹INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; OF 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 49. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR YOUTHS 5-17 YEARS OF AGE, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
	NUMBER OF SCHOOL-LOSS DAYS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	22,550	36,841	53,433	40,040	115,209	43,901	71,308	37,655
INFECTIVE AND PARASITIC DISEASES.....	7,159	7,544	19,586	5,386	26,982	10,093	16,889	12,693
COMMON CHILDHOOD DISEASES.....	1,632	1,454	7,210	2,157	7,994	3,593	4,401	4,458
INTESTINAL VIRUS, UNSPECIFIED.....	903	843	2,726	-	3,560	1,779	1,781	912
VIRAL INFECTIONS, UNSPECIFIED.....	1,804	1,046	5,398	1,615	6,439	1,902	4,537	3,421
OTHER.....	2,821	4,201	4,254	1,615	8,989	2,819	6,170	3,902
RESPIRATORY CONDITIONS.....	11,294	21,920	22,384	24,572	60,180	23,041	37,139	19,990
COMMON COLD.....	5,036	5,112	5,254	5,994	18,047	7,686	10,361	3,348
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	2,079	3,516	4,224	3,032	9,816	3,104	6,712	3,035
INFLUENZA.....	3,405	10,564	11,038	13,369	25,917	9,469	16,448	12,459
ACUTE BRONCHITIS.....	461	2,088	898	1,287	4,065	1,874	2,192	669
PNEUMONIA.....	267	248	750	531	1,361	306	995	435
OTHER RESPIRATORY CONDITIONS.....	45	392	220	359	974	543	431	43
DIGESTIVE SYSTEM CONDITIONS.....	304	1,676	1,628	1,257	3,745	1,435	2,311	1,120
DENTAL CONDITIONS.....	-	48	315	107	199	45	154	271
INDIGESTION, NAUSEA, AND VOMITING.....	251	507	1,014	1,104	2,358	1,081	1,277	518
OTHER DIGESTIVE CONDITIONS.....	53	1,121	299	45	1,188	309	880	331
INJURIES.....	1,299	1,983	5,227	4,659	11,947	4,576	7,371	1,221
FRACTURES AND DISLOCATIONS.....	338	304	1,783	919	2,997	1,758	1,239	348
SPRAINS AND STRAINS.....	534	252	536	1,748	2,701	536	2,165	369
OPEN WOUNDS AND LACERATIONS.....	245	102	1,341	910	2,464	1,157	1,307	133
CONTUSIONS AND SUPERFICIAL INJURIES.....	140	630	469	305	1,362	794	567	182
OTHER CURRENT INJURIES.....	42	695	1,098	778	2,424	331	2,093	189
SELECTED OTHER ACUTE CONDITIONS.....	1,956	3,154	3,225	3,643	9,762	3,657	6,105	2,215
EYE CONDITIONS.....	-	-	25	-	25	25	-	-
ACUTE EAR INFECTIONS.....	1,004	1,447	896	1,804	4,071	807	3,264	1,081
OTHER EAR CONDITIONS.....	-	183	344	265	617	191	425	175
ACUTE URINARY CONDITIONS.....	513	69	98	-	637	124	513	43
DISORDERS OF MENSTRUATION.....	45	194	213	32	484	168	316	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	-	-	-	-	-	-	-	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	-	52	772	600	1,423	1,371	52	-
SKIN CONDITIONS.....	99	137	159	421	773	185	588	43
ACUTE MUSCULOSKELETAL CONDITIONS.....	-	183	164	95	316	95	221	126
HEADACHE, EXCLUDING MIGRAINE.....	50	500	193	95	657	311	346	181
FEVER, UNSPECIFIED.....	245	389	361	331	760	380	380	566
ALL OTHER ACUTE CONDITIONS.....	539	565	1,383	521	2,592	1,099	1,492	417

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 50. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR AND NUMBER OF ACUTE CONDITIONS, BY QUARTER AND TYPE OF CONDITION: UNITED STATES, 1987

(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 ACUTE CONDITION	QUARTER							
	JAN.-MARCH	APRIL-JUNE	JULY-SEPT.	OCT.-DEC.	JAN.-MARCH	APRIL-JUNE	JULY-SEPT.	OCT.-DEC.
	NUMBER PER 100 PERSONS PER YEAR				NUMBER IN THOUSANDS			
ALL ACUTE CONDITIONS.....	53.3	35.7	33.5	50.2	126,704	85,052	79,916	120,243
INFECTIVE AND PARASITIC DISEASES.....	6.4	5.6	4.6	6.7	15,106	13,252	10,866	16,079
COMMON CHILDHOOD DISEASES.....	0.5	1.0	*0.1	0.3	1,275	2,439	269	765
INTESTINAL VIRUS, UNSPECIFIED..	1.2	0.8	1.2	1.3	2,821	2,012	2,958	3,003
VIRAL INFECTIONS, UNSPECIFIED..	2.4	1.9	1.7	2.8	5,706	4,541	4,130	6,722
OTHER.....	2.2	1.8	1.5	2.3	5,306	4,260	3,569	5,589
RESPIRATORY CONDITIONS.....	29.3	12.0	12.0	26.8	69,659	28,610	28,579	64,200
COMMON COLD.....	9.1	3.4	3.8	9.6	21,616	8,203	9,070	22,972
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	2.9	2.0	1.7	2.9	6,971	4,707	4,153	6,983
INFLUENZA.....	14.8	5.4	5.4	12.6	35,158	12,763	12,847	30,260
ACUTE BRONCHITIS.....	1.1	0.6	0.4	1.0	2,587	1,417	1,015	2,330
PNEUMONIA.....	0.7	*0.3	0.4	*0.2	1,578	660	858	532
OTHER RESPIRATORY CONDITIONS..	0.7	0.4	*0.3	0.5	1,750	860	636	1,124
DIGESTIVE SYSTEM CONDITIONS....	1.7	1.6	1.5	1.5	4,031	3,884	3,519	3,595
DENTAL CONDITIONS.....	0.4	*0.3	*0.3	*0.3	942	749	660	741
INDIGESTION, NAUSEA, AND VOMITING.....	0.8	0.8	0.7	0.9	1,975	1,963	1,656	2,083
OTHER DIGESTIVE CONDITIONS.....	0.5	0.5	0.5	0.3	1,115	1,172	1,202	771
INJURIES.....	5.9	7.9	7.0	6.2	14,071	18,738	16,718	14,931
FRACTURES AND DISLOCATIONS.....	0.6	0.9	0.8	0.9	1,467	2,254	1,893	2,195
SPRAINS AND STRAINS.....	1.6	2.0	1.4	1.4	3,807	4,808	3,303	3,375
OPEN WOUNDS AND LACERATIONS....	1.0	1.7	1.7	1.1	2,330	4,136	4,176	2,564
CONTUSIONS AND SUPERFICIAL INJURIES.....	1.2	1.5	1.2	1.3	2,760	3,673	2,853	3,152
OTHER CURRENT INJURIES.....	1.6	1.6	1.9	1.5	3,706	3,867	4,493	3,646
SELECTED OTHER ACUTE CONDITIONS.....	6.9	5.8	5.7	6.6	16,518	13,895	13,696	15,812
EYE CONDITIONS.....	*0.3	0.5	*0.2	0.3	731	1,090	516	768
ACUTE EAR INFECTIONS.....	2.5	1.8	1.5	2.3	5,995	4,283	3,598	5,535
OTHER EAR CONDITIONS.....	0.5	*0.2	*0.3	0.4	1,151	513	640	871
ACUTE URINARY CONDITIONS.....	0.6	0.6	0.7	0.8	1,368	1,514	1,601	1,981
DISORDERS OF MENSTRUATION.....	*0.2	*0.1	*0.1	*0.2	399	234	276	513
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.2	*0.2	*0.2	*0.3	550	461	388	652
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	0.5	0.4	0.6	0.3	1,076	974	1,503	801
SKIN CONDITIONS.....	0.7	0.5	0.6	0.5	1,670	1,074	1,380	1,093
ACUTE MUSCULOSKELETAL CONDITIONS.....	0.8	0.8	0.8	0.8	1,793	1,874	1,957	1,872
HEADACHE, EXCLUDING MIGRAINE.....	*0.3	0.5	*0.2	0.4	674	1,113	595	899
FEVER, UNSPECIFIED.....	0.5	0.3	0.5	0.3	1,110	763	1,241	828
ALL OTHER ACUTE CONDITIONS.....	3.1	2.8	2.7	2.4	7,317	6,674	6,537	5,626

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR COLUMNS 1-4 CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 50 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 5-8 CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 755,000, A 30-PERCENT RSE. RATES FOR WHICH THE NUMERATOR HAS AN RSE OF 30 PERCENT OR MORE ARE INDICATED BY AN ASTERISK.

TABLE 51. NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?				AT WORK? ²		PLACE OF ACCIDENT			
		YES		NO				AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC			YES	NO				
NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR											
ALL PERSONS ³	26.0	2.4	2.0	23.5	5.2	15.2	8.8	3.2	3.1	6.6	
AGE											
UNDER 5 YEARS.....	26.1	*0.2	*0.2	25.9	...	...	14.2	*0.5	*0.3	*3.6
5-17 YEARS.....	31.9	2.2	2.1	29.5	...	...	10.5	3.7	*0.4	12.7
18-24 YEARS.....	31.9	5.1	3.8	26.5	6.8	20.6	7.6	4.9	6.5	8.7	
25-44 YEARS.....	27.1	2.8	2.3	24.3	7.5	15.7	7.5	3.7	5.6	6.7	
45-64 YEARS.....	17.9	2.0	1.8	15.9	3.6	11.3	6.7	2.2	2.5	3.5	
65 YEARS AND OVER.....	21.1	*1.5	*1.2	19.6	*0.2	14.8	10.5	3.0	*0.3	*1.5	
SEX AND AGE											
MALE											
ALL AGES.....	29.1	2.9	2.3	26.1	7.8	16.5	9.6	3.6	4.7	7.6	
UNDER 18 YEARS.....	34.2	*1.5	*1.4	32.4	...	...	13.1	3.5	*0.6	10.6
18-44 YEARS.....	33.5	4.6	3.6	28.7	10.9	20.1	8.7	4.7	9.2	8.6	
45 YEARS AND OVER.....	17.7	*1.6	*1.2	16.0	3.3	11.2	7.4	*2.1	2.2	2.9	
FEMALE											
ALL AGES.....	23.1	2.0	1.8	21.0	2.8	13.9	8.1	2.9	1.5	5.8	
UNDER 18 YEARS.....	26.1	*1.7	*1.7	24.4	...	...	10.0	*2.0	*0.2	9.6
18-44 YEARS.....	23.5	2.2	1.9	21.1	3.9	14.0	6.3	3.4	2.6	5.9	
45 YEARS AND OVER.....	20.3	1.9	1.8	18.4	*1.4	13.8	8.8	2.9	*1.2	2.7	
RACE AND AGE											
WHITE											
ALL AGES.....	27.6	2.4	2.1	25.1	5.3	15.8	9.3	3.3	3.2	7.3	
UNDER 18 YEARS.....	33.3	1.6	1.6	31.5	...	...	12.6	3.0	*0.5	11.4
18-44 YEARS.....	29.9	3.4	2.7	26.4	7.5	17.8	7.9	4.0	5.9	7.9	
45 YEARS AND OVER.....	20.1	1.8	1.6	18.3	2.4	13.2	8.4	2.6	1.8	3.0	
BLACK											
ALL AGES.....	17.5	3.0	*2.0	14.6	5.6	11.0	6.2	3.2	3.0	3.0	
UNDER 18 YEARS.....	17.9	*1.8	*1.4	16.1	...	...	8.3	*2.0	*	*4.4
18-44 YEARS.....	20.7	*4.3	*3.0	16.4	8.0	12.1	*4.8	*4.7	6.5	*3.0	
45 YEARS AND OVER.....	11.4	*2.3	*0.9	*9.2	*1.4	*9.1	*5.9	*2.0	*0.9	*0.9	

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 51. NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?		NO	AT WORK? ²		PLACE OF ACCIDENT			
		YES	NO		YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC							
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	31.9	*1.6	*1.4	30.3	3.2	23.2	12.6	3.9	*1.8	7.3
UNDER 18 YEARS.....	25.1	*0.9	*0.9	24.2	...	...	12.8	*2.5	*-	*6.3
18-44 YEARS.....	41.3	*1.9	*1.3	39.4	*4.3	29.1	15.5	*5.8	*4.0	9.7
45 YEARS AND OVER.....	27.0	*1.8	*1.8	25.3	*2.0	16.8	9.4	*2.9	*0.9	*5.6
\$10,000-\$19,999										
ALL AGES.....	25.9	3.6	2.5	22.2	6.8	14.4	7.7	3.3	4.1	6.3
UNDER 18 YEARS.....	26.7	*1.8	*1.5	24.8	...	...	10.5	*2.2	*0.9	7.1
18-44 YEARS.....	31.2	5.4	*3.5	25.6	10.8	15.5	4.6	4.6	8.3	9.5
45 YEARS AND OVER.....	18.9	*2.8	*2.2	16.1	*2.0	13.0	9.3	*2.5	*1.5	*1.7
\$20,000-\$34,999										
ALL AGES.....	27.6	2.6	2.5	24.9	6.6	16.0	9.9	3.9	3.8	5.8
UNDER 18 YEARS.....	29.9	*2.3	*2.3	27.0	...	...	12.2	*3.9	*0.8	7.0
18-44 YEARS.....	29.6	3.5	3.4	26.1	8.6	17.2	9.1	4.1	6.6	6.3
45 YEARS AND OVER.....	21.8	*1.3	*1.3	20.6	*3.0	14.0	9.0	*3.4	*2.0	*3.5
\$35,000 OR MORE										
ALL AGES.....	25.8	2.1	1.9	23.6	4.7	12.8	8.0	2.7	2.7	8.3
UNDER 18 YEARS.....	38.5	*1.3	*1.3	37.2	...	...	13.1	*2.4	*-	17.6
18-44 YEARS.....	23.9	2.8	2.5	20.9	5.9	14.3	5.6	3.6	4.7	6.4
45 YEARS AND OVER.....	16.1	*1.5	*1.3	14.5	*2.4	10.2	7.0	*1.3	*1.9	*2.4
GEOGRAPHIC REGION										
NORTHEAST.....	22.7	1.6	1.6	21.1	5.2	12.6	6.6	3.4	3.0	5.5
MIDWEST.....	25.9	1.8	1.4	24.0	5.9	14.6	9.8	2.5	3.0	5.5
SOUTH.....	26.0	2.4	2.0	23.4	5.2	15.1	9.4	2.8	3.1	6.4
WEST.....	29.6	4.1	3.2	25.5	4.5	18.6	8.8	4.6	2.6	9.4
PLACE OF RESIDENCE										
MSA.....	26.6	2.6	2.1	24.0	5.3	15.8	8.9	3.5	3.2	6.8
CENTRAL CITY.....	25.8	2.1	1.6	23.7	5.0	16.2	9.1	3.0	2.8	7.1
NOT CENTRAL CITY.....	27.2	2.9	2.5	24.3	5.4	15.4	8.7	3.8	3.4	6.6
NOT MSA.....	24.0	2.0	1.8	21.7	5.0	13.2	8.4	2.4	2.9	6.0

¹ INCLUDES UNKNOWNNS FOR EACH CHARACTERISTIC.
² FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.
³ INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: INJURIES CODED 800-999 IN THE 9TH REVISION, INTERNATIONAL CLASSIFICATION OF DISEASES, AND IMPAIRMENTS RESULTING FROM AN ACCIDENT ARE INCLUDED. INJURIES INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION ARE EXCLUDED.

THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE CAN BE COMPUTED BY USING PARAMETER SET IV OF TABLE II, THE FREQUENCIES OF TABLE 52 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SETS IV AND X OF TABLE II, THE FREQUENCIES OF TABLES 52 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTRISK.

TABLE 52. NUMBER OF EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?			AT WORK? ²		PLACE OF ACCIDENT			
		YES		NO	YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC							
NUMBER OF EPISODES OF PERSONS INJURED IN THOUSANDS										
ALL PERSONS ³	62,073	5,808	4,875	56,063	9,131	26,594	20,968	7,694	7,378	15,801
AGE										
UNDER 5 YEARS.....	4,751	44	44	4,706	...	...	2,589	84	55	660
5-17 YEARS.....	14,392	973	932	13,322	...	...	4,752	1,672	186	5,738
18-24 YEARS.....	8,332	1,345	992	6,925	1,775	5,387	1,982	1,289	1,694	2,274
25-44 YEARS.....	20,621	2,138	1,781	18,438	5,698	11,957	5,679	2,818	4,252	5,106
45-64 YEARS.....	8,043	887	791	7,156	1,601	5,080	3,005	982	1,106	1,596
65 YEARS AND OVER.....	5,935	420	335	5,514	57	4,169	2,962	648	86	427
SEX AND AGE										
MALE										
ALL AGES.....	33,646	3,349	2,622	30,156	6,509	13,745	11,042	4,162	5,479	8,717
UNDER 18 YEARS.....	11,079	485	444	10,497	...	...	4,240	1,128	186	3,447
18-44 YEARS.....	16,713	2,321	1,779	14,347	5,427	10,035	4,349	2,352	4,579	4,320
45 YEARS AND OVER.....	5,854	543	398	5,311	1,082	3,710	2,453	681	715	950
FEMALE										
ALL AGES.....	28,427	2,459	2,253	25,907	2,622	12,848	9,926	3,532	1,899	7,084
UNDER 18 YEARS.....	8,063	532	532	7,531	...	...	3,101	629	55	2,952
18-44 YEARS.....	12,240	1,162	994	11,016	2,046	7,309	3,312	1,755	1,367	3,060
45 YEARS AND OVER.....	8,124	765	727	7,359	576	5,539	3,513	1,148	478	1,073
RACE AND AGE										
WHITE										
ALL AGES.....	55,808	4,896	4,259	50,709	8,000	23,824	18,678	6,731	6,462	14,640
UNDER 18 YEARS.....	17,128	840	840	16,190	...	...	6,449	1,562	240	5,876
18-44 YEARS.....	25,696	2,905	2,358	22,686	6,440	15,308	6,778	3,476	5,092	6,806
45 YEARS AND OVER.....	12,984	1,151	1,060	11,833	1,560	8,516	5,452	1,693	1,130	1,958
BLACK										
ALL AGES.....	5,079	865	570	4,214	1,078	2,123	1,804	916	862	865
UNDER 18 YEARS.....	1,737	177	137	1,560	...	...	803	195	-	431
18-44 YEARS.....	2,553	532	368	2,021	980	1,495	593	585	800	369
45 YEARS AND OVER.....	789	156	65	633	98	628	409	136	63	65

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 52. NUMBER OF EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?		AT WORK? ²		PLACE OF ACCIDENT				
						AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		YES	NO	YES	NO					
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF EPISODES OF PERSONS INJURED IN THOUSANDS										
ALL AGES.....	9,963	494	423	9,469	725	5,266	3,947	1,222	565	2,289
UNDER 18 YEARS.....	2,141	76	76	2,065	...	...	1,090	214	-	534
18-44 YEARS.....	4,882	227	156	4,655	508	3,437	1,837	690	468	1,145
45 YEARS AND OVER.....	2,941	192	192	2,749	217	1,829	1,020	318	98	610
\$10,000-\$19,999										
ALL AGES.....	11,518	1,590	1,123	9,884	2,218	4,714	3,445	1,454	1,808	2,784
UNDER 18 YEARS.....	3,115	215	175	2,900	...	...	1,227	259	101	830
18-44 YEARS.....	5,580	961	619	4,576	1,923	2,768	829	819	1,488	1,697
45 YEARS AND OVER.....	2,822	414	329	2,408	294	1,946	1,388	375	220	257
\$20,000-\$34,999										
ALL AGES.....	17,057	1,598	1,568	15,361	2,913	7,122	6,133	2,383	2,344	3,571
UNDER 18 YEARS.....	5,170	404	404	4,669	...	...	2,117	670	140	1,214
18-44 YEARS.....	8,353	991	961	7,362	2,422	4,855	2,554	1,163	1,874	1,783
45 YEARS AND OVER.....	3,534	203	203	3,331	491	2,268	1,463	550	330	573
\$35,000 OR MORE										
ALL AGES.....	17,832	1,444	1,296	16,327	2,353	6,459	5,523	1,846	1,848	5,770
UNDER 18 YEARS.....	7,204	250	250	6,953	...	...	2,444	445	-	3,286
18-44 YEARS.....	7,677	910	805	6,705	1,904	4,587	1,786	1,160	1,493	2,051
45 YEARS AND OVER.....	2,952	283	240	2,668	449	1,872	1,292	240	355	433
GEOGRAPHIC REGION										
NORTHEAST.....	11,362	794	794	10,568	1,973	4,787	3,328	1,684	1,499	2,774
MIDWEST.....	14,850	1,027	826	13,762	2,462	6,128	5,637	1,458	2,075	3,181
SOUTH.....	21,152	1,962	1,658	19,049	3,086	8,977	7,628	2,246	2,487	5,170
WEST.....	14,709	2,025	1,598	12,685	1,609	6,702	4,375	2,306	1,317	4,677
PLACE OF RESIDENCE										
MSA.....	49,115	4,709	3,889	44,345	7,157	21,433	16,408	6,379	5,831	12,538
CENTRAL CITY.....	19,278	1,568	1,179	17,709	2,813	9,035	6,817	2,220	2,086	5,308
NOT CENTRAL CITY.....	29,838	3,141	2,710	26,636	4,344	12,398	9,591	4,159	3,745	7,230
NOT MSA.....	12,958	1,099	986	11,718	1,974	5,161	4,560	1,315	1,547	3,263

¹INCLUDES UNKNOWN FOR EACH CHARACTERISTIC.
²FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.
³INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: INJURIES CODED 800-999 IN THE 9TH REVISION, INTERNATIONAL CLASSIFICATION OF DISEASES, AND IMPAIRMENTS RESULTING FROM AN ACCIDENT ARE INCLUDED. INJURIES INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION ARE EXCLUDED.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET IV OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.7 MILLION HAS A 10-PERCENT RSE; OF 1.6 MILLION, A 20-PERCENT RSE; AND OF 696,000, A 30-PERCENT RSE.

TABLE 53. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?			AT WORK? ²		PLACE OF ACCIDENT			
		YES		NO			AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC		YES	NO				
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR										
ALL PERSONS ³	260.4	55.7	48.1	202.6	97.6	180.6	62.9	60.7	52.8	59.1
AGE										
UNDER 5 YEARS.....	41.4	*2.0	*2.0	39.4	...	...	*23.0	*2.0	*-	*6.0
5-17 YEARS.....	110.5	13.4	11.9	96.9	...	...	25.4	18.2	*2.5	51.2
18-24 YEARS.....	213.5	52.2	48.1	161.1	47.0	116.8	33.6	57.8	40.2	60.4
25-44 YEARS.....	289.2	79.5	69.9	206.4	117.2	137.4	43.4	80.8	80.0	67.1
45-64 YEARS.....	402.2	93.3	78.6	305.7	141.0	210.7	86.3	97.5	111.0	61.9
65 YEARS AND OVER.....	381.1	37.3	28.3	341.2	22.1	308.0	191.0	56.3	*12.5	78.9
SEX AND AGE										
MALE										
ALL AGES.....	277.2	53.2	43.3	220.1	150.1	153.6	51.8	55.5	79.0	71.3
UNDER 18 YEARS.....	104.1	*14.7	*14.7	89.1	...	...	31.6	*20.2	*3.4	39.2
18-44 YEARS.....	312.6	71.7	58.6	235.8	145.0	127.2	34.8	71.7	106.3	84.8
45 YEARS AND OVER.....	393.0	63.0	48.2	324.5	157.9	193.5	97.0	65.6	111.8	82.3
FEMALE										
ALL AGES.....	244.6	58.1	52.5	186.3	50.2	204.8	73.3	65.6	28.1	47.7
UNDER 18 YEARS.....	76.6	*5.3	*3.1	71.3	...	...	17.4	*6.7	*-	37.2
18-44 YEARS.....	228.8	73.3	69.7	155.5	55.5	136.9	46.8	78.0	34.9	46.8
45 YEARS AND OVER.....	395.0	79.1	68.4	315.2	43.4	293.4	151.2	95.0	41.0	57.1
RACE AND AGE										
WHITE										
ALL AGES.....	261.1	52.9	45.6	206.3	92.9	180.7	64.6	58.1	50.6	60.8
UNDER 18 YEARS.....	97.2	*9.3	*7.9	87.7	...	...	25.8	11.9	*2.2	42.5
18-44 YEARS.....	263.8	71.3	62.1	190.4	95.3	130.9	40.0	72.7	65.9	65.5
45 YEARS AND OVER.....	388.0	63.2	53.7	321.9	89.7	246.9	128.3	75.6	68.9	69.2
BLACK										
ALL AGES.....	282.1	85.4	73.1	192.9	142.6	208.8	57.6	89.6	71.7	48.8
UNDER 18 YEARS.....	56.8	*16.8	*16.8	*40.0	...	...	*10.6	*25.5	*-	*18.9
18-44 YEARS.....	354.7	103.0	99.0	245.0	149.5	161.0	55.0	112.4	106.7	63.3
45 YEARS AND OVER.....	469.3	150.5	106.2	314.8	130.3	293.9	128.4	139.3	110.1	*64.9

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 53. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?		AT WORK? ²		PLACE OF ACCIDENT				
		YES	NO	YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC							
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	436.0	95.7	85.5	338.0	129.1	343.4	110.5	108.6	62.5	103.8
UNDER 18 YEARS.....	82.7	*15.8	*15.8	66.8	...	...	*20.1	*18.4	*-	*35.2
18-44 YEARS.....	439.6	110.7	103.4	329.0	118.8	215.3	75.6	125.3	71.4	111.4
45 YEARS AND OVER.....	708.7	142.0	120.6	560.0	140.3	482.7	219.1	161.1	101.6	149.4
\$10,000-\$19,999										
ALL AGES.....	307.0	54.1	40.5	248.6	122.8	210.3	73.3	58.7	58.2	85.0
UNDER 18 YEARS.....	75.1	*5.4	*5.4	69.7	...	...	*29.7	*7.1	*7.9	*23.7
18-44 YEARS.....	344.1	67.0	50.7	266.4	145.1	149.9	36.9	71.5	84.8	130.5
45 YEARS AND OVER.....	444.0	76.8	55.9	367.1	96.2	282.5	151.0	83.9	65.8	78.6
\$20,000-\$34,999										
ALL AGES.....	226.7	57.4	48.9	167.9	95.2	150.5	47.4	59.4	56.6	43.2
UNDER 18 YEARS.....	99.4	*13.2	*9.2	85.6	...	...	33.0	*14.7	*1.1	32.2
18-44 YEARS.....	263.2	83.9	70.5	179.1	99.3	137.1	38.5	79.7	78.0	49.0
45 YEARS AND OVER.....	299.1	58.5	53.5	236.4	88.1	173.8	78.3	71.8	78.9	44.8
\$35,000 OR MORE										
ALL AGES.....	196.0	43.2	40.2	152.2	69.8	123.4	51.3	45.5	39.4	40.6
UNDER 18 YEARS.....	111.9	*10.7	*10.7	101.2	...	...	*18.3	*17.3	*-	60.1
18-44 YEARS.....	188.1	53.0	51.9	135.1	65.1	94.6	41.3	56.1	50.3	28.8
45 YEARS AND OVER.....	295.3	59.1	49.6	233.8	78.1	173.7	102.4	55.7	60.3	41.5
GEOGRAPHIC REGION										
NORTHEAST.....	203.4	58.0	56.2	145.3	73.8	146.7	32.5	74.2	40.9	40.9
MIDWEST.....	249.0	47.1	36.1	199.9	82.6	175.1	74.1	48.4	39.2	53.7
SOUTH.....	267.9	56.3	47.9	208.3	102.1	187.8	65.4	58.9	59.0	59.3
WEST.....	318.6	62.4	54.0	254.2	132.6	210.6	76.5	64.4	70.1	83.5
PLACE OF RESIDENCE										
MSA.....	255.2	56.5	49.3	197.0	96.8	170.2	56.4	62.7	52.7	58.5
CENTRAL CITY.....	277.7	70.7	62.3	204.7	97.9	198.2	55.9	78.5	57.8	59.5
NOT CENTRAL CITY.....	239.9	46.8	40.5	191.7	96.0	150.8	56.7	52.0	49.2	57.9
NOT MSA.....	278.1	53.1	43.8	221.9	100.4	216.4	85.0	53.9	53.0	61.1

¹INCLUDES UNKNOWNNS FOR EACH CHARACTERISTIC.

²FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

³INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 54 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 54 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 54. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?		AT WORK? ²		PLACE OF ACCIDENT				
		TOTAL	TRAFFIC	NO	YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS										
ALL PERSONS ³	621,167	132,952	114,685	483,384	171,029	316,460	150,032	144,861	125,878	141,039
AGE										
UNDER 5 YEARS.....	7,531	363	363	7,168	...	...	4,180	363	-	1,084
5-17 YEARS.....	49,834	6,035	5,346	43,701	...	...	11,445	8,231	1,109	23,089
18-24 YEARS.....	55,789	13,642	12,572	42,097	12,279	30,515	8,790	15,110	10,512	15,771
25-44 YEARS.....	219,823	60,429	53,097	156,851	89,106	104,463	33,014	61,440	60,815	51,022
45-64 YEARS.....	180,893	41,975	35,338	137,509	63,413	94,766	38,822	43,871	49,927	27,860
65 YEARS AND OVER.....	107,297	10,508	7,969	96,058	6,231	86,716	53,780	15,846	3,514	22,214
SEX AND AGE										
MALE										
ALL AGES.....	320,049	61,429	50,021	254,068	124,709	127,608	59,762	64,089	91,263	82,271
UNDER 18 YEARS.....	33,694	4,766	4,766	28,830	...	...	10,245	6,532	1,109	12,681
18-44 YEARS.....	156,202	35,812	29,297	117,796	72,423	63,540	17,410	35,840	53,130	42,349
45 YEARS AND OVER.....	130,153	20,851	15,958	107,442	52,287	64,068	32,107	21,717	37,024	27,240
FEMALE										
ALL AGES.....	301,119	71,523	64,664	229,316	46,319	188,852	90,269	80,772	34,615	58,769
UNDER 18 YEARS.....	23,671	1,632	943	22,039	...	...	5,380	2,062	-	11,492
18-44 YEARS.....	119,411	38,258	36,372	81,152	28,962	71,438	24,395	40,710	18,198	24,443
45 YEARS AND OVER.....	158,037	31,633	27,349	126,125	17,358	117,414	60,495	38,000	16,418	22,834
RACE AND AGE										
WHITE										
ALL AGES.....	527,061	106,813	92,103	416,516	139,828	271,862	130,447	117,357	102,193	122,751
UNDER 18 YEARS.....	49,924	4,764	4,075	45,062	...	...	13,274	6,116	1,109	21,854
18-44 YEARS.....	226,734	61,283	53,379	163,677	81,928	112,527	34,394	62,470	56,617	56,255
45 YEARS AND OVER.....	250,403	40,766	34,649	207,777	57,900	159,336	82,778	48,771	44,467	44,642
BLACK										
ALL AGES.....	81,651	24,726	21,169	55,825	27,422	40,147	16,687	25,949	20,754	14,115
UNDER 18 YEARS.....	5,522	1,634	1,634	3,888	...	...	1,034	2,478	-	1,836
18-44 YEARS.....	43,704	12,694	12,197	30,190	18,422	19,840	6,780	13,844	13,146	7,794
45 YEARS AND OVER.....	32,425	10,398	7,338	21,747	9,000	20,307	8,873	9,627	7,608	4,485

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 54. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?		AT WORK ²		PLACE OF ACCIDENT				
						AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		YES	NO	YES	NO					
	TOTAL	TRAFFIC								
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS										
ALL AGES.....	136,169	29,890	26,701	105,548	29,322	77,997	34,493	33,929	19,503	32,427
UNDER 18 YEARS.....	7,043	1,349	1,349	5,693	...	...	1,710	1,569	-	2,996
18-44 YEARS.....	51,999	13,091	12,227	38,909	14,052	25,467	8,943	14,826	8,449	13,176
45 YEARS AND OVER.....	77,127	15,450	13,125	60,946	15,270	52,530	23,841	17,534	11,054	16,255
\$10,000-\$19,999										
ALL AGES.....	136,600	24,076	18,032	110,607	40,299	69,006	32,618	26,136	25,913	37,828
UNDER 18 YEARS.....	8,777	631	631	8,146	...	...	3,469	831	928	2,766
18-44 YEARS.....	61,479	11,963	9,050	47,599	25,930	26,784	6,589	12,775	15,153	23,311
45 YEARS AND OVER.....	66,345	11,483	8,351	54,862	14,369	42,222	22,560	12,531	9,832	11,751
\$20,000-\$34,999										
ALL AGES.....	139,832	35,427	30,139	103,575	42,267	66,799	29,239	36,648	34,929	26,629
UNDER 18 YEARS.....	17,194	2,288	1,599	14,808	...	...	5,702	2,545	182	5,566
18-44 YEARS.....	74,206	23,666	19,884	50,490	27,999	38,663	10,863	22,483	21,979	13,806
45 YEARS AND OVER.....	48,432	9,473	8,655	38,277	14,267	28,136	12,674	11,619	12,768	7,258
\$35,000 OR MORE										
ALL AGES.....	135,564	29,867	27,781	105,251	35,248	62,294	35,483	31,478	27,244	28,089
UNDER 18 YEARS.....	20,911	2,001	2,001	18,910	...	...	3,425	3,237	-	11,230
18-44 YEARS.....	60,401	17,012	16,668	43,388	20,895	30,385	13,248	18,000	16,163	9,242
45 YEARS AND OVER.....	54,252	10,853	9,111	42,953	14,353	31,908	18,810	10,241	11,080	7,616
GEOGRAPHIC REGION										
NORTHEAST.....	101,922	29,049	28,187	72,823	27,998	55,639	16,297	37,176	20,518	20,479
MIDWEST.....	142,789	27,017	20,704	114,643	34,700	73,510	42,480	27,731	22,448	30,773
SOUTH.....	217,993	45,848	38,949	169,504	60,524	111,375	53,222	47,921	48,036	48,270
WEST.....	158,463	31,038	26,844	126,414	47,806	75,936	38,032	32,032	34,876	41,518
PLACE OF RESIDENCE										
MSA.....	470,790	104,224	90,999	363,426	131,663	231,573	104,050	115,728	97,229	107,982
CENTRAL CITY.....	207,685	52,866	46,605	153,126	54,553	110,412	41,837	58,712	43,227	44,485
NOT CENTRAL CITY.....	263,104	51,359	44,394	210,300	77,110	121,162	62,212	57,017	54,002	63,497
NOT MSA.....	150,378	28,728	23,686	119,958	39,365	84,887	45,982	29,132	28,649	33,058

¹INCLUDES UNKNOWN FOR EACH CHARACTERISTIC.

²FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

³INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 55. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?		AT WORK? ²		PLACE OF ACCIDENT				
		YES		NO		AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR										
ALL PERSONS ³	81.4	18.2	15.8	62.8	30.2	54.4	19.6	19.8	15.6	16.1
AGE										
UNDER 5 YEARS.....	*23.3	*2.0	*2.0	*21.3	...	...	*10.9	*2.0	*-	*4.7
5-17 YEARS.....	19.8	*3.4	*3.4	16.4	...	...	*4.4	*4.5	*1.5	*7.4
18-24 YEARS.....	53.7	20.7	20.4	32.8	*6.3	28.0	*5.6	24.4	*6.3	*11.3
25-44 YEARS.....	95.4	28.1	23.0	66.3	40.7	39.8	14.9	26.6	26.5	19.9
45-64 YEARS.....	126.0	25.6	22.6	99.8	39.2	65.0	22.7	30.5	30.6	22.2
65 YEARS AND OVER.....	134.1	*11.2	*10.1	122.9	*9.4	101.3	70.4	*16.4	*3.9	21.9
SEX AND AGE										
MALE										
ALL AGES.....	84.1	17.5	14.6	65.9	46.2	46.8	15.2	18.5	25.3	19.7
UNDER 18 YEARS.....	27.1	*4.7	*4.7	22.4	...	...	*7.7	*6.1	*2.1	*7.6
18-44 YEARS.....	93.6	24.7	19.6	67.2	45.4	33.5	10.7	24.4	32.7	22.1
45 YEARS AND OVER.....	125.6	19.0	16.6	106.6	47.3	66.8	29.1	21.9	36.8	28.0
FEMALE										
ALL AGES.....	78.8	18.8	16.9	59.8	15.8	61.2	23.8	21.0	6.6	12.7
UNDER 18 YEARS.....	*14.3	*1.1	*1.1	*13.1	...	...	*4.8	*1.3	*-	*5.6
18-44 YEARS.....	76.3	27.6	24.9	48.6	19.0	39.9	14.3	27.6	10.5	13.4
45 YEARS AND OVER.....	132.1	20.9	18.7	110.5	*11.5	89.0	50.9	27.7	*6.7	17.2
RACE AND AGE										
WHITE										
ALL AGES.....	81.6	17.7	15.1	63.4	27.9	53.9	19.9	19.0	13.6	17.5
UNDER 18 YEARS.....	22.4	*2.7	*2.7	19.7	...	...	*6.9	*3.1	*1.3	*7.3
18-44 YEARS.....	82.6	26.1	21.5	55.6	30.0	36.1	12.3	25.6	18.5	18.6
45 YEARS AND OVER.....	127.3	18.5	16.5	108.7	25.1	77.5	40.2	22.8	16.7	24.2
BLACK										
ALL AGES.....	91.9	25.7	24.4	65.2	49.9	68.3	20.8	30.1	31.9	*6.2
UNDER 18 YEARS.....	*16.1	*4.8	*4.8	*11.3	...	...	*4.6	*7.9	*-	*3.7
18-44 YEARS.....	107.9	*34.7	*34.3	73.2	46.8	46.5	*14.9	*34.8	43.9	*7.5
45 YEARS AND OVER.....	169.7	*39.1	*34.2	126.5	*55.6	107.2	*54.3	*52.8	*55.3	*7.2

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 55. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?		AT WORK? ²		PLACE OF ACCIDENT				
		YES		NO		AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR										
ALL AGES.....	151.1	35.5	29.9	115.5	37.8	112.0	40.3	37.9	*15.3	33.4
UNDER 18 YEARS.....	*35.3	*7.1	*7.1	*28.3	...	...	*5.4	*8.3	*	*14.7
18-44 YEARS.....	170.5	48.6	*42.0	121.9	*34.7	84.5	*38.8	49.1	*21.1	*35.6
45 YEARS AND OVER.....	220.6	*43.6	*34.6	176.9	*41.1	142.0	69.3	49.0	*20.9	*45.7
\$10,000-\$19,999										
ALL AGES.....	107.1	17.8	15.6	88.9	46.9	65.2	21.5	21.5	25.0	27.8
UNDER 18 YEARS.....	*25.6	*3.1	*3.1	*22.5	...	...	*12.1	*3.1	*5.6	*4.0
18-44 YEARS.....	119.2	*21.0	*16.1	97.4	55.6	41.7	*18.2	*19.8	33.9	39.3
45 YEARS AND OVER.....	156.3	*25.6	*24.9	130.7	36.4	93.4	*32.8	38.1	*29.4	*32.6
\$20,000-\$34,999										
ALL AGES.....	63.2	18.4	15.0	44.7	27.6	42.9	12.9	18.1	17.0	*8.4
UNDER 18 YEARS.....	*17.5	*2.9	*2.9	*14.6	...	...	*5.9	*3.2	*0.2	*5.0
18-44 YEARS.....	72.3	32.6	25.9	39.5	27.9	36.4	*8.8	30.1	20.7	*7.4
45 YEARS AND OVER.....	96.0	*10.3	*8.9	85.7	*27.0	54.2	*27.5	*13.0	*28.5	*13.8
\$35,000 OR MORE										
ALL AGES.....	50.0	11.7	11.3	38.4	18.1	31.1	11.3	12.2	9.0	9.0
UNDER 18 YEARS.....	*14.6	*1.8	*1.8	*12.8	...	...	*1.3	*2.1	*	*7.5
18-44 YEARS.....	52.9	17.1	16.6	35.8	21.7	22.2	*6.5	18.0	*15.6	*8.6
45 YEARS AND OVER.....	81.0	*12.2	*11.8	68.8	*11.7	46.7	29.8	*12.3	*6.4	*11.3
GEOGRAPHIC REGION										
NORTHEAST.....	64.3	22.5	22.1	41.7	26.0	40.0	*5.8	27.7	*10.4	14.0
MIDWEST.....	71.9	16.3	11.2	55.6	21.5	52.7	24.0	14.8	10.3	9.4
SOUTH.....	102.4	21.2	19.3	80.2	36.2	68.4	24.7	23.5	20.5	20.9
WEST.....	75.1	10.8	*9.2	63.7	34.8	48.4	20.3	11.7	19.1	17.9
PLACE OF RESIDENCE										
MSA.....	80.8	17.9	15.9	62.4	32.2	49.3	16.7	20.6	17.5	15.4
CENTRAL CITY.....	89.6	23.7	20.5	65.6	39.2	53.5	11.6	26.7	23.1	16.8
NOT CENTRAL CITY.....	74.8	13.9	12.8	60.3	27.4	46.3	20.2	16.5	13.7	14.5
NOT MSA.....	83.4	19.2	15.4	63.9	23.0	72.0	29.6	17.0	*9.3	18.3

¹INCLUDES UNKNOWNNS FOR EACH CHARACTERISTIC.

²FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

³INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 1-4 AND 7-10 CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 56 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 5 AND 6 CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 56 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 56 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 56. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?		AT WORK? ²		PLACE OF ACCIDENT				
						AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
NUMBER OF BED DAYS IN THOUSANDS										
ALL PERSONS ³	194,151	43,328	37,688	149,723	52,878	95,290	46,823	47,288	37,330	36,369
AGE										
UNDER 5 YEARS.....	4,242	363	363	3,879	...	...	1,984	363	-	859
5-17 YEARS.....	8,935	1,520	1,520	7,415	...	...	1,993	2,013	692	3,336
18-24 YEARS.....	14,035	5,420	5,342	8,565	1,649	7,324	1,457	6,360	1,645	2,947
25-44 YEARS.....	72,506	21,362	17,460	50,374	30,956	30,215	11,357	20,190	20,131	15,092
45-64 YEARS.....	56,665	11,503	10,163	44,883	17,615	29,227	10,216	13,738	13,768	9,970
65 YEARS AND OVER.....	37,767	3,161	2,842	34,607	2,659	28,524	19,817	4,618	1,094	6,165
SEX AND AGE										
MALE										
ALL AGES.....	97,114	20,191	16,856	76,102	38,352	38,844	17,504	21,407	29,193	22,790
UNDER 18 YEARS.....	8,771	1,532	1,532	7,239	...	...	2,507	1,975	692	2,476
18-44 YEARS.....	46,753	12,355	9,815	33,577	22,686	16,716	5,348	12,170	16,314	11,049
45 YEARS AND OVER.....	41,590	6,304	5,509	35,286	15,666	22,128	9,649	7,261	12,186	9,265
FEMALE										
ALL AGES.....	97,037	23,137	20,832	73,621	14,527	56,446	29,319	25,882	8,137	15,579
UNDER 18 YEARS.....	4,406	351	351	4,055	...	...	1,470	401	-	1,720
18-44 YEARS.....	39,789	14,426	12,987	25,362	9,919	20,824	7,465	14,386	5,461	6,990
45 YEARS AND OVER.....	52,842	8,359	7,495	44,203	4,608	35,623	20,384	11,095	2,676	6,870
RACE AND AGE										
WHITE										
ALL AGES.....	164,671	35,784	30,536	128,066	41,985	81,045	40,077	38,354	27,407	35,341
UNDER 18 YEARS.....	11,517	1,412	1,412	10,105	...	...	3,533	1,613	692	3,742
18-44 YEARS.....	71,024	22,411	18,483	47,792	25,809	31,019	10,583	22,032	15,936	15,964
45 YEARS AND OVER.....	82,130	11,961	10,641	70,170	16,176	50,026	25,962	14,709	10,779	15,635
BLACK										
ALL AGES.....	26,593	7,451	7,059	18,863	9,599	13,139	6,030	8,699	9,230	1,786
UNDER 18 YEARS.....	1,569	471	471	1,099	...	...	444	763	-	363
18-44 YEARS.....	13,300	4,277	4,225	9,023	5,762	5,733	1,833	4,289	5,407	924
45 YEARS AND OVER.....	11,724	2,702	2,363	8,742	3,838	7,406	3,753	3,647	3,824	499

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 56. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL EPISODES ¹	MOVING MOTOR VEHICLE?		NO	AT WORK? ²		PLACE OF ACCIDENT			
		YES	NO		YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC							
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF BED DAYS IN THOUSANDS										
ALL AGES.....	47,175	11,094	9,339	36,081	8,586	25,447	12,597	11,844	4,767	10,438
UNDER 18 YEARS.....	3,009	601	601	2,408	...	...	461	710	-	1,249
18-44 YEARS.....	20,161	5,744	4,968	14,417	4,109	9,996	4,589	5,805	2,490	4,214
45 YEARS AND OVER.....	24,005	4,749	3,769	19,256	4,477	15,451	7,546	5,330	2,277	4,975
\$10,000-\$19,999										
ALL AGES.....	47,048	7,933	6,962	39,571	15,375	21,407	9,560	9,586	11,107	12,350
UNDER 18 YEARS.....	2,989	363	363	2,626	...	...	1,418	363	650	465
18-44 YEARS.....	21,303	3,750	2,885	17,409	9,931	7,452	3,244	3,531	6,057	7,016
45 YEARS AND OVER.....	23,355	3,820	3,714	19,535	5,444	13,955	4,898	5,693	4,400	4,869
\$20,000-\$34,999										
ALL AGES.....	38,964	11,369	9,251	27,545	12,258	19,035	7,954	11,138	10,505	5,173
UNDER 18 YEARS.....	3,026	505	505	2,521	...	...	1,021	551	42	865
18-44 YEARS.....	20,388	9,193	7,308	11,144	7,880	10,261	2,479	8,489	5,848	2,078
45 YEARS AND OVER.....	15,550	1,671	1,437	13,880	4,378	8,774	4,454	2,098	4,615	2,231
\$35,000 OR MORE										
ALL AGES.....	34,603	8,071	7,816	26,532	9,130	15,705	7,801	8,435	6,204	6,222
UNDER 18 YEARS.....	2,737	336	336	2,400	...	...	243	391	-	1,397
18-44 YEARS.....	16,991	5,500	5,315	11,490	6,974	7,125	2,091	5,780	5,021	2,752
45 YEARS AND OVER.....	14,876	2,234	2,165	12,642	2,156	8,580	5,467	2,264	1,183	2,073
GEOGRAPHIC REGION										
NORTHEAST.....	32,225	11,290	11,056	20,885	9,853	15,172	2,905	13,886	5,227	7,036
MIDWEST.....	41,251	9,357	6,401	31,894	9,022	22,111	13,743	8,489	5,933	5,403
SOUTH.....	83,304	17,288	15,679	65,245	21,464	40,565	20,092	19,092	16,662	17,038
WEST.....	37,371	5,393	4,553	31,699	12,540	17,442	10,083	5,820	9,509	8,892
PLACE OF RESIDENCE										
MSA.....	149,035	32,944	29,384	115,186	43,860	67,063	30,813	38,079	32,287	28,467
CENTRAL CITY.....	67,034	17,719	15,361	49,036	21,814	29,824	8,681	19,957	17,292	12,569
NOT CENTRAL CITY.....	82,001	15,226	14,023	66,149	22,046	37,238	22,132	18,122	14,995	15,898
NOT MSA.....	45,115	10,384	8,305	34,537	9,018	28,227	16,011	9,210	5,043	9,902

¹INCLUDES UNKNOWN FOR EACH CHARACTERISTIC.

²FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

³INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 57. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY AGE: UNITED STATES, 1987

(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 CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS			65 YEARS AND OVER			
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS		NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS						
ARTHRITIS.....	131.8	33.7	2.8	52.8	273.3	482.2	463.6	511.9
GOUT, INCLUDING GOUTY ARTHRITIS.....	9.6	1.8	*	2.9	22.4	35.2	37.2	32.1
INTERVERTEBRAL DISC DISORDERS.....	16.7	8.5	*0.7	13.4	40.0	27.6	34.8	16.1
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	9.3	5.4	*0.9	8.1	21.7	12.9	13.7	*11.6
DISORDERS OF BONE OR CARTILAGE.....	4.8	2.5	*1.8	2.9	7.9	13.7	13.3	14.5
TROUBLE WITH BUNIONS.....	9.6	3.9	*0.8	5.9	16.9	31.4	34.4	26.6
BURSITIS, UNCLASSIFIED.....	19.4	10.1	*1.6	15.3	42.5	37.8	42.6	30.0
SEBACEOUS SKIN CYST.....	5.8	5.7	2.4	7.8	6.8	5.2	*4.2	*6.6
TROUBLE WITH ACNE.....	19.3	26.9	25.6	27.8	*2.2	*1.5	*2.5	*
PSORIASIS.....	8.7	6.5	3.0	8.6	14.0	13.1	14.7	*10.5
DERMATITIS.....	36.5	35.9	32.1	38.3	41.8	31.0	25.8	39.4
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	18.0	15.5	9.4	19.2	19.1	31.1	26.5	38.6
TROUBLE WITH INGROWN NAILS.....	23.8	18.3	7.3	25.2	31.6	43.8	36.2	56.0
TROUBLE WITH CORNS AND CALLUSES.....	17.1	9.6	*1.4	14.6	29.3	41.9	33.6	54.9
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	33.3	21.9	10.1	29.3	47.3	77.4	56.3	111.2
COLOR BLINDNESS.....	11.6	10.8	5.3	14.2	13.1	14.0	14.7	12.8
CATARACTS.....	23.4	1.1	*0.2	1.7	18.6	161.7	105.2	252.0
GLAUCOMA.....	8.8	1.2	*	1.9	12.2	48.0	37.5	64.8
HEARING IMPAIRMENT.....	88.0	39.5	16.0	54.1	135.6	296.8	264.7	348.0
TINNITUS.....	26.1	11.8	*1.1	18.4	41.7	85.5	96.6	67.9
SPEECH IMPAIRMENT.....	10.0	11.3	18.5	6.8	5.0	10.9	12.1	*8.9
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	6.9	3.0	*1.1	4.1	11.9	22.1	19.3	26.5
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	5.1	2.9	3.0	2.8	9.8	10.6	9.9	*11.7
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	116.2	97.3	35.8	135.4	155.0	165.3	154.9	182.0
BACK.....	65.0	55.3	12.8	61.7	87.6	85.2	87.6	81.5
UPPER EXTREMITIES.....	13.2	9.8	2.5	14.4	21.9	19.2	18.8	19.6
LOWER EXTREMITIES.....	51.5	43.5	21.8	56.9	61.2	83.3	67.4	108.7
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	19.2	14.9	*1.5	23.2	29.1	28.7	32.7	22.3
HERNIA OF ABDOMINAL CAVITY.....	19.4	6.5	2.6	9.0	38.7	63.9	66.0	60.6
GASTRITIS OR DUODENITIS.....	12.1	8.0	3.0	11.0	20.6	22.7	23.7	20.9
FREQUENT INDIGESTION.....	25.5	18.3	2.6	28.0	40.5	43.8	45.6	40.9
ENTERITIS OR COLITIS.....	8.4	6.2	2.9	8.2	12.0	15.6	19.4	*9.5
SPASTIC COLON.....	5.6	3.9	*0.2	6.2	10.0	8.4	10.5	*5.2
DIVERTICULA OF INTESTINES.....	8.2	1.1	*	1.7	14.7	39.4	37.0	43.1
FREQUENT CONSTIPATION.....	19.7	11.8	7.6	14.4	18.2	68.6	50.4	97.9

SEE NOTES AT END OF TABLE.

TABLE 57. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS				65 YEARS AND OVER		
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	11.5	5.2	*0.9	7.8	20.5	33.9	40.1	24.1
DIABETES.....	27.8	8.1	*2.0	11.9	56.4	98.2	98.3	98.2
ANEMIAS.....	13.4	13.6	7.5	17.4	9.4	18.4	14.3	25.1
EPILEPSY.....	4.3	4.5	4.1	4.7	5.2	*2.0	*1.2	*3.2
MIGRAINE HEADACHE.....	35.8	36.6	8.4	54.0	45.7	15.6	18.8	*10.5
NEURALGIA OR NEURITIS, UNSPECIFIED.....	3.7	1.0	*	1.7	7.1	14.0	8.9	22.1
KIDNEY TROUBLE.....	13.9	10.0	3.2	14.2	20.6	26.2	26.9	25.2
BLADDER DISORDERS.....	14.5	10.0	4.2	13.6	19.0	33.5	27.8	42.5
DISEASES OF PROSTATE.....	7.2	1.4	*	2.2	10.6	36.4	38.2	33.5
DISEASE OF FEMALE GENITAL ORGANS.....	18.0	19.4	3.0	29.5	16.7	12.0	13.7	*9.3
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	7.9	3.7	*0.6	5.6	18.2	16.2	15.2	17.8
HEART DISEASE.....	82.4	33.6	22.2	40.7	126.1	299.2	284.7	322.2
ISCHEMIC HEART DISEASE.....	30.1	3.1	*0.3	4.8	58.6	143.7	139.0	151.1
HEART RHYTHM DISORDERS.....	33.4	23.5	18.0	27.0	40.4	79.8	79.5	80.3
TACHYCARDIA OR RAPID HEART.....	7.5	2.7	*0.2	4.3	11.7	28.4	29.6	26.5
HEART MURMURS.....	19.4	19.3	17.4	20.4	17.0	23.6	24.5	22.1
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	6.5	1.5	*0.3	2.3	11.7	27.8	25.4	31.7
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	18.9	7.0	3.8	8.9	27.2	75.6	66.1	90.7
HIGH BLOOD PRESSURE (HYPERTENSION).....	118.6	39.4	3.2	61.8	252.0	371.1	392.4	337.0
CEREBROVASCULAR DISEASE.....	11.4	1.3	*1.1	1.4	19.2	58.1	48.9	72.6
HARDENING OF THE ARTERIES.....	9.9	*0.6	*	*0.9	12.0	61.3	49.8	79.8
VARICOSE VEINS OF LOWER EXTREMITIES.....	30.0	16.8	*0.7	26.8	54.1	75.7	82.5	64.8
HEMORRHOIDS.....	44.0	29.2	*0.6	46.9	79.7	73.7	74.1	73.1
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	53.4	48.7	62.1	40.4	56.9	75.9	86.9	58.2
ASTHMA.....	40.1	41.4	52.5	34.5	36.3	38.6	39.0	37.8
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	95.1	99.3	64.0	121.2	93.8	72.5	89.8	44.9
CHRONIC SINUSITIS.....	132.6	114.3	37.6	149.5	192.1	145.3	154.0	131.4
DEVIATED NASAL SEPTUM.....	6.1	5.3	*1.2	7.8	8.9	6.8	8.4	*4.4
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	13.3	18.4	30.2	11.1	*2.1	*0.8	*1.3	*
EMPHYSEMA.....	8.5	*0.6	*	*1.0	16.9	41.7	46.1	34.8

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II. THE FREQUENCIES OF TABLE 62 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 58. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY SEX AND AGE: UNITED STATES, 1987

(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 CHRONIC CONDITION	MALE					FEMALE				
	45-64 YEARS		65 YEARS AND OVER			45-64 YEARS		65 YEARS AND OVER		
	UNDER 45 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	TOTAL	UNDER 45 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
ARTHRITIS.....	22.1	201.9	376.5	360.0	408.3	45.2	338.4	556.8	545.9	572.1
GOUT, INCLUDING GOUTY ARTHRITIS.....	1.7	36.8	57.4	65.0	42.9	1.8	9.3	19.6	15.1	26.0
INTERVERTEBRAL DISC DISORDERS.....	10.2	46.7	36.0	45.9	*16.8	6.9	33.9	21.7	26.0	*15.6
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	4.9	22.6	*10.6	*11.1	*9.8	5.8	20.9	14.6	15.9	*12.7
DISORDERS OF BONE OR CARTILAGE.....	2.8	*3.0	*3.2	*2.0	*5.8	2.1	12.3	21.2	22.3	*19.7
TROUBLE WITH BUNIONS.....	*1.4	6.4	14.4	*16.6	*10.3	6.4	26.4	43.3	48.5	36.0
BURSITIS, UNCLASSIFIED.....	7.9	41.6	33.5	36.0	*28.4	12.2	43.3	40.8	47.9	30.8
SEBACEOUS SKIN CYST.....	5.7	*6.1	*3.9	*2.9	*6.0	5.7	7.4	*6.0	*5.3	*7.0
TROUBLE WITH ACNE.....	24.7	*1.5	*1.0	*1.6	*	29.2	*2.9	*1.9	*3.2	*
PSORIASIS.....	6.6	14.4	18.5	19.1	*17.6	6.3	13.7	9.2	*11.2	*6.4
DERMATITIS.....	28.6	32.3	23.3	20.1	*29.4	43.3	50.4	36.5	30.4	45.2
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	13.0	18.5	31.2	28.8	35.9	17.9	19.7	31.1	24.6	40.3
TROUBLE WITH INGROWN NAILS.....	19.0	28.0	44.7	30.7	71.8	17.7	34.8	43.2	40.5	47.0
TROUBLE WITH CORNS AND CALLUSES.....	6.7	18.1	32.2	25.8	44.4	12.3	39.5	48.8	40.1	61.0
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	29.3	54.6	80.8	72.8	96.1	14.6	40.7	75.1	43.2	119.9
COLOR BLINDNESS.....	19.5	26.3	27.5	29.9	*22.8	2.2	*1.0	*4.5	*2.6	*7.0
CATARACTS.....	*1.3	17.0	121.9	79.5	203.5	*1.0	20.1	189.8	125.6	280.1
GLAUCOMA.....	*1.6	10.8	42.9	39.3	49.9	*0.8	13.5	51.6	36.0	73.5
HEARING IMPAIRMENT.....	47.5	184.3	346.1	331.8	373.7	31.6	91.1	261.9	211.3	333.2
TINNITUS.....	11.8	49.3	88.8	107.3	53.2	11.8	34.8	83.3	88.1	76.3
SPEECH IMPAIRMENT.....	15.9	*4.5	12.7	*16.6	*5.3	6.7	*5.5	9.6	*8.5	*11.2
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	4.0	19.7	45.1	35.0	64.5	1.9	*4.8	*5.9	*6.9	*4.4
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	3.5	9.5	15.5	*14.4	*17.6	2.3	10.2	*7.2	*6.4	*8.3
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	100.0	161.1	154.5	145.2	172.6	94.7	149.5	172.9	162.6	187.5
BACK.....	50.8	88.0	67.0	72.5	56.2	59.9	87.3	98.2	99.6	96.1
UPPER EXTREMITIES.....	13.6	24.0	18.8	20.0	*16.3	6.1	20.0	19.4	17.9	21.6
LOWER EXTREMITIES.....	48.0	69.9	86.2	71.0	115.4	39.0	53.3	81.2	64.6	104.6
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	13.6	23.6	28.8	36.9	*13.0	16.2	34.2	28.7	29.3	27.7
HERNIA OF ABDOMINAL CAVITY.....	7.4	39.9	62.8	66.4	55.7	5.7	37.6	64.7	65.6	63.5
GASTRITIS OR DUODENITIS.....	7.7	13.8	15.0	18.4	*8.5	8.3	26.8	28.1	28.0	28.2
FREQUENT INDIGESTION.....	20.5	40.6	42.1	41.8	42.9	16.1	40.4	45.0	48.7	39.7
ENTERITIS OR COLITIS.....	4.1	8.1	12.9	18.3	*2.5	8.2	15.6	17.5	20.2	*13.4
SPASTIC COLON.....	*1.1	*2.1	*5.9	*6.1	*5.5	6.7	17.2	10.1	*13.9	*4.8
DIVERTICULA OF INTESTINES.....	*0.8	9.3	27.6	25.7	*31.1	*1.3	19.6	47.7	46.1	49.9
FREQUENT CONSTIPATION.....	7.1	*6.3	37.8	18.9	74.0	16.5	29.1	90.4	75.4	111.6

SEE NOTES AT END OF TABLE.

TABLE 58. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY SEX AND AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	MALE					FEMALE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	*1.1	7.6	*9.4	*13.0	*2.8	9.2	32.2	51.2	61.6	36.6
DIABETES.....	8.1	59.5	108.3	107.6	109.7	8.1	53.5	91.1	90.9	91.5
ANEMIAS.....	5.4	*6.1	13.9	*9.9	*21.6	21.8	12.4	21.6	17.7	27.1
EPILEPSY.....	3.9	*5.7	*	*	*	5.0	*4.6	*3.3	*2.1	*5.1
MIGRAINE HEADACHE.....	18.5	22.9	*7.3	*8.4	*5.3	54.5	66.6	21.5	27.2	*13.6
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*0.7	*4.7	13.9	*13.4	*15.1	*1.4	9.3	14.0	*5.3	26.3
KIDNEY TROUBLE.....	6.5	25.8	33.1	33.4	*32.6	13.4	15.8	21.4	21.8	20.9
BLADDER DISORDERS.....	*1.2	*5.5	25.8	23.7	*29.9	18.8	31.3	38.8	31.1	49.7
DISEASES OF PROSTATE.....	2.7	22.3	87.9	86.2	91.1	...	...	...	...	...
DISEASE OF FEMALE GENITAL ORGANS.....	...	...	...	...	...	38.6	32.0	20.5	24.6	*14.7
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	1.8	9.7	14.4	*14.6	*14.1	5.6	26.0	17.5	15.7	19.8
HEART DISEASE.....	26.4	142.6	315.2	321.1	304.1	40.8	111.1	287.7	255.8	332.7
ISCHEMIC HEART DISEASE.....	3.8	83.8	177.8	180.6	172.1	2.3	35.6	119.6	105.9	138.9
HEART RHYTHM DISORDERS.....	18.0	29.4	61.6	62.2	60.0	29.0	50.4	92.8	93.3	92.2
TACHYCARDIA OR RAPID HEART.....	*1.6	*4.3	17.9	20.2	*13.6	3.9	18.4	35.8	37.1	34.0
HEART MURMURS.....	15.5	11.7	18.5	18.5	*18.3	23.0	21.8	27.2	29.2	24.4
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	*1.0	13.3	25.1	23.5	*28.1	2.1	10.2	29.8	26.9	33.8
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	4.5	29.5	76.0	78.2	71.8	9.4	25.1	75.4	56.6	101.7
HIGH BLOOD PRESSURE (HYPERTENSION).....	41.8	244.3	314.4	348.9	247.9	37.0	259.1	411.1	426.9	388.8
CEREBROVASCULAR DISEASE.....	1.7	20.0	62.8	52.1	83.1	*0.9	18.4	54.8	46.4	66.5
HARDENING OF THE ARTERIES.....	*0.6	16.6	65.8	62.6	72.3	*0.6	7.9	58.2	39.7	84.3
VARICOSE VEINS OF LOWER EXTREMITIES.....	5.7	22.5	41.1	50.8	*22.3	27.8	83.0	100.1	107.7	89.4
HEMORRHOIDS.....	27.3	83.3	64.6	59.8	74.3	31.1	76.5	80.1	85.4	72.5
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	44.2	39.9	66.8	75.8	49.4	53.1	72.5	82.3	95.7	63.5
ASTHMA.....	43.7	28.6	34.0	27.0	47.4	39.1	43.3	41.9	48.7	32.2
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	100.1	86.9	65.2	76.9	43.2	98.5	100.1	77.6	100.0	46.1
CHRONIC SINUSITIS.....	102.2	171.6	123.9	140.3	92.3	126.4	210.9	160.4	164.8	154.2
DEVIATED NASAL SEPTUM.....	6.3	12.9	*8.6	*9.7	*6.3	4.2	*5.3	*5.6	*7.3	*3.2
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	16.8	*1.6	*	*	*	20.0	*2.6	*1.4	*2.4	*
EMPHYSEMA.....	*0.4	23.4	62.3	61.5	64.2	*0.8	11.0	27.1	33.9	*17.7

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II, THE FREQUENCIES OF TABLE 63 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 59. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY RACE AND AGE: UNITED STATES, 1987

(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 CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS	75 YEARS AND OVER			TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	35.3	264.3	474.4	454.1	506.3	26.2	392.3	593.5	583.1	611.6
GOUT, INCLUDING GOUTY ARTHRITIS.....	1.7	22.0	33.8	35.4	31.2	*2.7	*27.0	*52.7	*55.1	*47.4
INTERVERTEBRAL DISC DISORDERS.....	9.4	40.9	28.7	35.7	17.7	*4.0	37.3	*20.4	*32.3	*-
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	5.7	23.2	13.7	14.2	*12.8	*2.9	*12.1	*7.7	*12.1	*-
DISORDERS OF BONE OR CARTILAGE.....	2.7	8.8	14.7	13.8	15.9	*1.1	*1.8	*6.4	*10.1	*-
TROUBLE WITH BUNIONS.....	3.8	16.7	30.3	32.5	26.8	*5.3	*21.1	*38.7	*45.1	*27.7
BURSITIS, UNCLASSIFIED.....	10.7	42.7	37.4	42.2	29.6	6.9	44.8	*44.2	*54.5	*26.6
SEBACEOUS SKIN CYST.....	6.2	6.8	5.6	*4.5	*7.3	*3.4	*3.7	*1.3	*2.0	*-
TROUBLE WITH ACNE.....	28.4	*2.1	*1.7	*2.8	*-	22.3	*1.3	*-	*-	*-
PSORIASIS.....	7.4	16.0	14.1	15.6	*11.6	*1.9	*1.1	*-	*-	*-
DERMATITIS.....	37.2	43.8	32.5	26.9	41.2	29.7	*26.3	*20.4	*18.2	*24.3
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	15.8	20.2	33.0	27.2	42.1	13.2	*10.5	*16.2	*22.9	*4.6
TROUBLE WITH INGROWN NAILS.....	19.8	30.6	44.4	35.8	58.1	11.3	46.7	*40.0	*39.0	*41.6
TROUBLE WITH CORNS AND CALLUSES.....	8.8	26.9	40.3	30.0	56.4	15.3	56.2	62.1	*72.0	*45.1
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	23.5	46.0	77.4	55.5	111.9	14.4	66.5	69.7	*49.1	*105.2
COLOR BLINDNESS.....	12.0	13.8	14.9	15.4	14.1	*4.9	*11.2	*-	*-	*-
CATARACTS.....	1.0	18.3	165.5	107.8	256.8	*1.5	*6.6	133.5	*88.8	211.6
GLAUCOMA.....	1.1	9.1	46.5	33.7	66.8	*0.2	41.9	66.8	*75.3	*50.9
HEARING IMPAIRMENT.....	43.4	144.1	308.2	274.7	361.2	18.7	72.0	162.0	141.2	197.7
TINNITUS.....	12.6	45.3	89.1	102.5	68.1	9.3	*21.1	*46.8	*43.7	*52.0
SPEECH IMPAIRMENT.....	10.4	4.0	7.8	9.3	*5.5	18.8	*15.4	*41.2	*43.7	*37.0
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	3.2	11.2	22.7	20.6	25.9	*2.4	*21.1	*19.6	*8.7	*38.2
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	3.1	9.7	9.8	9.4	*10.4	*2.3	*13.8	*19.6	*14.8	*27.7
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	105.5	157.1	167.5	153.9	188.8	53.1	152.3	148.8	165.4	*120.2
BACK.....	60.8	89.6	85.9	87.2	83.6	25.1	84.9	80.8	94.1	*57.8
UPPER EXTREMITIES.....	10.5	21.6	20.1	19.5	21.2	*4.4	*21.5	*6.8	*8.1	*5.8
LOWER EXTREMITIES.....	46.3	60.3	81.9	63.1	111.9	29.0	67.6	101.2	108.9	*87.9
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	15.5	28.6	28.7	32.9	22.1	10.2	38.0	*19.1	*20.8	*16.2
HERNIA OF ABDOMINAL CAVITY.....	6.8	41.0	67.9	70.5	63.9	6.9	*27.2	*31.0	*30.3	*32.4
GASTRITIS OR DUODENITIS.....	8.0	21.2	23.5	24.6	21.6	*5.8	*19.1	*14.5	*18.8	*6.9
FREQUENT INDIGESTION.....	19.4	38.8	45.3	46.8	42.9	12.3	40.8	*21.7	*20.8	*22.0
ENTERITIS OR COLITIS.....	6.8	13.8	16.4	20.2	*10.5	*2.9	*-	*-	*-	*-
SPASTIC COLON.....	4.5	11.2	9.3	11.6	*5.7	*0.5	*-	*-	*-	*-
DIVERTICULA OF INTESTINES.....	1.2	16.2	43.1	40.5	47.4	*-	*2.9	*-	*-	*-
FREQUENT CONSTIPATION.....	11.3	14.9	67.5	47.9	98.5	16.1	44.5	77.4	*76.0	*79.8

SEE NOTES AT END OF TABLE.

TABLE 59. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY RACE AND AGE: UNITED STATES, 1967--CON.

(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 CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS	75 YEARS AND OVER			TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	5.5	21.0	34.1	38.9	26.5	*3.6	*8.6	*28.5	*45.1	*-
DIABETES.....	7.8	51.2	91.3	94.2	86.9	9.8	102.5	162.8	130.5	218.5
ANEMIAS.....	12.0	7.8	18.0	13.1	25.7	24.1	*18.9	*25.9	*28.9	*22.0
EPILEPSY.....	4.2	4.7	*1.9	*0.8	*3.6	7.4	*11.0	*3.0	*4.7	*-
MIGRAINE HEADACHE.....	39.2	48.6	14.0	17.2	*8.9	23.0	*23.3	*32.3	*39.7	*19.7
NEURALGIA OR NEURITIS, UNSPECIFIED.....	1.0	7.0	13.8	*7.6	23.4	*1.3	*9.7	*14.5	*22.9	*-
KIDNEY TROUBLE.....	10.6	20.9	25.5	25.5	25.4	6.9	*23.7	*30.6	*32.3	*26.6
BLADDER DISORDERS.....	11.1	20.3	33.2	28.0	41.4	*5.1	*8.8	*34.0	*30.9	*39.3
DISEASES OF PROSTATE.....	1.3	10.5	37.1	39.3	33.5	*1.9	*12.1	*31.0	*33.0	*28.9
DISEASE OF FEMALE GENITAL ORGANS.....	19.6	16.4	12.9	15.2	*9.3	21.0	*17.6	*3.8	*-	*10.4
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	3.8	19.5	16.5	16.9	15.9	*1.7	*11.6	*10.2	*-	*27.7
HEART DISEASE.....	34.9	128.6	309.5	295.4	331.6	28.9	128.8	234.7	223.9	252.0
ISCHEMIC HEART DISEASE.....	3.1	63.5	154.4	150.5	160.6	*2.7	*28.7	*51.9	*44.4	*65.9
HEART RHYTHM DISORDERS.....	24.4	41.8	84.0	82.7	85.9	20.5	32.3	*45.5	*60.5	*19.7
TACHYCARDIA OR RAPID HEART.....	2.9	12.6	29.9	30.7	28.4	*1.5	*7.0	*17.4	*22.9	*8.1
HEART MURMURS.....	20.0	17.0	24.2	24.1	24.4	17.2	*16.7	*20.8	*33.0	*-
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	1.6	12.1	29.9	27.9	33.1	*1.7	*8.3	*7.2	*4.0	*12.7
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	7.3	23.3	71.1	62.2	85.2	*5.7	67.8	136.9	119.7	166.5
HIGH BLOOD PRESSURE (HYPERTENSION).....	35.7	237.6	361.1	376.1	337.5	64.3	374.3	432.4	495.0	326.0
CEREBROVASCULAR DISEASE.....	1.4	17.6	57.5	47.1	73.9	*0.6	33.1	74.0	*76.7	*68.2
HARDENING OF THE ARTERIES.....	*0.6	13.3	66.8	55.3	85.1	*0.5	*4.6	*9.8	*2.0	*23.1
VARICOSE VEINS OF LOWER EXTREMITIES.....	18.3	57.5	79.7	86.0	69.5	11.8	*21.7	*40.4	*52.5	*19.7
HEMORRHOIDS.....	31.0	85.8	76.6	77.5	75.1	20.0	40.6	*50.2	*49.1	*52.0
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	51.8	58.7	76.4	91.0	53.5	35.1	41.7	62.9	*52.5	*60.9
ASTHMA.....	41.3	37.4	38.8	40.2	36.6	46.9	32.5	*42.5	*34.3	*56.6
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	107.4	97.8	76.2	95.2	46.1	56.5	60.6	*28.9	*33.0	*22.0
CHRONIC SINUSITIS.....	121.2	199.1	145.1	152.9	132.8	88.7	170.3	150.9	170.8	*115.6
DEVIATED NASAL SEPTUM.....	6.2	9.1	6.9	9.3	*3.1	*0.3	*4.6	*-	*-	*-
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	20.4	*1.6	*0.9	*1.5	*-	8.1	*2.4	*-	*-	*-
EMPHYSEMA.....	*0.7	18.7	44.0	50.5	33.8	*0.3	*6.4	*9.4	*8.1	*11.6

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II, THE FREQUENCIES OF TABLE 64 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1987

(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 CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	53.0	482.2	550.2	533.7	567.5	32.1	346.3	540.1	545.1	530.4
GOUT, INCLUDING GOUTY ARTHRITIS.....	*3.1	35.9	33.2	39.3	*26.6	*2.4	*17.0	38.0	38.0	*38.0
INTERVERTEBRAL DISC DISORDERS.....	9.3	62.7	37.9	58.3	*16.3	11.2	41.8	35.1	41.4	*23.2
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	6.8	*9.3	*17.8	*10.3	*25.7	5.4	*14.7	*14.4	*16.9	*9.6
DISORDERS OF BONE OR CARTILAGE.....	*3.4	*13.4	*18.0	*17.5	*18.8	*1.3	*10.1	*12.3	*15.2	*7.0
TROUBLE WITH BUNIONS.....	*5.8	*26.6	42.9	49.4	*35.7	*4.2	*10.1	28.9	*26.0	*34.3
BURSITIS, UNCLASSIFIED.....	13.1	81.3	47.0	51.7	42.4	10.2	50.3	48.0	56.4	*32.4
SEBACEOUS SKIN CYST.....	*4.6	*5.6	*5.2	*0.9	*9.7	5.4	*9.5	*4.6	*4.5	*4.4
TROUBLE WITH ACNE.....	31.3	*	*	*	*	29.0	*2.2	*2.8	*4.3	*
PSORIASIS.....	*2.0	*17.3	*3.5	*3.4	*3.6	8.4	*14.9	*13.0	*17.3	*4.4
DERMATITIS.....	43.3	48.3	36.0	*14.4	58.7	39.7	48.8	38.1	35.5	*43.5
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	13.2	*10.0	33.6	*22.4	45.4	17.1	22.6	35.6	28.6	*48.7
TROUBLE WITH INGROWN NAILS.....	21.0	55.9	59.2	44.8	74.8	21.6	37.9	36.3	30.0	*48.3
TROUBLE WITH CORNS AND CALLUSES.....	11.3	33.4	51.0	40.8	61.7	7.9	28.6	41.2	30.5	61.2
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	20.7	79.8	108.7	62.6	157.4	25.3	52.2	76.2	56.8	112.8
COLOR BLINDNESS.....	*4.7	*8.3	*7.7	*10.9	*4.2	11.1	*6.3	*17.2	*15.4	*20.6
CATARACTS.....	*2.3	*33.2	215.3	130.9	304.2	*1.9	*17.0	139.4	91.4	228.9
GLAUCOMA.....	*0.9	*18.1	41.0	*35.3	46.9	*0.9	21.1	50.0	37.6	73.0
HEARING IMPAIRMENT.....	39.3	131.6	310.9	269.6	354.4	44.4	150.6	318.4	281.8	386.3
TINNITUS.....	15.9	33.7	110.8	130.1	90.5	13.1	41.5	74.5	85.5	53.8
SPEECH IMPAIRMENT.....	18.2	*7.1	*16.8	*27.8	*5.1	15.3	*2.0	*8.2	*10.6	*3.7
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	*2.6	*26.4	27.0	*21.8	*32.4	*3.4	*18.9	*14.5	*14.2	*15.1
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	*3.1	*18.1	*15.8	*21.8	*9.4	*4.4	*9.8	*6.3	*5.3	*8.1
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	110.0	189.9	236.3	237.2	235.5	106.3	168.6	157.2	146.4	177.3
BACK.....	57.8	110.4	132.6	152.7	111.4	56.9	85.2	76.3	73.1	82.2
UPPER EXTREMITIES.....	9.2	*24.9	27.3	*35.9	*18.2	12.3	30.6	*15.9	*13.2	*21.0
LOWER EXTREMITIES.....	54.9	80.3	120.4	95.3	146.8	52.5	76.6	80.8	71.9	97.3
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	21.5	54.0	41.1	51.7	*29.7	21.7	42.3	29.9	34.3	*22.1
HERNIA OF ABDOMINAL CAVITY.....	9.6	55.2	67.6	67.5	67.8	7.6	41.6	74.5	86.3	52.3
GASTRITIS OR DUODENITIS.....	12.1	*31.3	26.7	*25.8	*27.5	11.3	29.6	27.4	38.0	*7.4
FREQUENT INDIGESTION.....	16.2	102.3	60.0	61.7	58.1	17.7	44.7	47.5	56.2	*31.3
ENTERITIS OR COLITIS.....	8.8	*23.4	*13.7	*20.4	*6.4	7.0	*14.8	20.4	*21.9	*17.7
SPASTIC COLON.....	*3.6	*10.5	*6.6	*9.5	*3.6	*2.4	*9.5	*3.7	*5.7	*
DIVERTICULA OF INTESTINES.....	*	*22.2	31.2	*38.8	*23.3	*0.7	19.8	53.9	46.7	67.1
FREQUENT CONSTIPATION.....	19.6	34.7	113.0	89.9	137.4	17.2	23.9	72.6	63.3	89.9

SEE NOTES AT END OF TABLE.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	*4.1	*17.1	36.7	51.7	*20.9	5.5	*18.4	30.8	31.9	*28.8
DIABETES.....	9.8	116.2	112.6	113.1	112.0	11.8	96.7	101.3	98.7	106.2
ANEMIAS.....	21.3	*12.9	21.8	*16.9	*26.9	21.8	*9.5	*16.6	*19.5	*11.1
EPILEPSY.....	7.8	36.1	*-	*-	*-	6.4	*4.9	*4.8	*2.6	*9.2
MIGRAINE HEADACHE.....	40.6	50.3	23.9	*31.9	*15.4	44.7	65.2	*14.8	*17.9	*8.8
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*1.0	*14.9	*16.2	*1.7	*31.5	*1.0	22.5	*17.1	*14.4	*22.1
KIDNEY TROUBLE.....	15.2	44.9	42.1	49.4	*34.5	11.1	20.1	19.3	*23.3	*11.8
BLADDER DISORDERS.....	9.3	*28.8	36.4	*25.8	47.2	9.6	36.2	28.5	*16.4	51.2
DISEASES OF PROSTATE.....	*-	*4.6	20.6	*16.9	*24.5	*1.5	*3.2	45.7	52.6	*32.4
DISEASE OF FEMALE GENITAL ORGANS.....	16.7	*19.0	*15.0	*20.1	*9.7	23.6	*16.1	18.1	*21.5	*11.8
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	*4.7	36.1	*16.5	*15.2	*17.9	*2.2	23.3	*10.3	*9.1	*12.5
HEART DISEASE.....	44.7	213.4	327.7	344.8	309.6	34.4	137.6	320.3	317.1	326.2
ISCHEMIC HEART DISEASE.....	*4.8	73.2	139.4	136.1	142.9	*0.7	79.4	138.1	135.2	143.4
HEART RHYTHM DISORDERS.....	32.2	67.6	95.8	111.4	79.3	26.4	26.7	94.1	96.2	90.3
TACHYCARDIA OR RAPID HEART.....	*4.3	38.6	33.2	49.7	*15.7	*1.8	*6.8	31.9	32.5	*30.2
HEART MURMURS.....	26.3	*12.5	33.9	*34.7	*33.0	23.2	*7.4	28.6	32.9	*20.6
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	*1.6	*16.6	28.7	*27.0	*30.6	*1.4	*12.4	33.8	30.7	*39.4
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	7.7	72.3	92.5	97.3	87.8	7.2	31.6	88.1	85.7	92.5
HIGH BLOOD PRESSURE (HYPERTENSION).....	46.3	333.0	375.7	412.3	336.9	47.9	277.5	381.8	373.7	396.6
CEREBROVASCULAR DISEASE.....	*3.2	34.2	78.7	87.9	69.0	*2.0	29.6	65.2	52.6	88.8
HARDENING OF THE ARTERIES.....	*0.5	*14.6	57.0	43.9	70.5	*0.4	*14.8	70.3	59.9	89.6
VARICOSE VEINS OF LOWER EXTREMITIES.....	17.6	87.9	79.7	78.4	81.1	17.7	62.2	80.7	95.6	52.7
HEMORRHOIDS.....	29.3	96.4	89.9	96.2	83.2	31.8	83.4	72.1	72.1	71.9
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	64.3	113.5	110.7	165.4	53.0	40.0	53.1	87.1	102.3	58.6
ASTHMA.....	60.2	78.1	39.6	61.7	*16.3	37.7	22.1	36.0	36.7	*34.6
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	68.2	80.1	74.1	106.8	*39.3	91.0	70.6	74.0	93.0	*38.3
CHRONIC SINUSITIS.....	102.2	248.5	216.3	234.3	197.3	113.3	198.5	139.9	154.5	112.8
DEVIATED NASAL SEPTUM.....	*0.4	*-	*1.8	*3.4	*-	*1.7	*4.6	*9.0	*11.8	*3.7
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	19.8	*8.1	*3.4	*6.6	*-	16.5	*3.6	*-	*-	*-
EMPHYSEMA.....	*1.5	77.1	66.5	86.4	45.4	*1.6	*12.3	30.4	36.7	*18.8

SEE NOTES AT END OF TABLE.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	33.5	270.8	396.1	365.0	468.4	28.6	209.5	446.4	411.6	522.4
GOUT, INCLUDING GOUTY ARTHRITIS.....	*1.6	17.1	35.2	38.7	*27.2	*1.5	16.2	*36.2	*24.4	*61.8
INTERVERTEBRAL DISC DISORDERS.....	6.0	31.6	*25.6	*27.4	*21.5	9.7	39.8	*12.7	*18.6	*
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	5.1	19.6	*9.4	*13.4	*	6.0	29.3	*12.4	*18.1	*
DISORDERS OF BONE OR CARTILAGE.....	3.3	*8.8	*17.6	*15.9	*21.5	*2.4	*7.9	*7.4	*4.9	*11.7
TROUBLE WITH BUNIONS.....	4.6	24.6	*22.2	*29.1	*6.3	3.2	16.2	*29.1	*42.5	*
BURSITIS, UNCLASSIFIED.....	11.6	43.3	*18.8	*21.4	*12.7	9.1	35.9	*30.1	*39.1	*10.7
SEBACEOUS SKIN CYST.....	6.7	*4.4	*9.0	*12.9	*	5.6	*7.7	*5.0	*	*16.0
TROUBLE WITH ACNE.....	24.2	*	*	*	*	30.8	*4.0	*7.0	*10.3	*
PSORIASIS.....	7.5	*8.6	*23.7	*22.5	*26.6	7.0	20.3	*16.1	*18.1	*11.7
DERMATITIS.....	35.9	46.1	*20.5	*18.6	*24.7	37.8	37.2	*22.4	*18.1	*32.0
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	20.2	*11.9	35.8	*36.2	*34.8	13.9	27.2	*34.5	*30.3	*44.8
TROUBLE WITH INGROWN NAILS.....	22.4	32.0	50.9	43.3	*68.4	14.8	26.5	*36.2	*36.6	*36.2
TROUBLE WITH CORNS AND CALLUSES.....	11.4	36.0	41.9	*29.3	*70.9	10.2	26.0	*44.2	*27.8	*80.0
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	23.4	59.3	70.0	65.3	*81.0	22.4	31.7	65.6	*50.8	*96.1
COLOR BLINDNESS.....	13.1	18.2	*23.3	*21.1	*28.5	13.0	17.5	*20.8	*23.9	*13.9
CATARACTS.....	*1.0	18.7	118.8	96.2	170.9	*0.6	13.0	164.8	110.8	282.5
GLAUCOMA.....	*0.7	*12.4	44.0	38.7	*56.3	*1.5	*8.1	66.0	*53.2	*93.8
HEARING IMPAIRMENT.....	44.6	161.3	289.9	293.7	281.0	37.0	119.6	288.7	226.6	424.3
TINNITUS.....	10.9	54.1	106.0	117.1	*80.4	12.5	38.6	77.4	95.7	*38.4
SPEECH IMPAIRMENT.....	9.6	*6.1	*8.6	*5.8	*15.2	7.6	*2.1	*4.4	*6.3	*
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES CNLY).....	*2.6	*8.3	27.0	*23.9	*34.2	2.9	9.9	*25.5	*20.5	*35.2
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	*2.6	12.7	*9.4	*5.8	*17.7	*1.8	*1.0	*18.8	*11.2	*35.2
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	95.2	169.2	120.4	137.4	*81.0	90.9	139.0	166.8	138.7	228.1
BACK.....	55.7	103.7	54.3	72.1	*13.3	55.2	71.4	94.8	77.6	*132.2
UPPER EXTREMITIES.....	11.8	24.7	*12.8	*18.4	*	6.1	20.9	*12.1	*5.4	*26.7
LOWER EXTREMITIES.....	40.4	60.0	62.4	63.1	*60.8	37.6	56.2	74.0	*55.2	*114.1
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	11.5	25.3	28.9	*28.2	*31.0	12.4	24.0	*13.1	*19.0	*
HERNIA OF ABDOMINAL CAVITY.....	6.2	32.4	74.2	64.2	97.5	6.2	37.6	52.6	*59.1	*37.3
GASTRITIS OR DUODENITIS.....	9.3	18.1	*23.3	*14.5	*43.7	3.8	17.9	*7.4	*4.9	*11.7
FREQUENT INDIGESTION.....	19.6	40.7	43.2	49.6	*28.5	19.3	29.1	*27.5	*18.1	*46.9
ENTERITIS OR COLITIS.....	6.7	13.1	*17.8	*18.9	*14.6	5.2	10.0	*16.4	*23.9	*
SPASTIC COLON.....	4.5	*10.6	*19.1	*18.1	*21.5	5.2	10.5	*10.4	*15.1	*
DIVERTICULA OF INTESTINES.....	*1.8	14.9	38.5	39.5	*36.1	*1.2	12.3	*37.5	*22.0	*71.4
FREQUENT CONSTIPATION.....	7.3	13.2	40.6	*25.5	*75.3	10.4	16.2	*40.5	*25.9	*72.5

SEE NOTES AT END OF TABLE.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	5.3	17.6	52.4	56.8	*42.4	6.4	25.9	*19.4	*17.1	*25.6
DIABETES.....	6.6	45.4	100.1	98.4	104.4	7.7	34.1	70.7	*64.5	*84.2
ANEMIAS.....	9.9	12.6	*18.8	*11.8	*34.8	11.6	*8.5	*10.7	*10.3	*11.7
EPILEPSY.....	4.3	*1.0	*	*	*	*2.4	*	*3.7	*	*11.7
MIGRAINE HEADACHE.....	39.2	42.0	*14.7	*16.2	*11.4	31.2	41.3	*10.7	*11.2	*10.7
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*1.7	*3.1	*8.0	*4.9	*15.8	*0.8	*1.4	*7.7	*6.3	*10.7
KIDNEY TROUBLE.....	12.0	22.2	*17.8	*18.1	*16.5	5.7	13.2	*18.1	*11.2	*32.0
BLADDER DISORDERS.....	13.1	*9.1	41.1	*36.7	*51.3	7.4	13.6	*30.8	*28.8	*35.2
DISEASES OF PROSTATE.....	*2.5	12.4	52.2	48.8	*60.1	*0.6	13.5	*33.2	*24.4	*52.2
DISEASE OF FEMALE GENITAL ORGANS.....	23.9	20.2	*6.5	*5.8	*8.2	18.5	15.3	*16.1	*17.6	*12.8
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	4.5	18.4	*16.6	*9.0	*34.2	3.9	15.3	*26.5	*24.9	*29.9
HEART DISEASE.....	29.6	123.4	276.9	243.8	353.2	37.4	92.9	261.9	241.2	307.0
ISCHEMIC HEART DISEASE.....	*2.5	70.1	162.1	153.0	182.9	4.2	33.1	158.4	155.8	164.2
HEART RHYTHM DISORDERS.....	21.8	33.5	49.2	40.3	*69.6	23.6	42.8	59.9	*61.5	*56.5
TACHYCARDIA OR RAPID HEART.....	*1.8	*10.4	29.7	*21.1	*49.4	3.5	*8.7	*8.4	*12.2	*
HEART MURMURS.....	17.7	19.2	*8.4	*9.0	*7.0	18.8	20.3	*21.8	*26.9	*10.7
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	*2.2	*3.9	*11.1	*10.1	*13.3	*1.3	13.8	*29.8	*22.5	*44.8
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	5.3	19.8	65.6	50.5	100.6	9.5	17.0	*43.2	*23.4	*86.4
HIGH BLOOD PRESSURE (HYPERTENSION).....	35.4	261.7	394.4	413.5	350.0	37.3	210.3	331.5	368.2	251.6
CEREBROVASCULAR DISEASE.....	*0.7	22.3	45.2	*31.0	*77.8	*0.7	*6.6	*31.8	*19.5	*58.6
HARDENING OF THE ARTERIES.....	*0.8	15.0	69.1	69.1	*69.0	*0.7	9.5	*27.1	*22.0	*38.4
VARICOSE VEINS OF LOWER EXTREMITIES.....	17.0	61.5	85.2	83.1	90.5	18.4	47.7	69.3	79.1	*48.0
HEMORRHOIDS.....	28.9	101.8	80.6	75.1	92.4	31.7	67.9	57.6	*55.2	*62.9
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	55.4	45.3	34.6	*36.2	*31.0	46.6	55.1	71.0	*46.9	*123.7
ASTHMA.....	38.8	30.0	31.6	*29.3	*36.7	40.2	38.3	48.2	*50.8	*42.6
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	106.2	102.0	81.9	96.5	*48.1	122.2	107.0	69.3	78.1	*51.2
CHRONIC SINUSITIS.....	116.2	195.1	134.5	153.6	90.5	126.5	189.2	70.0	73.2	*62.9
DEVIATED NASAL SEPTUM.....	8.3	*2.0	*16.6	*13.4	*24.1	6.3	19.0	*4.4	*6.3	*
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	21.8	*2.2	*	*	*	20.3	*0.7	*	*	*
EMPHYSEMA.....	*	15.2	36.9	45.2	*17.7	*0.5	*8.6	*38.2	*28.8	*58.6

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II, THE FREQUENCIES OF TABLES 65 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 61. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1987

(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 CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
ARTHRITIS.....	124.9	132.8	140.6	123.2	123.8	130.1	119.6	158.9
GOUT, INCLUDING GOUTY ARTHRITIS.....	9.5	8.7	11.3	8.1	9.2	9.2	9.1	11.2
INTERVERTEBRAL DISC DISORDERS.....	15.0	17.2	16.8	17.6	16.9	14.9	18.3	16.0
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	7.8	9.1	9.0	11.7	8.7	9.5	8.1	11.5
DISORDERS OF BONE OR CARTILAGE.....	3.6	4.8	6.0	4.1	4.7	4.9	4.6	5.1
TROUBLE WITH BUNIONS.....	7.8	11.7	10.2	8.0	10.1	12.2	8.7	7.9
BURSITIS, UNCLASSIFIED.....	19.3	18.8	20.6	18.4	19.0	18.3	19.5	20.9
SEBACEOUS SKIN CYST.....	4.6	6.8	6.2	5.3	5.9	4.1	7.0	5.8
TROUBLE WITH ACNE.....	13.5	23.0	18.0	23.0	19.4	21.2	18.3	18.8
PSORIASIS.....	6.6	9.2	8.7	10.1	8.4	7.6	9.0	9.5
DERMATITIS.....	29.9	39.0	37.4	38.5	35.8	39.8	33.0	36.9
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	17.4	22.0	17.9	14.2	16.8	15.4	17.7	22.1
TROUBLE WITH INGROWN NAILS.....	14.1	23.0	33.4	19.0	19.9	18.2	22.5	37.1
TROUBLE WITH CORNS AND CALLUSES.....	12.5	20.3	18.2	16.2	16.1	20.1	13.4	20.3
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	30.4	38.9	31.8	32.1	31.9	34.8	29.9	37.9
COLOR BLINDNESS.....	12.0	11.9	10.1	13.3	11.5	10.2	12.4	11.9
CATARACTS.....	23.8	24.5	23.2	22.0	22.2	21.7	22.6	27.3
GLAUCOMA.....	10.6	9.9	8.1	6.7	8.2	11.0	6.3	10.8
HEARING IMPAIRMENT.....	76.4	103.2	81.5	92.8	82.0	80.8	82.8	108.5
TINNITUS.....	19.7	30.1	25.4	29.3	25.2	25.9	24.8	29.3
SPEECH IMPAIRMENT.....	6.7	10.4	11.9	9.9	9.8	11.7	8.4	10.9
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	5.5	10.4	6.6	4.8	6.6	5.7	7.2	7.8
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	5.7	4.3	6.5	3.3	4.4	4.8	4.2	7.4
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	106.6	122.1	105.4	136.8	115.5	118.4	113.6	118.6
BACK.....	59.6	64.9	55.1	86.4	65.4	68.1	63.6	63.3
UPPER EXTREMITIES.....	9.3	14.9	11.6	17.9	12.5	12.7	12.3	15.7
LOWER EXTREMITIES.....	45.7	57.3	49.9	53.4	50.4	52.7	48.9	55.2
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	12.1	17.3	26.0	17.4	18.1	18.3	17.9	23.1
HERNIA OF ABDOMINAL CAVITY.....	16.3	18.5	24.1	15.8	18.0	16.3	19.2	24.0
GASTRITIS OR DUODENITIS.....	11.6	12.7	10.6	14.4	12.5	13.3	12.0	10.7
FREQUENT INDIGESTION.....	16.2	29.8	30.5	21.5	22.6	21.7	23.3	35.2
ENTERITIS OR COLITIS.....	9.2	9.3	7.7	7.6	7.9	8.0	7.9	9.9
SPASTIC COLON.....	3.1	6.6	6.3	5.7	5.9	6.2	5.8	4.4
DIVERTICULA OF INTESTINES.....	6.5	8.0	9.4	8.0	7.6	6.6	8.3	10.0
FREQUENT CONSTIPATION.....	15.0	23.0	22.1	16.9	18.7	22.9	15.8	23.3

SEE NOTES AT END OF TABLE.

TABLE 61. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NCT MSA
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	8.8	15.7	10.2	11.2	11.4	12.9	10.3	11.7
DIABETES.....	28.8	24.6	31.8	24.2	26.7	28.1	25.6	31.6
ANEMIAS.....	13.7	10.4	14.8	14.3	13.7	15.7	12.4	12.2
EPILEPSY.....	3.6	3.5	4.8	5.1	4.1	5.5	3.2	4.9
MIGRAINE HEADACHE.....	25.6	32.1	42.2	40.0	35.8	35.3	36.2	35.8
NEURALGIA OR NEURITIS, UNSPECIFIED.....	3.9	3.4	5.2	*1.5	3.3	2.4	3.9	5.1
KIDNEY TROUBLE.....	10.6	12.2	20.0	9.3	12.1	12.0	12.2	20.0
BLADDER DISORDERS.....	11.9	15.7	13.9	16.5	13.3	13.3	13.3	18.4
DISEASES OF PROSTATE.....	6.5	6.5	8.6	6.7	6.8	5.1	7.9	8.7
DISEASE OF FEMALE GENITAL ORGANS.....	15.3	20.3	18.2	17.7	18.0	19.9	16.6	18.2
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	10.1	8.5	5.3	9.4	8.0	8.3	7.8	7.6
HEART DISEASE.....	86.4	84.9	84.8	71.7	77.4	77.7	77.3	99.3
ISCHEMIC HEART DISEASE.....	36.2	29.2	29.4	26.2	28.3	27.0	29.2	36.3
HEART RHYTHM DISORDERS.....	31.3	37.3	33.2	31.0	31.7	31.6	31.8	38.9
TACHYCARDIA OR RAPID HEART.....	8.0	8.0	8.0	5.4	6.5	5.7	7.1	10.7
HEART MURMURS.....	17.1	22.1	18.1	20.5	19.2	19.3	19.1	19.8
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	6.2	7.3	7.1	5.1	6.0	6.6	5.6	8.3
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	18.9	18.3	22.1	14.4	17.4	19.1	16.2	24.1
HIGH BLOOD PRESSURE (HYPERTENSION).....	120.6	124.6	125.5	98.3	113.6	117.1	111.2	135.7
CEREBROVASCULAR DISEASE.....	13.0	10.5	11.7	10.2	11.2	11.9	10.8	11.8
HARDENING OF THE ARTERIES.....	10.4	11.4	10.0	7.5	9.0	8.7	9.3	12.9
VARICOSE VEINS OF LOWER EXTREMITIES.....	25.3	37.1	27.0	35.1	30.1	30.8	29.6	33.0
HEMORRHOIDS.....	36.9	53.6	44.2	39.4	41.7	37.6	44.5	51.6
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	45.3	54.2	60.3	49.6	51.8	55.3	49.3	59.2
ASTHMA.....	37.4	37.3	41.7	43.3	39.9	40.1	39.7	40.9
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	71.6	79.0	108.5	115.4	97.8	93.9	100.4	86.0
CHRONIC SINUSITIS.....	87.4	158.3	164.4	96.7	125.0	118.3	129.6	158.8
DEVIATED NASAL SEPTUM.....	10.0	3.5	4.4	8.1	7.0	5.9	7.7	3.2
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	6.9	20.4	13.1	11.6	12.3	12.6	12.2	16.4
EMPHYSEMA.....	8.3	7.6	10.8	6.3	8.1	9.6	7.0	10.2

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II, THE FREQUENCIES OF TABLES 66 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 62. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY AGE: UNITED STATES, 1987

(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 CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS				65 YEARS AND OVER		
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
ARTHRITIS.....	31,438	5,573	180	5,393	12,290	13,575	8,026	5,549
GOUT, INCLUDING GOUTY ARTHRITIS.....	2,296	296	-	296	1,008	992	644	348
INTERVERTEBRAL DISC DISORDERS.....	3,986	1,408	44	1,364	1,800	777	603	174
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	2,230	888	60	828	977	364	238	126
DISORDERS OF BONE OR CARTILAGE.....	1,149	407	112	295	355	387	230	157
TROUBLE WITH BUNIONS.....	2,293	652	52	600	758	883	595	288
BURSITIS, UNCLASSIFIED.....	4,638	1,665	101	1,564	1,910	1,063	738	325
SEBACEOUS SKIN CYST.....	1,394	944	150	793	305	145	73	72
TROUBLE WITH ACNE.....	4,602	4,458	1,623	2,835	101	43	43	-
PSORIASIS.....	2,066	1,067	192	875	630	368	254	114
DERMATITIS.....	8,698	5,945	2,032	3,914	1,879	873	446	427
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	4,294	2,558	595	1,963	860	876	458	418
TROUBLE WITH INGROWN NAILS.....	5,684	3,030	460	2,570	1,421	1,234	627	607
TROUBLE WITH CORNS AND CALLUSES.....	4,078	1,580	87	1,493	1,317	1,180	585	595
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	7,934	3,626	638	2,988	2,128	2,180	975	1,205
COLOR BLINDNESS.....	2,767	1,784	335	1,449	589	393	254	139
CATARACTS.....	5,579	189	13	177	837	4,553	1,821	2,732
GLAUCOMA.....	2,096	196	-	196	548	1,351	649	703
HEARING IMPAIRMENT.....	20,994	6,540	1,012	5,529	6,098	8,355	4,582	3,773
TINNITUS.....	6,235	1,951	67	1,883	1,877	2,407	1,672	736
SPEECH IMPAIRMENT.....	2,393	1,863	1,170	693	224	306	209	97
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	1,644	468	67	421	535	622	334	287
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	1,221	479	188	291	443	299	172	127
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	27,725	16,098	2,263	13,835	6,973	4,655	2,662	1,973
BACK.....	15,496	9,156	811	8,345	3,940	2,400	1,517	883
UPPER EXTREMITIES.....	3,151	1,624	157	1,467	987	540	326	213
LOWER EXTREMITIES.....	12,292	7,196	1,382	5,815	2,752	2,344	1,167	1,178
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	4,580	2,462	92	2,371	1,310	808	566	242
HERNIA OF ABDOMINAL CAVITY.....	4,624	1,083	165	918	1,742	1,799	1,142	657
GASTRITIS OR DUODENITIS.....	2,887	1,321	193	1,128	928	638	411	227
FREQUENT INDIGESTION.....	6,075	3,022	167	2,855	1,820	1,233	790	443
ENTERITIS OR COLITIS.....	1,998	1,021	184	837	539	438	335	103
SPASTIC COLON.....	1,329	642	12	630	450	237	181	56
DIVERTICULA OF INTESTINES.....	1,945	177	-	177	660	1,108	641	467
FREQUENT CONSTIPATION.....	4,704	1,952	484	1,467	820	1,932	872	1,061

SEE NOTES AT END OF TABLE.

TABLE 62. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS			65 YEARS AND OVER			
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	2,732	856	58	798	920	955	694	261
DIABETES.....	6,641	1,340	129	1,212	2,535	2,766	1,701	1,065
ANEMIAS.....	3,198	2,256	475	1,781	423	519	247	272
EPILEPSY.....	1,026	739	258	481	232	55	20	35
MIGRAINE HEADACHE.....	8,549	6,052	532	5,520	2,057	440	326	114
NEURALGIA OR NEURITIS, UNSPECIFIED.....	884	172	-	172	318	394	154	240
KIDNEY TROUBLE.....	3,319	1,655	202	1,453	925	739	466	273
BLADDER DISORDERS.....	3,450	1,653	263	1,389	855	942	482	461
DISEASES OF PROSTATE.....	1,727	225	-	225	478	1,024	661	363
DISEASE OF FEMALE GENITAL ORGANS.....	4,299	3,209	193	3,016	752	338	237	101
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	1,886	611	35	576	819	456	263	193
HEART DISEASE.....	19,656	5,561	1,402	4,159	5,673	8,422	4,929	3,493
ISCHEMIC HEART DISEASE.....	7,191	511	22	489	2,636	4,045	2,406	1,638
HEART RHYTHM DISORDERS.....	7,956	3,893	1,137	2,756	1,815	2,248	1,377	871
TACHYCARDIA OR RAPID HEART.....	1,779	454	11	443	526	800	513	287
HEART MURMURS.....	4,616	3,187	1,104	2,083	765	665	424	240
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	1,561	253	22	231	525	783	440	344
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	4,509	1,158	243	914	1,222	2,129	1,145	983
HIGH BLOOD PRESSURE (HYPERTENSION).....	28,295	6,515	200	6,315	11,334	10,447	6,794	3,653
CEREBROVASCULAR DISEASE.....	2,714	216	70	146	863	1,635	847	787
HARDENING OF THE ARTERIES.....	2,363	95	-	95	541	1,727	862	865
VARICOSE VEINS OF LOWER EXTREMITIES.....	7,341	2,775	43	2,733	2,435	2,131	1,428	703
HEMORRHOIDS.....	10,487	4,826	36	4,791	3,586	2,075	1,282	793
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	12,749	8,052	3,927	4,125	2,561	2,136	1,504	631
ASTHMA.....	9,565	6,845	3,323	3,522	1,633	1,087	676	410
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	22,687	16,428	4,049	12,378	4,218	2,041	1,554	487
CHRONIC SINUSITIS.....	31,642	18,912	3,644	15,268	8,640	4,090	2,666	1,425
DEVIATED NASAL SEPTUM.....	1,464	869	75	794	402	192	145	48
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	3,165	3,046	1,909	1,137	95	23	23	-
EMPHYSEMA.....	2,037	101	-	101	761	1,174	798	377

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 63. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY SEX AND AGE: UNITED STATES, 1987

(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 CHRONIC CONDITION	MALE					FEMALE				
	45-64 YEARS		65 YEARS AND OVER			45-64 YEARS		65 YEARS AND OVER		
	UNDER 45 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER		
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS										
ARTHRITIS.....	1,820	4,334	4,386	2,759	1,627	3,753	7,956	9,189	5,267	3,922
GOUT, INCLUDING GOUTY ARTHRITIS.....	144	789	669	498	171	151	219	323	146	178
INTERVERTEBRAL DISC DISORDERS.....	838	1,003	419	352	67	570	797	358	251	107
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	407	485	123	85	39	481	492	241	153	87
DISORDERS OF BONE OR CARTILAGE.....	232	65	37	15	23	175	290	350	215	135
TROUBLE WITH BUNIONS.....	118	137	168	127	41	534	621	715	468	247
BURSITIS, UNCLASSIFIED.....	649	892	390	276	113	1,016	1,018	673	462	211
SEBACEOUS SKIN CYST.....	468	132	46	22	24	476	173	99	51	48
TROUBLE WITH ACNE.....	2,036	33	12	2	-	2,422	68	31	31	-
PSORIASIS.....	542	309	216	146	70	525	321	152	108	44
DERMATITIS.....	2,351	694	271	154	117	3,594	1,186	602	293	310
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	1,069	397	364	221	143	1,489	463	513	237	276
TROUBLE WITH INGROWN NAILS.....	1,562	601	521	235	286	1,467	819	713	391	322
TROUBLE WITH CORNS AND CALLUSES.....	555	388	375	198	177	1,026	929	805	387	418
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	2,414	1,171	941	558	383	1,213	957	1,239	417	822
COLOR BLINDNESS.....	1,605	565	320	229	91	179	24	74	25	48
CATARACTS.....	105	365	1,420	609	811	84	472	3,132	1,212	1,920
GLAUCOMA.....	131	232	500	301	199	66	317	851	347	504
HEARING IMPAIRMENT.....	3,912	3,956	4,032	2,543	1,489	2,629	2,142	4,323	2,039	2,284
TINNITUS.....	972	1,058	1,034	822	212	978	819	1,374	850	523
SPEECH IMPAIRMENT.....	1,307	96	148	127	21	556	129	158	82	77
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	331	423	525	268	257	157	112	97	67	30
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	291	203	181	110	70	188	240	119	62	57
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	8,233	3,458	1,800	1,113	688	7,865	3,515	2,854	1,569	1,285
BACK.....	4,180	1,888	781	556	224	4,977	2,053	1,620	961	659
UPPER EXTREMITIES.....	1,121	516	219	153	65	504	471	321	173	148
LOWER EXTREMITIES.....	3,956	1,500	1,004	544	460	3,241	1,252	1,340	623	717
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	1,117	506	335	283	52	1,345	804	473	283	190
HERNIA OF ABDOMINAL CAVITY.....	610	857	731	509	222	473	885	1,067	633	435
GASTRITIS OR DUODENITIS.....	630	297	175	141	34	691	631	463	270	193
FREQUENT INDIGESTION.....	1,684	871	491	320	171	1,337	950	742	470	272
ENTERITIS OR COLITIS.....	338	173	150	140	10	683	366	288	195	92
SPASTIC COLON.....	88	46	69	47	22	554	405	167	134	33
DIVERTICULA OF INTESTINES.....	68	199	321	197	124	109	461	787	445	342
FREQUENT CONSTIPATION.....	583	136	440	145	295	1,369	684	1,492	727	765

SEE NOTES AT END OF TABLE.

TABLE 63. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY SEX AND AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	MALE					FEMALE				
	45-64 YEARS		65 YEARS AND OVER			45-64 YEARS		65 YEARS AND OVER		
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	91	163	110	100	11	764	758	845	594	251
DIABETES.....	665	1,278	1,262	825	437	676	1,257	1,504	877	627
ANEMIAS.....	447	132	162	76	86	1,809	291	357	171	166
EPILEPSY.....	322	122	-	-	-	418	109	55	20	35
MIGRAINE HEADACHE.....	1,526	491	85	64	21	4,526	1,566	355	262	93
NEURALGIA OR NEURITIS, UNSPECIFIED.....	58	100	162	103	60	114	218	231	51	180
KIDNEY TROUBLE.....	539	554	386	256	130	1,116	371	354	210	143
BLADDER DISORDERS.....	95	118	301	182	119	1,558	737	641	300	341
DISEASES OF PROSTATE.....	225	478	1,024	661	363	...	...	...	...	...
DISEASE OF FEMALE GENITAL ORGANS.....	...	...	...	...	...	3,209	752	338	237	101
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT										
HEART DISEASE.....	149	208	168	112	56	462	611	286	151	136
HEART DISEASE.....	2,176	3,061	3,672	2,461	1,212	3,356	2,612	4,749	2,468	2,281
ISCHEMIC HEART DISEASE.....	316	1,798	2,071	1,384	686	195	838	1,974	1,022	952
HEART RHYTHM DISORDERS.....	1,486	631	717	477	239	2,407	1,184	1,531	900	632
TACHYCARDIA OR RAPID HEART.....	129	93	209	155	54	325	432	591	358	233
HEART MURMURS.....	1,278	252	215	142	73	1,908	512	449	282	167
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	79	285	292	180	112	174	239	491	260	232
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	374	633	885	599	286	784	590	1,244	546	697
HIGH BLOOD PRESSURE (HYPERTENSION).....										
CEREBROVASCULAR DISEASE.....	3,442	5,243	3,662	2,674	988	3,073	6,091	6,784	4,119	2,665
HARDENING OF THE ARTERIES.....	144	430	731	399	331	72	433	904	448	456
VARICOSE VEINS OF LOWER EXTREMITIES.....	470	483	479	389	89	2,306	1,952	1,652	1,039	613
HEMORRHOIDS.....	2,246	1,787	753	458	296	2,580	1,798	1,322	824	497
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	3,642	856	778	581	197	4,411	1,704	1,358	923	435
ASTHMA.....	3,599	614	396	207	189	3,246	1,019	691	470	221
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	8,241	1,865	760	589	172	8,187	2,353	1,280	965	316
CHRONIC SINUSITIS.....	8,412	3,683	1,443	1,075	368	10,499	4,957	2,647	1,590	1,057
DEVIATED NASAL SEPTUM.....	521	277	100	74	25	349	124	93	70	22
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	1,383	35	-	-	-	1,664	60	23	23	-
EMPHYSEMA.....	35	503	726	471	256	66	258	448	327	121

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 64. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY RACE AND AGE: UNITED STATES, 1987

(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 CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER			TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS ¹										
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
ARTHRITIS.....	4,850	10,344	12,053	7,064	4,988	622	1,788	1,396	867	529
GOUT, INCLUDING GOUTY ARTHRITIS.....	236	859	858	551	307	60	123	124	82	41
INTERVERTEBRAL DISC DISORDERS.....	1,295	1,599	729	555	174	89	170	48	48	-
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	786	906	347	221	126	65	55	18	18	-
DISORDERS OF BONE OR CARTILAGE.....	370	346	373	215	157	25	8	15	15	-
TROUBLE WITH BUNIONS.....	526	652	769	505	264	116	96	91	67	24
BURSITIS, UNCLASSIFIED.....	1,475	1,671	949	657	292	153	204	104	81	23
SEBACEOUS SKIN CYST.....	851	266	142	70	72	75	17	3	3	-
TROUBLE WITH ACNE.....	3,894	83	43	43	-	491	6	-	-	-
PSORIASIS.....	1,012	625	357	243	114	41	5	-	-	-
DERMATITIS.....	5,108	1,714	825	419	406	654	120	48	27	21
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	2,169	790	838	423	415	290	48	38	34	4
TROUBLE WITH INGROWN NAILS.....	2,723	1,196	1,129	557	572	248	213	94	58	36
TROUBLE WITH CORNS AND CALLUSES.....	1,205	1,051	1,023	467	356	337	256	146	107	39
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	3,222	1,802	1,966	864	1,102	318	303	164	73	91
COLOR BLINDNESS.....	1,651	539	378	239	139	107	51	-	-	-
CATARACTS.....	143	715	4,206	1,677	2,530	33	30	314	132	183
GLAUCOMA.....	157	357	1,182	524	658	5	191	157	112	44
HEARING IMPAIRMENT.....	5,959	5,640	7,832	4,274	3,558	412	328	381	210	171
TINNITUS.....	1,735	1,771	2,265	1,594	671	204	96	110	65	45
SPEECH IMPAIRMENT.....	1,423	155	198	144	54	415	70	97	65	32
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	436	439	576	321	255	52	96	46	13	33
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	429	380	249	147	102	50	63	46	22	24
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	14,492	6,147	4,255	2,395	1,860	1,171	694	350	246	104
BACK.....	8,343	3,506	2,182	1,357	824	554	387	190	140	50
UPPER EXTREMITIES.....	1,436	845	511	303	209	96	98	16	12	5
LOWER EXTREMITIES.....	6,364	2,359	2,082	981	1,102	640	308	238	162	76
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	2,128	1,121	730	512	218	224	173	45	31	14
HERNIA OF ABDOMINAL CAVITY.....	930	1,605	1,726	1,097	629	153	124	73	45	28
GASTRITIS OR DUODENITIS.....	1,102	829	596	383	213	127	87	34	28	6
FREQUENT INDIGESTION.....	2,663	1,520	1,151	728	423	271	186	51	31	19
ENTERITIS OR COLITIS.....	929	539	417	314	103	63	-	-	-	-
SPASTIC COLON.....	619	439	237	181	56	12	-	-	-	-
DIVERTICULA OF INTESTINES.....	164	635	1,096	630	467	-	13	-	-	-
FREQUENT CONSTIPATION.....	1,551	585	1,715	745	970	354	203	182	113	69

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 64. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY RACE AND AGE: UNITED STATES, 1987—CON.

(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 CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS	75 YEARS AND OVER			TOTAL	65-74 YEARS	75 YEARS AND OVER
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS ¹										
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD-FORMING SYSTEMS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	751	822	866	605	261	80	39	67	67	-
DIABETES.....	1,077	2,004	2,320	1,465	856	217	467	383	194	189
ANEMIAS.....	1,648	305	458	204	253	531	86	61	43	19
EPILEPSY.....	578	182	48	13	35	162	50	7	7	-
MIGRAINE HEADACHE.....	5,382	1,903	355	267	88	506	106	76	59	17
NEURALGIA OR NEURITIS, UNSPECIFIED.....	144	274	350	119	231	28	44	34	34	-
KIDNEY TROUBLE.....	1,456	817	647	397	250	152	108	72	48	23
BLADDER DISORDERS.....	1,519	795	844	435	408	112	40	80	46	34
DISEASES OF PROSTATE.....	184	411	942	612	330	41	55	73	49	25
DISEASE OF FEMALE GENITAL ORGANS.....	2,688	641	329	237	92	463	80	9	-	9
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT										
HEART DISEASE.....	516	705	420	263	157	37	53	24	-	24
HEART DISEASE.....	4,786	5,032	7,863	4,595	3,267	636	587	552	333	218
ISCHEMIC HEART DISEASE.....	428	2,485	3,922	2,341	1,582	59	131	122	66	57
HEART RHYTHM DISORDERS.....	3,351	1,634	2,134	1,287	846	451	147	107	90	17
TACHYCARDIA OR RAPID HEART.....	395	493	759	478	280	34	32	41	34	7
HEART MURMURS.....	2,741	666	616	375	240	379	76	49	49	-
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	215	475	759	434	326	38	38	17	6	11
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	1,008	913	1,806	967	839	126	309	322	178	144
HIGH BLOOD PRESSURE (HYPERTENSION).....										
CEREBROVASCULAR DISEASE.....	4,905	9,298	9,176	5,851	3,325	1,416	1,706	1,017	736	282
HARDENING OF THE ARTERIES.....	192	689	1,461	733	728	13	151	174	114	59
VARICOSE VEINS OF LOWER EXTREMITIES.....	84	520	1,697	860	838	11	21	23	3	20
HEMORRHOIDS.....	2,516	2,249	2,024	1,338	685	259	99	95	78	17
HEMORRHOIDS.....	4,252	3,356	1,946	1,205	740	440	185	118	73	45
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	7,118	2,298	1,942	1,415	527	773	190	148	78	70
ASTHMA.....	5,676	1,463	987	626	361	1,033	148	100	51	49
HAY FEVER OR ALLERGIC RHINITIS										
WITHOUT ASTHMA.....	14,751	3,828	1,935	1,481	454	1,246	276	66	49	19
CHRONIC SINUSITIS.....	16,649	7,792	3,687	2,379	1,308	1,954	776	355	254	100
DEVIATED NASAL SEPTUM.....	851	358	176	145	31	6	21	-	-	-
CHRONIC DISEASE OF TONSILS OR										
ADENOID.....	2,808	62	23	23	-	179	11	-	-	-
EMPHYSEMA.....	95	732	1,118	785	333	7	29	22	12	10

¹TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL CHRONIC CONDITIONS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1987

(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 CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS ¹										
ARTHRITIS.....	1,079	1,975	3,734	1,859	1,875	949	2,479	4,205	2,766	1,439
GOUT, INCLUDING GOUTY ARTHRITIS.....	63	147	225	137	88	71	122	296	193	103
INTERVERTEBRAL DISC DISORDERS.....	190	257	257	203	54	330	299	273	210	63
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	139	38	121	36	85	159	105	112	86	26
DISORDERS OF BONE OR CARTILAGE.....	69	55	122	61	62	37	72	96	77	19
TROUBLE WITH BUNIONS.....	119	109	291	172	118	123	72	225	132	93
BURSITIS, UNCLASSIFIED.....	266	333	319	180	140	300	360	374	286	88
SEBACEOUS SKIN CYST.....	93	23	35	3	32	161	68	36	23	12
TROUBLE WITH ACNE.....	637	-	-	-	-	856	16	22	22	-
PSORIASIS.....	41	71	24	12	12	247	107	101	88	12
DERMATITIS.....	881	198	244	50	194	1,172	349	297	180	118
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	268	41	228	78	150	506	162	277	145	132
TROUBLE WITH INGROWN NAILS.....	427	229	402	156	247	637	271	283	152	131
TROUBLE WITH CORNS AND CALLUSES.....	230	137	346	142	204	232	205	321	155	166
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	422	327	738	218	520	747	374	593	288	306
COLOR BLINDNESS.....	96	34	52	38	14	328	45	134	78	56
CATARACTS.....	47	136	1,461	456	1,005	57	122	1,085	464	621
GLAUCOMA.....	18	74	278	123	155	26	151	389	191	198
HEARING IMPAIRMENT.....	799	539	2,110	939	1,171	1,313	1,078	2,479	1,430	1,048
TINNITUS.....	324	138	752	453	299	387	297	580	434	146
SPEECH IMPAIRMENT.....	370	29	114	97	17	452	14	64	54	10
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	53	108	183	76	107	101	135	113	72	41
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	63	74	107	76	31	131	70	49	27	22
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	2,238	778	1,604	826	778	3,142	1,207	1,224	743	481
BACK.....	1,176	452	900	532	368	1,681	610	594	371	223
UPPER EXTREMITIES.....	188	102	185	125	60	364	219	124	67	57
LOWER EXTREMITIES.....	1,116	329	817	332	485	1,552	548	629	365	264
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	438	221	279	180	98	641	303	233	174	60
HERNIA OF ABDOMINAL CAVITY.....	196	226	459	235	224	225	298	580	438	142
GASTRITIS OR DUODENITIS.....	246	128	181	90	91	333	212	213	193	20
FREQUENT INDIGESTION.....	329	419	407	215	192	523	320	370	285	85
ENTERITIS OR COLITIS.....	180	96	93	71	21	207	106	159	111	48
SPASTIC COLON.....	74	43	45	33	12	72	68	29	29	-
DIVERTICULA OF INTESTINES.....	-	91	212	135	77	22	142	420	237	182
FREQUENT CONSTIPATION.....	399	142	767	313	454	507	171	565	321	244

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000				\$10,000-\$19,999					
	65 YEARS AND OVER				65 YEARS AND OVER					
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS ¹										
GOITER OR OTHER DISORDERS OF THE THYROID.....	83	70	249	180	69	163	132	240	162	78
DIABETES.....	200	476	764	394	370	350	692	789	501	288
ANEMIAS.....	434	53	148	59	89	643	68	129	99	30
EPILEPSY.....	159	148	-	-	-	188	35	37	13	25
MIGRAINE HEADACHE.....	826	206	162	111	51	1,320	467	115	91	24
NEURALGIA OR NEURITIS, UNSPECIFIED.....	21	61	110	6	104	31	161	133	73	60
KIDNEY TROUBLE.....	310	184	286	172	114	327	144	150	118	32
BLADDER DISORDERS.....	189	118	247	90	156	284	259	222	83	139
DISEASES OF PROSTATE.....	-	19	140	59	81	44	23	356	267	88
DISEASE OF FEMALE GENITAL ORGANS.....	340	78	102	70	32	698	115	141	109	32
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	95	148	112	53	59	65	167	80	46	34
HEART DISEASE.....	909	874	2,224	1,201	1,023	1,015	985	2,494	1,609	885
ISCHEMIC HEART DISEASE.....	97	300	946	474	472	21	568	1,075	686	389
HEART RHYTHM DISORDERS.....	655	277	650	388	262	780	191	733	488	245
TACHYCARDIA OR RAPID HEART.....	88	158	225	173	52	54	49	248	165	82
HEART MURMURS.....	535	51	230	121	109	685	53	223	167	56
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	32	68	195	94	101	42	89	263	156	107
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	157	296	628	339	290	213	226	686	435	251
HIGH BLOOD PRESSURE (HYPERTENSION).....	942	1,364	2,550	1,436	1,113	1,415	1,986	2,973	1,896	1,076
CEREBROVASCULAR DISEASE.....	65	140	534	306	228	60	212	508	267	241
HARDENING OF THE ARTERIES.....	10	60	387	153	233	12	106	547	304	243
VARICOSE VEINS OF LOWER EXTREMITIES.....	359	360	541	273	268	523	445	628	485	143
HEMORRHOIDS.....	597	395	610	335	275	940	597	561	366	195
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	1,309	465	751	576	175	1,181	380	678	519	159
ASTHMA.....	1,225	320	269	215	54	1,113	158	280	186	94
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	1,387	328	503	372	130	2,690	505	576	472	104
CHRONIC SINUSITIS.....	2,080	1,018	1,468	816	652	3,347	1,421	1,089	784	306
DEVIATED NASAL SEPTUM.....	9	-	12	12	-	49	33	70	60	10
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	403	33	23	23	-	488	26	-	-	-
EMPHYSEMA.....	30	316	451	301	150	48	88	237	186	51

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS ¹										
ARTHRITIS.....	1,525	2,970	2,070	1,331	740	1,455	3,223	1,333	843	490
GOUT, INCLUDING GOUTY ARTHRITIS.....	72	188	184	141	43	78	250	108	50	58
INTERVERTEBRAL DISC DISORDERS.....	275	347	134	100	34	491	613	38	38	-
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	232	215	49	49	-	305	451	37	37	-
DISORDERS OF BONE OR CARTILAGE.....	149	96	92	58	34	120	122	22	10	11
TROUBLE WITH BUNIONS.....	211	270	116	106	10	164	249	87	87	-
BURSITIS, UNCLASSIFIED.....	527	475	98	78	20	462	552	90	80	10
SEBACEOUS SKIN CYST.....	304	48	47	47	-	287	118	15	-	15
TROUBLE WITH ACNE.....	1,099	-	-	-	-	1,563	61	21	21	-
PSORIASIS.....	339	94	124	82	42	358	313	48	37	11
DERMATITIS.....	1,634	506	107	68	39	1,920	573	67	37	30
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	919	130	187	132	55	708	418	103	62	42
TROUBLE WITH INGROWN NAILS.....	1,020	351	266	158	108	752	407	108	75	34
TROUBLE WITH CORNS AND CALLUSES.....	520	395	219	107	112	516	400	132	57	75
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	1,064	650	366	238	128	1,137	488	196	104	92
COLOR BLINDNESS.....	595	200	122	77	45	660	270	62	49	13
CATARACTS.....	45	205	621	351	270	28	200	492	227	265
GLAUCOMA.....	32	136	230	141	89	77	124	197	109	88
HEARING IMPAIRMENT.....	2,031	1,769	1,515	1,071	444	1,880	1,840	862	464	398
TINNITUS.....	498	593	554	427	127	633	594	231	196	36
SPEECH IMPAIRMENT.....	436	67	45	21	24	385	32	13	13	-
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	120	91	141	87	54	146	153	76	42	33
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	118	139	49	21	28	92	15	56	23	33
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	4,329	1,855	629	501	128	4,616	2,138	498	284	214
BACK.....	2,535	1,137	284	263	21	2,806	1,098	283	159	124
UPPER EXTREMITIES.....	535	271	67	67	-	312	321	36	11	25
LOWER EXTREMITIES.....	1,838	658	326	230	96	1,910	864	221	113	107
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	522	277	151	103	49	628	369	39	39	-
HERNIA OF ABDOMINAL CAVITY.....	282	355	388	234	154	314	578	157	121	35
GASTRITIS OR DUODENITIS.....	423	198	122	53	69	194	275	22	10	11
FREQUENT INDIGESTION.....	890	446	226	181	45	980	448	82	37	44
ENTERITIS OR COLITIS.....	305	144	93	69	23	265	154	49	49	-
SPASTIC COLON.....	205	116	100	66	34	265	161	31	31	-
DIVERTICULA OF INTESTINES.....	83	163	201	144	57	61	189	112	45	67
FREQUENT CONSTIPATION.....	330	145	212	93	119	528	250	121	53	68

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1987--CON.

(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 CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS ¹										
GOITER OR OTHER DISORDERS OF THE										
THYROID.....	241	193	274	207	67	324	398	58	35	24
DIABETES.....	300	498	523	359	165	390	524	211	132	79
ANEMIAS.....	449	138	98	43	55	587	131	32	21	11
EPILEPSY.....	195	11	-	-	-	122	-	11	-	11
MIGRAINE HEADACHE.....	1,783	461	77	59	18	1,584	635	32	23	10
NEURALGIA OR NEURITIS, UNSPECIFIED.....	77	34	42	18	25	39	22	23	13	10
KIDNEY TROUBLE.....	545	243	93	66	26	289	203	54	23	30
BLADDER DISORDERS.....	595	100	215	134	81	377	209	92	59	33
DISEASES OF PROSTATE.....	113	136	273	178	95	33	207	99	50	49
DISEASE OF FEMALE GENITAL ORGANS.....	1,088	222	34	21	13	941	235	48	36	12
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT										
HEART DISEASE.....	205	202	87	33	54	197	236	79	51	28
HEART DISEASE.....	1,345	1,353	1,447	889	558	1,898	1,429	782	494	288
ISCHEMIC HEART DISEASE.....	115	769	847	558	289	215	509	473	319	154
HEART RHYTHM DISORDERS.....	991	367	257	147	110	1,200	659	179	126	53
TACHYCARDIA OR RAPID HEART.....	84	114	155	77	78	179	134	25	25	-
HEART MURMURS.....	806	210	44	33	11	955	313	65	55	10
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	101	43	58	37	21	66	212	89	46	42
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	239	217	343	184	159	484	261	129	48	81
HIGH BLOOD PRESSURE (HYPERTENSION).....	1,609	2,870	2,061	1,508	553	1,894	3,236	990	754	236
CEREBROVASCULAR DISEASE.....	31	244	236	113	123	37	102	95	40	55
HARDENING OF THE ARTERIES.....	35	165	361	252	109	38	146	81	45	36
VARICOSE VEINS OF LOWER EXTREMITIES.....	775	674	445	303	143	937	734	207	162	45
HEMORRHOIDS.....	1,316	1,116	421	274	146	1,610	1,045	172	113	59
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	2,519	497	181	132	49	2,366	848	212	96	116
ASTHMA.....	1,765	329	165	107	58	2,040	590	144	104	40
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	4,832	1,118	428	352	76	6,208	1,646	207	160	48
CHRONIC SINUSITIS.....	5,288	2,140	703	560	143	6,426	2,911	209	150	59
DEVIATED NASAL SEPTUM.....	378	22	87	49	38	319	293	13	13	-
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	991	24	-	-	-	1,033	11	-	-	-
EMPHYSEMA.....	-	167	193	165	28	24	133	114	59	55

¹TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL CHRONIC CONDITIONS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 66. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1987

(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 CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
ARTHRITIS.....	6,260	7,613	11,438	6,127	22,847	9,730	13,117	8,591
GOUT, INCLUDING GOUTY ARTHRITIS.....	477	500	917	402	1,689	690	1,000	607
INTERVERTEBRAL DISC DISORDERS.....	752	989	1,370	875	3,122	1,112	2,010	864
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	392	524	735	580	1,605	711	894	624
DISORDERS OF BONE OR CARTILAGE.....	179	276	492	202	871	363	508	278
TROUBLE WITH BUNIONS.....	393	668	834	398	1,865	914	950	429
BURSITIS, UNCLASSIFIED.....	966	1,080	1,676	916	3,508	1,371	2,138	1,130
SEBACEOUS SKIN CYST.....	230	392	506	265	1,080	309	771	314
TROUBLE WITH ACNE.....	676	1,319	1,465	1,142	3,585	1,583	2,002	1,017
PSORIASIS.....	329	528	708	501	1,554	569	985	512
DERMATITIS.....	1,499	2,238	3,047	1,914	6,596	2,976	3,620	2,102
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	871	1,260	1,459	704	3,098	1,151	1,947	1,196
TROUBLE WITH INGROWN NAILS.....	706	1,316	2,719	944	3,679	1,215	2,464	2,005
TROUBLE WITH CORNS AND CALLUSES.....	626	1,162	1,483	807	2,979	1,505	1,473	1,099
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	1,523	2,229	2,586	1,596	5,883	2,600	3,283	2,051
COLOR BLINDNESS.....	601	684	822	659	2,123	762	1,361	644
CATARACTS.....	1,194	1,404	1,889	1,092	4,101	1,623	2,478	1,478
GLAUCOMA.....	532	568	661	335	1,514	823	691	582
HEARING IMPAIRMENT.....	3,827	5,918	6,634	4,614	15,125	6,045	9,080	5,868
TINNITUS.....	987	1,725	2,064	1,459	4,650	1,935	2,715	1,585
SPEECH IMPAIRMENT.....	337	597	967	493	1,802	877	924	592
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	276	597	534	237	1,222	428	794	422
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	286	244	528	163	820	362	458	401
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	5,344	7,002	8,576	6,803	21,313	8,852	12,461	6,412
BACK.....	2,989	3,724	4,485	4,299	12,074	5,096	6,979	3,422
UPPER EXTREMITIES.....	464	852	946	889	2,301	950	1,351	850
LOWER EXTREMITIES.....	2,292	3,264	4,060	2,656	9,306	3,941	5,365	2,986
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	607	993	2,114	866	3,333	1,372	1,961	1,247
HERNIA OF ABDOMINAL CAVITY.....	819	1,060	1,958	787	3,327	1,222	2,104	1,298
GASTRITIS OR DUODENITIS.....	579	731	860	717	2,310	994	1,316	577
FREQUENT INDIGESTION.....	813	1,708	2,482	1,071	4,174	1,623	2,551	1,901
ENTERITIS OR COLITIS.....	462	533	626	377	1,464	599	865	534
SPASTIC COLON.....	155	377	513	284	1,091	460	631	238
DIVERTICULA OF INTESTINES.....	327	456	766	396	1,405	492	912	540
FREQUENT CONSTIPATION.....	750	1,317	1,796	841	3,444	1,715	1,729	1,259

SEE NOTES AT END OF TABLE.

TABLE 66. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1987—CCN.

(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 CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
					MSA			
	NORTHEAST	MIDWEST	SGUTH	WEST	ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	443	902	831	556	2,097	963	1,134	635
DIABETES.....	1,443	1,410	2,585	1,204	4,932	2,101	2,832	1,709
ANEMIAS.....	688	598	1,202	710	2,536	1,177	1,360	662
EPILEPSY.....	182	201	388	255	761	409	353	265
MIGRAINE HEADACHE.....	1,282	1,841	3,437	1,990	6,613	2,643	3,970	1,936
NEURALGIA OR NEURITIS, UNSPECIFIED.....	195	193	422	74	607	180	426	277
KIDNEY TROUBLE.....	530	698	1,630	461	2,237	900	1,337	1,083
BLADDER DISORDERS.....	596	900	1,132	822	2,454	994	1,460	995
DISEASES OF PROSTATE.....	325	370	702	331	1,254	383	871	473
DISEASE OF FEMALE GENITAL ORGANS.....	769	1,164	1,485	881	3,316	1,492	1,824	983
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	505	485	430	466	1,473	622	851	413
HEART DISEASE.....	4,328	4,866	6,898	3,564	14,288	5,813	8,475	5,368
ISCHEMIC HEART DISEASE.....	1,815	1,674	2,396	1,305	5,230	2,022	3,208	1,962
HEART RHYTHM DISORDERS.....	1,567	2,141	2,705	1,544	5,854	2,365	3,489	2,102
TACHYCARDIA OR RAPID HEART.....	399	457	654	269	1,200	424	776	579
HEART MURMURS.....	856	1,267	1,473	1,020	3,543	1,444	2,098	1,073
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	311	418	578	254	1,111	497	614	450
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	946	1,050	1,798	715	3,204	1,426	1,778	1,304
HIGH BLOOD PRESSURE (HYPERTENSION).....	6,044	7,147	10,216	4,888	20,959	8,759	12,200	7,336
CEREBROVASCULAR DISEASE.....	651	603	951	509	2,074	892	1,182	640
HARDENING OF THE ARTERIES.....	520	653	816	373	1,667	652	1,015	696
VARICOSE VEINS OF LOWER EXTREMITIES.....	1,266	2,128	2,200	1,747	5,556	2,307	3,248	1,785
HEMORRHOIDS.....	1,851	3,076	3,598	1,961	7,695	2,810	4,885	2,792
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	2,272	3,108	4,903	2,466	9,547	4,139	5,409	3,201
ASTHMA.....	1,876	2,138	3,397	2,153	7,354	3,001	4,352	2,212
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	3,587	4,531	8,832	5,737	18,037	7,023	11,014	4,650
CHRONIC SINUSITIS.....	4,382	9,075	13,375	4,810	23,056	8,844	14,212	8,586
DEVIATED NASAL SEPTUM.....	503	200	360	401	1,290	442	849	173
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	346	1,172	1,069	578	2,276	939	1,337	888
EMPHYSEMA.....	414	435	876	311	1,488	721	767	549

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 67. PERCENT DISTRIBUTION OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
	PERCENT DISTRIBUTION						
ALL PERSONS ¹	100.0	86.5	13.5	9.2	3.8	5.4	4.3
AGE							
UNDER 18 YEARS.....	100.0	95.0	5.0	3.5	0.4	3.1	1.5
18-44 YEARS.....	100.0	91.7	8.3	5.6	2.2	3.4	2.7
45-64 YEARS.....	100.0	77.7	22.3	16.7	8.5	8.2	5.6
65 YEARS AND OVER.....	100.0	62.5	37.5	22.8	10.0	12.9	14.7
65-69 YEARS.....	100.0	62.9	37.1	29.0	15.6	13.5	8.0
70 YEARS AND OVER.....	100.0	62.3	37.7	19.5	7.0	12.5	18.2
SEX AND AGE							
MALE							
ALL AGES.....	100.0	87.1	12.9	9.0	4.3	4.8	3.9
UNDER 18 YEARS.....	100.0	94.3	5.7	4.2	0.4	3.8	1.5
18-44 YEARS.....	100.0	91.6	8.4	5.9	2.5	3.3	2.5
45-64 YEARS.....	100.0	78.6	21.4	17.0	10.3	6.8	4.4
65-69 YEARS.....	100.0	61.9	38.1	32.8	20.5	12.3	5.3
70 YEARS AND OVER.....	100.0	63.7	36.3	14.3	5.6	8.5	22.0
FEMALE							
ALL AGES.....	100.0	86.0	14.0	9.3	3.4	5.9	4.7
UNDER 18 YEARS.....	100.0	95.8	4.2	2.8	0.4	2.4	1.4
18-44 YEARS.....	100.0	91.8	8.2	5.3	1.8	3.5	2.9
45-64 YEARS.....	100.0	76.8	23.2	16.5	6.9	9.6	6.6
65-69 YEARS.....	100.0	63.8	36.2	26.0	11.5	14.5	10.2
70 YEARS AND OVER.....	100.0	61.4	38.6	23.0	7.8	15.2	15.7
RACE AND AGE							
WHITE							
ALL AGES.....	100.0	86.4	13.6	9.0	3.6	5.4	4.6
UNDER 18 YEARS.....	100.0	95.0	5.0	3.4	0.4	3.1	1.6
18-44 YEARS.....	100.0	91.7	8.3	5.4	2.0	3.4	2.9
45-64 YEARS.....	100.0	78.5	21.5	15.9	7.8	8.1	5.6
65-69 YEARS.....	100.0	63.8	36.2	28.1	14.7	13.5	8.1
70 YEARS AND OVER.....	100.0	62.6	37.4	18.7	6.6	12.1	18.6
BLACK							
ALL AGES.....	100.0	85.6	14.4	11.2	5.5	5.7	3.1
UNDER 18 YEARS.....	100.0	94.4	5.6	4.1	0.6	3.6	1.4
18-44 YEARS.....	100.0	90.5	9.5	7.7	3.8	3.9	1.8
45-64 YEARS.....	100.0	69.1	30.9	25.1	15.0	10.0	5.8
65-69 YEARS.....	100.0	52.5	47.5	39.7	25.7	13.9	7.9
70 YEARS AND OVER.....	100.0	57.4	42.6	28.2	11.2	17.0	14.4

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 67. PERCENT DISTRIBUTION OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS ACCORDING TO SOCIOGEOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
FAMILY INCOME AND AGE							
UNDER \$10,000							
ALL AGES.....	100.0	74.7	25.3	18.8	8.9	9.9	6.5
UNDER 18 YEARS.....	100.0	92.2	7.8	5.9	0.8	5.1	1.9
18-44 YEARS.....	100.0	84.6	15.4	11.5	5.7	5.9	3.9
45-64 YEARS.....	100.0	46.7	53.3	45.5	28.1	17.4	7.8
65-69 YEARS.....	100.0	44.2	55.8	45.5	27.0	18.6	10.3
70 YEARS AND OVER.....	100.0	55.3	44.7	26.4	8.1	18.3	18.3
\$10,000-\$19,999							
ALL AGES.....	100.0	83.0	17.0	11.7	5.3	6.4	5.3
UNDER 18 YEARS.....	100.0	94.3	5.7	4.3	0.5	3.9	1.4
18-44 YEARS.....	100.0	89.7	10.3	7.7	3.3	4.4	2.6
45-64 YEARS.....	100.0	69.7	30.3	23.9	13.3	10.6	6.4
65-69 YEARS.....	100.0	61.6	38.4	30.0	16.7	13.4	8.4
70 YEARS AND OVER.....	100.0	63.5	36.5	15.6	5.9	9.7	20.9
\$20,000-\$34,999							
ALL AGES.....	100.0	89.3	10.7	7.1	2.5	4.5	3.6
UNDER 18 YEARS.....	100.0	95.0	5.0	3.4	0.3	3.1	1.6
18-44 YEARS.....	100.0	93.1	6.9	4.4	1.4	3.0	2.5
45-64 YEARS.....	100.0	80.5	19.5	14.0	6.1	7.8	5.5
65-69 YEARS.....	100.0	68.5	31.5	24.2	11.4	12.8	7.3
70 YEARS AND OVER.....	100.0	69.0	31.0	14.8	5.8	9.0	16.2
\$35,000 OR MORE							
ALL AGES.....	100.0	92.2	7.8	4.7	1.3	3.3	3.2
UNDER 18 YEARS.....	100.0	96.3	3.7	2.3	0.3	2.0	1.4
18-44 YEARS.....	100.0	94.1	5.9	3.3	0.7	2.6	2.6
45-64 YEARS.....	100.0	87.5	12.5	7.8	2.7	5.0	4.8
65-69 YEARS.....	100.0	72.6	27.4	20.6	7.9	12.7	6.9
70 YEARS AND OVER.....	100.0	67.2	32.8	16.2	6.5	9.7	16.5
GEOGRAPHIC REGION							
NORTHEAST.....	100.0	87.2	12.8	8.4	3.7	4.7	4.4
MIDWEST.....	100.0	86.6	13.4	9.3	3.6	5.6	4.2
SOUTH.....	100.0	85.5	14.5	10.1	4.1	5.9	4.4
WEST.....	100.0	87.4	12.6	8.3	3.6	4.7	4.3
PLACE OF RESIDENCE							
MSA.....	100.0	87.2	12.8	8.8	3.7	5.1	4.1
CENTRAL CITY.....	100.0	85.8	14.2	10.0	4.5	5.6	4.2
NOT CENTRAL CITY.....	100.0	88.1	11.9	7.9	3.2	4.7	4.0
NOT MSA.....	100.0	84.3	15.7	10.6	4.3	6.3	5.2

¹INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II. THE FREQUENCIES OF TABLE 68 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II. THE FREQUENCIES OF TABLE 68 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 68. NUMBER OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
	NUMBER IN THOUSANDS						
ALL PERSONS ¹	238,550	206,346	32,204	21,691	9,116	12,775	10,313
AGE							
UNDER 18 YEARS.....	63,279	60,115	3,164	2,222	258	1,964	942
18-44 YEARS.....	102,143	93,687	8,456	5,707	2,215	3,492	2,749
45-64 YEARS.....	44,975	34,946	10,029	7,532	3,834	3,699	2,497
65 YEARS AND OVER.....	28,153	17,598	10,555	6,429	2,809	3,621	4,125
65-69 YEARS.....	9,753	6,138	3,615	2,833	1,519	1,314	783
70 YEARS AND OVER.....	18,400	11,460	6,939	3,597	1,290	2,307	3,343
SEX AND AGE							
MALE							
ALL AGES.....	115,451	100,520	14,931	10,424	4,928	5,496	4,507
UNDER 18 YEARS.....	32,373	30,512	1,861	1,364	136	1,228	497
18-44 YEARS.....	49,963	45,786	4,177	2,930	1,267	1,663	1,247
45-64 YEARS.....	21,465	16,880	4,585	3,652	2,203	1,449	934
65-69 YEARS.....	4,413	2,731	1,682	1,446	904	542	236
70 YEARS AND OVER.....	7,236	4,611	2,625	1,032	419	613	1,593
FEMALE							
ALL AGES.....	123,099	105,826	17,273	11,467	4,187	7,280	5,806
UNDER 18 YEARS.....	30,906	29,602	1,303	858	122	736	445
18-44 YEARS.....	52,180	47,901	4,279	2,777	948	1,829	1,502
45-64 YEARS.....	23,509	18,066	5,443	3,881	1,631	2,250	1,563
65-69 YEARS.....	5,340	3,407	1,933	1,387	615	772	546
70 YEARS AND OVER.....	11,164	6,850	4,314	2,564	871	1,694	1,750
RACE AND AGE							
WHITE							
ALL AGES.....	201,858	174,370	27,488	18,218	7,317	10,901	9,270
UNDER 18 YEARS.....	51,371	48,808	2,563	1,764	187	1,577	800
18-44 YEARS.....	85,945	78,829	7,116	4,642	1,688	2,953	2,474
45-64 YEARS.....	39,134	30,716	8,418	6,226	3,050	3,176	2,192
65-69 YEARS.....	8,777	5,599	3,178	2,470	1,287	1,182	709
70 YEARS AND OVER.....	16,631	10,418	6,212	3,117	1,104	2,013	3,095
BLACK							
ALL AGES.....	28,947	24,786	4,161	3,253	1,594	1,659	908
UNDER 18 YEARS.....	9,717	9,177	540	403	58	345	137
18-44 YEARS.....	12,321	11,148	1,173	950	471	480	222
45-64 YEARS.....	4,558	3,151	1,407	1,144	685	458	263
65-69 YEARS.....	812	426	386	322	209	113	64
70 YEARS AND OVER.....	1,540	884	656	434	172	262	221

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 68. NUMBER OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987—CON.

(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)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
FAMILY INCOME AND AGE							
UNDER \$10,000							
ALL AGES.....	31,229	23,329	7,900	5,860	2,774	3,086	2,040
UNDER 18 YEARS.....	8,518	7,853	666	505	72	433	160
18-44 YEARS.....	11,828	10,005	1,823	1,366	671	695	457
45-64 YEARS.....	4,096	1,911	2,185	1,865	1,153	712	320
65-69 YEARS.....	1,745	771	974	794	471	324	179
70 YEARS AND OVER.....	5,043	2,790	2,253	1,329	407	922	924
\$10,000-\$19,999							
ALL AGES.....	44,488	36,924	7,564	5,208	2,350	2,858	2,356
UNDER 18 YEARS.....	11,680	11,013	668	507	57	450	161
18-44 YEARS.....	17,865	16,033	1,832	1,376	585	791	456
45-64 YEARS.....	7,158	4,986	2,172	1,714	952	762	458
65-69 YEARS.....	2,746	1,691	1,055	825	458	367	230
70 YEARS AND OVER.....	5,040	3,202	1,838	787	299	488	1,051
\$20,000-\$34,999							
ALL AGES.....	61,689	55,112	6,577	4,352	1,557	2,795	2,224
UNDER 18 YEARS.....	17,302	16,431	871	594	53	541	277
18-44 YEARS.....	28,194	26,255	1,940	1,245	403	843	694
45-64 YEARS.....	10,966	8,833	2,134	1,530	674	856	604
65-69 YEARS.....	2,240	1,534	706	543	256	287	163
70 YEARS AND OVER.....	2,986	2,060	926	441	172	269	485
\$35,000 OR MORE							
ALL AGES.....	69,169	63,741	5,428	3,220	929	2,292	2,208
UNDER 18 YEARS.....	18,693	18,009	684	421	54	367	263
18-44 YEARS.....	32,105	30,196	1,908	1,061	240	822	847
45-64 YEARS.....	15,386	13,458	1,928	1,196	423	772	732
65-69 YEARS.....	1,311	952	359	270	103	167	90
70 YEARS AND OVER.....	1,675	1,126	549	272	109	163	277
GEOGRAPHIC REGION							
NORTHEAST.....	50,111	43,698	6,413	4,223	1,862	2,361	2,190
MIDWEST.....	57,337	49,635	7,702	5,319	2,081	3,237	2,383
SOUTH.....	81,372	69,573	11,799	8,207	3,375	4,832	3,591
WEST.....	49,730	43,440	6,290	4,142	1,797	2,345	2,147
PLACE OF RESIDENCE							
MSA.....	184,482	160,786	23,696	16,171	6,797	9,375	7,525
CENTRAL CITY.....	74,787	64,139	10,648	7,498	3,331	4,167	3,149
NOT CENTRAL CITY.....	109,695	96,646	13,048	8,673	3,466	5,207	4,375
NOT MSA.....	54,068	45,560	8,508	5,720	2,319	3,401	2,788

¹INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 366,000 HAS A 10-PERCENT RSE; OF 91,000, A 20-PERCENT RSE; AND OF 41,000, A 30-PERCENT RSE.

TABLE 69. NUMBER OF DAYS PER PERSON PER YEAR AND NUMBER OF DAYS OF ACTIVITY RESTRICTION DUE TO ACUTE AND CHRONIC CONDITIONS, BY TYPE OF RESTRICTION AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	TYPE OF RESTRICTION					
	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS ¹	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS ¹
	NUMBER OF DAYS PER PERSON			NUMBER OF DAYS IN THOUSANDS		
ALL PERSONS ²	14.5	6.2	5.1	3,447,742	1,474,290	800,955
AGE						
UNDER 5 YEARS	10.2	4.9	..*	185,888	89,956	..*
5-17 YEARS	8.3	3.7	4.4	373,037	167,705	198,330
18 YEARS AND OVER	16.5	6.9	5.4	2,888,816	1,216,629	602,625
18-24 YEARS	9.6	3.9	4.5	251,739	103,048	79,929
25-44 YEARS	11.9	4.8	5.1	906,920	361,090	309,254
45-64 YEARS	19.5	8.0	6.4	876,259	358,779	188,867
65 YEARS AND OVER	30.3	14.0	7.1	853,897	393,713	24,575
SEX AND AGE						
MALE						
ALL AGES	12.7	5.2	4.6	1,463,593	595,016	395,162
UNDER 5 YEARS	10.6	5.2	..*	99,004	48,146	..*
5-17 YEARS	7.6	3.3	4.2	176,414	76,471	96,113
18 YEARS AND OVER	14.3	5.7	4.8	1,188,176	470,399	299,049
18-24 YEARS	7.9	3.1	3.7	100,723	39,223	34,125
25-44 YEARS	10.1	3.6	4.2	376,359	134,363	143,339
45-64 YEARS	18.2	6.8	6.4	390,665	146,972	106,867
65 YEARS AND OVER	27.5	12.9	7.2	320,428	149,840	14,718
FEMALE						
ALL AGES	16.1	7.1	5.6	1,984,149	879,274	405,792
UNDER 5 YEARS	9.8	4.7	..*	86,885	41,809	..*
5-17 YEARS	8.9	4.1	4.6	196,623	91,234	102,216
18 YEARS AND OVER	18.4	8.1	6.1	1,700,641	746,231	303,576
18-24 YEARS	11.3	4.8	5.4	151,016	63,825	45,804
25-44 YEARS	13.7	5.8	6.1	530,561	226,726	165,915
45-64 YEARS	20.7	9.0	6.4	485,594	211,807	82,000
65 YEARS AND OVER	32.3	14.8	7.0	533,470	243,873	9,857
RACE AND AGE						
WHITE						
ALL AGES	14.3	6.0	5.0	2,896,268	1,207,093	665,310
UNDER 5 YEARS	10.8	4.9	..*	159,835	72,919	..*
5-17 YEARS	8.5	3.8	4.5	312,019	140,121	162,974
18 YEARS AND OVER	16.1	6.6	5.2	2,424,414	994,054	502,336
18-24 YEARS	10.0	4.0	4.7	214,786	86,187	71,156
25-44 YEARS	11.4	4.4	4.7	738,187	284,411	248,805
45-64 YEARS	18.6	7.3	6.2	726,631	283,863	160,169
65 YEARS AND OVER	29.3	13.4	7.1	744,810	339,594	22,207
BLACK						
ALL AGES	16.4	8.1	6.3	475,441	234,328	115,885
UNDER 5 YEARS	8.3	5.6	..*	22,733	15,237	..*
5-17 YEARS	7.0	3.1	4.2	48,767	21,831	29,036
18 YEARS AND OVER	21.0	10.3	7.6	403,942	197,259	86,849
18-24 YEARS	8.2	4.0	*3.6	29,630	14,370	6,864
25-44 YEARS	16.9	7.7	8.4	146,702	66,590	54,165
45-64 YEARS	28.6	14.8	8.6	130,132	67,295	24,156
65 YEARS AND OVER	41.4	20.8	*5.6	97,478	49,004	1,664

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 69. NUMBER OF DAYS PER PERSON PER YEAR AND NUMBER OF DAYS OF ACTIVITY RESTRICTION DUE TO ACUTE AND CHRONIC CONDITIONS, BY TYPE OF RESTRICTION AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1967--CON.

(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)

CHARACTERISTIC	TYPE OF RESTRICTION					
	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS	ALL TYPES	BED DISABILITY	WGRK OR SCHOOL LOSS
FAMILY INCOME AND AGE						
LESS THAN \$10,000						
	NUMBER OF DAYS PER PERSON			NUMBER OF DAYS IN THOUSANDS		
ALL AGES	24.2	11.4	6.6	756,223	355,276	86,442
UNDER 5 YEARS	10.3	5.3	...	28,982	14,871	...
5-17 YEARS	9.5	4.7	5.6	53,999	27,047	32,128
18 YEARS AND OVER	29.6	13.8	7.3	673,242	313,358	54,314
18-24 YEARS	11.8	5.3	5.0	66,071	29,794	13,166
25-44 YEARS	21.6	10.0	7.5	134,397	61,850	22,473
45-64 YEARS	48.9	23.8	9.8	200,359	97,436	13,540
65 YEARS AND OVER	40.1	18.3	*10.5	272,415	124,278	5,134
\$10,000-\$19,999						
ALL AGES	16.9	7.5	5.5	750,091	332,454	142,453
UNDER 5 YEARS	10.7	5.9	...	39,625	21,696	...
5-17 YEARS	8.3	3.9	4.2	66,559	31,254	33,511
18 YEARS AND OVER	19.6	8.5	6.0	643,907	279,504	108,942
18-24 YEARS	10.0	4.9	4.7	52,200	25,675	16,829
25-44 YEARS	15.9	6.7	6.4	200,711	84,606	61,922
45-64 YEARS	23.6	10.3	6.7	168,636	73,505	25,771
65 YEARS AND OVER	28.6	12.3	*4.9	222,360	95,718	4,420
\$20,000-\$34,999						
ALL AGES	12.3	4.9	5.3	761,358	302,381	231,665
UNDER 5 YEARS	9.7	4.2	...	49,657	21,681	...
5-17 YEARS	8.1	3.5	4.3	98,806	43,193	52,450
18 YEARS AND OVER	13.8	5.4	5.6	612,895	237,507	179,215
18-24 YEARS	10.6	3.6	4.9	60,799	20,782	21,784
25-44 YEARS	11.1	4.1	5.2	249,695	92,930	99,226
45-64 YEARS	15.9	5.9	7.1	174,864	65,228	53,932
65 YEARS AND OVER	24.4	11.2	*5.3	127,537	58,566	4,273
\$35,000 OR MORE						
ALL AGES	9.9	3.9	4.5	685,267	270,851	243,944
UNDER 5 YEARS	9.9	4.7	...	47,156	22,079	...
5-17 YEARS	8.4	3.5	4.2	117,471	49,254	59,017
18 YEARS AND OVER	10.3	4.0	4.6	520,640	199,518	184,927
18-24 YEARS	6.7	2.5	3.8	41,020	15,651	18,328
25-44 YEARS	8.7	3.2	4.3	228,938	83,620	96,408
45-64 YEARS	12.2	4.3	5.4	187,829	65,774	65,013
65 YEARS AND OVER	21.7	11.5	*8.1	64,853	34,473	5,178
GEOGRAPHIC REGION						
NORTHEAST	13.6	6.2	5.2	683,563	311,605	168,165
MIDWEST	13.0	5.4	5.0	746,445	309,844	193,971
SOUTH	15.0	6.9	5.0	1,220,462	559,230	268,894
WEST	16.0	5.9	5.1	797,272	293,010	169,924
PLACE OF RESIDENCE						
MSA	14.4	6.2	5.2	2,653,230	1,148,525	630,297
CENTRAL CITY	15.8	7.2	5.3	1,179,282	540,635	252,129
NOT CENTRAL CITY	13.4	5.5	5.0	1,473,948	607,890	378,168
NOT MSA	14.7	6.0	4.9	794,512	325,764	170,658

¹SUM OF SCHOOL-LOSS DAYS FOR CHILDREN 5-17 YEARS OF AGE AND WORK-LOSS DAYS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER. SCHOOL-LOSS DAYS ARE SHOWN FOR THE AGE GROUP 5-17 YEARS; WORK-LOSS DAYS ARE SHOWN FOR THE AGE GROUP 18 YEARS AND OVER AND EACH OLDER AGE GROUP.

²INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, AGE AND SEX, AND RACE AND AGE FOR COLUMNS 1 AND 2 CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 69 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 1 AND 2 CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 69 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMN 3 (WORK-LOSS) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 69 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR AGE, AGE AND SEX, AND RACE AND AGE FOR COLUMN 3 (SCHOOL-LOSS) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II, THE FREQUENCIES OF TABLE 69 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMN 3 (SCHOOL-LOSS) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 69 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 4 AND 5 CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMN 6 CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. FOR RESTRICTED-ACTIVITY AND BED-DAYS, AN ESTIMATE OF 49.3 MILLION HAS AN RSE OF 10 PERCENT; 12 MILLION, OF 20 PERCENT; AND 5.3 MILLION, OF 30 PERCENT. FOR WORK- OR SCHOOL-LOSS DAYS, AN ESTIMATE OF 36.3 MILLION HAS AN RSE OF 10 PERCENT; 8.9 MILLION, OF 20 PERCENT; AND 4 MILLION, OF 30 PERCENT. RATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 70. NUMBER OF PERSONS AND PERCENT DISTRIBUTION BY RESPONDENT-ASSESSED HEALTH STATUS, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1967

(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)

CHARACTERISTIC	RESPONDENT-ASSESSED HEALTH STATUS						
	ALL PERSONS ¹	ALL HEALTH STATUSES ²	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION					
ALL PERSONS ³	238,550	100.0	39.3	27.9	22.9	7.3	2.7
AGE							
UNDER 5 YEARS.....	18,176	100.0	54.0	27.4	16.1	2.3	0.4
5-17 YEARS.....	45,103	100.0	53.4	26.9	17.3	2.1	0.3
18-24 YEARS.....	26,131	100.0	43.4	31.2	21.3	3.7	0.5
25-44 YEARS.....	76,012	100.0	41.9	30.8	21.1	5.0	1.2
45-64 YEARS.....	44,975	100.0	27.3	26.5	28.6	11.7	5.7
65 YEARS AND OVER.....	28,153	100.0	15.4	20.9	32.9	21.2	9.5
SEX AND AGE							
MALE							
ALL AGES.....	115,451	100.0	42.4	27.5	21.1	6.3	2.7
UNDER 5 YEARS.....	9,301	100.0	53.7	26.9	16.5	2.6	0.3
5-17 YEARS.....	23,072	100.0	54.1	26.6	17.0	2.0	0.3
18-24 YEARS.....	12,730	100.0	48.0	29.2	19.3	3.0	0.5
25-44 YEARS.....	37,233	100.0	45.9	30.0	19.0	4.0	1.1
45-64 YEARS.....	21,465	100.0	30.0	27.3	26.2	10.5	6.0
65 YEARS AND OVER.....	11,649	100.0	16.0	20.2	32.4	20.9	10.4
FEMALE							
ALL AGES.....	123,099	100.0	36.3	28.2	24.5	8.2	2.8
UNDER 5 YEARS.....	8,875	100.0	54.2	27.9	15.6	1.9	0.4
5-17 YEARS.....	22,031	100.0	52.6	27.2	17.7	2.3	0.3
18-24 YEARS.....	13,401	100.0	39.0	33.1	23.1	4.3	0.5
25-44 YEARS.....	38,779	100.0	38.1	31.6	23.1	5.9	1.3
45-64 YEARS.....	23,509	100.0	25.0	25.8	31.2	12.7	5.3
65 YEARS AND OVER.....	16,504	100.0	15.0	21.4	33.2	21.4	8.9
RACE AND AGE							
WHITE							
ALL AGES.....	201,858	100.0	40.6	28.3	21.8	6.8	2.6
UNDER 5 YEARS.....	14,759	100.0	55.8	27.8	14.2	1.9	0.3
5-17 YEARS.....	36,613	100.0	56.1	27.0	14.7	1.8	0.3
18-24 YEARS.....	21,390	100.0	45.0	31.8	19.7	3.1	0.4
25-44 YEARS.....	64,555	100.0	43.7	31.3	19.7	4.2	1.0
45-64 YEARS.....	39,134	100.0	28.7	27.3	28.4	10.6	5.1
65 YEARS AND OVER.....	25,408	100.0	16.0	21.4	33.3	20.4	8.9
BLACK							
ALL AGES.....	28,947	100.0	30.5	24.9	29.4	11.0	4.2
UNDER 5 YEARS.....	2,739	100.0	45.8	24.7	25.1	4.2	0.4
5-17 YEARS.....	6,978	100.0	39.7	25.6	30.5	3.7	0.5
18-24 YEARS.....	3,618	100.0	35.8	27.4	29.1	6.7	1.0
25-44 YEARS.....	8,703	100.0	29.6	27.9	29.9	10.1	2.5
45-64 YEARS.....	4,558	100.0	16.0	20.6	30.5	21.8	11.1
65 YEARS AND OVER.....	2,352	100.0	8.9	16.6	28.2	29.7	16.7

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 70. NUMBER OF PERSONS AND PERCENT DISTRIBUTION BY RESPONDENT-ASSESSED HEALTH STATUS, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	RESPONDENT-ASSESSED HEALTH STATUS							
	ALL PERSONS ¹	ALL HEALTH STATUSES ²	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	
FAMILY INCOME AND AGE								
UNDER \$10,000		NUMBER IN THOUSANDS	PERCENT DISTRIBUTION					
ALL AGES.....	31,229	100.0	25.0	23.9	29.2	14.5	7.4	
UNDER 5 YEARS.....	2,813	100.0	41.0	24.0	29.8	4.8	*0.4	
5-17 YEARS.....	5,705	100.0	36.4	26.8	31.1	5.1	*0.6	
18-24 YEARS.....	5,619	100.0	34.2	34.2	24.4	6.1	1.0	
25-44 YEARS.....	6,209	100.0	23.5	25.9	31.7	13.8	5.2	
45-64 YEARS.....	4,996	100.0	11.6	14.5	26.9	25.4	21.6	
65 YEARS AND OVER.....	6,787	100.0	10.8	16.6	30.5	27.4	14.7	
\$10,000-\$19,999								
ALL AGES.....	44,488	100.0	31.8	27.1	27.4	10.1	3.6	
UNDER 5 YEARS.....	3,697	100.0	47.4	30.6	18.7	2.8	*0.5	
5-17 YEARS.....	7,983	100.0	45.7	28.2	22.3	3.3	*0.4	
18-24 YEARS.....	5,225	100.0	37.0	32.7	25.8	4.0	*0.5	
25-44 YEARS.....	12,640	100.0	34.4	30.0	26.4	7.3	1.9	
45-64 YEARS.....	7,158	100.0	18.8	22.4	32.7	17.4	8.7	
65 YEARS AND OVER.....	7,786	100.0	14.4	20.3	34.3	22.3	8.7	
\$20,000-\$34,999								
ALL AGES.....	61,689	100.0	41.3	29.6	22.4	5.3	1.4	
UNDER 5 YEARS.....	5,133	100.0	58.7	27.0	12.8	1.3	*0.2	
5-17 YEARS.....	12,169	100.0	54.2	28.8	15.4	1.3	*0.2	
18-24 YEARS.....	5,727	100.0	44.5	31.2	21.0	2.8	*0.4	
25-44 YEARS.....	22,467	100.0	43.1	32.2	20.3	3.7	0.6	
45-64 YEARS.....	10,966	100.0	25.0	27.6	33.9	10.3	3.2	
65 YEARS AND OVER.....	5,226	100.0	16.7	24.9	35.1	17.1	6.1	
\$35,000 OR MORE								
ALL AGES.....	69,169	100.0	51.1	28.7	16.1	3.2	0.8	
UNDER 5 YEARS.....	4,742	100.0	64.0	26.3	8.4	1.0	*0.3	
5-17 YEARS.....	13,951	100.0	66.5	23.3	9.3	0.7	*0.3	
18-24 YEARS.....	6,151	100.0	56.4	28.2	13.7	1.6	*0.2	
25-44 YEARS.....	25,954	100.0	50.3	31.4	15.5	2.5	0.3	
45-64 YEARS.....	15,386	100.0	37.9	30.8	23.6	5.9	1.8	
65 YEARS AND OVER.....	2,986	100.0	24.5	25.0	31.3	14.0	5.2	
GEOGRAPHIC REGION								
NORTHEAST.....	50,111	100.0	38.6	30.6	21.9	6.8	2.2	
MIDWEST.....	57,337	100.0	40.5	27.6	22.6	7.1	2.2	
SOUTH.....	81,372	100.0	36.3	26.9	24.6	8.4	3.8	
WEST.....	49,730	100.0	43.3	27.1	21.4	6.1	2.1	
PLACE OF RESIDENCE								
MSA.....	184,482	100.0	40.6	27.8	22.2	6.9	2.5	
CENTRAL CITY.....	74,787	100.0	37.7	27.1	24.1	8.0	3.0	
NOT CENTRAL CITY.....	109,695	100.0	42.5	28.3	20.9	6.2	2.1	
NOT MSA.....	54,068	100.0	34.9	28.0	25.1	8.5	3.5	

¹INCLUDES UNKNOWN HEALTH STATUS.
²EXCLUDES UNKNOWN HEALTH STATUS.
³INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMN 1 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. THE SE'S AND RSE'S FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 3-7 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 70 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 3-7 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 70 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. AN ESTIMATE OF 366,000 HAS A 10-PERCENT RSE; OF 91,000, A 20-PERCENT RSE; AND OF 41,000, A 30-PERCENT RSE. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 71. NUMBER PER PERSON PER YEAR AND NUMBER OF PHYSICIAN CONTACTS, BY PLACE OF CONTACT AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	PLACE OF CONTACT									
	ALL PLACES ¹	TELEPHONE	OFFICE	HOSPITAL	OTHER	ALL PLACES ¹	TELEPHONE	OFFICE	HOSPITAL	OTHER
	NUMBER PER PERSON PER YEAR ²					NUMBER IN THOUSANDS ²				
ALL PERSONS ³	5.4	0.7	3.1	0.8	0.9	1,288,433	161,845	730,217	182,463	205,419
AGE										
UNDER 5 YEARS.....	6.7	1.2	3.8	0.9	0.7	121,641	22,156	69,610	15,659	13,410
5-17 YEARS.....	3.3	0.4	1.9	0.5	0.5	148,601	20,256	85,806	20,593	20,300
18-24 YEARS.....	4.4	0.5	2.2	0.7	1.0	115,492	11,960	58,599	19,519	25,062
25-44 YEARS.....	4.8	0.6	2.7	0.6	0.7	362,894	47,856	208,594	48,291	55,434
45-64 YEARS.....	6.4	0.8	3.6	1.0	1.0	289,309	35,026	163,685	43,915	45,128
65-74 YEARS.....	8.4	0.8	4.9	1.2	1.4	145,135	13,362	85,380	21,226	24,424
75 YEARS AND OVER.....	9.7	1.0	5.4	1.2	2.0	105,360	11,228	58,543	13,261	21,662
SEX AND AGE										
MALE										
ALL AGES.....	4.5	0.5	2.6	0.7	0.7	523,009	56,708	296,945	82,109	84,030
UNDER 18 YEARS.....	4.2	0.6	2.5	0.6	0.5	137,398	21,011	79,503	18,991	17,165
18-44 YEARS.....	3.4	0.3	1.9	0.6	0.6	167,929	15,865	92,448	28,180	30,081
45-64 YEARS.....	5.5	0.5	3.2	0.9	0.9	118,983	11,761	67,977	19,688	18,984
65 YEARS AND OVER.....	8.5	0.7	4.9	1.3	1.5	98,699	8,071	57,016	15,250	17,800
FEMALE										
ALL AGES.....	6.2	0.9	3.5	0.8	1.0	765,424	105,137	433,272	100,354	121,389
UNDER 18 YEARS.....	4.3	0.7	2.5	0.6	0.5	132,844	21,401	75,913	17,261	16,545
18-44 YEARS.....	5.9	0.8	3.3	0.8	1.0	310,457	43,952	174,744	39,630	50,414
45-64 YEARS.....	7.2	1.0	4.1	1.0	1.1	170,326	23,265	95,708	24,227	26,144
65 YEARS AND OVER.....	9.2	1.0	5.3	1.2	1.7	151,797	16,519	86,907	19,236	28,286
RACE AND AGE										
WHITE										
ALL AGES.....	5.5	0.7	3.2	0.7	0.8	1,118,366	147,814	650,347	144,258	168,902
UNDER 18 YEARS.....	4.6	0.8	2.7	0.5	0.5	234,265	38,921	139,035	27,713	26,272
18-44 YEARS.....	4.8	0.6	2.7	0.6	0.8	409,277	54,098	234,210	53,738	64,968
45-64 YEARS.....	6.4	0.8	3.7	0.8	1.0	248,854	31,975	144,545	32,786	38,185
65 YEARS AND OVER.....	3.9	0.9	5.2	1.2	1.6	225,969	22,820	132,557	30,021	39,476
BLACK										
ALL AGES.....	4.9	0.4	2.3	1.1	1.1	140,456	10,660	65,564	32,547	30,458
UNDER 18 YEARS.....	3.0	0.2	1.4	0.7	0.7	29,626	2,388	13,514	7,276	6,320
18-44 YEARS.....	4.5	0.4	2.1	1.0	1.0	55,306	4,618	26,296	11,967	11,732
45-64 YEARS.....	7.3	0.5	3.5	2.0	1.3	33,306	2,097	15,857	9,135	6,077
65 YEARS AND OVER.....	9.4	0.7	4.2	1.8	2.7	22,218	1,557	9,898	4,169	6,329
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	7.1	0.8	3.3	1.3	1.7	220,629	25,735	101,693	39,970	52,030
UNDER 18 YEARS.....	4.2	0.6	1.8	0.9	0.9	36,023	4,826	15,708	7,549	7,585
18-44 YEARS.....	6.3	0.8	2.6	1.2	1.7	75,025	9,113	30,466	14,570	20,626
45-64 YEARS.....	10.3	1.5	4.4	1.9	2.5	42,314	6,028	18,173	7,663	10,328
65 YEARS AND OVER.....	9.9	0.9	5.5	1.5	2.0	67,268	5,769	37,346	10,188	13,491
\$10,000-\$19,999										
ALL AGES.....	5.6	0.7	3.0	0.9	0.9	248,655	30,460	134,082	40,863	42,068
UNDER 18 YEARS.....	3.8	0.5	2.0	0.7	0.5	44,608	6,343	23,354	8,543	6,282
18-44 YEARS.....	4.7	0.6	2.4	0.8	0.9	84,486	10,643	43,096	14,643	15,518
45-64 YEARS.....	7.3	0.9	4.0	1.2	1.3	52,156	6,345	28,288	8,250	8,954
65 YEARS AND OVER.....	8.7	0.9	5.1	1.2	1.5	67,405	7,128	39,344	9,427	11,314

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 71. NUMBER PER PERSON PER YEAR AND NUMBER OF PHYSICIAN CONTACTS, BY PLACE OF CONTACT AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	PLACE OF CONTACT									
	ALL PLACES ¹	TELEPHONE	OFFICE	HOSPITAL	OTHER	ALL PLACES ¹	TELEPHONE	OFFICE	HOSPITAL	OTHER
FAMILY INCOME AND AGE--CON.										
\$20,000-\$34,999	NUMBER PER PERSON PER YEAR ²					NUMBER IN THOUSANDS ²				
ALL AGES.....	5.1	0.7	3.0	0.6	0.7	313,377	44,666	186,302	39,781	41,084
UNDER 18 YEARS.....	4.3	0.8	2.5	0.5	0.5	74,468	14,386	43,228	8,255	7,863
18-44 YEARS.....	4.6	0.6	2.7	0.6	0.7	128,431	17,162	75,911	16,150	18,806
45-64 YEARS.....	6.1	0.7	3.6	1.0	0.8	66,816	7,589	40,004	10,465	8,496
65 YEARS AND OVER.....	8.4	1.1	5.2	0.9	1.1	43,662	5,529	27,160	4,910	5,919
\$35,000 OR MORE										
ALL AGES.....	5.1	0.7	3.2	0.6	0.7	354,497	47,320	218,773	40,123	45,216
UNDER 18 YEARS.....	5.0	0.8	3.1	0.5	0.5	92,756	14,060	58,687	9,159	9,695
18-44 YEARS.....	4.6	0.6	2.9	0.5	0.6	147,674	19,387	92,024	15,930	19,189
45-64 YEARS.....	5.7	0.7	3.4	0.8	0.7	87,283	11,358	52,607	11,745	10,985
65 YEARS AND OVER.....	9.0	0.8	5.2	1.1	1.8	26,784	2,515	15,455	3,289	5,346
GEOGRAPHIC REGION										
NORTHEAST.....	5.3	0.6	3.0	0.8	0.9	267,321	30,984	147,946	42,225	43,781
MIDWEST.....	5.7	0.8	3.0	0.9	1.0	326,206	47,580	171,476	49,110	56,378
SOUTH.....	5.2	0.6	3.1	0.6	0.8	423,151	48,976	256,241	51,957	62,532
WEST.....	5.5	0.7	3.1	0.8	0.9	271,755	34,304	154,553	39,172	42,729
PLACE OF RESIDENCE										
MSA.....	5.5	0.7	3.0	0.8	0.9	1,016,346	130,975	562,100	149,040	167,249
CENTRAL CITY.....	5.7	0.7	2.8	1.0	1.1	422,812	51,863	211,967	71,967	83,884
NOT CENTRAL CITY.....	5.4	0.7	3.2	0.7	0.8	593,534	79,112	350,132	77,072	83,365
NOT MSA.....	5.0	0.6	3.1	0.6	0.7	272,087	30,870	168,117	33,423	38,170

¹INCLUDES UNKNOWN PLACE OF CONTACT.

²DOES NOT INCLUDE PHYSICIAN CONTACTS WHILE AN OVERNIGHT PATIENT IN A HOSPITAL.

³INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 1-5 CAN BE COMPUTED BY USING PARAMETER SET VI OF TABLE II, THE FREQUENCIES OF TABLE 71 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 1-5 CAN BE COMPUTED BY USING PARAMETER SETS VI AND X OF TABLE II, THE FREQUENCIES OF TABLES 71 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 6-10 CAN BE COMPUTED BY USING PARAMETER SET VI OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 16.6 MILLION HAS A 10-PERCENT RSE; OF 4.1 MILLION, A 20-PERCENT RSE; AND OF 1.8 MILLION, A 30-PERCENT RSE. RATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 72. PERCENT DISTRIBUTION AND NUMBER OF PERSONS BY INTERVAL SINCE LAST PHYSICIAN CONTACT, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	INTERVAL SINCE LAST CONTACT									
	ALL INTERVALS ¹	LESS THAN 1 YEAR	1 YEAR TO 2 YEARS	2 YEARS TO 5 YEARS	LESS THAN 5 YEARS OR MORE	ALL INTERVALS ²	LESS THAN 1 YEAR	1 YEAR TO 2 YEARS	2 YEARS TO 5 YEARS	LESS THAN 5 YEARS OR MORE
	PERCENT DISTRIBUTION ³					NUMBER IN THOUSANDS ³				
ALL PERSONS ⁴	100.0	76.2	10.5	9.7	3.6	238,550	178,902	24,749	22,715	8,508
AGE										
UNDER 5 YEARS.....	100.0	93.0	5.6	1.2	40.2	18,176	16,501	997	219	428
5-17 YEARS.....	100.0	75.0	13.8	9.1	2.0	45,103	33,289	6,139	4,032	897
18-24 YEARS.....	100.0	71.9	12.9	11.8	3.5	26,131	18,402	3,297	3,021	885
25-44 YEARS.....	100.0	71.8	11.5	12.2	4.5	76,012	53,770	8,627	9,171	3,342
45-64 YEARS.....	100.0	74.9	9.3	10.6	5.2	44,975	33,276	4,144	4,695	2,293
65-74 YEARS.....	100.0	83.2	5.8	6.5	4.5	17,312	14,257	999	1,110	767
75 YEARS AND OVER.....	100.0	87.8	5.1	4.3	2.8	10,841	9,407	545	466	296
SEX AND AGE										
MALE										
ALL AGES.....	100.0	70.8	11.7	12.5	5.0	115,451	80,347	13,308	14,198	5,629
UNDER 18 YEARS.....	100.0	79.8	11.4	7.1	1.6	32,373	25,381	3,635	2,268	503
18-44 YEARS.....	100.0	62.2	13.9	17.2	6.7	49,963	30,478	6,815	8,410	3,279
45-64 YEARS.....	100.0	70.4	10.2	13.0	6.4	21,465	14,913	2,162	2,755	1,353
65 YEARS AND OVER.....	100.0	83.0	6.0	6.6	4.3	11,649	9,574	696	764	495
FEMALE										
ALL AGES.....	100.0	81.2	9.4	7.0	2.4	123,099	98,555	11,441	8,518	2,879
UNDER 18 YEARS.....	100.0	80.5	11.5	6.5	1.4	30,906	24,409	3,501	1,984	422
18-44 YEARS.....	100.0	80.9	9.9	7.3	1.8	52,180	41,694	5,110	3,782	948
45-64 YEARS.....	100.0	79.1	8.5	8.4	4.0	23,509	18,363	1,981	1,940	940
65 YEARS AND OVER.....	100.0	86.3	5.2	5.0	3.5	16,504	14,089	848	812	569
RACE AND AGE										
WHITE										
ALL AGES.....	100.0	76.6	10.3	9.5	3.6	201,858	152,454	20,471	18,966	7,114
UNDER 18 YEARS.....	100.0	81.1	10.9	6.5	1.4	51,371	40,960	5,524	3,293	710
18-44 YEARS.....	100.0	72.2	11.7	12.0	4.1	85,945	61,160	9,924	10,130	3,463
45-64 YEARS.....	100.0	74.8	9.4	10.6	5.2	39,134	28,949	3,623	4,117	2,004
65 YEARS AND OVER.....	100.0	85.0	5.6	5.7	3.7	25,408	21,385	1,400	1,427	937
BLACK										
ALL AGES.....	100.0	74.4	12.2	10.2	3.2	28,947	21,068	3,442	2,881	912
UNDER 18 YEARS.....	100.0	75.4	14.5	8.5	1.6	9,717	7,141	1,375	808	153
18-44 YEARS.....	100.0	70.5	13.0	12.5	3.9	12,321	8,499	1,569	1,510	475
45-64 YEARS.....	100.0	77.8	8.4	9.7	4.1	4,558	3,469	376	434	182
65 YEARS AND OVER.....	100.0	84.7	5.3	5.5	4.5	2,352	1,959	122	128	103
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	100.0	78.0	9.3	8.5	4.1	31,229	24,030	2,871	2,616	1,274
UNDER 18 YEARS.....	100.0	78.7	11.7	7.4	2.1	8,518	6,559	979	620	178
18-44 YEARS.....	100.0	74.1	10.7	10.5	4.7	11,828	8,639	1,247	1,222	544
45-64 YEARS.....	100.0	77.4	7.1	9.0	6.4	4,096	3,149	290	366	262
65 YEARS AND OVER.....	100.0	84.4	5.3	6.1	4.3	6,787	5,684	355	409	290
\$10,000-\$19,999										
ALL AGES.....	100.0	74.4	10.8	10.5	4.4	44,488	32,741	4,755	4,600	1,916
UNDER 18 YEARS.....	100.0	76.1	13.3	8.2	2.3	11,680	8,768	1,537	948	264
18-44 YEARS.....	100.0	69.4	12.1	13.4	5.1	17,865	12,271	2,143	2,367	895
45-64 YEARS.....	100.0	72.4	9.3	12.1	6.1	7,158	5,130	660	860	431
65 YEARS AND OVER.....	100.0	84.9	5.4	5.5	4.2	7,786	6,572	415	425	326

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 72. PERCENT DISTRIBUTION AND NUMBER OF PERSONS BY INTERVAL SINCE LAST PHYSICIAN CONTACT, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	INTERVAL SINCE LAST CONTACT										
	ALL INTERVALS ¹	1 YEAR TO 2 YEARS TO				5 YEARS OR MORE	ALL INTERVALS ²	1 YEAR TO 2 YEARS TO			
		LESS THAN 1 YEAR	LESS THAN 2 YEARS	LESS THAN 5 YEARS	5 YEARS OR MORE			LESS THAN 1 YEAR	LESS THAN 2 YEARS	LESS THAN 5 YEARS	5 YEARS OR MORE
FAMILY INCOME AND AGE--CON.											
\$20,000-\$34,999											
		PERCENT DISTRIBUTION ³					NUMBER IN THOUSANDS ³				
ALL AGES.....	100.0	75.9	10.6	10.1	3.4	61,689	46,323	6,490	6,180	2,052	
UNDER 18 YEARS.....	100.0	80.5	10.9	7.2	1.3	17,302	13,743	1,869	1,236	227	
18-44 YEARS.....	100.0	71.8	11.7	12.5	4.0	28,194	20,023	3,266	3,473	1,124	
45-64 YEARS.....	100.0	73.9	9.9	11.0	5.2	10,966	8,051	1,075	1,200	563	
65 YEARS AND OVER.....	100.0	86.7	5.4	5.2	2.7	5,226	4,506	281	272	138	
\$35,000 OR MORE											
ALL AGES.....	100.0	78.0	10.3	9.1	2.7	69,169	53,276	7,001	6,193	1,815	
UNDER 18 YEARS.....	100.0	84.3	9.9	5.2	0.7	18,693	15,473	1,814	952	126	
18-44 YEARS.....	100.0	74.1	11.4	11.2	3.3	32,105	23,470	3,611	3,561	1,040	
45-64 YEARS.....	100.0	77.1	9.1	10.0	3.8	15,386	11,782	1,396	1,528	573	
65 YEARS AND OVER.....	100.0	86.2	6.1	5.1	2.6	2,986	2,551	180	152	76	
GEOGRAPHIC REGION											
NORTHEAST.....	100.0	77.6	10.7	8.5	3.2	50,111	38,325	5,271	4,176	1,590	
MIDWEST.....	100.0	77.5	9.7	9.5	3.3	57,337	43,792	5,506	5,346	1,857	
SOUTH.....	100.0	74.8	11.2	10.2	3.9	81,372	59,945	8,945	8,173	3,089	
WEST.....	100.0	75.4	10.3	10.3	4.0	49,730	36,840	5,027	5,019	1,972	
PLACE OF RESIDENCE											
HSA.....	100.0	76.7	10.4	9.4	3.5	184,482	139,245	18,838	17,143	6,309	
CENTRAL CITY.....	100.0	76.6	10.2	9.4	3.9	74,787	56,256	1,483	6,905	2,845	
NOT CENTRAL CITY.....	100.0	76.8	10.5	9.5	3.2	109,695	82,989	11,355	10,238	3,464	
NOT HSA.....	100.0	74.3	11.1	10.4	4.1	54,068	39,658	5,911	5,573	2,199	

¹EXCLUDES UNKNOWN INTERVAL.

²INCLUDES UNKNOWN INTERVAL.

³INCLUDES PHYSICIAN CONTACTS WHILE AN OVERNIGHT PATIENT IN A HOSPITAL.

⁴INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 2-5 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 72 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 2-5 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 72 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 6-10 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 366,000 HAS A 10-PERCENT RSE; OF 91,000, A 20-PERCENT RSE; AND OF 41,000 A 30-PERCENT RSE. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 73. PERCENT DISTRIBUTION OF LIVING PERSONS BY NUMBER OF SHGRT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES ¹				
	ALL STATUSES	NUMBER OF EPISODES				ALL STATUSES	NUMBER OF EPISODES			
		NONE	1	2	3 OR MORE		NONE	1	2	3 OR MORE
PERCENT DISTRIBUTION										
ALL PERSONS ²	100.0	91.6	6.8	1.1	0.5	100.0	92.9	5.6	1.0	0.5
AGE										
UNDER 5 YEARS.....	100.0	93.7	5.3	0.8	*0.2	100.0	93.7	5.3	0.8	*0.2
5-17 YEARS.....	100.0	97.0	2.7	0.2	0.1	100.0	97.2	2.5	0.2	0.1
18-24 YEARS.....	100.0	91.3	7.6	0.9	0.3	100.0	95.2	4.1	0.5	0.2
25-44 YEARS.....	100.0	91.8	7.1	0.8	0.3	100.0	94.4	4.7	0.7	0.3
45-64 YEARS.....	100.0	90.5	7.2	1.5	0.8	100.0	90.5	7.2	1.5	0.8
65-74 YEARS.....	100.0	84.8	11.2	2.8	1.2	100.0	84.8	11.2	2.8	1.2
75 YEARS AND OVER.....	100.0	80.1	14.2	3.8	2.0	100.0	80.1	14.2	3.8	2.0
SEX AND AGE										
MALE										
ALL AGES.....	100.0	93.0	5.6	0.9	0.5	100.0	93.0	5.6	0.9	0.5
UNDER 18 YEARS.....	100.0	96.0	3.5	0.4	0.1	100.0	96.0	3.5	0.4	0.1
18-44 YEARS.....	100.0	95.2	4.1	0.5	0.2	100.0	95.2	4.1	0.5	0.2
45-64 YEARS.....	100.0	90.0	7.5	1.5	1.0	100.0	90.0	7.5	1.5	1.0
65 YEARS AND OVER.....	100.0	80.7	14.3	3.4	1.7	100.0	80.7	14.3	3.4	1.7
FEMALE										
ALL AGES.....	100.0	90.3	8.0	1.3	0.5	100.0	92.8	5.7	1.1	0.5
UNDER 18 YEARS.....	100.0	96.1	3.4	0.4	*0.1	100.0	96.4	3.1	0.4	*0.1
18-44 YEARS.....	100.0	88.2	10.2	1.2	0.4	100.0	94.0	5.0	0.8	0.3
45-64 YEARS.....	100.0	91.0	6.9	1.5	0.7	100.0	91.0	6.9	1.5	0.7
65 YEARS AND OVER.....	100.0	84.7	11.0	3.0	1.3	100.0	84.7	11.0	3.0	1.3
RACE AND AGE										
WHITE										
ALL AGES.....	100.0	91.6	6.8	1.1	0.5	100.0	92.8	5.7	1.0	0.5
UNDER 18 YEARS.....	100.0	96.0	3.5	0.4	0.1	100.0	96.1	3.4	0.4	0.1
18-44 YEARS.....	100.0	91.8	7.0	0.8	0.3	100.0	94.6	4.5	0.6	0.3
45-64 YEARS.....	100.0	90.7	7.1	1.4	0.8	100.0	90.7	7.1	1.4	0.8
65 YEARS AND OVER.....	100.0	83.1	12.3	3.1	1.4	100.0	83.1	12.3	3.1	1.4
BLACK										
ALL AGES.....	100.0	91.1	7.1	1.2	0.6	100.0	92.7	5.6	1.1	0.5
UNDER 18 YEARS.....	100.0	96.2	3.2	*0.4	*0.2	100.0	96.6	2.8	*0.4	*0.2
18-44 YEARS.....	100.0	90.1	8.6	1.0	*0.3	100.0	93.6	5.4	0.8	*0.3
45-64 YEARS.....	100.0	87.7	8.8	2.2	1.3	100.0	87.7	8.8	2.2	1.3
65 YEARS AND OVER.....	100.0	82.0	12.4	3.5	2.1	100.0	82.0	12.4	3.5	2.1
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	100.0	88.2	9.1	1.8	0.9	100.0	89.8	7.6	1.7	0.9
UNDER 18 YEARS.....	100.0	94.6	4.5	0.6	*0.2	100.0	95.1	4.0	0.6	*0.2
18-44 YEARS.....	100.0	88.9	9.2	1.3	0.5	100.0	92.8	5.7	1.0	0.5
45-64 YEARS.....	100.0	84.3	11.0	2.4	2.3	100.0	84.3	11.0	2.4	2.3
65 YEARS AND OVER.....	100.0	81.2	13.4	3.7	1.6	100.0	81.2	13.4	3.7	1.6
\$10,000-\$19,999										
ALL AGES.....	100.0	90.1	7.7	1.5	0.7	100.0	91.6	6.3	1.4	0.7
UNDER 18 YEARS.....	100.0	95.8	3.4	0.6	*0.2	100.0	96.0	3.3	0.5	*0.2
18-44 YEARS.....	100.0	89.9	8.5	1.2	0.5	100.0	93.6	5.2	0.9	0.4
45-64 YEARS.....	100.0	88.9	8.1	1.7	1.2	100.0	88.9	8.1	1.7	1.2
65 YEARS AND OVER.....	100.0	83.0	11.9	3.3	1.7	100.0	83.0	11.9	3.3	1.7

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 73. PERCENT DISTRIBUTION OF LIVING PERSONS BY NUMBER OF SHORT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES ¹				
	ALL STATUSES	NUMBER OF EPISODES				ALL STATUSES	NUMBER OF EPISODES			
		NONE	1	2	3 OR MORE		NONE	1	2	3 OR MORE
FAMILY INCOME AND AGE--CON.										
\$20,000-\$34,999										
PERCENT DISTRIBUTION										
ALL AGES.....	100.0	92.2	6.5	1.0	0.3	100.0	93.6	5.2	0.9	0.3
UNDER 18 YEARS.....	100.0	96.1	3.5	0.3	*0.1	100.0	96.1	3.5	0.3	*0.1
18-44 YEARS.....	100.0	91.9	7.0	0.8	0.2	100.0	94.9	4.4	0.6	0.2
45-64 YEARS.....	100.0	91.1	6.7	1.8	0.5	100.0	91.1	6.7	1.8	0.5
65 YEARS AND OVER.....	100.0	83.2	12.7	2.8	1.3	100.0	83.2	12.7	2.8	1.3
\$35,000 OR MORE										
ALL AGES.....	100.0	93.4	5.6	0.7	0.3	100.0	94.6	4.5	0.6	0.3
UNDER 18 YEARS.....	100.0	96.7	2.9	0.3	*0.1	100.0	96.8	2.9	0.3	*0.1
18-44 YEARS.....	100.0	92.9	6.4	0.6	0.2	100.0	95.3	4.1	0.5	0.1
45-64 YEARS.....	100.0	92.3	6.0	1.1	0.6	100.0	92.3	6.0	1.1	0.6
65 YEARS AND OVER.....	100.0	85.2	11.8	1.7	*1.3	100.0	85.2	11.8	1.7	*1.3
GEOGRAPHIC REGION										
NORTHEAST.....	100.0	91.9	6.7	1.0	0.4	100.0	93.1	5.5	1.0	0.4
MIDWEST.....	100.0	91.2	7.0	1.2	0.6	100.0	92.4	5.9	1.1	0.5
SOUTH.....	100.0	90.9	7.3	1.2	0.6	100.0	92.2	6.1	1.1	0.6
WEST.....	100.0	92.8	5.9	0.9	0.4	100.0	94.3	4.5	0.8	0.4
PLACE OF RESIDENCE										
MSA.....	100.0	91.8	6.7	1.1	0.4	100.0	93.2	5.4	1.0	0.4
CENTRAL CITY.....	100.0	91.5	6.9	1.1	0.5	100.0	92.9	5.6	1.1	0.5
NOT CENTRAL CITY.....	100.0	92.1	6.5	1.0	0.4	100.0	93.3	5.3	0.9	0.4
NOT MSA.....	100.0	90.8	7.3	1.3	0.6	100.0	91.9	6.2	1.2	0.6

¹BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.
²INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 74 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 78 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 74. NUMBER OF LIVING PERSONS, BY NUMBER OF SHORT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES AND BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES ¹				
	ALL STATUSES	NUMBER OF EPISODES				ALL STATUSES	NUMBER OF EPISODES			
		NONE	1	2	3 OR MORE		NONE	1	2	3 OR MORE
ALL PERSONS ²	238,550	218,480	16,233	2,665	1,172	238,550	221,547	13,415	2,457	1,132
AGE										
UNDER 5 YEARS.....	18,176	17,038	958	144	36	18,176	17,038	958	144	36
5-17 YEARS.....	45,103	43,745	1,206	103	49	45,103	43,834	1,125	97	47
18-24 YEARS.....	26,131	23,848	1,975	233	75	26,131	24,882	1,064	125	60
25-44 YEARS.....	76,012	69,774	5,388	622	228	76,012	71,718	3,561	530	204
45-64 YEARS.....	44,975	40,706	3,228	673	367	44,975	40,706	3,230	671	367
65-74 YEARS.....	17,312	14,687	1,938	483	204	17,312	14,687	1,938	483	204
75 YEARS AND OVER.....	10,841	8,680	1,540	408	113	10,841	8,680	1,540	408	213
SEX AND AGE										
MALE										
ALL AGES.....	115,451	107,364	6,425	1,094	569	115,451	107,364	6,425	1,094	569
UNDER 18 YEARS.....	32,373	31,073	1,128	127	45	32,373	31,073	1,128	127	45
18-44 YEARS.....	49,963	47,575	2,036	244	109	49,963	47,575	2,036	244	109
45-64 YEARS.....	21,465	19,320	1,602	329	214	21,465	19,320	1,602	329	214
65 YEARS AND OVER.....	11,649	9,396	1,660	393	200	11,649	9,396	1,660	393	200
FEMALE										
ALL AGES.....	123,099	111,116	9,807	1,572	604	123,099	114,183	6,989	1,364	563
UNDER 18 YEARS.....	30,906	29,710	1,036	120	39	30,906	29,800	955	114	37
18-44 YEARS.....	52,180	46,048	5,327	610	194	52,180	49,025	2,589	410	156
45-64 YEARS.....	23,509	21,387	1,626	343	153	23,509	21,387	1,628	342	153
65 YEARS AND OVER.....	16,504	13,971	1,818	498	217	16,504	13,971	1,818	498	217
RACE AND AGE										
WHITE										
ALL AGES.....	201,858	184,855	13,737	2,279	987	201,858	187,324	11,478	2,102	954
UNDER 18 YEARS.....	51,371	49,321	1,778	210	63	51,371	49,371	1,735	202	63
18-44 YEARS.....	85,945	78,912	6,054	717	261	85,945	81,331	3,837	550	228
45-64 YEARS.....	39,134	35,506	2,770	557	301	39,134	35,506	2,772	555	301
65 YEARS AND OVER.....	25,408	21,116	3,135	795	362	25,408	21,116	3,135	795	362
BLACK										
ALL AGES.....	28,947	26,379	2,065	339	164	28,947	26,846	1,629	313	159
UNDER 18 YEARS.....	9,717	9,349	312	36	20	9,717	9,386	276	35	20
18-44 YEARS.....	12,321	11,103	1,061	120	37	12,321	11,533	661	96	32
45-64 YEARS.....	4,558	3,999	401	100	57	4,558	3,999	401	100	57
65 YEARS AND OVER.....	2,352	1,928	292	83	50	2,352	1,928	292	83	50
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	31,229	27,543	2,838	561	287	31,229	28,043	2,377	524	285
UNDER 18 YEARS.....	8,518	8,059	385	55	19	8,518	8,101	343	54	19
18-44 YEARS.....	11,828	10,521	1,089	153	65	11,828	10,979	670	116	63
45-64 YEARS.....	4,096	3,451	452	100	93	4,096	3,451	452	100	93
65 YEARS AND OVER.....	6,787	5,512	912	254	110	6,787	5,512	912	254	110
\$10,000-\$19,999										
ALL AGES.....	44,488	40,085	3,422	660	321	44,488	40,752	2,824	607	305
UNDER 18 YEARS.....	11,680	11,195	400	67	18	11,680	11,208	391	63	18
18-44 YEARS.....	17,865	16,061	1,512	209	82	17,865	16,715	924	160	66
45-64 YEARS.....	7,158	6,367	580	124	87	7,158	6,367	580	124	87
65 YEARS AND OVER.....	7,786	6,462	929	260	134	7,786	6,462	929	260	134

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 74. NUMBER OF LIVING PERSONS, BY NUMBER OF SHORT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES AND BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES ¹				
	ALL STATUSES	NUMBER OF EPISODES				ALL OR MORE STATUSES	NUMBER OF EPISODES			
		NONE	1	2	3		NONE	1	2	3
FAMILY INCOME AND AGE--CON.										
\$20,000-\$34,999										
NUMBER OF PERSONS IN THOUSANDS										
ALL AGES.....	61,689	56,881	3,991	607	210	61,689	57,713	3,234	544	199
UNDER 18 YEARS.....	17,302	16,625	607	48	22	17,302	16,628	606	48	20
18-44 YEARS.....	28,194	25,921	1,987	220	67	28,194	26,750	1,230	158	57
45-64 YEARS.....	10,966	9,985	733	193	54	10,966	9,985	735	192	54
65 YEARS AND OVER.....	5,226	4,350	663	146	67	5,226	4,350	663	146	67
\$35,000 OR MORE										
ALL AGES.....	69,169	64,636	3,871	460	202	69,169	65,419	3,124	432	194
UNDER 18 YEARS.....	18,693	18,079	545	53	17	18,693	18,092	533	51	17
18-44 YEARS.....	32,105	29,815	2,044	192	53	32,105	30,585	1,309	166	45
45-64 YEARS.....	15,386	14,199	930	164	93	15,386	14,199	930	164	93
65 YEARS AND OVER.....	2,986	2,543	351	52	40	2,986	2,543	351	52	40
GEOGRAPHIC REGION										
NORTHEAST.....	50,111	46,067	3,336	515	193	50,111	46,668	2,780	479	184
MIDWEST.....	57,337	52,288	4,022	710	316	57,337	52,977	3,395	659	306
SOUTH.....	81,372	73,964	5,931	1,000	477	81,372	74,995	4,990	921	466
WEST.....	49,730	46,161	2,944	439	186	49,730	46,907	2,249	399	175
PLACE OF RESIDENCE										
MSA.....	184,482	169,413	12,302	1,939	829	184,482	171,853	10,040	1,793	795
CENTRAL CITY.....	74,787	68,422	5,136	856	373	74,787	69,456	4,182	789	360
NOT CENTRAL CITY.....	109,695	100,991	7,165	1,083	456	109,695	102,398	5,858	1,004	435
NOT MSA.....	54,068	49,067	3,931	727	344	54,068	49,693	3,374	664	336

¹BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

²INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 366,000 HAS A 10-PERCENT RSE; OF 91,000, A 20-PERCENT RSE; AND OF 41,000, A 30-PERCENT RSE.

TABLE 75. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW PER LIVING PERSON HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES ¹			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
DAYS PER PERSON HOSPITALIZED								
ALL PERSONS ²	8.2	5.7	14.4	28.4	9.1	6.3	15.0	28.9
AGE								
UNDER 5 YEARS.....	7.6	5.1	14.6	46.6	7.6	5.1	14.6	46.6
5-17 YEARS.....	6.5	4.9	20.1	17.3	6.7	5.0	21.1	17.6
18-24 YEARS.....	5.0	3.9	8.6	20.5	6.5	5.1	11.0	22.2
25-44 YEARS.....	6.4	4.7	12.9	28.3	7.8	5.6	13.6	30.0
45-64 YEARS.....	9.6	6.4	13.4	30.3	9.6	6.4	13.4	30.3
65-74 YEARS.....	11.2	8.2	16.2	28.2	11.2	8.2	16.2	28.2
75 YEARS AND OVER.....	12.0	8.1	18.2	27.6	12.0	8.1	18.2	27.6
SEX AND AGE								
MALE								
ALL AGES.....	9.4	6.7	15.8	28.3	9.4	6.7	15.8	28.3
UNDER 18 YEARS.....	7.9	5.7	19.3	31.8	7.9	5.7	19.3	31.8
18-44 YEARS.....	7.7	5.7	14.8	28.0	7.7	5.7	14.8	28.0
45-64 YEARS.....	9.8	6.6	12.9	29.3	9.8	6.6	12.9	29.3
65 YEARS AND OVER.....	11.7	8.5	17.6	26.8	11.7	8.5	17.6	26.8
FEMALE								
ALL AGES.....	7.4	5.1	13.5	28.4	8.8	6.0	14.4	29.4
UNDER 18 YEARS.....	6.1	4.3	14.4	28.0	6.3	4.4	14.9	29.0
18-44 YEARS.....	5.3	4.0	10.5	25.5	7.3	5.3	12.2	28.3
45-64 YEARS.....	9.3	6.2	13.8	31.6	9.3	6.3	13.8	31.6
65 YEARS AND OVER.....	11.3	7.8	16.7	28.8	11.3	7.8	16.7	28.8
RACE AND AGE								
WHITE								
ALL AGES.....	8.0	5.6	14.2	27.6	8.8	6.1	14.8	28.1
UNDER 18 YEARS.....	6.7	4.9	17.1	23.1	6.7	4.9	17.5	23.1
18-44 YEARS.....	5.9	4.3	11.5	26.5	7.3	5.3	12.8	28.5
45-64 YEARS.....	9.2	6.2	12.5	30.1	9.2	6.2	12.5	30.1
65 YEARS AND OVER.....	11.2	7.8	17.2	27.2	11.2	7.8	17.2	27.2
BLACK								
ALL AGES.....	9.8	6.9	15.9	33.3	11.1	7.8	16.8	33.6
UNDER 18 YEARS.....	9.6	6.2	*15.3	52.6	10.3	6.5	*15.7	52.6
18-44 YEARS.....	6.9	5.5	13.1	25.3	8.5	6.8	15.1	25.5
45-64 YEARS.....	12.4	8.0	18.7	32.3	12.4	8.0	18.7	32.3
65 YEARS AND OVER.....	14.9	11.2	16.8	32.7	14.9	11.2	16.8	32.7
FAMILY INCOME AND AGE								
UNDER \$10,000								
ALL AGES.....	10.1	6.7	15.5	32.9	11.2	7.5	15.9	33.0
UNDER 18 YEARS.....	8.3	4.8	18.9	48.8	8.8	5.0	19.1	48.8
18-44 YEARS.....	7.2	5.3	10.9	31.1	9.4	7.0	11.4	31.6
45-64 YEARS.....	13.2	8.0	15.1	36.0	13.2	8.0	15.1	36.0
65 YEARS AND OVER.....	12.2	8.6	17.7	28.6	12.2	8.6	17.7	28.6
\$10,000-\$19,999								
ALL AGES.....	9.0	6.0	13.9	30.6	10.1	6.8	14.7	31.4
UNDER 18 YEARS.....	6.5	4.4	14.7	*22.1	6.6	4.4	15.3	*22.1
18-44 YEARS.....	6.9	4.8	12.3	31.5	9.2	6.3	14.7	35.2
45-64 YEARS.....	11.6	7.4	14.7	34.7	11.6	7.4	14.7	34.7
65 YEARS AND OVER.....	11.2	7.8	14.6	28.6	11.2	7.8	14.6	28.6

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 75. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW PER LIVING PERSON HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES ¹			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
FAMILY INCOME AND AGE--CON.								
\$20,000-\$34,999								
DAYS PER PERSON HOSPITALIZED								
ALL AGES.....	7.1	5.1	14.8	22.7	8.0	5.7	15.6	23.3
UNDER 18 YEARS.....	6.4	4.6	24.3	*16.2	6.4	4.6	24.5	*17.0
18-44 YEARS.....	5.3	4.1	11.6	19.7	6.5	5.0	13.1	21.0
45-64 YEARS.....	8.2	5.7	12.4	27.3	8.2	5.7	12.3	27.3
65 YEARS AND OVER.....	11.3	8.2	19.6	24.3	11.3	8.2	19.6	24.3
\$35,000 OR MORE								
ALL AGES.....	6.5	4.8	12.7	26.1	7.2	5.1	13.1	26.6
UNDER 18 YEARS.....	6.9	5.3	14.4	37.2	7.0	5.3	14.7	37.2
18-44 YEARS.....	5.0	3.9	11.1	24.6	5.8	4.3	11.8	26.4
45-64 YEARS.....	8.0	5.5	12.2	25.4	8.0	5.5	12.2	25.4
65 YEARS AND OVER.....	9.9	7.0	18.6	24.1	9.9	7.0	18.6	24.1
GEOGRAPHIC REGION								
NORTHEAST.....	6.7	6.7	15.6	25.6	9.6	7.3	16.3	26.1
MIDWEST.....	8.2	5.5	13.8	29.4	9.0	6.1	14.1	29.8
SOUTH.....	8.5	5.7	14.4	31.7	9.4	6.2	15.1	32.1
WEST.....	6.9	5.0	14.0	20.9	8.1	5.8	14.9	21.7
PLACE OF RESIDENCE								
MSA.....	8.3	5.8	15.5	27.9	9.3	6.5	16.1	28.5
CENTRAL CITY.....	9.0	6.2	16.7	30.1	10.1	6.9	17.7	30.5
NOT CENTRAL CITY.....	7.8	5.6	14.5	26.1	8.6	6.2	14.9	26.9
NOT MSA.....	8.0	5.4	11.6	29.3	8.7	5.9	12.1	29.8

¹BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

²INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS VII AND X OF TABLE II, THE FREQUENCIES OF TABLES 74 AND 76 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 76. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES ¹			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
NUMBER OF DAYS IN THOUSANDS								
ALL PERSONS ²	164,531	92,865	38,433	33,234	154,680	85,033	36,967	32,680
AGE								
UNDER 5 YEARS.....	8,662	4,881	2,105	1,676	8,662	4,881	2,105	1,676
5-17 YEARS.....	8,871	5,953	2,072	846	8,536	5,662	2,046	828
18-24 YEARS.....	11,318	7,776	2,007	1,535	8,131	5,420	1,381	1,329
25-44 YEARS.....	39,651	25,187	8,006	6,458	33,322	19,974	7,222	6,127
45-64 YEARS.....	40,849	20,747	8,999	11,103	40,849	20,776	8,971	11,103
65-74 YEARS.....	29,349	15,795	7,810	5,745	29,349	15,795	7,810	5,745
75 YEARS AND OVER.....	25,831	12,526	7,433	5,872	25,831	12,526	7,433	5,872
SEX AND AGE								
MALE								
ALL AGES.....	76,206	42,837	17,259	16,110	76,206	42,837	17,259	16,110
UNDER 18 YEARS.....	10,269	6,384	2,456	1,429	10,269	6,384	2,456	1,429
18-44 YEARS.....	18,353	11,697	3,607	3,048	18,353	11,697	3,607	3,048
45-64 YEARS.....	21,124	10,599	4,260	6,265	21,124	10,599	4,260	6,265
65 YEARS AND OVER.....	26,460	14,157	6,935	5,368	26,460	14,157	6,935	5,368
FEMALE								
ALL AGES.....	88,325	50,028	21,173	17,124	78,474	42,196	19,708	16,570
UNDER 18 YEARS.....	7,264	4,451	1,722	1,092	6,929	4,159	1,695	1,074
18-44 YEARS.....	32,615	21,265	6,406	4,944	23,100	13,697	4,995	4,408
45-64 YEARS.....	19,725	10,149	4,739	4,838	19,725	10,177	4,710	4,838
65 YEARS AND OVER.....	28,720	14,163	8,307	6,250	28,720	14,163	8,307	6,250
RACE AND AGE								
WHITE								
ALL AGES.....	136,249	76,505	32,472	27,271	128,576	70,550	31,172	26,854
UNDER 18 YEARS.....	13,663	8,629	3,581	1,453	13,484	8,490	3,541	1,453
18-44 YEARS.....	41,293	26,112	8,264	6,917	33,800	20,267	7,033	6,500
45-64 YEARS.....	33,282	17,276	6,952	9,054	33,282	17,305	6,924	9,054
65 YEARS AND OVER.....	48,010	24,487	13,674	9,848	48,010	24,487	13,674	9,848
BLACK								
ALL AGES.....	25,147	14,295	5,389	5,463	23,362	12,762	5,257	5,344
UNDER 18 YEARS.....	3,549	1,946	552	1,051	3,399	1,799	548	1,051
18-44 YEARS.....	8,369	5,858	1,575	936	6,734	4,470	1,447	817
45-64 YEARS.....	6,924	3,213	1,871	1,841	6,924	3,213	1,871	1,841
65 YEARS AND OVER.....	6,305	3,279	1,391	1,635	6,305	3,279	1,391	1,635
FAMILY INCOME AND AGE								
UNDER \$10,000								
ALL AGES.....	37,281	19,138	8,702	9,441	35,631	17,873	8,343	9,414
UNDER 18 YEARS.....	3,828	1,862	1,038	928	3,672	1,709	1,034	928
18-44 YEARS.....	9,468	5,776	1,673	2,019	7,974	4,663	1,319	1,992
45-64 YEARS.....	8,492	3,638	1,506	3,348	8,492	3,638	1,506	3,348
65 YEARS AND OVER.....	15,493	7,863	4,485	3,146	15,493	7,863	4,485	3,146
\$10,000-\$19,999								
ALL AGES.....	39,653	20,655	9,170	9,829	37,646	19,143	8,930	9,573
UNDER 18 YEARS.....	3,155	1,771	986	398	3,100	1,734	967	398
18-44 YEARS.....	12,474	7,328	2,565	2,580	10,522	5,854	2,344	2,325
45-64 YEARS.....	9,151	4,310	1,822	3,018	9,151	4,310	1,822	3,018
65 YEARS AND OVER.....	14,874	7,245	3,796	3,832	14,874	7,245	3,796	3,832

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 76. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CGN.

(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)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES ¹			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
FAMILY INCOME AND AGE--CON.								
\$20,000-\$34,999								
NUMBER OF DAYS IN THOUSANDS								
ALL AGES.....	34,297	20,545	8,976	4,776	31,687	18,584	8,467	4,637
UNDER 18 YEARS.....	4,341	2,817	1,167	357	4,328	2,813	1,175	339
18-44 YEARS.....	11,992	8,119	2,554	1,318	9,395	6,133	2,066	1,196
45-64 YEARS.....	8,039	4,171	2,392	1,475	8,039	4,199	2,364	1,475
65 YEARS AND OVER.....	9,926	5,438	2,861	1,627	9,926	5,438	2,861	1,627
\$35,000 OR MORE								
ALL AGES.....	29,536	18,416	5,851	5,269	26,896	16,063	5,679	5,154
UNDER 18 YEARS.....	4,263	2,867	763	633	4,227	2,843	751	633
18-44 YEARS.....	11,394	7,966	2,122	1,306	8,790	5,637	1,962	1,190
45-64 YEARS.....	9,483	5,117	2,000	2,366	9,483	5,117	2,000	2,366
65 YEARS AND OVER.....	4,396	2,465	966	965	4,396	2,465	966	965
GEOGRAPHIC REGION								
NORTHEAST.....	35,211	22,224	8,040	4,946	32,966	20,350	7,818	4,798
MIDWEST.....	41,376	22,311	9,787	9,278	39,101	20,693	9,282	9,126
SOUTH.....	63,140	33,577	14,445	15,118	59,751	30,855	13,932	14,964
WEST.....	24,804	14,753	6,160	3,891	22,861	13,135	5,934	3,792
PLACE OF RESIDENCE								
MSA.....	124,759	71,591	30,028	23,139	116,815	65,201	28,930	22,683
CENTRAL CITY.....	57,275	31,744	14,311	11,220	53,914	28,976	13,947	10,991
NOT CENTRAL CITY.....	67,484	39,847	15,718	11,919	62,901	36,225	14,983	11,692
NOT MSA.....	39,772	21,273	8,404	10,094	37,865	19,832	8,037	9,997

¹BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

²INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET VII OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 5.6 MILLION HAS A 10-PERCENT RSE; OF 1.4 MILLION, A 20-PERCENT RSE; AND OF 606,000, A 30-PERCENT RSE.

TABLE 77. NUMBER PER 100 PERSONS PER YEAR AND ANNUAL NUMBER OF SHORT-STAY HOSPITAL DISCHARGES, AVERAGE LENGTH OF STAY AND ANNUAL NUMBER OF HOSPITAL DAYS FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL CAUSES ¹				EXCLUDING DELIVERIES ²			
	HOSPITAL DISCHARGES		HOSPITAL DAYS		HOSPITAL DISCHARGES		HOSPITAL DAYS	
	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS
ALL PERSONS ³	11.5	27,426	6.4	175,203	10.1	24,022	6.8	163,718
AGE								
UNDER 5 YEARS.....	8.4	1,527	5.8	8,891	8.4	1,527	5.8	8,891
5-17 YEARS.....	3.9	1,755	5.6	9,911	3.6	1,638	5.8	9,456
18-24 YEARS.....	11.0	2,884	4.0	11,650	6.2	1,630	4.7	7,736
25-44 YEARS.....	10.0	7,610	5.4	40,778	7.3	5,581	6.1	33,771
45-64 YEARS.....	14.3	6,448	6.9	44,537	14.3	6,445	6.9	44,429
65-74 YEARS.....	22.7	3,936	8.2	32,248	22.7	3,936	8.2	32,248
75 YEARS AND OVER.....	30.1	3,265	8.3	27,187	30.1	3,265	8.3	27,187
SEX AND AGE								
MALE								
ALL AGES.....	10.0	11,513	7.1	81,473	10.0	11,513	7.1	81,473
UNDER 18 YEARS.....	5.2	1,679	6.3	10,568	5.2	1,679	6.3	10,568
18-44 YEARS.....	6.3	3,133	6.3	19,863	6.3	3,133	6.3	19,863
45-64 YEARS.....	15.5	3,336	7.0	23,310	15.5	3,336	7.0	23,310
65 YEARS AND OVER.....	28.9	3,365	8.2	27,732	28.9	3,365	8.2	27,732
FEMALE								
ALL AGES.....	12.9	15,912	5.9	93,730	10.2	12,508	6.6	82,245
UNDER 18 YEARS.....	5.2	1,604	5.1	8,234	4.8	1,486	5.2	7,779
18-44 YEARS.....	14.1	7,361	4.4	32,565	7.8	4,078	5.3	21,644
45-64 YEARS.....	13.2	3,112	6.8	21,228	13.2	3,108	6.8	21,119
65 YEARS AND OVER.....	23.2	3,835	8.3	31,703	23.2	3,835	8.3	31,703
RACE AND AGE								
WHITE								
ALL AGES.....	11.5	23,128	6.3	145,438	10.1	20,394	6.7	136,337
UNDER 18 YEARS.....	5.1	2,598	5.7	14,934	4.9	2,526	5.8	14,693
18-44 YEARS.....	10.1	8,711	4.9	42,404	7.0	6,052	5.6	33,653
45-64 YEARS.....	13.9	5,432	6.7	36,206	13.9	5,428	6.7	36,098
65 YEARS AND OVER.....	25.1	6,388	8.1	51,894	25.1	6,388	8.1	51,894
BLACK								
ALL AGES.....	12.6	3,661	7.2	26,493	10.8	3,137	7.8	24,560
UNDER 18 YEARS.....	5.9	574	5.9	3,368	5.5	533	5.9	3,171
18-44 YEARS.....	12.0	1,478	5.7	8,439	8.1	995	6.7	6,702
45-64 YEARS.....	19.7	898	8.6	7,725	19.7	898	8.6	7,725
65 YEARS AND OVER.....	30.2	711	9.8	6,962	30.2	711	9.8	6,962
FAMILY INCOME AND AGE								
UNDER \$10,000								
ALL AGES.....	17.0	5,320	7.1	37,945	15.1	4,727	7.6	35,869
UNDER 18 YEARS.....	7.9	676	6.4	4,300	7.3	625	6.6	4,102
18-44 YEARS.....	14.7	1,744	5.4	9,430	10.2	1,205	6.4	7,666
45-64 YEARS.....	27.5	1,127	8.7	9,797	27.4	1,123	8.6	9,689
65 YEARS AND OVER.....	26.1	1,774	8.1	14,419	26.1	1,774	8.1	14,419
\$10,000-\$19,999								
ALL AGES.....	14.6	6,504	6.6	42,954	12.8	5,703	7.1	40,468
UNDER 18 YEARS.....	6.0	701	5.2	3,633	5.8	673	5.2	3,522
18-44 YEARS.....	13.3	2,379	5.8	13,792	9.0	1,607	7.1	11,417
45-64 YEARS.....	18.4	1,317	7.6	10,047	18.4	1,317	7.6	10,047
65 YEARS AND OVER.....	27.0	2,106	7.4	15,482	27.0	2,106	7.4	15,482

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 77. NUMBER PER 100 PERSONS PER YEAR AND ANNUAL NUMBER OF SHORT-STAY HOSPITAL DISCHARGES, AVERAGE LENGTH OF STAY AND ANNUAL NUMBER OF HOSPITAL DAYS FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL CAUSES ¹				EXCLUDING DELIVERIES ²			
	HOSPITAL DISCHARGES		HOSPITAL DAYS		HOSPITAL DISCHARGES		HOSPITAL DAYS	
FAMILY INCOME AND AGE--CON.	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS
\$20,000-\$34,999								
ALL AGES.....	9.9	6,114	6.0	36,515	8.4	5,211	6.4	33,323
UNDER 18 YEARS.....	4.8	836	5.9	4,895	4.8	823	5.9	4,853
18-44 YEARS.....	9.2	2,599	4.4	11,504	6.1	1,709	4.9	8,355
45-64 YEARS.....	12.7	1,398	6.0	8,352	12.7	1,398	6.0	8,352
65 YEARS AND OVER.....	24.5	1,281	9.2	11,763	24.5	1,281	9.2	11,763
\$35,000 OR MORE								
ALL AGES.....	8.3	5,770	5.5	31,519	7.2	4,976	5.8	28,864
UNDER 18 YEARS.....	3.8	718	5.9	4,251	3.8	711	6.0	4,241
18-44 YEARS.....	8.4	2,689	4.3	11,678	5.9	1,902	4.7	9,033
45-64 YEARS.....	11.3	1,736	6.2	10,768	11.3	1,736	6.2	10,768
65 YEARS AND OVER.....	21.0	626	7.7	4,823	21.0	626	7.7	4,823
GEOGRAPHIC REGION								
NORTHEAST.....	10.6	5,317	7.1	37,904	9.3	4,658	7.6	35,412
MIDWEST.....	12.4	7,090	6.0	42,779	11.0	6,322	6.3	39,967
SOUTH.....	12.6	10,281	6.7	68,654	11.2	9,098	7.1	64,596
WEST.....	9.5	4,737	5.5	25,866	7.9	3,943	6.0	23,744
PLACE OF RESIDENCE								
MSA.....	11.0	20,366	6.7	135,441	9.6	17,684	7.1	126,191
CENTRAL CITY.....	11.8	8,809	7.0	61,377	10.3	7,712	7.5	57,791
NOT CENTRAL CITY.....	10.5	11,557	6.4	74,064	9.1	9,972	6.9	68,401
NOT MSA.....	13.1	7,059	5.6	39,762	11.7	6,338	5.9	37,527

¹INCLUDES UNKNOWN CAUSE; BASED ON 6-MONTH REFERENCE PERIOD.

²BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

³INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 1 AND 5 CAN BE COMPUTED BY USING PARAMETER SET VIII OF TABLE II, THE FREQUENCIES OF TABLE 77 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 1 AND 5 CAN BE COMPUTED BY USING PARAMETER SETS VIII AND X OF TABLE II, THE FREQUENCIES OF TABLES 77 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 2 AND 6 CAN BE COMPUTED BY USING PARAMETER SET VII OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 4 AND 8 CAN BE COMPUTED BY USING PARAMETER SET IX OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 3 AND 7 CAN BE COMPUTED BY USING PARAMETER SETS VIII AND IX OF TABLE II, THE FREQUENCIES OF TABLE 77 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. AN ESTIMATE OF 633,000 DISCHARGES HAS A 10-PERCENT RSE; OF 156,000, A 20-PERCENT RSE; AND OF 69,000, A 30-PERCENT RSE. AN ESTIMATE OF 10.2 MILLION DAYS HAS A 10-PERCENT RSE; OF 2.2 MILLION, A 20-PERCENT RSE; AND OF 935,000, A 30-PERCENT RSE. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 78. NUMBER OF PERSONS AND NUMBER OF CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987

(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)

CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS	CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS
NUMBER IN THOUSANDS			FAMILY INCOME AND AGE		
ALL PERSONS ¹	238,550	112,082	UNDER \$10,000		
AGE			NUMBER IN THOUSANDS		
UNDER 18 YEARS.....	63,279	...	ALL AGES.....	31,229	7,471
UNDER 5 YEARS.....	18,176	...	UNDER 18 YEARS.....	8,518	...
5-17 YEARS.....	45,103	...	UNDER 5 YEARS.....	2,813	...
18-44 YEARS.....	102,143	78,924	5-17 YEARS.....	5,705	...
18-24 YEARS.....	26,131	17,730	18-44 YEARS.....	11,828	5,603
25-44 YEARS.....	76,012	61,194	18-24 YEARS.....	5,619	2,624
45 YEARS AND OVER.....	73,128	33,158	45 YEARS AND OVER.....	10,883	1,868
45-64 YEARS.....	44,975	29,683	45-64 YEARS.....	4,096	1,380
65 YEARS AND OVER.....	28,153	3,475	65 YEARS AND OVER.....	6,787	488
65-69 YEARS.....	9,753	2,070	65-69 YEARS.....	1,745	251
70-74 YEARS.....	7,559	847	70-74 YEARS.....	1,739	134
75 YEARS AND OVER.....	10,841	558	75 YEARS AND OVER.....	3,304	103
SEX AND AGE			\$10,000-\$19,999		
MALE			ALL AGES.....	44,488	18,016
ALL AGES.....	115,451	62,040	UNDER 18 YEARS.....	11,680	...
UNDER 18 YEARS.....	32,373	...	UNDER 5 YEARS.....	3,697	...
UNDER 5 YEARS.....	9,301	...	5-17 YEARS.....	7,983	...
5-17 YEARS.....	23,072	...	18-44 YEARS.....	17,865	13,248
18-44 YEARS.....	49,963	43,202	18-24 YEARS.....	5,225	3,616
18-24 YEARS.....	12,730	9,268	45 YEARS AND OVER.....	14,944	4,768
45 YEARS AND OVER.....	33,114	18,838	45-64 YEARS.....	7,158	3,862
45-64 YEARS.....	21,465	16,781	65 YEARS AND OVER.....	7,786	906
65 YEARS AND OVER.....	11,649	2,057	65-69 YEARS.....	2,746	516
65-69 YEARS.....	4,413	1,209	70-74 YEARS.....	2,328	239
70-74 YEARS.....	3,250	499	75 YEARS AND OVER.....	2,713	151
75 YEARS AND OVER.....	3,985	349	\$20,000-\$24,999		
FEMALE			ALL AGES.....	21,609	10,620
ALL AGES.....	123,099	50,042	UNDER 18 YEARS.....	5,776	...
UNDER 18 YEARS.....	30,906	...	UNDER 5 YEARS.....	1,774	...
UNDER 5 YEARS.....	8,875	...	5-17 YEARS.....	4,002	...
5-17 YEARS.....	22,031	...	18-44 YEARS.....	9,555	7,785
18-44 YEARS.....	52,180	35,722	18-24 YEARS.....	2,148	1,618
18-24 YEARS.....	13,401	8,462	45 YEARS AND OVER.....	6,279	2,835
45 YEARS AND OVER.....	40,013	14,320	45-64 YEARS.....	3,807	2,467
45-64 YEARS.....	23,509	12,902	65 YEARS AND OVER.....	2,472	369
65 YEARS AND OVER.....	16,504	1,418	65-69 YEARS.....	977	209
65-69 YEARS.....	5,340	861	70-74 YEARS.....	695	107
70-74 YEARS.....	4,308	347	75 YEARS AND OVER.....	800	53
75 YEARS AND OVER.....	6,855	209	\$25,000-\$34,999		
RACE AND AGE			ALL AGES.....	40,080	21,148
WHITE			UNDER 18 YEARS.....	11,527	...
ALL AGES.....	201,858	97,019	UNDER 5 YEARS.....	3,359	...
UNDER 18 YEARS.....	51,371	...	5-17 YEARS.....	8,168	...
UNDER 5 YEARS.....	14,759	...	18-44 YEARS.....	18,639	15,601
5-17 YEARS.....	36,613	...	18-24 YEARS.....	3,579	2,790
18-44 YEARS.....	85,945	67,866	45 YEARS AND OVER.....	9,914	5,547
18-24 YEARS.....	21,390	15,179	45-64 YEARS.....	7,160	5,113
45 YEARS AND OVER.....	64,542	29,153	65 YEARS AND OVER.....	2,754	433
45-64 YEARS.....	39,134	26,034	65-69 YEARS.....	1,263	304
65 YEARS AND OVER.....	25,408	3,120	70-74 YEARS.....	712	81
65-69 YEARS.....	8,777	1,871	75 YEARS AND OVER.....	780	48
70-74 YEARS.....	6,780	755	\$35,000 OR MORE		
75 YEARS AND OVER.....	9,851	493	ALL AGES.....	69,169	40,229
BLACK			UNDER 18 YEARS.....	18,693	...
ALL AGES.....	28,947	11,473	UNDER 5 YEARS.....	4,742	...
UNDER 18 YEARS.....	9,717	...	5-17 YEARS.....	13,951	...
UNDER 5 YEARS.....	2,739	...	18-44 YEARS.....	32,105	27,442
5-17 YEARS.....	6,978	...	18-24 YEARS.....	6,151	4,771
18-44 YEARS.....	12,321	8,360	45 YEARS AND OVER.....	18,372	12,787
18-24 YEARS.....	3,618	1,927	45-64 YEARS.....	15,386	12,147
45 YEARS AND OVER.....	6,909	3,113	65 YEARS AND OVER.....	2,986	640
45-64 YEARS.....	4,558	2,816	65-69 YEARS.....	1,311	423
65 YEARS AND OVER.....	2,352	297	70-74 YEARS.....	737	135
65-69 YEARS.....	812	164	75 YEARS AND OVER.....	938	82
70-74 YEARS.....	675	82			
75 YEARS AND OVER.....	865	51			

SEE FOOTNOTE AND NOTE AT END OF TABLE.

TABLE 78. NUMBER OF PERSONS AND NUMBER OF CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1987--CON.

(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)

CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS	CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS
GEOGRAPHIC REGION AND AGE			PLACE OF RESIDENCE AND AGE		
NUMBER IN THOUSANDS			NUMBER IN THOUSANDS		
NORTHEAST			MSA		
ALL AGES.....	50,111	23,507	ALL AGES.....	184,482	88,106
UNDER 5 YEARS.....	3,501	...	UNDER 5 YEARS.....	14,154	...
5-17 YEARS.....	8,678	...	5-17 YEARS.....	34,276	...
18 YEARS AND OVER.....	37,932	23,507	18 YEARS AND OVER.....	136,052	88,106
MIDWEST			CENTRAL CITY		
ALL AGES.....	57,337	27,284	ALL AGES.....	74,787	34,219
UNDER 5 YEARS.....	4,216	...	UNDER 5 YEARS.....	5,868	...
5-17 YEARS.....	11,131	...	5-17 YEARS.....	13,216	...
18 YEARS AND OVER.....	41,989	27,284	18 YEARS AND OVER.....	55,703	34,219
SOUTH			NOT CENTRAL CITY		
ALL AGES.....	81,372	37,526	ALL AGES.....	109,695	53,887
UNDER 5 YEARS.....	6,234	...	UNDER 5 YEARS.....	8,286	...
5-17 YEARS.....	15,845	...	5-17 YEARS.....	21,059	...
18 YEARS AND OVER.....	59,293	37,526	18 YEARS AND OVER.....	80,349	53,887
WEST			NOT MSA		
ALL AGES.....	49,730	23,765	ALL AGES.....	54,068	23,976
UNDER 5 YEARS.....	4,225	...	UNDER 5 YEARS.....	4,023	...
5-17 YEARS.....	9,449	...	5-17 YEARS.....	10,827	...
18 YEARS AND OVER.....	36,056	23,765	18 YEARS AND OVER.....	39,219	23,976

¹INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) FOR CURRENTLY EMPLOYED PERSONS, FAMILY INCOME AND AGE, GEOGRAPHIC REGION AND AGE, AND PLACE OF RESIDENCE AND AGE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 366,000 HAS A 10-PERCENT RSE; OF 91,000, A 20-PERCENT RSE; AND OF 41,000, A 30-PERCENT RSE.

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Appendix I

Technical notes on methods

Background

This report is one of a series of statistical reports published by the staff of the National Center for Health Statistics (NCHS). It is based on information collected in a continuing nationwide sample of households included in the National Health Interview Survey (NHIS). Data are obtained on the personal, sociodemographic, and health characteristics of the family members and unrelated individuals living in these households.

Field operations for the survey are conducted by the U.S. Bureau of the Census under specifications established by NCHS. The U.S. Bureau of the Census participates in the survey planning, selects the sample, and conducts the interviews. The data are then transmitted to NCHS for preparation, processing, and analysis.

Summary reports and reports on special topics for each year's data are prepared by the staff of the Division of Health Interview Statistics for publication in Series 10 publications of NCHS. Data are also tabulated for other reports published by NCHS staff and for use by other organizations and by researchers within and outside the Government. Since 1969, public use tapes have been prepared for each year of data collection.

It should be noted that the health characteristics described by NHIS estimates pertain only to the resident, civilian noninstitutionalized population of the United States living at the time of the interview. The sample does not include persons residing in nursing homes, members of the armed forces, institutionalized persons, or U.S. nationals living abroad.

Statistical design of NHIS

General design

Data from NHIS have been collected continuously since 1957. The sample design of the survey has undergone changes following each decennial census. This periodic redesign of the NHIS sample allows the incorporation of the latest population information and statistical methodology into the survey design. The data presented in this report are from an NHIS sample design first used in 1985. It is anticipated that this design will be used until 1995.

The sample design plan of the NHIS follows a multistage probability design that permits a continuous sampling of the civilian noninstitutionalized population residing in the United States. The survey is designed in such a way that the sample scheduled for each week is representative of the target popula-

tion, and the weekly samples are additive over time. This design permits estimates for high-frequency measures or for large population groups to be produced from a short period of data collection. Estimates for low-frequency measures or for smaller population subgroups can be obtained from a longer period of data collection. The annual sample is designed so that tabulations can be provided for each of the four major geographic regions. Because interviewing is done throughout the year, there is no seasonal bias for annual estimates.

The continuous data collection also has administrative and operational advantages because fieldwork can be handled on a continuing basis with an experienced, stable staff.

Sample selection

The target population for NHIS is the civilian noninstitutionalized population residing in the United States. For the first stage of the sample design, the United States is considered to be a universe composed of approximately 1,900 geographically defined primary sampling units (PSU's). A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area. The PSU's collectively cover the 50 States and the District of Columbia. The 52 largest PSU's are selected into the sample with certainty and are referred to as self-representing PSU's. The other PSU's in the universe are referred to as non-self-representing PSU's. These PSU's are clustered into 73 strata, and 2 sample PSU's are chosen from each stratum with probability proportional to population size. This gives a total of 198 PSU's selected in the first stage.

Within a PSU, two types of second stage units are used: area segments and permit area segments. Area segments are defined geographically and contain an expected eight households. Permit area segments cover geographical areas containing housing units built after the 1980 census. The permit area segments are defined using updated lists of building permits issued in the PSU since 1980 and contain an expected four households.

Within each segment all occupied households are targeted for interview. On occasion, a sample segment may contain a large number of households. In this situation the households are subsampled to provide a manageable interviewer workload.

The sample was designed so that a typical NHIS sample for the data collection years 1985 to 1995 will consist of approximately 7,500 segments containing about 59,000 assigned households. Of these households, an expected 10,000 will be vacant, demolished, or occupied by persons not in the target population of the survey. The expected sample of 49,000 occu-

ped households will yield a probability sample of about 127,000 persons.

Features of the NHIS sample redesign

Starting in 1985, the NHIS design incorporated several new design features. The major changes include the following:

1. *The use of an all-area frame.* The NHIS sample is now designed so that it can serve as a sample frame for other NCHS population-based surveys. In previous NHIS designs about two-thirds of the sample was obtained from lists of addresses compiled at the time of the decennial census; that is, a list frame. Due to U.S. Bureau of the Census confidentiality restrictions, these sample addresses could be used for only those surveys being conducted by the U.S. Bureau of the Census. The methodology used to obtain addresses in the 1985 NHIS area frame does not use the census address lists. The sample addresses thus obtained can be used as a sampling frame for other NCHS surveys.
2. *The NHIS as four panels.* Four national subdesigns, or panels, constitute the full NHIS. Each panel contains a representative sample of the U.S. civilian noninstitutionalized population. Each of the four panels has the same sampling properties, and any combination of panels defines a national design. Panels were constructed to facilitate the linkage of NHIS to other surveys, and also to efficiently make large reductions in the size of the sample by eliminating panels from the survey.

In 1987 the sample consisted of 8,282 segments containing 61,009 assigned households. Of the 49,569 households eligible for interview, 47,240 households were actually interviewed, resulting in a sample of 122,859 persons.
3. *The oversampling of black persons.* One of the goals in designing the current NHIS was to improve the precision of estimates for black persons. This was accomplished by the use of differential sampling rates in PSU's with between about 5 and 50 percent black population. Sampling rates for selection of segments were increased in areas known to have the highest concentrations of black persons. Segment sampling rates were decreased in other areas within the PSU to ensure that the total sample in each PSU was the same size as it would have been without oversampling black persons.
4. *The reduction of the number of sampled PSU's.* Interviewer travel to sample PSU's constitutes a large component of the total field costs for the NHIS. The previous NHIS design included 376 PSU's. Research showed that reducing the number of sample PSU's while increasing the sample size within PSU's would reduce travel costs and also maintain the reliability of health estimates (U.S. Bureau of the Census, 1985). The design now contains 198 PSU's.
5. *The selection of two PSU's per non-self-representing stratum.* In the previous design, one PSU was selected from each non-self-representing stratum. This feature necessi-

tated the use of less efficient variance estimation procedures; the selection of two PSU's allows more efficient variance estimation methodology (U.S. Bureau of the Census, 1985).

Collection and processing of data

The NHIS questionnaire contains two major parts: The first consists of topics that remain relatively the same from year to year. Among these topics are the incidence of acute conditions, the prevalence of chronic conditions, persons limited in activity due to chronic conditions, restriction in activity due to impairment or health problems, and utilization of health care services involving physician care and short-stay hospitalization. The second part consists of special topics added as supplements to each year's questionnaire.

Careful procedures are followed to assure the quality of data collected in the interview. Most households in the sample are contacted by mail before the interviewers arrive. Potential respondents are informed of the importance of the survey and assured that all information obtained in the interview will be held in strict confidence. Interviewers make repeated trips to a household when a respondent is not immediately found. The success of these procedures is indicated by the response rate for the survey, which has been between 96 and 98 percent over the years.

When contact is made, the interviewer attempts to have all family members of the household 19 years of age and over present during the interview. When this is not possible, proxy responses for absent adult family members are accepted. In most situations, proxy respondents are used for persons under 19 years of age. Persons 17 and 18 years of age may respond for themselves, however.

Interviewers undergo extensive training and retraining. The quality of their work is checked by means of periodic observation and by reinterview. Their work is also evaluated by statistical studies of the data they obtain in their interviews. A field edit is performed on all completed interviews so that if there are any problems with the information on the questionnaire, respondents may be recontacted to solve the problem.

Completed questionnaires are sent from the U.S. Bureau of the Census field offices to NCHS for coding and editing. To ensure the accuracy of coding, a 5-percent sample of all questionnaires is recoded and keyed by other coders. A 100-percent verification procedure is used if certain error tolerances are exceeded. Staff of the Division of Health Interview Statistics then edit the files to remove impossible and inconsistent codes.

The interview, fieldwork, and data processing procedures summarized above are described in detail in Series 1, No. 18 (NCHS, 1985b).

Estimation procedures

Because the design of NHIS is a complex multistage probability sample, it is necessary to reflect these complex procedures in the derivation of estimates. The estimates presented in this report are based upon 1987 sample person counts weighted

NOTE: A list of references follows the text.

to produce national estimates. The weight for each sample person is the product of four component weights:

1. *Probability of selection.* The basic weight for each person is obtained by multiplying the reciprocals of the probabilities of selection at each step in the design: PSU, segment, and household.
2. *Household nonresponse adjustment within segment.* In NHIS, interviews are completed in about 96 percent of all eligible households. Because of household nonresponse, a weighting adjustment is required. The nonresponse adjustment weight is a ratio with the number of households in a sample segment as the numerator and the number of households actually interviewed in that segment as the denominator. This adjustment reduces bias in an estimate to the extent that persons in the noninterviewed households have the same characteristics as the persons in the interviewed households in the same segment.
3. *First-stage ratio adjustment.* The weight for persons in the non-self-representing PSU's is ratio adjusted to the 1980 population within four race-residence classes of the non-self-representing strata within each geographic region.
4. *Poststratification by age-sex-race.* Within each of 60 age-sex-race cells (table I), a weight is constructed each quarter to ratio adjust the first-stage population estimate based on the NHIS to an independent estimate of the population of each cell. These independent estimates are prepared by the U.S. Bureau of the Census and are updated quarterly.

The main effect of the ratio-estimating process is to make the sample more closely representative of the target population by age, sex, race, and residence. The poststratification adjustment helps to reduce the component of bias resulting from sampling frame undercoverage; furthermore, this adjustment frequently reduces sampling variance.

Types of estimates

As noted, NHIS data were collected on a weekly basis, with each week's sample representing the resident, civilian noninstitutionalized population of the United States living dur-

ing that week. The weekly samples are consolidated to produce quarterly files (each consisting of data for 13 weeks). Weights to adjust the data to represent the U.S. population are assigned to each of the four quarterly files. These quarterly files are later consolidated to produce the annual file, which is the basis of most tabulations of NHIS data.

NHIS uses various reference periods to reduce the amount of bias associated with respondent memory loss. A 2-week reference period is used in collecting data on the incidence of acute conditions, restriction in activity due to a health problem, and physician contacts. Each of these measures health events that may be forgotten soon after they occur. Examples of such events are telephoning a physician about a minor illness, missing a day from work because of a routine health problem, or having a cold. Either a 12- or 6-month (depending on the type of statistic) reference period is used for hospitalization data because hospitalization ordinarily involves a major event in a person's life and is not quickly forgotten. Chronic condition prevalence estimates are based on a 12-month reference period.

Because most NHIS estimates based on a 2-week reference period are designed to represent the number of health events for a 12-month period, these data must be adjusted to an annual basis. Data based on a 2-week reference period are multiplied by 6.5 to produce the 13-week estimate for the quarter. These reference period adjustments are made at the time that the quarterly files are produced. Therefore, the data can be used to produce estimates for each quarter and are used that way to study seasonal variation. The data from the four quarterly files (representing the number of events in each quarter) are summed to produce the annual estimate. Although these data are collected for only 2 weeks for each person included in the survey, any unusual event that may have occurred during a particular 2-week period does not bias the estimate because the quarterly estimate is a sum of the estimates produced for each week's sample during the entire quarter and the annual estimate is the sum of the four quarters.

For prevalence statistics, such as the number of persons limited in activity due to chronic conditions, the annual estimate results from summing the weighted quarterly files and dividing by 4. This division is necessary because, as noted above, each quarterly file has been weighted to produce an estimate of the number of persons in the U.S. population with a given characteristic. Summing the four quarters and dividing by 4 in effect averages these quarterly results for the year. Thus, the type of prevalence estimate ordinarily derived from NHIS data is an annual average prevalence estimate.

For data related to short-stay hospital discharges that are based on a 6-month reference period, cases identified during any quarter of data collection are multiplied by 2 to produce a quarterly estimate of the annual number of characteristics associated with short-stay hospital discharges. The NHIS average annual estimate of hospital discharges is derived by summing the four quarterly estimates and dividing by 4, just as the prevalence estimates are.

Reliability of the estimates

Because NHIS estimates are based on a sample, they may differ somewhat from the figures that would have been obtained

Table I. The 60 poststratification age-sex-race cells in the National Health Interview Survey

Age	Black		All other	
	Male	Female	Male	Female
Under 1 year.....	X	X	X	X
1-4 years.....	X	X	X	X
5-9 years.....	X	X	X	X
10-14 years.....	X	X	X	X
15-17 years.....	X	X	X	X
18-19 years.....	X	X	X	X
20-24 years.....	X	X	X	X
25-29 years.....	X	X	X	X
30-34 years.....	X	X	X	X
35-44 years.....	X	X	X	X
45-49 years.....	X	X	X	X
50-54 years.....	X	X	X	X
55-64 years.....	X	X	X	X
65-74 years.....	X	X	X	X
75 years and over.....	X	X	X	X

if a complete census had been taken using the same survey and processing procedures. There are two types of errors possible in an estimate based on a sample survey: Sampling and non-sampling errors. To the extent possible, these types of errors are kept to a minimum by methods built into the survey procedures described earlier (NCHS, 1973). Although it is very difficult to measure the extent of bias in NHIS, several studies have been conducted to examine this problem. The results have been published in several reports (NCHS, 1965a, 1965b, 1967, 1968).

Nonsampling errors

Interviewing process. Information, such as the number of days of restricted activity caused by the condition, can be obtained more accurately from household members than from any other source because only the persons concerned are in a position to report this information. However, there are limitations to the accuracy of diagnostic and other information collected in household interviews. For example, for diagnostic information, the household respondent can usually pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. Further, a respondent may not answer a question in the intended manner because he or she has not properly understood the question, has forgotten the event, does not know, or does not wish to divulge the answer. Regardless of the type of measure, all NHIS data are estimates of known reported morbidity, disability, and so forth.

Reference period bias. NHIS estimates do not represent a complete measure of any given topic during the specified calendar period because data are not collected in the interview for persons who died or became institutionalized during the reference period. For many types of statistics collected in the survey, the reference period is 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 (such as 1 year) might be significant, especially for older persons.

Underreporting associated with a long reference period is most germane to data on hospitalization. Analysis has shown that there is an increase in underreporting of hospitalizations with an increase in the time interval between the discharge and the interview. Exclusive of the hospital experience of decedents, the net underreporting using a 12-month recall period is in the neighborhood of 10 percent (NCHS, 1965c). The underreporting of discharges within 6 months of the week of interview is estimated to be about 5 percent (NCHS, 1965c). For this reason, hospital discharge data are based on hospital discharges reported to have occurred within 6 months of the week of interview.

Because hospitalization is common in the period immediately preceding death or institutionalization and older persons are much more likely to die than younger ones, the data should not be used to estimate the volume of hospitalization of the elderly although the data can be used to measure characteristics of elderly people.

NOTE: A list of references follows the text.

It should further be noted that, although the reported frequencies and rates related to hospital episodes are presented by the year in which the data were collected, the estimates are, in most cases, based on hospitalizations that occurred during the year of data collection and the prior year. Overall, approximately one-half of the reported hospitalizations for the 12-month reference period occurred in the year prior to the year of data collection.

Population estimates. Some of the published tables include population figures for specified categories. Except for overall totals for the 60 age, sex, and race groups, which are adjusted to independent estimates, these figures are based on the sample of households in NHIS. They are given primarily to provide denominators for rate computation, and for this purpose they 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 race mentioned above, the population figures may differ from figures (which are derived from different sources) published in reports of the U.S. Bureau of the Census. Official population estimates are presented in U.S. Bureau of the Census reports in Series P-20, P-25, and P-60.

Rounding of numbers. In published tables, the figures are rounded to the nearest thousand, although they are not necessarily accurate to that detail. Derived statistics, such as rates and percent distributions, are computed after the estimates on which these are based have been rounded to the nearest thousand.

Combining data years. To reduce sampling error, data for number of years may be combined. However, in so doing, the questionnaire for each of the years should be checked, because even a small change in the questionnaire design may lead to large changes in the derived estimates. This caution also applies to using NHIS data on health measures where changes in other events, such as legislative changes, have occurred over time.

Sampling errors

The standard error is primarily a measure of sampling error, that is, the variations that might occur by chance because only a sample of the population is surveyed. The chances are about 68 in 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 in 100 that the difference would be less than twice the standard error and about 99 in 100 that it would be less than 2½ times as large.

Individual standard errors were not computed for each estimate in this report. Instead, standard errors were computed for a broad spectrum of estimates. Regression techniques were then applied to produce equations from which a standard error for any estimate can be approximated. The regression equations, represented by parameters *a* and *b*, are presented in table II. Rules explaining their use are presented in the section below.

The reader is cautioned that this procedure will give an approximate standard error of an estimate rather than the precise standard error. The reader is further cautioned that particular care should be exercised when the denominator is small.

General rules for determining standard errors

To produce approximate standard errors for NHIS estimates, the reader must first determine the type of characteristic

Table II. Estimated standard error parameters for the National Health Interview Survey, 1987

Parameter set	Characteristic	Estimated parameters	
		a	b
I	Number of acute conditions	0.000225	67,800
II	Days of restricted activity or bed days	0.000363	475,000
III	Days lost from work or school	0.000217	355,000
IV	Number of episodes of persons injured	0.000769	62,100
V	Prevalence of chronic conditions	0.0000893	12,200
VI	Number of physician contacts based on a 2-week reference period	0.0000282	166,000
VII	Hospital days based on a 12-month reference period	0.000320	54,300
VIII	Hospital discharges based on a 6-month reference period	0.000187	6,220
IX	Hospital discharge days based on a 6-month reference period	0.00194	82,300
X	Population estimates for demographic, socioeconomic, and health characteristics	0.0000307	3,640
XI	Age-sex-race population based upon combining the poststratification cells of table I	0.0	0.0

NOTE: The 1987 NHIS was based on a full sample. Therefore, 47,240 households were interviewed, resulting in a sample of 122,859 persons.

to be estimated, that is, the parameter set in table II to be used. The reader must then determine the type of estimate for which the standard error is needed. The type of estimate corresponds to one of five general rules for determining standard errors.

Rule 1. Estimated number of people or events—For the estimated number of people or events published in this report, there are two cases to consider. For the first case, if the estimated number is any combination of the poststratification age-sex-race cells in table I, then its value has been adjusted to official U.S. Bureau of the Census figures and its standard error is assumed to be 0.0. This corresponds to parameter set XI in table II. As an example, this would be the case for the number of persons in the U.S. target population or the number of black persons in the 18–44 year age group. Although the race class “white” is not specifically adjusted to U.S. Bureau of the Census figures, it dominates the poststratification “all other” race class; consequently, age-sex-“all other” race combinations of table I can be treated as age-sex-white combinations for the purpose of approximating standard errors.

For the second case, the standard errors for all other estimates of numbers of people or events, such as the number of people limited in activity or the number of acute conditions, are approximated by using the parameters provided in table II and formula 1 below.

If the aggregate x for a characteristic has associated parameters a and b , then the approximate standard error for x , $SE(x)$, can be computed by the formula

$$SE(x) = \sqrt{ax^2 + bx} \quad (1)$$

Example of rule 1. As shown in table 7, the estimated number of acute conditions for males is 180,730,000. From table II, parameter set I, the a and b parameters for the numbers of acute conditions are 0.000225 and 67,800, respectively. Using formula 1, the estimated standard error is

$$\sqrt{(0.000225)(180,730,000)^2 + (67,800)(180,730,000)} = 4,427,498$$

An approximate 95-percent confidence interval for the number of acute conditions for males is from 172,052,102 to 189,407,898 (180,730,000 ± 1.96(4,427,499)).

Rule 2. For rates, proportions, and percents when the denominator is generated by the poststratification age-sex-race classes (table I)—In this case, the denominator has no sampling error. For example, rule 2 would apply to the estimated number of bed days per person for black persons age 65 years and over because the denominator is a combination of the poststratification cells. Approximate standard errors for such estimates can be computed using table II a and b parameters associated with the numerator characteristics along with formula 2 below.

If the estimate of rate, proportion, or percent p is the ratio of two estimated numbers, $p = x/Y$ (where p may be inflated by 100 for percents or 1,000 for rates per 1,000 persons), with Y having no sampling error, then the approximate standard error for p is given by the formula

$$SE(p) = p\sqrt{a + \frac{b}{x}} \quad (2)$$

In this report, the value of the denominator Y is always provided, but in a few cases the numerator value x is not published. For these cases the value of x may be computed by the formula

$$x = pY \quad \text{if } p \text{ is a proportion or rate per unit or}$$

$$x = \frac{pY}{100} \quad \text{if } p \text{ is a percent or rate per 100 units or}$$

$$x = \frac{pY}{1,000} \quad \text{if } p \text{ is a rate per 1,000 units}$$

Example of rule 2. From table 18, the rate of restricted-activity days associated with acute conditions for black persons in the 18–44 year age group is estimated to be 678.1 days per 100 persons per year.

Here, $p = 678.1$ and can be expressed as $(100)x/Y$. From table 23, $x = 83,552,000$ restricted-activity days, and from table 78, $Y = 12,321,000$ persons. From table II, parameter set II, the parameters a and b for restricted activity days are 0.000363 and 475,000, respectively. Using formula 2, the estimated standard error for the rate is

$$678.1 \sqrt{0.000363 + \frac{475,000}{83,552,000}} = 52.7 \text{ days}$$

An approximate 95-percent confidence interval for the number of restricted-activity days associated with acute conditions per 100 persons per year for black persons aged 18–44 years is from 574.8 to 781.4 days. If the value of x had not been published, it could have been obtained by the computation

$$x = 678.1 \frac{12,321,000}{100} = 83,548,701$$

The small difference between this computed value of x and the actual estimate can be attributed to rounding and would not significantly affect the computation of the standard error.

- Rule 3. *Proportions and percents when the denominator is not generated by the poststratification age-sex-race classes*—If p represents an estimated percent, b is the parameter from table II associated with the numerator characteristics, and y is the number of persons in the denominator upon which p is based, then the standard error of p may be approximated by

$$SE(p) = \sqrt{\frac{bp(100 - p)}{y}} \quad (3)$$

(If p is a proportion, then the above formula can be used but with 100 replaced by 1.0.)

Example of rule 3. In table 70, it is estimated that 38.6 percent of persons in the Northeast have excellent health status. This percent is based upon the denominator estimate of 50,111,000 persons living in the Northeast. From table II, parameter set X, parameter b associated with health status is 3,640. Using formula 3, the standard error for the estimated percent is

$$\sqrt{\frac{3,640 (38.6)(100.0 - 38.6)}{50,111,000}} = 0.4 \text{ percent}$$

An approximate 95-percent confidence interval for the percent of persons in the Northeast having excellent health status as perceived by the respondent is from 37.8 to 39.4 percent.

- Rule 4. *Rates when the denominator is not generated by the poststratification age-sex-race classes*—If the estimated rate p is expressed as the ratio of two estimates, $p = x/y$ (inflated by 100 or 1,000 when appropriate),

then the estimated standard error for p is given by the formula

$$SE(p) = p \sqrt{\frac{SE(x)^2}{x^2} + \frac{SE(y)^2}{y^2} - 2r \frac{SE(x)SE(y)}{xy}} \quad (4)$$

where $SE(x)$ and $SE(y)$ are computed using rule 1 and x and y are obtained from the tables. No estimates of r , the correlation between the numerator and denominator, are presented in this report; therefore, only the first two terms are available. The reader must assume that $r = 0.0$. Assuming $r = 0.0$ will yield an overestimate of the standard error if r is actually positive and an underestimate if r is negative.

Example of rule 4. Table 75 shows an estimate of 9.4 hospital days per male person hospitalized. From tables 76 and 74 it can be seen that this estimated rate is the ratio of 76,206,000 hospital days for males to 8,088,000 males having one or more hospital episodes. From table II, parameter set VII, the numerator a and b parameters are 0.000320 and 54,300, respectively. From parameter set X, the denominator a and b values are 0.0000307 and 3,640, respectively. Using rule 1, the standard error for the numerator is approximately 2,034,661 days and the standard error for the denominator is approximately 177,337 persons. Using formula 4 with $r = 0.0$, the standard error of the rate is estimated by

$$9.4 \sqrt{\frac{2,034,661^2}{76,206,000^2} + \frac{177,337^2}{8,088,000^2}} = 0.3 \text{ day per person}$$

An approximate 95-percent confidence interval for the number of hospital days per hospitalized male is from 8.8 to 10.0 days.

- Rule 5. *Difference between two statistics (mean, rate, total, and proportion)*—If x_1 and x_2 are two estimates, then the standard error of the difference ($x_1 - x_2$) can be computed as follows:

$$SE(x_1 - x_2) = \sqrt{SE(x_1)^2 + SE(x_2)^2 - 2rSE(x_1)SE(x_2)} \quad (5)$$

where $SE(x_1)$ and $SE(x_2)$ are computed using rules 1–4 as appropriate and r is the correlation coefficient between x_1 and x_2 .

Assuming $r = 0.0$ will result in an accurate standard error if the two estimates are actually uncorrelated and will result in an overestimate of the standard error if the correlation is positive or an underestimate if the correlation is negative.

Example of rule 5. Table 70 shows estimates of 38.6 percent of persons in the Northeast and 40.5 percent of persons in the Midwest having excellent health status. In the example of rule 3, it was shown that the standard error of the Northeast percent is approximately 0.4 percent. The standard error for the Midwest percent, computed similarly, is also 0.4 percent.

From formula 5, with $r = 0.0$, the standard error estimated for the difference $(40.5 - 38.6) = 1.9$ is

$$\sqrt{(0.4)^2 + (0.4)^2} = 0.6 \text{ percent}$$

An approximate 95-percent confidence interval for this difference is from 0.7 to 3.1 percent.

Relative standard errors

Prior to 1985, relative standard error (RSE) curves were presented in *Current estimates* for approximating relative standard errors. For readers who wish to continue using them, the following provides guidance. The RSE of an estimate is obtained by dividing the standard error (SE) of the estimate by

the estimate x itself. This quantity is expressed as a percent of the estimate:

$$\text{RSE} = 100 \frac{\text{SE}(x)}{x}$$

Example of a relative standard error. In the example from rule 2, it was shown that the estimated rate of 678.1 restricted-activity days associated with acute conditions per 100 persons per year for black persons aged 18–44 years had an estimated standard error of 52.7 days. The relative standard error for the rate is

$$100 \frac{52.7}{678.1} = 7.8 \text{ percent}$$

Appendix II

Definitions of certain terms used in this report

Terms relating to conditions

Condition—Condition is a general term that includes any specific illness, injury, or impairment. Condition data are derived from the survey in two ways. First, respondents are asked to identify any conditions that caused certain types of impact associated with health, such as a visit to a doctor or a day spent in bed. Second, respondents are read lists of selected chronic conditions and asked whether they or any family members have any of these conditions.

At a later point in the survey, a series of questions is asked about each of the conditions identified in either of the two ways just described. The information obtained on each condition helps to clarify the nature of the condition and whether medical services have been involved in its diagnosis or treatment. It also aids in the coding of the condition. All conditions except impairments are coded according to the ninth revision of the International Classification of Diseases (World Health Organization, 1977), with certain modifications adopted to make the codes more suitable for information derived from a household survey. A special set of codes devised by NHIS is used to code impairments.

Chronic condition—A condition is considered chronic if (1) the respondent indicates it was first noticed more than 3 months before the reference date of the interview, or (2) it is a type of condition that ordinarily has a duration of more than 3 months. Examples of conditions that are considered chronic regardless of their time of onset are diabetes, heart conditions, emphysema, and arthritis. A complete list of these conditions may be obtained by contacting the Division of Health Interview Statistics, National Center for Health Statistics.

Impairment—An impairment is a chronic or permanent defect, usually static in nature, that results from disease, injury, or congenital malformation. It represents a decrease in or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. Impairments are grouped according to type of functional impairment and etiology in the special NHIS impairment codes.

Acute condition—A condition is considered acute if (1) it was first noticed no longer than 3 months before the reference date of the interview and (2) it is not one of the conditions considered chronic regardless of the time of onset. (See definition of chronic condition.) However, any acute condition not associated with either at least one doctor visit or at least one

day of restricted activity during the reference period is considered to be of minor consequence and is excluded from the final data produced by the survey.

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 the person or family was first told by a physician that the person had a condition of which he or she had been previously unaware.

Incidence of conditions—The incidence of a condition is the number of cases that had their onset during a specified period of time. A person may have more than one acute condition during a period of time or may have the same condition, such as a headache, more than once. Ordinarily, however, a chronic condition can begin only one time during a given reference period.

Prevalence of conditions—The prevalence of a condition is the number of persons who have the condition at a given point in time. Although the prevalence of acute conditions is a meaningful concept, it is seldom used in health statistics, which generally focus on the incidence of acute conditions. If the prevalence of a chronic condition is measured during a period of time (say, each week during a year), then the resulting estimate of prevalence is an average of 52 weekly prevalence estimates. This is called an average annual point prevalence estimate.

Terms relating to disability

Disability—Disability is a general term that refers to any long- or short-term reduction of a person's activity as a result of an acute or chronic condition. *Limitation of activity* refers to a long-term reduction in a person's capacity to perform the average kind or amount of activities associated with his or her age group. *Restriction of activity* refers to particular kinds of behavior usually associated with a reduction in activity due to either long- or short-term conditions. Thus limitation of activity refers to what a person is generally capable of doing, but restriction of activity ordinarily refers to a relatively short-term reduction in a person's activities below his or her normal capacity.

Limitation of activity because of chronic conditions—Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for the age groups are (1) ordinary play for children under 5 years of age, (2) attending school for those 5–17 years of age,

NOTE: A list of references follows the text.

(3) working or keeping house for persons 18–69 years of age, and (4) capacity for independent living (e.g., the ability to bathe, shop, dress, eat, and so forth, without needing the help of another person) for those 70 years of age and over. People aged 18–69 years who are classified as keeping house are also classified by their ability to work at a job or business. (In this report, the major activity of persons 65–69 years is assumed to be working or keeping house; however, questions were also asked about the capacity for independent living in this age group, which would permit an alternative definition of limitation.)

In regard to these activities, each person is classified into one of four categories: (1) unable to perform the major activity, (2) able to perform the major activity but limited in the kind or amount of this activity, (3) not limited in the major activity but limited in the kind or amount of other activities, and (4) not limited in any way. In regard to these four categories, NHIS publications often classify persons only by whether they are limited (groups 1–3) or not limited (group 4). Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the activity limitation. If more than one condition is reported, the respondent is asked to identify the condition that is the major cause of the limitation.

Restriction of activity—Four types of restricted activity are measured in NHIS: *bed days*, *work-loss days* for currently employed persons 18 years of age and over, *school-loss days* for children 5–17 years of age, and *cut-down days*.

A *bed day* is one during which a person stayed in bed more than half a day because of illness or injury. All hospital days for inpatients are considered bed days even if the patient was not in bed more than half a day.

A *work-loss day* is one on which a currently employed person 18 years of age and over missed more than half a day from a job or business.

A *school-loss day* is one on which a student 5–17 years of age missed more than half a day from the school in which he or she was currently enrolled.

A *cut-down day* is a day on which a person cuts down for more than half a day on the things he or she usually does.

Work-loss, school-loss, and cut-down days refer to the short-term effects of illness or injury. However, bed days are a measure of both long- and short-term disability, because a chronically ill bedridden person and a person with a cold could both report having spent more than half a day in bed due to an illness.

The number of restricted-activity days is the number of days a person experienced at least one of the four types of activity restriction just described. It is the most inclusive measure of disability days and the least descriptive; 4 days of restricted activity may mean 4 bed days associated with serious illness or 4 days during which a person merely cut down on his or her usual activities due to a mild illness.

A single restricted-activity day may involve both a bed day and a work-loss or school-loss day. However, a cut-down day cannot overlap with any of these three types of disability days. In calculating the sum of restricted-activity days, each day is counted only once even if more than one type of activity restriction was involved.

Restricted-activity days may be associated with either persons or conditions. *Person days* are the number of days

during which a person restricted his or her activity. *Condition days* are the number of days during which a condition caused a person to restrict his or her activity. A person day of restricted activity can be caused by more than one condition. In such a case, each condition causing restriction is associated with that day of restricted activity. Therefore, the number of condition days of restricted activity may exceed the number of person days of restricted activity. This relationship holds for each type of restricted-activity day.

When two or more conditions cause a day of restricted activity, the conditions may be (1) both (all) acute, (2) one (some) acute and the other (some) chronic, or (3) both (all) chronic. The number of restricted-activity days associated with acute conditions includes groups (1) and (2); the number of such days associated with chronic conditions includes groups (2) and (3). The phrase “associated with” rather than “caused by” is used to indicate that some days associated with acute or chronic conditions are not necessarily caused solely by that type of condition.

Assessed health status—The categories related to this concept result from asking the respondent, “Would you say _____’s health is excellent, very good, good, fair, or poor?” As such, it is based on a respondent’s opinion and not directly on any clinical evidence.

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 (800–999) in the ninth revision of the International Classification of Diseases (World Health Organization, 1977). In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes includes poisonings and impairments caused by accidents or nonaccidental violence. Unless otherwise specified, the term injury is used to cover all of these.

A person may sustain more than one injury in a single accident (for instance, a broken leg and laceration of the scalp), so the number of injury conditions may exceed the number of persons injured.

Statistics of acute injury conditions include only injuries that involved medical attendance or at least a half day of restricted activity.

Episodes of persons injured—Each time a person is involved in an accident or nonaccidental violence causing injury that results in medical attention or at least a half day of restricted activity, it is counted as a separate episode of a person injured. Therefore, one person may account for more than one episode of a person injured.

The number of episodes 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,

NOTE: A list of references follows the text.

whereas "persons injured" as used in the NHIS includes persons whose injuries resulted from certain nonaccidental violence.

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

Terms relating to accidents

Motor vehicle—A motor vehicle is any mechanically or electrically powered device, not operated on rails, on which or by which a person or property can be transported or drawn on a land highway. Any object being towed by a motor vehicle (such as a trailer, coaster, sled, or wagon) 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—An 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 divided into "traffic" and "nontraffic" accidents.

Traffic moving motor vehicle accident—An accident is in the "traffic" category if it occurred on a public street or highway. It is considered to have occurred on the highway if it occurred wholly on the highway, originated on the highway, terminated on the highway, or involved a vehicle partially on the highway. (See "street or highway.")

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

Street or highway—"Street or highway" means the entire width between property lines of a way or place, any part of which is open for use of the public as a matter of right or custom. This includes more than just the traveled part of the road. "Street or highway" includes the whole right-of-way. Public sidewalks are part of the street, but private driveways, private lanes, private alleys, and private sidewalks are *not* considered part of the street.

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

Accident while at work—An accident is classified as "while at work" if the injured person was 18 years of age or over and was at work at a job or business at the time the accident happened.

Home accident—An accident is classified as "home accident" if the injury occurred either inside or outside the house. "Outside the house" refers to the yard, building, and sidewalks on the property. "Home" includes not only the person's own home but also any other home in which the person may have been injured.

Industrial place—This category includes factory buildings, railway yards, warehouses, workshops, loading platforms of factories or stores, construction projects (houses, buildings, bridges, new roads, and the like), as well as buildings undergoing remodeling. However, accidents in private homes undergoing remodeling are classified as home accidents.

Other accident—This category includes injuries in public places (such as 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 that occurred while the person was in the armed forces is covered and is included in this class.

Terms relating to physician contacts

Physician contact—A physician contact is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. (Physician contacts with hospital inpatients are not included.) The contact is considered to be a physician contact 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 contacts 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 (such as a test for diabetes) or a single procedure (such as a measles inoculation) when this single service is administered identically to all persons who are 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 contact. However, a special chest x ray given in a physician's office or in an outpatient clinic is considered a physician contact.

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

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

Place of contact—The place of contact is a classification of the type of place at which a physician contact took place. The definitions of the various categories are as follows:

Telephone. Refers to medically related matters discussed in a telephone call with a physician or physician's assistant. Calls for nonmedically related matters (such as for an appointment) are not included.

Office. Refers to physician offices that are not located in a hospital.

Hospital. Involves three types of places in a hospital: emergency room, clinic, and doctor's office.

Other. Any place not classified into one of the three categories specified above, including clinics and HMO's not located in hospitals.

Interval since last physician contact—The interval since the last physician contact 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 contact with a hospital inpatient can be counted as the last time a physician was seen even though it is not included in the "physician contact" category.

Terms relating to hospitalization

Hospital—For this survey, a hospital is defined as any institution either (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 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. It is counted as a hospital day only if the patient stays overnight. Thus a patient who enters the hospital on Monday afternoon and leaves Wednesday noon is considered to have had two hospital days.

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

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 night or more 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 that 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 "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 that group.

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.

Geographic region—For the purpose of classifying the population by geographic area, the States are grouped into four

regions. These regions, which correspond to those used by the U.S. Bureau of the Census, are as follows:

Region	States included
Northeast . . .	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania.
Midwest	Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska.
South	Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas.
West	Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii.

Place of residence—The place of residence of a member of the civilian noninstitutionalized population is classified as inside a metropolitan statistical area (MSA) or outside an MSA. Place of residence inside an MSA is further classified as either central city or not central city.

Metropolitan statistical area—The definition and titles of MSA's are established by the U.S. Office of Management and Budget with the advice of the Federal Committee on Metropolitan Statistical Areas. Generally speaking, an MSA consists of a county or group of counties containing at least one city (or twin cities) having a population of 50,000 or more plus adjacent counties that are metropolitan in character and are economically and socially integrated with the central city. In New England, towns and cities rather than counties are the units used in defining MSA's. There is no limit to the number of adjacent counties included in the MSA as long as they are integrated with the central city, nor is an MSA limited to a single State; boundaries may cross State lines. The metropolitan population in this report is based on MSA's as defined in the 1980 census and does not include any subsequent additions or changes.

Central city of an MSA—The largest city in an MSA is always a central city. One or two additional cities may be secondary central cities in the MSA on the basis of either of the following criteria:

1. The additional city or cities must have a population one-third or more of that of the largest city and a minimum population of 25,000.
2. The additional city or cities must have at least 250,000 inhabitants.

Not central city of an MSA—This includes all of the MSA that is not part of the central city itself.

Not in MSA—This includes all other places in the country.

Race—The population is divided into three racial groups: "white," "black," and "all other." "All other" includes Aleut, Eskimo or American Indian, Asian, or Pacific Islander, and any other races. Race characterization is based on the respondent's description of his or her racial background.

Income of family or of unrelated individuals—Each member of a family is classified according to the total income of the family of which he or she is a member. Within the household, all persons related to each other by blood, marriage, or

adoption constitute a family. Unrelated individuals are classified according to their own incomes.

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12-month period preceding the week of interview. Income from all sources—for example, wages, salaries, rents from property, pensions, government payments, and help from relatives—is included.

Currently employed—Persons 18 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 includes paid work as an employee of someone else; self-employment in business, farming, or professional practice; and unpaid work in a family business or farm. Persons who were temporarily absent from 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.

Freelance 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 received 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 NHIS 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) NHIS estimates are for persons 18 years of age and over; CPS estimates are for persons 16 years of age and over.
- (2) NHIS uses a 2-week reference period, while CPS uses a 1-week reference period.
- (3) NHIS 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.

The most detailed operational definitions of these terms are found in the *NHIS Interviewer's Manual* (U.S. Bureau of the Census, 1987c). Instructions are given in the manual on how problem cases associated with each concept are to be handled.

Marital status—Marital status is classified by the following four categories:

Currently married—includes all persons not separated from their spouses for reasons of marital discord. Persons living apart due to circumstances of their employment are considered married. Persons living together as husband and wife are considered married, regardless of legal status.

Separated and divorced—includes persons who are legally separated or divorced or who are living apart for reasons of marital discord.

Widowed—includes persons who have lost their spouse due to death.

Never married—includes persons who were never married and persons whose only marriage was annulled.

NOTE: A list of references follows the text.

Appendix III

Questionnaires and flashcards

OMB No. 0937-0021 Approval Expires March 31, 1988

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 309(d) of the Public Health Service Act (42 USC 242m).

FORM **HIS-1 (1987)**
15 30 99

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

1. Book ___ of ___ books

2. R.O. number

3. Sample

4. Segment type
 Area
 Permit
 Block

5. Control number
 PSU Segment Serial

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

City _____ State _____ County _____ ZIP Code _____

b. Is this your mailing address? (Mark box or specify if different. Include county and ZIP Code.) Same as 6a

City _____ State _____ County _____ 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 4-1-80 (Continue interview)
 After 4-1-80 (Complete item 8c when required; end interview)

8. COVERAGE QUESTIONS
 Ask items that are marked
 Do not ask

a. Are there any occupied or vacant living quarters besides your own in this building? Yes (Fill Table X) No

b. Are there any occupied or vacant living quarters besides your own on this floor? Yes (Fill Table X) No

c. Is there any other building on this property for people to live in, either occupied or vacant? Yes (Fill Table X) No

9a. LAND USE
 1 URBAN (10)
 2 RURAL
 — Reg. units and SP PL units coded 85–88 in 6c — Ask item 9b
 — SP PL units not coded 85–88 in 6c — Mark "No" in item 9b without asking

b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?
 1 Yes } (10)
 2 No }

10. CLASSIFICATION OF LIVING QUARTERS — Mark by observation

a. LOCATION of unit
 Unit is:
 In a Special Place — Refer to Table A in Part C of manual, then complete 10c or d
 NOT in a Special Place (10b)

b. Access
 Direct (10c)
 Through another unit — Not a separate HU; combine with unit through which access is gained (Apply merged unit procedures if additional living quarters space was listed separately.)

c. HOUSING unit (Mark one, THEN page 2)
 01 House, apartment, flat
 02 HU in nontransient hotel, motel, etc.
 03 HU—permanent in transient hotel, motel, etc.
 04 HU in rooming house
 05 Mobile home or trailer with no permanent room added
 06 Mobile home or trailer with one or more permanent rooms added
 07 HU not specified above — Describe in footnotes

d. OTHER unit (Mark one)
 08 Quarters not HU in rooming or boarding house
 09 Unit not permanent in transient hotel, motel, etc.
 10 Unoccupied site for mobile home, trailer, or tent
 11 Student quarters in college dormitory
 12 OTHER unit not specified above — Describe in footnotes

11. What is the telephone number here? None Area code/number _____

12. Interview observed? Yes No

13a. Interviewer's name _____ Code _____

b. Language of interview
 1 English 3 Both English and Spanish
 2 Spanish 8 Other

14. Noninterview reason

TYPE A
 01 Refusal — Describe in footnotes
 02 No one at home, repeated calls
 03 Temporarily absent — Footnote
 04 Other (Specify) _____

TYPE B
 05 Vacant — nonseasonal
 06 Vacant — seasonal
 07 Occupied entirely by persons with URE
 08 Occupied entirely by Armed Forces members
 09 Unfit or to be demolished
 10 Under construction, not ready
 11 Converted to temporary business or storage
 12 Unoccupied site for mobile home, trailer, or tent
 13 Permit granted, construction not started
 14 Other (Specify) _____

TYPE C
 15 Unused line of listing sheet
 16 Demolished
 17 House or trailer moved
 18 Outside segment
 19 Converted to permanent business or storage
 20 Merged
 21 Condemned
 22 Built after April 1, 1980
 23 Other (Specify) _____

15. Record of calls

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

16. List column numbers of persons requiring callbacks, and mark appropriately.
 None

Col No	SS No	Section M	Section N	SP

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col No.
1		P T	a.m. p.m.	a.m. p.m.
2		P T	a.m. p.m.	a.m. p.m.
3		P T	a.m. p.m.	a.m. p.m.
4		P T	a.m. p.m.	a.m. p.m.

GO TO HOUSEHOLD COMPOSITION PAGE

A. HOUSEHOLD COMPOSITION PAGE		1																																																																																																						
<p>1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.</p> <p>b. What are the names of all other persons living or staying here? Enter names in columns.</p> <p>c. I have listed (read names). Have I missed: - any babies or small children? - any lodgers, boarders, or persons you employ who live here? - anyone who USUALLY lives here but is now away from home traveling or in a hospital? - anyone else staying here?</p> <p>d. Do all of the persons you have named usually live here? <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1-C2 and enter reason.)</p> <p>Probe if necessary: Does -- usually live somewhere else?</p> <p>Ask for all persons beginning with column 2:</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1. First name</td> <td style="width: 15%;">Mid. Init.</td> <td style="width: 15%;">Age</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Last name</td> <td></td> <td></td> <td>Sex</td> <td>1 M</td> <td>2 F</td> </tr> <tr> <td colspan="6">2. Relationship REFERENCE PERSON</td> </tr> <tr> <td colspan="6">3. Date of Birth</td> </tr> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td colspan="3"></td> </tr> <tr> <td colspan="6">C1</td> </tr> <tr> <td>HOSP</td> <td>WORK</td> <td>RD</td> <td colspan="2">2-WK, DV</td> <td></td> </tr> <tr> <td>00 None</td> <td>1 Wa</td> <td>Yes</td> <td colspan="2">00 None</td> <td></td> </tr> <tr> <td>Number</td> <td>2 Wb</td> <td>No</td> <td colspan="2">Number</td> <td></td> </tr> <tr> <td colspan="6">C2</td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ</td> <td>CL</td> <td>HS COND</td> </tr> <tr> <td colspan="6"> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ</td> <td>CL</td> <td>HS COND</td> </tr> <tr> <td colspan="6"> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ</td> <td>CL</td> <td>HS COND</td> </tr> <tr> <td colspan="6"> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ</td> <td>CL</td> <td>HS COND</td> </tr> </table>	1. First name	Mid. Init.	Age				Last name			Sex	1 M	2 F	2. Relationship REFERENCE PERSON						3. Date of Birth						Month	Date	Year				C1						HOSP	WORK	RD	2-WK, DV			00 None	1 Wa	Yes	00 None			Number	2 Wb	No	Number			C2						LA	RA	DV	INJ	CL	HS COND							LA	RA	DV	INJ	CL	HS COND							LA	RA	DV	INJ	CL	HS COND							LA	RA	DV	INJ	CL	HS COND
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<p>2. What is -- relationship to (reference person)?</p> <p>3. What is -- date of birth? (Enter date and age and mark sex.)</p>																																																																																																								
A1	REFERENCE PERIODS																																																																																																							
	2-WEEK PERIOD																																																																																																							
	12-MONTH DATE																																																																																																							
	13-MONTH HOSPITAL DATE																																																																																																							
A2	ASK CONDITION LIST																																																																																																							
A3	Refer to ages of all related HH members.	<p>A3</p> <input type="checkbox"/> All persons 65 and over (5) <input type="checkbox"/> Other (4)																																																																																																						
<p>4a. Are any of the persons in this family now on full-time active duty with the armed forces?</p> <p style="text-align: right;">Yes No (5)</p> <p>b. Who is this? Delete column number(s) _____ by an "X" from 1-C2.</p> <p>c. Anyone else? Yes (Reask 4b and c) No</p> <p>Ask for each person in armed forces:</p> <p>d. Where does -- usually live and sleep, here or somewhere else? Mark box in person's column.</p> <p style="text-align: right;">Living at home Not living at home</p>																																																																																																								
<p>If related persons 17 and over are listed in addition to the respondent and are not present, say:</p> <p>5. We would like to have all adult family members who are at home take part in the interview. Are (names of persons 17 and over) at home now? If "Yes," ask: Could they join us? (Allow time)</p> <p>Read to respondent(s): This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.</p>																																																																																																								
HOSPITAL PROBE																																																																																																								
<p>6a. Since (13-month hospital date) a year ago, was -- a patient in a hospital OVERNIGHT?</p> <p>b. How many different times did -- stay in any hospital overnight or longer since (13-month hospital date) a year ago?</p>		<p>6a. 1 Yes 2 No (Mark "HOSP" box, THEN NP)</p> <p>b. } (Make entry in "HOSP" box, THEN NP) Number of times</p>																																																																																																						
<p>Ask for each child under one:</p> <p>7a. Was -- born in a hospital?</p> <p>Ask for mother and child:</p> <p>b. Have you included this hospitalization in the number you gave me for --?</p>		<p>7a. 1 Yes 2 No (NP)</p> <p>b. Yes (NP) No (Correct 6 and "HOSP" box)</p>																																																																																																						
FOOTNOTES																																																																																																								

B. LIMITATION OF ACTIVITIES PAGE

B1	Refer to age.	B1	1 <input type="checkbox"/> 18-69 (1) 2 <input type="checkbox"/> Other (NP)
1. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i>	1.	1 <input type="checkbox"/> Working (2) 2 <input type="checkbox"/> Keeping house (3) 3 <input type="checkbox"/> Going to school (5) 4 <input type="checkbox"/> Something else (5)	
2a. Does any impairment or health problem NOW keep -- from working at a job or business?	2a.	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No	
b. Is -- limited in the kind OR amount of work -- can do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No (6)	
3a. Does any impairment or health problem NOW keep -- from doing any housework at all?	3a.	4 <input type="checkbox"/> Yes (4) <input type="checkbox"/> No	
b. Is -- limited in the kind OR amount of housework -- can do because of any impairment or health problem?	b.	5 <input type="checkbox"/> Yes (4) 6 <input type="checkbox"/> No (5)	
4a. What (other) condition causes this? <i>Ask if injury or operation: When did [the (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? If pregnancy/delivery or 0-3 months injury or operation - Reask question 3 where limitation reported, saying: Except for -- (condition), ...? OR reask 4b/c.</i>	4a.	(Enter condition in C2, THEN 4b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 4c)	
b. Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No (4d)	
c. Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No	
d. Which of these conditions would you say is the MAIN cause of this limitation? <i>Mark box if only one condition.</i>	d.	<input type="checkbox"/> Only 1 condition Main cause	
5a. Does any impairment or health problem keep -- from working at a job or business?	5a.	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No	
b. Is -- limited in the kind OR amount of work -- could do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No	
B2	Refer to questions 3a and 3b.	B2	1 <input type="checkbox"/> "Yes" in 3a or 3b (NP) 2 <input type="checkbox"/> Other (6)
6a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?	6a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)	
b. In what way is -- limited? Record limitation, not condition.	b.	Limitation	
7a. What (other) condition causes this? <i>Ask if injury or operation: When did [the (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? If pregnancy/delivery or 0-3 months injury or operation - Reask question 2, 5, or 6 where limitation reported, saying: Except for -- (condition), ...?</i>	7a.	(Enter condition in C2, THEN 7b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 7c)	
b. Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No (7d)	
c. Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No	
d. Which of these conditions would you say is the MAIN cause of this limitation? <i>Mark box if only one condition.</i>	d.	<input type="checkbox"/> Only 1 condition Main cause	

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B. LIMITATION OF ACTIVITIES PAGE, Continued

<p>B3</p>	<p>Refer to age.</p>	<p>B3</p>	<p>0 <input type="checkbox"/> Under 5 (10) 2 <input type="checkbox"/> 18-69 (NP) 1 <input type="checkbox"/> 5-17 (11) 3 <input type="checkbox"/> 70 and over (8)</p>
<p>8. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing. (2) Considers the most important.</i></p>		<p>8.</p>	<p>1 <input type="checkbox"/> Working 2 <input type="checkbox"/> Keeping house 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Something else</p>
<p>9a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?</p>		<p>9a.</p>	<p>1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No</p>
<p>b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?</p>		<p>b.</p>	<p>2 <input type="checkbox"/> Yes (13) 3 <input type="checkbox"/> No (12)</p>
<p>10a. Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age?</p>		<p>10a.</p>	<p><input type="checkbox"/> Yes 0 <input type="checkbox"/> No (13)</p>
<p>b. Is -- limited in the kind OR amount of play activities -- can do because of any impairment or health problem?</p>		<p>b.</p>	<p>1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No (12)</p>
<p>11a. Does any impairment or health problem NOW keep -- from attending school?</p>		<p>11a.</p>	<p>1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No</p>
<p>b. Does -- attend a special school or special classes because of any impairment or health problem?</p>		<p>b.</p>	<p>2 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No</p>
<p>c. Does -- need to attend a special school or special classes because of any impairment or health problem?</p>		<p>c.</p>	<p>3 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No</p>
<p>d. Is -- limited in school attendance because of -- health?</p>		<p>d.</p>	<p>4 <input type="checkbox"/> Yes (13) 5 <input type="checkbox"/> No</p>
<p>12a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?</p>		<p>12a.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p>
<p>b. In what way is -- limited? <i>Record limitation, not condition.</i></p>		<p>b.</p>	<p>_____ Limitation</p>
<p>13a. What (other) condition causes this? <i>Ask if injury or operation: When did [the (injury) occur?/--have the operation?]</i> <i>Ask if operation over 3 months ago: For what condition did -- have the operation?</i> <i>If pregnancy/delivery or 0-3 months injury or operation --</i> <i>Reask question where limitation reported, saying: Except for -- (condition), . . . ?</i> <i>OR reask 13b/c.</i></p>		<p>13a.</p>	<p>(Enter condition in C2, THEN 13b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 13c)</p>
<p>b. Besides (condition) is there any other condition that causes this limitation?</p>		<p>b.</p>	<p><input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No (13d)</p>
<p>c. Is this limitation caused by any (other) specific condition?</p>		<p>c.</p>	<p><input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No</p>
<p>d. Which of these conditions would you say is the MAIN cause of this limitation? <i>Mark box if only one condition.</i></p>		<p>d.</p>	<p><input type="checkbox"/> Only 1 condition _____ Main cause</p>
<p>FOOTNOTES</p>			

B. LIMITATION OF ACTIVITIES PAGE, Continued			
B4	Refer to age.	B4	0 Under 5 (NP) 2 60-69 (14) 1 5-59 (B5) 3 70 and over (NP)
B5	Refer to "Old age," and "LA" boxes. Mark first appropriate box.	B5	"Old age" box marked (14) Entry in "LA" box (14) Other (NP)
14a.	Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home? <i>If under 18, skip to next person; otherwise ask:</i>	14a.	1 Yes (15) 2 No
b.	Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b.	2 Yes 3 No (NP)
15a.	What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur? / -- have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? <i>If pregnancy/delivery or 0-3 months injury or operation --</i> Reask question 14 where limitation reported, saying: Except for -- (condition), ...? OR reask 15b/c.	15a.	(Enter condition in C2, THEN 15b) 1 Old age (Mark "Old age" box, THEN 15c)
b.	Besides (condition) is there any other condition that causes this limitation?	b.	1 Yes (Reask 15a and b) 2 No (15d)
c.	Is this limitation caused by any (other) specific condition?	c.	1 Yes (Reask 15a and b) 2 No
	Mark box if only one condition.	d.	Only 1 condition
	d. Which of these conditions would you say is the MAIN cause of this limitation?		_____ Main cause
FOOTNOTES			

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D. RESTRICTED ACTIVITY PAGE PERSON 1	
<i>Hand calendar.</i> (The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).)	
D1	Refer to age. <input type="checkbox"/> Under 5 (4) <input type="checkbox"/> 5-17 (3) <input type="checkbox"/> 18 and over (1)
1a. DURING THOSE 2 WEEKS, did -- work at any time at a job or business, not counting work around the house? (Include unpaid work in the family [farm/business].) 1 <input type="checkbox"/> Yes (Mark "Wa" box, THEN 2) 2 <input type="checkbox"/> No	
b. Even though -- did not work during those 2 weeks, did -- have a job or business? 1 <input type="checkbox"/> Yes (Mark "Wb" box, THEN 2) 2 <input type="checkbox"/> No (4)	
2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury? <input type="checkbox"/> Yes oo <input type="checkbox"/> No (4)	
b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury? oo <input type="checkbox"/> None (4) <input style="width: 50px;" type="text"/> No. of work-loss days (4)	
3a. During those 2 weeks, did -- miss any time from school because of illness or injury? <input type="checkbox"/> Yes oo <input type="checkbox"/> No (4)	
b. During that 2-week period, how many days did -- miss more than half of the day from school because of illness or injury? oo <input type="checkbox"/> None <input style="width: 50px;" type="text"/> No. of school-loss days	
4a. During those 2 weeks, did -- stay in bed because of illness or injury? <input type="checkbox"/> Yes oo <input type="checkbox"/> No (6)	
b. During that 2-week period, how many days did -- stay in bed more than half of the day because of illness or injury? oo <input type="checkbox"/> None (6) <input style="width: 50px;" type="text"/> No. of bed days (D2)	
D2	Refer to 2b and 3b. <input type="checkbox"/> No days in 2b or 3b (6) <input type="checkbox"/> 1 or more days in 2b or 3b (5)
5. On how many of the (number in 2b or 3b) days missed from [work/school] did -- stay in bed more than half of the day because of illness or injury? oo <input type="checkbox"/> None <input style="width: 50px;" type="text"/> No. of days	
Refer to 2b, 3b, and 4b. 6a. (Not counting the day(s) [missed from work missed from school (and) in bed], Was there any (OTHER) time during those 2 weeks that -- cut down on the things -- usually does because of illness or injury? <input type="checkbox"/> Yes oo <input type="checkbox"/> No (D3)	
b. (Again, not counting the day(s) [missed from work missed from school (and) in bed], During that period, how many (OTHER) days did -- cut down for more than half of the day because of illness or injury? oo <input type="checkbox"/> None <input style="width: 50px;" type="text"/> No. of cut-down days	
D3	Refer to 2-6. <input type="checkbox"/> No days in 2-6 (Mark "No" in RD, THEN NP) <input type="checkbox"/> 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)
Refer to 2b, 3b, 4b, and 6b. 7a. What (other) condition caused -- to [miss work miss school (or) stay in bed (or) cut down] during those 2 weeks? (Enter condition in C2, THEN 7b)	
b. Did any other condition cause -- to [miss work miss school (or) stay in bed (or) cut down] during that period? 1 <input type="checkbox"/> Yes (Reask 7a and b) 2 <input type="checkbox"/> No	
FOOTNOTES 	

FORM HIS-1 (1985) (10-1-84)

E. 2-WEEK DOCTOR VISITS PROBE PAGE

Read to respondent(s): These next questions are about health care received during the 2 weeks outlined in red on that calendar.		
E1	Refer to age.	E1 <input type="checkbox"/> Under 14 (1B) <input type="checkbox"/> 14 and over (1A)
1a. During those 2 weeks, how many times did -- see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)		1a. and b. 00 <input type="checkbox"/> None } (NP) <input type="text"/> } Number of times
b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about --? (Do not count times while an overnight patient in a hospital.)		
2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital. <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No (3a)</p>		
b. Who received this care? Mark "DR Visit" box in person's column.		2b. <input type="checkbox"/> DR Visit
c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No		
Ask for each person with "DR Visit" in 2b.		
d. How many times did -- receive this care during that period?		d. <input type="text"/> Number of times
3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No (E2)</p>		
b. Who was the phone call about? Mark "Phone call" box in person's column.		3b. <input type="checkbox"/> Phone call
c. Were there any calls about anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No		
Ask for each person with "Phone call" in 3b.		
d. How many telephone calls were made about --?		d. <input type="text"/> Number of calls
E2	Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK, DV" box in item C1.	
FOOTNOTES		

FORM HS-1 (1985) (10-1 B4)

F. 2-WEEK DOCTOR VISITS PAGE

DR VISIT 1

Refer to CI, "2-WK, DV" box.		PERSON NUMBER _____	
F1	Refer to age.	F1	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
1a.	On what (other) date(s) during those 2 weeks did --- see or talk to a medical doctor, nurse, or doctor's assistant?	1a. and b.	Month _____ Date _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before
b.	On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about ---?	c.	1 <input type="checkbox"/> Yes (Reask 1a or b and c) 2 <input type="checkbox"/> No (Ask 2-5 for each visit)
Ask after last DR visit column for this person			
c.	Were there any other visits or calls for --- during that period? Make necessary correction to 2-WK DV box in CI.		
2.	Where did --- receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call? If doctor's office: Was this office in a hospital? If hospital: Was it the outpatient clinic or the emergency room? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic? If lab: Was this lab in a hospital? What was done during this visit? (Footnote)	2.	01 <input type="checkbox"/> Telephone Not in hospital 02 <input type="checkbox"/> Home 03 <input type="checkbox"/> Doctor's office 04 <input type="checkbox"/> Co. or ind. clinic 05 <input type="checkbox"/> Other clinic 06 <input type="checkbox"/> Lab 07 <input type="checkbox"/> Other (Specify) _____ Hospital: 08 <input type="checkbox"/> O.P. clinic 09 <input type="checkbox"/> Emergency room 10 <input type="checkbox"/> Doctor's office 11 <input type="checkbox"/> Lab 12 <input type="checkbox"/> Overnight patient (Next DR visit) 08 <input type="checkbox"/> Other (Specify) _____
Ask 3b if under 14.			
3a.	Did --- actually talk to a medical doctor?	3a. and b.	1 <input type="checkbox"/> Yes (3f) 8 <input type="checkbox"/> DK if M.D. (3c) 2 <input type="checkbox"/> No (3c) 9 <input type="checkbox"/> DK who was seen (3f)
b.	Did anyone actually talk to a medical doctor about ---?		
c.	What type of medical person or assistant was talked to?	c.	_____ Type 99 <input type="checkbox"/> DK
d.	Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?	d.	1 <input type="checkbox"/> One (3f) 3 <input type="checkbox"/> None (4) 2 <input type="checkbox"/> More 9 <input type="checkbox"/> DK
e.	For this [visit/call] what kind of doctor was the (entry in 3c) working with or for - a general practitioner or a specialist?	e. and f.	1 <input type="checkbox"/> GP (4) 2 <input type="checkbox"/> Specialist (3g) 9 <input type="checkbox"/> DK (4)
f.	Is that doctor a general practitioner or a specialist?		
g.	What kind of specialist?	g.	_____ Kind of specialist
Ask 4b if under 14.			
4a.	For what condition did --- see or talk to the [doctor/(entry in 3c)] on (date in 1)? Mark first appropriate box.	4a. and b.	1 <input type="checkbox"/> Condition (Item C2, THEN 4g) 2 <input type="checkbox"/> Pregnancy (4e) 3 <input type="checkbox"/> Test(s) or examination (4c) 4 <input type="checkbox"/> Other (Specify) _____ (4g)
b.	For what condition did anyone see or talk to the [doctor/(entry in 3c)] about --- on (date in 1)? Mark first appropriate box.		
c.	Was a condition found as a result of the [test(s)/examination]?	c.	<input type="checkbox"/> Yes (4h) <input type="checkbox"/> No
d.	Was this [test/examination] because of a specific condition --- had?	d.	<input type="checkbox"/> Yes (4h) <input type="checkbox"/> No (4g)
e.	During the past 2 weeks was --- sick because of --- pregnancy?	e.	<input type="checkbox"/> Yes <input type="checkbox"/> No (4g)
f.	What was the matter?	f.	_____ Condition (Item C2, THEN 4g)
g.	During this [visit/call] was the [doctor/(entry in 3c)] talked to about any (other) condition?	g.	<input type="checkbox"/> Yes <input type="checkbox"/> No (5)
h.	What was the condition?	h.	<input type="checkbox"/> Pregnancy (4e) _____ Condition (Item C2, THEN 4g)
Mark box if "Telephone" in 2.			
5a.	Did --- have any kind of surgery or operation during this visit, including bone settings and stitches?	5a.	0 <input type="checkbox"/> Telephone in 2 (Next DR visit) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Next DR visit)
b.	What was the name of the surgery or operation? If name of operation not known, describe what was done.	b.	(1) _____ (2) _____
c.	Was there any other surgery or operation during this visit?	c.	<input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No

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G. HEALTH INDICATOR PAGE

<p>1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about? <input type="checkbox"/> Yes <input type="checkbox"/> No (2)</p> <p>b. Who was this? Mark "Injury" box in person's column.</p> <p>c. What was -- injury? Enter injury(ies) in person's column.</p> <p>d. Did anyone have any other injuries during that period? <input type="checkbox"/> Yes (Reask 1b, c, and d) <input type="checkbox"/> No</p> <p><i>Ask for each injury in 1c:</i> e. As a result of the (injury in 1c) did [---/anyone] see or talk to a medical doctor or assistant (about ---) or did --- cut down on --- usual activities for more than half of a day?</p>		<p>1b. <input type="checkbox"/> Injury</p> <p>c. _____ Injury</p> <p>e. <input type="checkbox"/> Yes (Enter injury in C2, THEN 1e for next injury) <input type="checkbox"/> No (1e for next injury)</p>
<p>2. During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep --- in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p>2. 000 <input type="checkbox"/> None _____ No. of days</p>	
<p>3a. During the past 12 months, ABOUT how many times did [---/anyone] see or talk to a medical doctor or assistant (about ---)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the (number in 2-WK DV box) visit(s) you already told me about.)</p> <p>b. About how long has it been since [---/anyone] last saw or talked to a medical doctor or assistant (about ---)? Include doctors seen while a patient in a hospital.</p>	<p>3a. 000 <input type="checkbox"/> None (3b) 000 <input type="checkbox"/> Only when overnight patient in hospital } (NP) _____ No. of visits</p> <p>b. 1 <input type="checkbox"/> Interview week (Reask 3b) 2 <input type="checkbox"/> Less than 1 yr. (Reask 3a) 3 <input type="checkbox"/> 1 yr., less than 2 yrs. 4 <input type="checkbox"/> 2 yrs., less than 5 yrs. 5 <input type="checkbox"/> 5 yrs. or more 0 <input type="checkbox"/> Never</p>	
<p>4. Would you say -- health in general is excellent, very good, good, fair, or poor?</p>	<p>4. 1 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Fair 2 <input type="checkbox"/> Very good 5 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Good</p>	
<p><i>Mark box if under 18.</i> 5a. About how tall is -- without shoes?</p> <p>b. About how much does -- weigh without shoes?</p>	<p>5a. <input type="checkbox"/> Under 18 (NP) _____ Feet _____ Inches</p> <p>b. _____ Pounds</p>	
<p>FOOTNOTES</p>		

H. CONDITION LISTS 1 AND 2

Read to respondent(s) and ask list specified in A2:

Now I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.

1	1a. Does anyone in the family (read names) NOW have – If "Yes," ask 1b and c. b. Who is this? c. Does anyone else NOW have – Enter condition and letter in appropriate person's column.		2	2a. Does anyone in the family (read names) NOW have – If "Yes," ask 2b and c. b. Who is this? c. Does anyone else NOW have – Enter condition and letter in appropriate person's column.	
	A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness – joints will not move at all.) B. Paralysis of any kind?			A–L are conditions affecting Hearing Vision Speech M–AA are impairments.	
1d. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 1e and f. e. Who was this? f. DURING THE PAST 12 MONTHS, did anyone else have – Enter condition and letter in appropriate person's column. C–L are conditions affecting the bone and muscle. M–W are conditions affecting the skin.			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. Loss of taste or smell which has lasted 3 months or more? N. A missing finger, hand, or arm; toe, foot, or leg?		
C. Arthritis of any kind or rheumatism? D. Gout? E. Lumbago? F. Sciatica? G. A bone cyst or bone spur? H. Any other disease of the bone or cartilage? I. A slipped or ruptured disc? J. REPEATED trouble with neck, back, or spine? K. Bursitis? L. Any disease of the muscles or tendons?			Reask 1d		
			M. A tumor, cyst, or growth of the skin? N. Skin cancer? O. Eczema or psoriasis? (ek'sa-ma) or (so-rye'uh-sis) P. TROUBLE with dry or itching skin? Q. TROUBLE with acne? R. A skin ulcer? S. Any kind of skin allergy? T. Dermatitis or any other skin trouble? U. TROUBLE with ingrown toenails or fingernails? V. TROUBLE with bunions, corns, or calluses? W. Any disease of the hair or scalp?		
			Reask 2a O. A missing joint? P. A missing breast, kidney, or lung? Q. Palsy or cerebral palsy? (ser'a-bral) R. Paralysis of any kind? S. Curvature of the spine? T. REPEATED trouble with neck, back, or spine? U. Any TROUBLE with fallen arches or flatfeet? V. A clubfoot? W. A trick knee? X. PERMANENT stiffness or any deformity of the foot, leg, or back? (Permanent stiffness – joints will not move at all.) Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm? Z. Mental retardation? AA. Any condition caused by an accident or injury which happened more than 3 months ago? If "Yes," ask: What is the condition?		

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H. CONDITION LISTS 3 AND 4

Read to respondent(s) and ask list specified in A2:
 Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

3	3a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have - If "Yes," ask 3b and c.		4a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have - If "Yes," ask 4b and c.			
	b. Who was this?					
	c. DURING THE PAST 12 MONTHS, did anyone else have - Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold, flu; red, sore, or strep throat, or "virus" even if reported in this list. Conditions affecting the digestive system.				c. DURING THE PAST 12 MONTHS, did anyone else have - Enter condition and letter in appropriate person's column. A-B are conditions affecting the glandular system C is a blood condition D-I are conditions affecting the nervous system J-Y are conditions affecting the genito-urinary system	
	A. Gallstones?	Reask 3a N. Enteritis?			A. A goiter or other thyroid trouble?	Reask 4a N. Any other kidney trouble?
	B. Any other gallbladder trouble?	O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)			B. Diabetes?	O. Bladder trouble?
	C. Cirrhosis of the liver?	P. Colitis?			C. Anemia of any kind?	P. Any disease of the genital organs?
	D. Fatty liver?	Q. A spastic colon?			D. Epilepsy?	Q. A missing breast?
	E. Hepatitis?	R. FREQUENT constipation?			E. REPEATED seizures, convulsions, or blackouts?	R. Breast cancer?
	F. Yellow jaundice?	S. Any other bowel trouble?			F. Multiple sclerosis?	S. * Cancer of the prostate?
	G. Any other liver trouble?	T. Any other intestinal trouble?			G. Migraine?	T. * Any other prostate trouble?
	H. An ulcer?	U. Cancer of the stomach, intestines, colon or rectum?			H. FREQUENT headaches?	U. ** Trouble with menstruation?
	I. A hernia or rupture?	V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system? If "Yes," ask: Who was this? - What was the condition? Enter in item C2, THEN reask V.			I. Neuralgia or neuritis?	V. ** A hysterectomy? If "Yes," ask: For what condition did -- have a hysterectomy?
	J. Any disease of the esophagus?				J. Nephritis?	W. ** A tumor, cyst, or growth of the uterus or ovaries?
K. Gastritis?		K. Kidney stones?	X. ** Any other disease of the uterus or ovaries?			
L. FREQUENT indigestion?		L. REPEATED kidney infections?	Y. ** Any other female trouble?			
M. Any other stomach trouble?		M. A missing kidney?				

* Ask only if males in family.
 ** Ask only if females in family.

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H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask list specified in A2.
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

<p>5</p> <p>5a. Has anyone in the family (<u>read names</u>) EVER had – If "Yes," ask 5b and c.</p> <p>b. Who was this?</p> <p>c. Has anyone else EVER had – Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dashed black;">A. Rheumatic fever?</td> <td style="width: 50%; border-bottom: 1px dashed black;">G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">B. Rheumatic heart disease?</td> <td style="border-bottom: 1px dashed black;">H. A hemorrhage of the brain?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">C. Hardening of the arteries or arteriosclerosis?</td> <td style="border-bottom: 1px dashed black;">I. Angina pectoris? (pek'to-ris)</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">D. Congenital heart disease?</td> <td style="border-bottom: 1px dashed black;">J. A myocardial infarction?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">E. Coronary heart disease?</td> <td style="border-bottom: 1px dashed black;">K. Any other heart attack?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">F. Hypertension, sometimes called high blood pressure?</td> <td></td> </tr> </table> <p>5d. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 5e and f.</p> <p>e. Who was this?</p> <p>f. DURING THE PAST 12 MONTHS, did anyone else have – Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dashed black;">L. Damaged heart valves?</td> <td style="width: 50%; border-bottom: 1px dashed black;">Q. Any blood clots?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">M. Tachycardia or rapid heart?</td> <td style="border-bottom: 1px dashed black;">R. Varicose veins?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">N. A heart murmur?</td> <td style="border-bottom: 1px dashed black;">S. Hemorrhoids or piles?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">O. Any other heart trouble?</td> <td style="border-bottom: 1px dashed black;">T. Phlebitis or thrombophlebitis?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">P. An aneurysm? (an yoo-rizm)</td> <td style="border-bottom: 1px dashed black;">U. Any other condition affecting blood circulation?</td> </tr> </table>	A. Rheumatic fever?	G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)	B. Rheumatic heart disease?	H. A hemorrhage of the brain?	C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris? (pek'to-ris)	D. Congenital heart disease?	J. A myocardial infarction?	E. Coronary heart disease?	K. Any other heart attack?	F. Hypertension, sometimes called high blood pressure?		L. Damaged heart valves?	Q. Any blood clots?	M. Tachycardia or rapid heart?	R. Varicose veins?	N. A heart murmur?	S. Hemorrhoids or piles?	O. Any other heart trouble?	T. Phlebitis or thrombophlebitis?	P. An aneurysm? (an yoo-rizm)	U. Any other condition affecting blood circulation?	<p>6</p> <p>6a. DURING THE PAST 12 MONTHS, did anyone in the family (<u>read names</u>) have – If "Yes," ask 6b and c.</p> <p>b. Who was this?</p> <p>c. DURING THE PAST 12 MONTHS, did anyone else have – Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold; flu; red, sore, or strep throat, or "virus" even if reported in this list. Conditions affecting the respiratory system.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dashed black;">A. Bronchitis?</td> <td style="width: 50%; border-bottom: 1px dashed black;">K. A missing lung? <i>Reask 6a.</i></td> </tr> <tr> <td style="border-bottom: 1px dashed black;">B. Asthma?</td> <td style="border-bottom: 1px dashed black;">L. Lung cancer?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">C. Hay fever?</td> <td style="border-bottom: 1px dashed black;">M. Emphysema?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">D. Sinus trouble?</td> <td style="border-bottom: 1px dashed black;">N. Pleurisy?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">E. A nasal polyp?</td> <td style="border-bottom: 1px dashed black;">O. Tuberculosis?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">F. A deflected or deviated nasal septum?</td> <td style="border-bottom: 1px dashed black;">P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">G. * Tonsillitis or enlargement of the tonsils or adenoids?</td> <td style="border-bottom: 1px dashed black;">Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? What was the condition? Enter in item C2, THEN reask Q.</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">H. * Laryngitis?</td> <td></td> </tr> <tr> <td style="border-bottom: 1px dashed black;">I. A tumor or growth of the throat, larynx, or trachea?</td> <td></td> </tr> <tr> <td style="border-bottom: 1px dashed black;">J. A tumor or growth of the bronchial tube or lung?</td> <td></td> </tr> </table> <p><i>*If reported in this list only, ask:</i></p> <p>1. How many times did -- have (<u>condition</u>) in the past 12 months? If 2 or more times, enter condition in item C2. If only 1 time, ask:</p> <p>2. How long did it last? If 1 month or longer, enter in item C2. If less than 1 month, do not record. If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.</p>	A. Bronchitis?	K. A missing lung? <i>Reask 6a.</i>	B. Asthma?	L. Lung cancer?	C. Hay fever?	M. Emphysema?	D. Sinus trouble?	N. Pleurisy?	E. A nasal polyp?	O. Tuberculosis?	F. A deflected or deviated nasal septum?	P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?	G. * Tonsillitis or enlargement of the tonsils or adenoids?	Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? What was the condition? Enter in item C2, THEN reask Q.	H. * Laryngitis?		I. A tumor or growth of the throat, larynx, or trachea?		J. A tumor or growth of the bronchial tube or lung?	
A. Rheumatic fever?	G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)																																										
B. Rheumatic heart disease?	H. A hemorrhage of the brain?																																										
C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris? (pek'to-ris)																																										
D. Congenital heart disease?	J. A myocardial infarction?																																										
E. Coronary heart disease?	K. Any other heart attack?																																										
F. Hypertension, sometimes called high blood pressure?																																											
L. Damaged heart valves?	Q. Any blood clots?																																										
M. Tachycardia or rapid heart?	R. Varicose veins?																																										
N. A heart murmur?	S. Hemorrhoids or piles?																																										
O. Any other heart trouble?	T. Phlebitis or thrombophlebitis?																																										
P. An aneurysm? (an yoo-rizm)	U. Any other condition affecting blood circulation?																																										
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FORM HS-1 (1985) 110-1 84

J. HOSPITAL PAGE		HOSPITAL STAY 1		
1. Refer to C1, "HOSP." box.		1. PERSON NUMBER _____		
2. You said earlier that --- was a patient in the hospital since (13-month hospital date) a year ago. On what date did --- enter the hospital ((the last time/the time before that))? Record each entry date in a separate Hospital Stay column.		2. Month	Date	Year 19 ____
3. How many nights was --- in the hospital?		3. 0000 [] None (Next HS) ____ Nights		
4. For what condition did --- enter the hospital? <ul style="list-style-type: none"> • For delivery ask: Was this a normal delivery? If "No," ask: What was the matter? • For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter? • For initial "No condition" ask: Why did --- enter the hospital? • For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed? 		4. 1 [] Normal delivery } 2 [] Normal at birth } (5) 3 [] No condition } [] Condition }		
J1	Refer to questions 2, 3, and 2-week reference period.	J1 [] At least one night in 2-week reference period (Enter condition in C2, THEN 5) [] No nights in 2-week reference period (5)		
5a. Did --- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?		5a. 1 [] Yes 2 [] No (6)		
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.		b. (1) _____ (2) _____ (3) _____		
c. Was there any other surgery or operation during this stay?		c. [] Yes (Reask 5b and c) [] No		
6. What is the name and address of this hospital?		6. Name _____ Number and street _____ City or County _____ State _____		
FOOTNOTES				

FORM HIS 1 (1983) (10-1-84)

CONDITION 1	PERSON NO. _____
1. Name of condition	
<i>Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.</i>	
2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?	
<input type="checkbox"/> Interview week (Reask 2) <input type="checkbox"/> 2-wk. ref. pd. <input type="checkbox"/> Over 2 weeks, less than 6 mos <input type="checkbox"/> 6 mos., less than 1 yr <input type="checkbox"/> 1 yr., less than 2 yrs.	<input type="checkbox"/> 2 yrs., less than 5 yrs. <input type="checkbox"/> 5 yrs. or more <input type="checkbox"/> Dr. seen, DK when <input type="checkbox"/> DK if Dr. seen <input type="checkbox"/> Dr. never seen } (3b)
3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <i>Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:</i>	
b. What did he or she call it? _____	
Specify	
<input type="checkbox"/> Color Blindness (NC) <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5)	<input type="checkbox"/> Cancer (3e) <input type="checkbox"/> Old age (NC) <input type="checkbox"/> Other (3e)
c. What was the cause of --- (condition in 3b)? (Specify)	

<i>Mark box if accident or injury.</i> <input type="checkbox"/> Accident/injury (5)	
d. Did the (condition in 3b) result from an accident or injury?	
<input type="checkbox"/> Yes (5) <input type="checkbox"/> No	
<i>Ask 3e if the condition name in 3b includes any of the following words:</i>	
Ailment Cancer Disease Problem Anemia Condition Disorder Rupture Asthma Cyst Growth Trouble Attack Defect Measles Tumor Bad Ulcer	
e. What kind of (condition in 3b) is it? _____	
Specify	
<i>Ask 3f only if allergy or stroke in 3b-e.</i>	
f. How does the [allergy/stroke] NOW affect ---? (Specify)	

<i>For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.</i>	

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b-f

Abscess	Damage	Palsy
Ache (except head or ear)	Growth	Paralysis
Bleeding (except menstrual)	Hemorrhage	Rupture
Blood clot	Infection	Sore(ness)
Boil	Inflammation	Stiff(ness)
Cancer	Neuralgia	Tumor
Croup(s) (except menstrual)	Neuritis	Ulcer
Cyst	Pain	Varicose veins
		Weak(ness)

g. What part of the body is affected? _____

Specify

Show the following detail:

Head skull, scalp, face
 Back/spine/vertebrae upper, middle, lower
 Side left or right
 Ear inner or outer; left, right, or both
 Eye left, right, or both
 Arm shoulder, upper, elbow, lower or wrist; left, right, or both
 Hand entire hand or fingers only; left, right, or both
 Leg hip, upper, knee, lower, or ankle; left, right, or both
 Foot entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b-f:

Infection Sore Soreness

h. What part of the (part of body in 3b-g) is affected by the [infection/sore/soreness] - the skin, muscle, bone, or some other part?

Specify

Ask if there are any of the following entries in 3b-f:

Tumor Cyst Growth

4. Is this [tumor/cyst/growth] malignant or benign?

Malignant Benign DK

5

a. When was --- (condition in 3b/3f) first noticed?

2-wk. ref. pd.
 Over 2 weeks to 3 months
 Over 3 months to 1 year
 Over 1 year to 5 years
 Over 5 years

b. When did --- (name of injury in 3b)?

Ask probes as necessary:
 (Was it on or since (first date of 2-week ref. period) or was it before that date?)
 (Was it less than 3 months or more than 3 months ago?)
 (Was it less than 1 year or more than 1 year ago?)
 (Was it less than 5 years or more than 5 years ago?)

<p>K1 Refer to RD and C2. <input type="checkbox"/> "Yes" in "RD" box AND more than 1 condition in C2 (6) <input type="checkbox"/> Other (K2)</p> <p>6a. During the 2 weeks outlined in red on that calendar, did -- (condition) cause -- to cut down on the things -- usually does? <input type="checkbox"/> Yes <input type="checkbox"/> No (K2)</p> <p>b. During that period, how many days did -- cut down for more than half of the day? 00 <input type="checkbox"/> None (K2) _____ Days</p> <p>7. During those 2 weeks, how many days did -- stay in bed for more than half of the day because of this condition? 00 <input type="checkbox"/> None _____ Days</p> <p>Ask if "Wa/Wb" box marked in C1:</p> <p>8. During those 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition? 00 <input type="checkbox"/> None _____ Days</p> <p>Ask if age 5-17:</p> <p>9. During those 2 weeks, how many days did -- miss more than half of the day from school because of this condition? 00 <input type="checkbox"/> None _____ Days</p> <p>K2 <input type="checkbox"/> Condition has "CL LTR" in C2 as source (10) <input type="checkbox"/> Condition does not have "CL LTR" in C2 as source (K4)</p> <p>10. About how many days since (12-month date) a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.) 000 <input type="checkbox"/> None _____ Days</p> <p>11. Was -- ever hospitalized for -- (condition in 3b)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>K3 <input type="checkbox"/> Missing extremity or organ (K4) <input type="checkbox"/> Other (12)</p> <p>12a. Does -- still have this condition? 1 <input type="checkbox"/> Yes (K4) <input type="checkbox"/> No</p> <p>b. Is this condition completely cured or is it under control? 2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Other (Specify) _____ (K4) 3 <input type="checkbox"/> Under control (K4) _____ (K4)</p> <p>c. About how long did -- have this condition before it was cured? <input type="checkbox"/> Less than 1 month OR Number { <input type="checkbox"/> Months <input type="checkbox"/> Years</p> <p>d. Was this condition present at any time during the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>K4 0 <input type="checkbox"/> Not an accident/injury (NC) 1 <input type="checkbox"/> First accident/injury for this person (14) 3 <input type="checkbox"/> Other (13)</p>	<p>13. Is this (condition in 3b) the result of the same accident you already told me about? <input type="checkbox"/> Yes (Record condition page number where accident questions first completed.) → _____ (NC) Page No <input type="checkbox"/> No</p> <p>14. Where did the accident happen? 1 <input type="checkbox"/> At home (inside house) 2 <input type="checkbox"/> At home (adjacent premises) 3 <input type="checkbox"/> Street and highway (includes roadway and public sidewalk) 4 <input type="checkbox"/> Farm 5 <input type="checkbox"/> Industrial place (includes premises) 6 <input type="checkbox"/> School (includes premises) 7 <input type="checkbox"/> Place of recreation and sports, except at school 8 <input type="checkbox"/> Other (Specify) _____</p> <p>Work box if under 18. <input type="checkbox"/> Under 18 (16)</p> <p>15a. Was -- under 18 when the accident happened? 1 <input type="checkbox"/> Yes (16) <input type="checkbox"/> No</p> <p>b. Was -- in the Armed Forces when the accident happened? 2 <input type="checkbox"/> Yes (16) <input type="checkbox"/> No</p> <p>c. Was -- at work at -- job or business when the accident happened? 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No</p> <p>16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (17)</p> <p>b. Was more than one vehicle involved? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c. Was [it/either one] moving at the time? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Part(s) of body *</th> <th style="width: 50%;">Kind of injury</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>Ask if box 3, 4, or 5 marked in Q.5:</p> <p>b. What part of the body is affected now? How is -- (part of body) affected? Is -- affected in any other way?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Part(s) of body *</th> <th style="width: 50%;">Present effects **</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>* Enter part of body in same detail as for 3g. ** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.</p>	Part(s) of body *	Kind of injury							Part(s) of body *	Present effects **						
Part(s) of body *	Kind of injury																
Part(s) of body *	Present effects **																

FORM-HIS 1 (1985) (10 1 84)

L. DEMOGRAPHIC BACKGROUND PAGE

<p>L1</p>	<p>Refer to age.</p>	<p>L1</p> <p>Under 5 (NP) 5-17 (2) 18 and over (1)</p>																				
<p>1a. Did -- EVER serve on active duty in the Armed Forces of the United States?</p> <p>b. When did -- serve?</p> <p>Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea, mark VN.</p> <table border="0"> <tr> <td>Vietnam Era (Aug. '64 to April '75)</td> <td>VN</td> </tr> <tr> <td>Korean War (June '50 to Jan. '55)</td> <td>KW</td> </tr> <tr> <td>World War II (Sept. '40 to July '47)</td> <td>WWII</td> </tr> <tr> <td>World War I (April '17 to Nov. '18)</td> <td>WWI</td> </tr> <tr> <td>Post Vietnam (May '75 to present)</td> <td>PVN</td> </tr> <tr> <td>Other Service (all other periods)</td> <td>OS</td> </tr> </table> <p>c. Was -- EVER an active member of a National Guard or military reserve unit?</p> <p>d. Was ALL of -- active duty service related to National Guard or military reserve training?</p>		Vietnam Era (Aug. '64 to April '75)	VN	Korean War (June '50 to Jan. '55)	KW	World War II (Sept. '40 to July '47)	WWII	World War I (April '17 to Nov. '18)	WWI	Post Vietnam (May '75 to present)	PVN	Other Service (all other periods)	OS	<p>1a.</p> <p>1 Yes 2 No (2)</p> <p>b.</p> <table border="0"> <tr> <td>1 VN</td> <td>5 PVN</td> </tr> <tr> <td>2 KW</td> <td>8 OS</td> </tr> <tr> <td>3 WWII</td> <td>9 DK</td> </tr> <tr> <td>4 WWI</td> <td></td> </tr> </table> <p>c.</p> <p>1 Yes 2 No (2) 7 DK (2)</p> <p>d.</p> <p>1 Yes 3 No 9 DK</p>	1 VN	5 PVN	2 KW	8 OS	3 WWII	9 DK	4 WWI	
Vietnam Era (Aug. '64 to April '75)	VN																					
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2 KW	8 OS																					
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4 WWI																						
<p>2a. What is the highest grade or year of regular school -- has ever attended?</p> <p>b. Did -- finish the (number in 2a) [grade/year]?</p>		<p>2a.</p> <p>00 Never attended or kindergarten (NP)</p> <p>Elem: 1 2 3 4 5 6 7 8</p> <p>High: 9 10 11 12</p> <p>College: 1 2 3 4 5 6+</p> <p>b.</p> <p>1 Yes 2 No</p>																				
<p>Hand Card R. Ask first alternative for first person; ask second alternative for other persons.</p> <p>3a. What is the number of the group or groups which represents -- race? [What is -- race?]</p> <p>Circle all that apply</p> <table border="0"> <tr> <td>1 - Aleut, Eskimo, or American Indian</td> <td>4 - White</td> </tr> <tr> <td>2 - Asian or Pacific Islander</td> <td>5 - Another group not listed - Specify</td> </tr> <tr> <td>3 - Black</td> <td></td> </tr> </table> <p>Ask if multiple entries:</p> <p>b. Which of those groups; that is, (entries in 3a) would you say BEST represents -- race?</p> <p>c. Mark observed race of respondent(s) only.</p>		1 - Aleut, Eskimo, or American Indian	4 - White	2 - Asian or Pacific Islander	5 - Another group not listed - Specify	3 - Black		<p>3a.</p> <p>1 2 3 4 5</p> <p>Specify</p> <p>b.</p> <p>1 2 3 4 5</p> <p>Specify</p> <p>c.</p> <p>1 W 2 B 3 O</p>														
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<p>Hand Card O.</p> <p>4a. Are any of those groups -- national origin or ancestry? (Where did -- ancestors come from?)</p> <p>b. Please give me the number of the group.</p> <p>Circle all that apply</p> <table border="0"> <tr> <td>1 - Puerto Rican</td> <td>5 - Chicano</td> </tr> <tr> <td>2 - Cuban</td> <td>6 - Other Latin American</td> </tr> <tr> <td>3 - Mexican/Mexicano</td> <td>7 - Other Spanish</td> </tr> <tr> <td>4 - Mexican American</td> <td></td> </tr> </table>		1 - Puerto Rican	5 - Chicano	2 - Cuban	6 - Other Latin American	3 - Mexican/Mexicano	7 - Other Spanish	4 - Mexican American		<p>4a.</p> <p>1 Yes 2 No (NP)</p> <p>b.</p> <p>1 2 3 4 5 6 7</p>												
1 - Puerto Rican	5 - Chicano																					
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FORM HIS 1 (1985) (10-1 84)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2	Refer to "Age" and "Wa/Wb" boxes in C1.	L2	0 <input type="checkbox"/> Under 18 (NP) 1 <input type="checkbox"/> Wa box marked (6a) 2 <input type="checkbox"/> Wb box marked (5e) 3 <input type="checkbox"/> Neither box marked (5b)
5a. Earlier you said that -- has a job or business but did not work last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks? ----- b. Earlier you said that -- didn't have a job or business last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks? ----- c. Which, looking for work or on layoff from a job?		5a.	1 <input type="checkbox"/> Yes (5c) 2 <input type="checkbox"/> No (6d) ----- b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) ----- c. 1 <input type="checkbox"/> Looking (6c) 3 <input type="checkbox"/> Both (6b) 2 <input type="checkbox"/> Layoff (6b)
6a. Earlier you said that -- worked last week or the week before. Ask 6b. ----- b. For whom did -- work? Enter name of company, business, organization, or other employer. ----- c. For whom did -- work at -- last full-time job or business lasting 2 consecutive weeks or more? Enter name of company, business, organization, or other employer or mark "NEV" or "AF" box in person's column. ----- d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm. ----- e. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer. If "AF" in 6b/c, mark "AF" box in person's column without asking. ----- f. What were -- most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.		6b. and c.	Employer NEV (6g) AF (6e)
Complete from entries in 6b-f. If not clear, ask: 9. Was -- An employee of a 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? Ask Is the business incorporated? Yes I No SE Working WITHOUT PAY in family business or farm? WP NEVER WORKED or never worked at a full-time job lasting 2 weeks or more NEV		9.	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
FOOTNOTES			

FORM HS-1 (1985) 10 1 84

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

<p>Mark box if under 14. If "Married" refer to household composition and mark accordingly.</p> <p>7. Is --- now married, widowed, divorced, separated, or has --- never been married?</p>		7.	<p>0 <input type="checkbox"/> Under 14</p> <p>1 <input type="checkbox"/> Married - spouse in HH</p> <p>2 <input type="checkbox"/> Married - spouse not in HH</p> <p>3 <input type="checkbox"/> Widowed</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Separated</p> <p>6 <input type="checkbox"/> Never married</p>																																																												
<p>8a. Was the total combined FAMILY income during the past 12 months - that is, yours, (read names, including Armed Forces members living at home) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.</p> <p>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</p>		8a.	<p>1 <input type="checkbox"/> \$20,000 or more (Hand Card I)</p> <p>2 <input type="checkbox"/> Less than \$20,000 (Hand Card J)</p>																																																												
<p>Read parenthetical phrase if Armed Forces member living at home or if necessary.</p> <p>b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (read names, including Armed Forces members living at home))? Include wages, salaries, and the other items we just talked about.</p> <p>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</p>		b.	<table border="0"> <tr><td>00 <input type="checkbox"/></td><td>A</td><td>10 <input type="checkbox"/></td><td>K</td><td>20 <input type="checkbox"/></td><td>U</td></tr> <tr><td>01 <input type="checkbox"/></td><td>B</td><td>11 <input type="checkbox"/></td><td>L</td><td>21 <input type="checkbox"/></td><td>V</td></tr> <tr><td>02 <input type="checkbox"/></td><td>C</td><td>12 <input type="checkbox"/></td><td>M</td><td>22 <input type="checkbox"/></td><td>W</td></tr> <tr><td>03 <input type="checkbox"/></td><td>D</td><td>13 <input type="checkbox"/></td><td>N</td><td>23 <input type="checkbox"/></td><td>X</td></tr> <tr><td>04 <input type="checkbox"/></td><td>E</td><td>14 <input type="checkbox"/></td><td>O</td><td>24 <input type="checkbox"/></td><td>Y</td></tr> <tr><td>05 <input type="checkbox"/></td><td>F</td><td>15 <input type="checkbox"/></td><td>P</td><td>25 <input type="checkbox"/></td><td>Z</td></tr> <tr><td>06 <input type="checkbox"/></td><td>G</td><td>16 <input type="checkbox"/></td><td>Q</td><td>26 <input type="checkbox"/></td><td>ZZ</td></tr> <tr><td>07 <input type="checkbox"/></td><td>H</td><td>17 <input type="checkbox"/></td><td>R</td><td></td><td></td></tr> <tr><td>08 <input type="checkbox"/></td><td>I</td><td>18 <input type="checkbox"/></td><td>S</td><td></td><td></td></tr> <tr><td>09 <input type="checkbox"/></td><td>J</td><td>19 <input type="checkbox"/></td><td>T</td><td></td><td></td></tr> </table>	00 <input type="checkbox"/>	A	10 <input type="checkbox"/>	K	20 <input type="checkbox"/>	U	01 <input type="checkbox"/>	B	11 <input type="checkbox"/>	L	21 <input type="checkbox"/>	V	02 <input type="checkbox"/>	C	12 <input type="checkbox"/>	M	22 <input type="checkbox"/>	W	03 <input type="checkbox"/>	D	13 <input type="checkbox"/>	N	23 <input type="checkbox"/>	X	04 <input type="checkbox"/>	E	14 <input type="checkbox"/>	O	24 <input type="checkbox"/>	Y	05 <input type="checkbox"/>	F	15 <input type="checkbox"/>	P	25 <input type="checkbox"/>	Z	06 <input type="checkbox"/>	G	16 <input type="checkbox"/>	Q	26 <input type="checkbox"/>	ZZ	07 <input type="checkbox"/>	H	17 <input type="checkbox"/>	R			08 <input type="checkbox"/>	I	18 <input type="checkbox"/>	S			09 <input type="checkbox"/>	J	19 <input type="checkbox"/>	T		
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02 <input type="checkbox"/>	C	12 <input type="checkbox"/>	M	22 <input type="checkbox"/>	W																																																										
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09 <input type="checkbox"/>	J	19 <input type="checkbox"/>	T																																																												
R	a. Mark first appropriate box.	8a.	<p>0 <input type="checkbox"/> Under 17</p> <p>1 <input type="checkbox"/> Present for all questions</p> <p>2 <input type="checkbox"/> Present for some questions</p> <p>3 <input type="checkbox"/> Not present</p>																																																												
	b. Enter person number of respondent.	b.	<p>_____</p> <p>Person number(s) of respondent(s)</p>																																																												
L3	Enter person number of first parent listed or mark box.	L3	<p>_____</p> <p>Person number of parent</p> <p>00 <input type="checkbox"/> None in household</p>																																																												
L4	Enter person number of spouse or mark box.	L4	<p>_____</p> <p>Person number of spouse</p> <p>00 <input type="checkbox"/> None in household</p>																																																												
FOOTNOTES																																																															

FORM HIS 1 (1985) (10-1 84)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

RT61
3-4

<p>L5</p>	<p>Refer to age. Complete a separate column for each nondeleted person aged 18 and over.</p>	<p>L5 PERSON NUMBER _____</p>
<p>Read to respondent(s) — In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.</p>		
<p>L6</p>	<p>Enter date of birth from question 3 on Household Composition page.</p>	<p>L6 Date of birth _____ 5-11 Month Date Year</p>
<p>L7</p>	<p>Print full name, including middle initial, from question 1 on Household Composition page.</p>	<p>9. 99 <input type="checkbox"/> DK _____ State 12-13 01 <input type="checkbox"/> Puerto Rico 05 <input type="checkbox"/> Cuba 02 <input type="checkbox"/> Virgin Islands 06 <input type="checkbox"/> Mexico 03 <input type="checkbox"/> Guam 98 <input type="checkbox"/> All other countries 04 <input type="checkbox"/> Canada</p> <p>L7 Last _____ 14-33 First _____ 34-48 Middle initial _____ 49</p>
<p>10.</p>	<p>Verify for males; ask for females. What is — father's LAST name? Verify spelling. DO NOT write "Same."</p>	<p>Father's LAST name _____ 50-69</p>
<p>11.</p>	<p>Read to respondent — We also need — Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on — benefits and no information will be given to any other government or nongovernment agency. Read if necessary — The Public Health Service Act is title 42, United States Code, section 242k. What is — Social Security Number?</p>	<p>99999999 <input type="checkbox"/> DK _____ 70-78 Social Security Number Mark if number obtained from → 1 <input type="checkbox"/> Memory 79 2 <input type="checkbox"/> Records</p>
<p>L8</p>	<p>Mark box to indicate how Social Security number was obtained.</p>	<p>L8 1 <input type="checkbox"/> Self-personal 2 <input type="checkbox"/> Self-telephone 3 <input type="checkbox"/> Proxy-personal 4 <input type="checkbox"/> Proxy-telephone 80</p>
<p>FOOTNOTES</p>		

FORM HHS-1 (1968) (10-1-84)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

Read to Hhld. respondent: **The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 12-15.**

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">12. Contact Person name</td> <td style="width:10%; text-align: center;">3-4</td> <td style="width:30%;"></td> <td style="width:10%; text-align: center;">25-39</td> <td style="width:10%; text-align: center;">40</td> <td style="width:10%;"></td> </tr> <tr> <td style="padding-left: 20px;">Last</td> <td style="text-align: center;">5-24</td> <td style="padding-left: 20px;">First</td> <td style="padding-left: 20px;">Middle initial</td> <td></td> <td></td> </tr> </table>	12. Contact Person name	3-4		25-39	40		Last	5-24	First	Middle initial			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">14. Area code/telephone number</td> <td style="width:20%; text-align: right;">RT62 97-106</td> </tr> <tr> <td style="padding-left: 20px;"> <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </td> <td></td> </tr> <tr> <td style="padding-left: 20px;"> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK </td> <td style="text-align: right;">107</td> </tr> </table>	14. Area code/telephone number	RT62 97-106	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>														1 <input type="checkbox"/> None 2 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	107
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1 <input type="checkbox"/> None 2 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	107																														
13a. Address (Number and street)																															
b. City																															
	66-65	State	86-87	ZIP Code	98-96																										
					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">15. Relationship to household respondent</td> <td style="width:20%; text-align: right;">108-109</td> </tr> </table>	15. Relationship to household respondent	108-109																								
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FOOTNOTES

Section M. ADOPTION		RT 63		3-4	
M1	Refer to household composition.	M1	1 <input type="checkbox"/> Female 20-54 in family (M2) 2 <input type="checkbox"/> Other (Section N)	5	
M2	Refer to household composition.	M2	1 <input type="checkbox"/> Person under 18 present (1a) 2 <input type="checkbox"/> No person under 18 present (1b)	6	
Hand card M 1a. Please look at this card and tell me which statement is correct, (1) or (2)? b. Has anyone in the family ever adopted any children? c. Who is this? Mark box in appropriate person's column. d. Anyone else? <input type="checkbox"/> Yes (f/ask 1c and d) <input type="checkbox"/> No (M3)		M2	1 <input type="checkbox"/> (1) Yes (1c) 2 <input type="checkbox"/> (2) No (Section N) 3 <input type="checkbox"/> DK (Section N)	7	
M3	Refer to age, sex, and 1c.	M3	1 <input type="checkbox"/> Female 20-54 with box marked in 1c (M4) 2 <input type="checkbox"/> Other (NP)	10	
M4	Refer to household composition.	M4	1 <input type="checkbox"/> Person under 18 present (2) 2 <input type="checkbox"/> No person under 18 present (3)	11	
2. I have a few additional questions to ask about this subject. Would you prefer that I ask them of you now or would you prefer that I call back and ask them of --- later?		M4	1 <input type="checkbox"/> Now (3) 2 <input type="checkbox"/> Later (Arrange callback, THEN M3 for NP)	12	
3a. How many children has --- adopted? b. Is this child now living in this household? c. How many of these (number in 3a) children are now living in this household?		M4	01 <input type="checkbox"/> One (3b) Number of adopted children (3c) 1 <input type="checkbox"/> Yes (Fill a column in Table AC) 2 <input type="checkbox"/> No 00 <input type="checkbox"/> None (Fill Table AC for two most recently adopted) No. in hhhd	13-14	
TABLE AC					
M5	Enter adoptive mother's person number	M5	PERSON NUMBER _____	RT 64	
(I have a few additional questions about the adopted child(ren).)		Adopted child		3-4	
4. What is the name of the child who --- adopted [(most recently/before (name in 4))]?		4.	Person number _____ <input type="checkbox"/> Not hhd. member First name _____	5-6	
5. What was (name in 4) relationship to (adoptive mother) before the adoption?		5.	1 <input type="checkbox"/> Stepchild 2 <input type="checkbox"/> Foster child 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> No relation 5 <input type="checkbox"/> DK	7-22	
6. Was (name in 4) born in the United States or a foreign country?		6.	1 <input type="checkbox"/> United States 2 <input type="checkbox"/> Foreign country 3 <input type="checkbox"/> DK	24	
7. When was (name in 4) born?		7.	Mo./date 19__ Year _____ <input type="checkbox"/> DK	28-30	
8. What month and year did (name in 4) begin living with (adoptive mother)?		8.	Month 19__ Year _____ <input type="checkbox"/> DK	31-34	
9. Was the adoption arranged through a public agency, a private agency, or some other way?		9.	1 <input type="checkbox"/> Public agency 2 <input type="checkbox"/> Private agency 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> DK (Next child or M3 for NP)	38	

FORM HS 1 (1987) (6 30 89)

Section N. POLIOMYELITIS		RT 97	3-4
N1	Refer to age	N1	<input type="checkbox"/> Under 26 (NP) <input type="checkbox"/> 26+ (N2)
N2	Mark appropriate box	N2	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Arrange callback, THEN NP) <input type="checkbox"/> Noninterview (NP)
These next questions are about polio.			
	1. Were you EVER told by a doctor or other health care professional that you had poliomyelitis, usually called "polio", whether or not it resulted in physical disability?	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK (N3)
	2. Did you EVER have paralysis of any kind caused by polio?	2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Do you NOW have (paralysis of any kind, any deformity, weakness, or) ANY impairment or health problem caused by polio?	3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
N3	Enter person number of respondent for Polio questions	N3	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Person number of respondent
FOOTNOTES			

FORM 105-1 (1987) (8-20-89)

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit → _____	If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property → _____				LISTING SHEET	
						Sheet number _____	Line number _____
TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS							
ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES		CLASSIFICATION	AREA AND BLOCK SEGMENTS	PERMIT SEGMENTS	
If already listed, fill sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description of location.	Is this a unit in a special place?	Do the occupants (or intended occupants) of (address in col. (1)) live and eat separately from all other persons on the property?	Does (address in col. (1)) have direct access from the outside or through a common hall?	N – Not a separate unit Include on this questionnaire. HU OT Separate unit – Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions.	Is this unit within the segment boundaries?	Is this unit within the same structure as the original sample unit?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Sheet _____ Line _____	<input type="checkbox"/> Yes – Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to col. (5) and mark N	<input type="checkbox"/> Yes – Mark HU in col. (5) <input type="checkbox"/> No – Mark N in col. (5)	<input type="checkbox"/> N – Stop Table X for this line <input type="checkbox"/> HU – Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT – Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No – Do not interview	
Sheet _____ Line _____	<input type="checkbox"/> Yes – Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to col. (5) and mark N	<input type="checkbox"/> Yes – Mark HU in col. (5) <input type="checkbox"/> No – Mark N in col. (5)	<input type="checkbox"/> N – Stop Table X for this line <input type="checkbox"/> HU – Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT – Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No – Do not interview	
Sheet _____ Line _____	<input type="checkbox"/> Yes – Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to col. (5) and mark N	<input type="checkbox"/> Yes – Mark HU in col. (5) <input type="checkbox"/> No – Mark N in col. (5)	<input type="checkbox"/> N – Stop Table X for this line <input type="checkbox"/> HU – Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT – Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No – Do not interview	
NOTE: Be sure to continue interview for original unit after completing Table X for all lines.							
FOOTNOTES							

FORM **HIS-1A (1987)**
(7-25-86)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW
SURVEY
CANCER CONTROL**

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. RT 65 3-7 8	2. R.O. number 9-10	3. Sample 11-13
Book _____ of _____ books		
4. Control number PSU 14-16	Segment 17-23	Serial 24-25
5. Beginning time 26-29 30		31
		1 a.m. 2 p.m.

6a. FAMILY ROSTER
List all nondeleted family members 18+ by age (oldest to youngest).

6b. Hispanic oversample 1 2 3

SP1 Line No.	32 Person No.	33-34 Age	Name	"X" if Hisp. marked	SP2-3 Hisp. Line No.
1				<input type="checkbox"/> Hisp.	
2				<input type="checkbox"/> Hisp.	
3				<input type="checkbox"/> Hisp.	
4				<input type="checkbox"/> Hisp.	
5				<input type="checkbox"/> Hisp.	
6				<input type="checkbox"/> Hisp.	
7				<input type="checkbox"/> Hisp.	
8				<input type="checkbox"/> Hisp.	
9				<input type="checkbox"/> Hisp.	

Refer to the appropriate section of the sample person selection label and circle as applicable. THEN circle the "SP1" Line No. in item 6a and mark "SP" box on the HIS-1 for the selected sample person. THEN go to Section O.

7. FINAL STATUS

No person 18+ in this family (Household Page)

Interview

1 Complete interview (all appropriate sections completed)

2 Partial interview (some but not all appropriate sections completed) — Explain

Noninterview

3 Refusal (Explain in Notes)

4 SP temporarily absent

5 SP mentally or physically incapable

6 Other — Explain

37

8. Ending time 38-41 42 1 a.m. 2 p.m.	9. Interview mode 43 1 <input type="checkbox"/> Personal 2 <input type="checkbox"/> Telephone	10. Language of interview 44 1 <input type="checkbox"/> English 3 <input type="checkbox"/> Both English and Spanish 2 <input type="checkbox"/> Spanish 4 <input type="checkbox"/> Other	11. Interviewer identification 45-46 Name _____ Code _____
---	--	--	--

TRANSCRIPTION FROM COMPLETED HIS-1

12. Sex of SP (Page 2 or 55, question 3) 47 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	13. Education of SP (Page 42 or 43, question 2a) 48-49 00 <input type="checkbox"/> Never attended or kindergarten Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+ Finish grade/year (Question 2b) 50 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	14. Main race of SP (Page 42 or 43, question 3a/b) 51 1 2 3 4 5 — Specify <u> </u>
--	---	---

15. Marital status (Page 46 or 47, question 7) 52 1 <input type="checkbox"/> Married — spouse in HH 2 <input type="checkbox"/> Married — spouse not in HH 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married	16. Family income (Page 46, question 8b) 53-54 00 <input type="checkbox"/> A 07 <input type="checkbox"/> H 14 <input type="checkbox"/> O 21 <input type="checkbox"/> V 01 <input type="checkbox"/> B 08 <input type="checkbox"/> I 15 <input type="checkbox"/> P 22 <input type="checkbox"/> W 02 <input type="checkbox"/> C 09 <input type="checkbox"/> J 16 <input type="checkbox"/> Q 23 <input type="checkbox"/> X 03 <input type="checkbox"/> D 10 <input type="checkbox"/> K 17 <input type="checkbox"/> R 24 <input type="checkbox"/> Y 04 <input type="checkbox"/> E 11 <input type="checkbox"/> L 18 <input type="checkbox"/> S 25 <input type="checkbox"/> Z 05 <input type="checkbox"/> F 12 <input type="checkbox"/> M 19 <input type="checkbox"/> T 26 <input type="checkbox"/> ZZ 06 <input type="checkbox"/> G 13 <input type="checkbox"/> N 20 <input type="checkbox"/> U (Transcribe from 8a if 8b blank) 27 <input type="checkbox"/> \$20,000 or more 28 <input type="checkbox"/> Less than \$20,000	17. Person No. _____ 55-58	18. Age _____ 57-58	19. Booklet type 59 <input checked="" type="checkbox"/> Cancer control
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Section O – ACCULTURATION

<p>01</p>	<p>SP Status at initial interview</p>	<p>1 <input type="checkbox"/> Available (02) 2 <input type="checkbox"/> Callback required (Household page) 3 <input type="checkbox"/> Noninterview (Cover page)</p>	<p>5</p>
<p>02</p>	<p>Refer to hispanic origin from family roster and expected language for this supplement.</p>	<p>1 <input type="checkbox"/> Hispanic/English Supp. interview (1a) 2 <input type="checkbox"/> Hispanic/Spanish Supp. interview (1b) 3 <input type="checkbox"/> Other (section P)</p>	<p>6</p>
<p><i>Read to respondent:</i></p> <p>I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, doctor visits and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.</p> <p>1a. Do you speak any Spanish?</p>		<p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (4)</p>	<p>7</p>
<p><i>Read to respondent:</i></p> <p>I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, doctor visits and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.</p> <p>b. Do you speak any English?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4)</p>	<p>8</p>
<p>2.</p>	<p>Would you say that you speak mostly Spanish, mostly English, or do you speak Spanish and English about the same?</p>	<p>1 <input type="checkbox"/> Mostly Spanish 2 <input type="checkbox"/> Mostly English 3 <input type="checkbox"/> Both about the same</p>	<p>9</p>
<p>3.</p>	<p>What language do you prefer: Spanish only, mostly Spanish, mostly English, English only, or Spanish and English about equally?</p>	<p>1 <input type="checkbox"/> Spanish only 2 <input type="checkbox"/> Mostly Spanish 3 <input type="checkbox"/> Mostly English 4 <input type="checkbox"/> English only 5 <input type="checkbox"/> Spanish and English equally</p>	<p>10</p>
<p>4.</p>	<p>Can you read Spanish?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>11</p>
<p>5.</p>	<p>Can you read English?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>12</p>
<p><i>If "Yes" to both 4 and 5 ask:</i></p> <p>6. In which language do you read better?</p>		<p>1 <input type="checkbox"/> Spanish 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Both the same</p>	<p>13</p>
<p>7.</p>	<p>Can you write in Spanish?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>14</p>
<p>8.</p>	<p>Can you write in English?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>15</p>
<p><i>If "Yes" to both 7 and 8 ask:</i></p> <p>9. In which language do you write better?</p>		<p>1 <input type="checkbox"/> Spanish 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Both the same</p>	<p>16</p>
<p><i>If self-reported on HIS-1, mark box without asking. HAND CARD O, read categories if telephone interview.</i></p> <p>10. Which of these groups best describes your ethnic identification?</p>		<p>1 <input type="checkbox"/> Puerto Rican 5 <input type="checkbox"/> Chicano 2 <input type="checkbox"/> Cuban 6 <input type="checkbox"/> Other Latin American 3 <input type="checkbox"/> Mexican/Mexicano 7 <input type="checkbox"/> Other Spanish 4 <input type="checkbox"/> Mexican American 8 <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/></p>	<p>17</p>
<p>11. Which of these groups best describes your mother's ethnic identification?</p>		<p>1 <input type="checkbox"/> Puerto Rican 5 <input type="checkbox"/> Chicano 2 <input type="checkbox"/> Cuban 6 <input type="checkbox"/> Other Latin American 3 <input type="checkbox"/> Mexican/Mexicano 7 <input type="checkbox"/> Other Spanish 4 <input type="checkbox"/> Mexican American 8 <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/></p>	<p>18</p>
<p>12. Which of these groups best describes your father's ethnic identification?</p>		<p>1 <input type="checkbox"/> Puerto Rican 5 <input type="checkbox"/> Chicano 2 <input type="checkbox"/> Cuban 6 <input type="checkbox"/> Other Latin American 3 <input type="checkbox"/> Mexican/Mexicano 7 <input type="checkbox"/> Other Spanish 4 <input type="checkbox"/> Mexican American 8 <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/></p>	<p>19</p>

Section O – ACCULTURATION – Continued

If self-reported on HIS-1, mark box without asking.

13. In what country or state were you born?

- 1 U.S., except Puerto Rico
- 2 Puerto Rico
- 3 Cuba
- 4 Mexico
- 5 Other (Specify)

20

14. In what country or state was your father born?

- 1 U.S., except Puerto Rico
- 2 Puerto Rico
- 3 Cuba
- 4 Mexico
- 5 Other (Specify)

21

15. In what country or state was your mother born?

- 1 U.S., except Puerto Rico
- 2 Puerto Rico
- 3 Cuba
- 4 Mexico
- 5 Other (Specify)

22

Notes

Section P — MEDICAL CARE

<p>(I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, doctor visits and so forth.)</p> <p>These questions are about medical care you may have needed in the past year.</p> <p>1 a. During the past 12 months, that is, since (12-month date) a year ago, have you NEEDED any medical care or advice?</p>	<p align="right">23</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)</p>
<p>b. During the past 12 months, was there ever a time when you did not get the medical care or advice that you needed?</p>	<p align="right">24</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)</p>
<p>c. Why didn't you get the care that you needed?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Procrastinated/Put it off 25 1 <input type="checkbox"/> Did not have health insurance 26 1 <input type="checkbox"/> Care was not available when needed 27 1 <input type="checkbox"/> Cost too much 28 1 <input type="checkbox"/> Didn't know where to go 29 1 <input type="checkbox"/> Didn't know what kind of doctor to see 30 1 <input type="checkbox"/> Didn't have a way to get there 31 1 <input type="checkbox"/> Hours not convenient 32 1 <input type="checkbox"/> Fear of being treated rudely or unkindly 33 1 <input type="checkbox"/> Other reason (Specify) <input type="checkbox"/> 34</p> <p>1 <input type="checkbox"/> DK 35</p>
<p>2. Is there a particular doctor's office, clinic, health center, or other place that you usually go to if you are sick or need advice about your health?</p>	<p align="right">36</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4) 3 <input type="checkbox"/> DK }</p>
<p>3. What kind of place is it — a doctor's office, a hospital, a clinic, a health center, or some other place?</p> <p><i>If hospital: Is this an outpatient clinic or an emergency room?</i></p> <p><i>If clinic: Is this a public health clinic or some other kind of clinic?</i></p>	<p align="right">37</p> <p>1 <input type="checkbox"/> Doctor's office (private group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital emergency room 3 <input type="checkbox"/> Hospital outpatient clinic 4 <input type="checkbox"/> Health center or private neighborhood health clinic 5 <input type="checkbox"/> Public health clinic 6 <input type="checkbox"/> Health clinic at work 7 <input type="checkbox"/> HMO/prepaid group practice/"Group Health" 8 <input type="checkbox"/> Other (Specify) <input type="checkbox"/> (5)</p>
<p>4. Where do you go when you are sick or need advice about your health?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Doctor's office (private group practice or doctor's clinic) 38 1 <input type="checkbox"/> Hospital emergency room 39 1 <input type="checkbox"/> Hospital outpatient clinic 40 1 <input type="checkbox"/> Health center or private neighborhood health clinic 41 1 <input type="checkbox"/> Public health clinic 42 1 <input type="checkbox"/> Health clinic at work 43 1 <input type="checkbox"/> HMO/prepaid group practice/"Group Health" 44 1 <input type="checkbox"/> Haven't needed a doctor 45 1 <input type="checkbox"/> Don't go anywhere 46 1 <input type="checkbox"/> Have two or more doctors or usual places depending on what is wrong 47 1 <input type="checkbox"/> Other (Specify) <input type="checkbox"/> 48</p> <p>1 <input type="checkbox"/> DK 49</p>
<p>5. Where do you get your most useful information about how to prevent illness and improve your health?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Telephone Information - Public Service or Hotline 50 1 <input type="checkbox"/> Family 51 1 <input type="checkbox"/> Friends 52 1 <input type="checkbox"/> Doctor 53 1 <input type="checkbox"/> Work 54 1 <input type="checkbox"/> Television 55 1 <input type="checkbox"/> Radio 56 1 <input type="checkbox"/> Books 57 1 <input type="checkbox"/> Newspaper 58 1 <input type="checkbox"/> Magazines 59 1 <input type="checkbox"/> Pamphlets in doctor's office 60 1 <input type="checkbox"/> Other source 61 1 <input type="checkbox"/> Nowhere/Don't get information 62 1 <input type="checkbox"/> DK 63</p>

Section Q – FOOD KNOWLEDGE		RT 67		
		3-4		
1 a. Have you ever made any LASTING and MAJOR changes in what you eat and drink for health reasons?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)	5		
b. In making these changes, what foods do you eat MORE of? <i>Enter responses verbatim, one food per line. Do not probe.</i>	MORE	6-8 9-11 12-14 15-17		
c. What foods do you eat LESS of? <i>Enter responses verbatim, one food per line. Do not probe.</i>	LESS	18-20 21-23 24-26 27-29		
d. Have you made these changes in what you eat and drink in the past 5 years?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK	30		
e. Did you make these changes in the past year?	1 <input type="checkbox"/> Yes } (3) 2 <input type="checkbox"/> No	31		
2. Please tell me whether the following statements are true for you. First –	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes (True)</td> <td style="width: 50%;">No (False)</td> </tr> </table>	Yes (True)	No (False)	
Yes (True)	No (False)			
(a) It seems that everything you eat is bad for you so why bother changing. (Is that true for you?)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	32		
(b) I enjoy the things I eat and I don't want to change.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	33		
(c) There are so many different recommendations, it's hard for me to know which ones to follow.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	34		
(d) I eat out so much that making changes would be hard.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	35		
(e) Making changes in the kind of food I eat would be expensive.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	36		
(f) I would like to change but the rest of my family won't change.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	37		
(g) The things I eat and drink are healthy so there is no reason for me to make changes.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	38		
3. I am going to read two (more) statements. Please tell me which one you agree with most.	1 <input type="checkbox"/> a (7) 2 <input type="checkbox"/> b (4) 9 <input type="checkbox"/> DK (5)	39		
4. Which major diseases do you think may be related to what people eat and drink? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Cancer 1 <input type="checkbox"/> Heart disease 1 <input type="checkbox"/> Obesity/overweight 1 <input type="checkbox"/> Diabetes 1 <input type="checkbox"/> Hypertension or High Blood Pressure 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> None 1 <input type="checkbox"/> DK	40 41 42 43 44 45 46 47		
Q1 <i>Refer to 4</i>	1 <input type="checkbox"/> Cancer in 4 (6) 8 <input type="checkbox"/> Other (5)	48		

Section Q — FOOD KNOWLEDGE — Continued

<p>5. Do you think cancer may be related to what people eat and drink?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (B) 3 <input type="checkbox"/> Probably/maybe/could be/etc. 9 <input type="checkbox"/> DK (B)</p>	<p>49</p>
<p>6a. What foods do you think people should eat or drink MORE of to help prevent cancer?</p> <p><i>Enter responses verbatim, one food per line. Do not probe.</i></p>	<p align="center">MORE</p> <p>_____ 50-52</p> <p>_____ 53-55</p> <p>_____ 56-58</p> <p>_____ 59-61</p> <p>000 <input type="checkbox"/> None 999 <input type="checkbox"/> DK</p>	<p>50-52</p> <p>53-55</p> <p>56-58</p> <p>59-61</p>
<p>b. What foods should people eat or drink LESS of to help prevent cancer?</p> <p><i>Enter responses verbatim, one food per line. Do not probe.</i></p>	<p align="center">LESS</p> <p>_____ 62-64</p> <p>_____ 65-67</p> <p>_____ 68-70</p> <p>_____ 71-73</p> <p>000 <input type="checkbox"/> None 999 <input type="checkbox"/> DK</p>	<p>62-64</p> <p>65-67</p> <p>68-70</p> <p>71-73</p>
<p>c. What kinds of cancer do you think may be related to the things people eat and drink?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> All kinds of cancer 1 <input type="checkbox"/> Breast cancer 1 <input type="checkbox"/> Bladder cancer 1 <input type="checkbox"/> Cancer of the mouth/throat/esophagus 1 <input type="checkbox"/> Cancer of the colon/bowel/intestine/rectum 1 <input type="checkbox"/> Stomach cancer 1 <input type="checkbox"/> Prostate cancer 1 <input type="checkbox"/> Cancer of the uterus 1 <input type="checkbox"/> Lung cancer 1 <input type="checkbox"/> Liver cancer 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK</p>	<p>74 75 76 77 78 79 80 81 82 83 84 85</p>
<p>7a. Have you heard or read ANYTHING about how eating more of some foods and less of other foods can help prevent some major diseases?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (B) 9 <input type="checkbox"/> DK }</p>	<p>86</p>
<p>b. Which major diseases have you heard may be related to what people eat and drink?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Cancer 1 <input type="checkbox"/> Heart disease 1 <input type="checkbox"/> Obesity/overweight 1 <input type="checkbox"/> Diabetes 1 <input type="checkbox"/> Hypertension or High Blood Pressure 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> None 1 <input type="checkbox"/> DK</p>	<p>87 88 89 90 91 92 93 94</p>
<p>8a. Some foods contain fiber. Have you heard of fiber?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (B) 9 <input type="checkbox"/> DK }</p>	<p>95</p>
<p>b. Overall, would you say your diet is high, medium, or low in fiber?</p>	<p>1 <input type="checkbox"/> High 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Low 9 <input type="checkbox"/> DK</p>	<p>96</p>
<p><i>HAND CARD Q1, read list if telephone interview.</i></p> <p>c. Here is a list of foods. Please tell me which ones you think are high in fiber.</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Bran flakes 1 <input type="checkbox"/> Corn flakes 1 <input type="checkbox"/> Hamburgers 1 <input type="checkbox"/> Lettuce 1 <input type="checkbox"/> Baked beans 1 <input type="checkbox"/> Carrots 1 <input type="checkbox"/> White rice 1 <input type="checkbox"/> Raw apples 1 <input type="checkbox"/> None 1 <input type="checkbox"/> DK</p>	<p>97 98 99 100 101 102 103 104 105 106</p>

Section Q – FOOD KNOWLEDGE – Continued

9a. Overall, would you say your diet is high, medium, or low in fat?

- 1 High
- 2 Medium
- 3 Low
- 9 DK

5

HAND CARD Q2, read list if telephone interview.

b. Here is [a/another] list of foods. Please tell me which ones you think are high in fat.

Mark all mentioned, do not probe.

- 1 Fried chicken
- 1 White bread
- 1 Soda or soft drinks
- 1 Peanut butter
- 1 Broiled fish
- 1 Bananas
- 1 Cold cuts or lunch meats
- 1 Doughnuts
- 1 None
- 1 DK

- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

10. Thinking about what you eat and drink, which of the following are IMPORTANT concerns for you?

- (a) Avoiding foods with too much salt or sodium. (Is that an important concern for you?)**
- (b) Avoiding foods with too much sugar.**
- (c) Eating foods to lower cholesterol.**
- (d) Not having enough money to buy food.**
- (e) Being overweight.**
- (f) Being too thin.**

- 1 Yes 2 No
- 1 Yes 2 No
- 1 Yes 2 No
- 1 Yes 2 No
- 1 Yes (section R) 2 No
- 1 Yes 2 No

- 16
- 17
- 18
- 19
- 20
- 21

Notes

Section R – GENERAL KNOWLEDGE AND ATTITUDES

These next questions are about cancer risks.
Hand Card R1, read categories if telephone interview.

1 a. Which of these things do you think increases a person's chances of getting cancer?

Mark all mentioned in first column, do not probe.

If two or fewer responses in 1a, mark 1b without asking and skip to 2

b. In your opinion, of the things you just mentioned which TWO are responsible for the MOST cases of cancer in this country?

Mark box in second column next to the 2 items mentioned.

INCREASE CHANCES

TWO MOST RESPONSIBLE

- | | | | |
|----------------------------|--|----|----|
| <input type="checkbox"/> 1 | <input type="checkbox"/> Stress | 22 | 23 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Inherited make-up or heredity | 24 | 25 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Exposure to x-rays | 26 | 27 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Poor eating practices | 28 | 29 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Using chewing tobacco, snuff, pipes or cigars | 30 | 31 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Air pollution | 32 | 33 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Water pollution | 34 | 35 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Some cloth dyes | 36 | 37 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Exposure to toxic waste dumps | 38 | 39 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Exposure to toxic substances on the job | 40 | 41 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Exposure to people with cancer | 42 | 43 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Excessive drinking of alcoholic beverages | 44 | 45 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Exposure to the sun | 46 | 47 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Cigarette smoking | 48 | 49 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Exposure to nuclear waste | 50 | 51 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Some strong soaps and detergents | 52 | 53 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Viruses | 54 | 55 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Some medicines | 56 | 57 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Medical procedures using radiation | 58 | 59 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> DK | 60 | 61 |

Hand Card R2

2. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement, or if you have no opinion –

There is very little a person can do to reduce his or her chances of getting cancer.

- 1 Strongly agree
 2 Agree
 3 Disagree
 4 Strongly disagree
 5 No opinion

3. What do you think are the warning signs or symptoms of cancer?

Mark all mentioned, do not probe.

- | | |
|---|----|
| <input type="checkbox"/> 1 Weight loss/loss of appetite | 63 |
| <input type="checkbox"/> 1 Change in bowel or bladder habits | 64 |
| <input type="checkbox"/> 1 Unusual bleeding or discharge | 65 |
| <input type="checkbox"/> 1 Lump in breast or elsewhere | 66 |
| <input type="checkbox"/> 1 Indigestion | 67 |
| <input type="checkbox"/> 1 Difficulty in swallowing | 68 |
| <input type="checkbox"/> 1 Change in a wart or mole | 69 |
| <input type="checkbox"/> 1 Naggling cough or hoarseness | 70 |
| <input type="checkbox"/> 1 Chest pain | 71 |
| <input type="checkbox"/> 1 Shortness of breath | 72 |
| <input type="checkbox"/> 1 Sores that don't heal | 73 |
| <input type="checkbox"/> 1 Tired/fatigued | 74 |
| <input type="checkbox"/> 1 Changes on skin/rash/blemish/sunspots/blotches | 75 |
| <input type="checkbox"/> 1 Other (Specify) <input type="checkbox"/> | 76 |
| <input type="checkbox"/> 1 DK | 77 |

Section R – GENERAL KNOWLEDGE AND ATTITUDES – Continued

4a. If you were offered a free 2 hour class on how to reduce your chances of getting cancer, would you be interested in going to it if it were convenient?

- 1 Yes
- 2 No (*section S*)
- 3 Maybe
- 9 DK

78

Hand Card R3, read categories if telephone interview.

b. If you were going to attend such a class, which of these places would be convenient for you?

- 1 Church
- 1 Local school
- 1 Hospital
- 1 Club meeting
- 1 Workplace
- 1 Home
- 1 Senior center
- 1 Community center
- 1 Other place
- 1 DK

79
80
81
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84
85
86
87
88

Mark all mentioned, do not probe.

Notes

Section S – CANCER SCREENING KNOWLEDGE AND PRACTICE

S1	<i>Refer to age and sex</i>	1 <input type="checkbox"/> Male, under 40 (41) 2 <input type="checkbox"/> Male, 40+ (21) 3 <input type="checkbox"/> Female (1)	5
These next questions are about certain kinds of medical tests and examinations.		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK	6
1 a. Have you ever heard of a Pap smear test?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (7)	7
b. Have you ever had a Pap smear?		1 <input type="checkbox"/> Days ago 2 <input type="checkbox"/> Weeks ago 3 <input type="checkbox"/> Months ago 4 <input type="checkbox"/> Years ago 999 <input type="checkbox"/> DK (1d)	8-11
c. When did you have your last Pap smear?		___/ 19 ___ OR ___ mo. year	12-14
d. Was it within the past year or a year or more ago?		1 <input type="checkbox"/> Within past year (1e) 2 <input type="checkbox"/> 1 year or more (1f) 9 <input type="checkbox"/> DK (4)	15
e. Was it less than three months, or 3 or more months ago?		1 <input type="checkbox"/> Less than 3 months } (2) 2 <input type="checkbox"/> 3 or more months 9 <input type="checkbox"/> DK	16
f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?		1 <input type="checkbox"/> 3 years or less (2) 2 <input type="checkbox"/> Between 3 and 5 years } (4) 3 <input type="checkbox"/> 5 or more years 9 <input type="checkbox"/> DK	17
2. Where was this Pap smear done – In a doctor's office, a clinic, a hospital, or some other place?		1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Clinic 3 <input type="checkbox"/> Hospital 8 <input type="checkbox"/> Other place (Specify) _____ 9 <input type="checkbox"/> DK	18
3a. Did you go for your last Pap smear because of a health problem?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (3c) 9 <input type="checkbox"/> DK	19
b. What was the problem?		1 <input type="checkbox"/> Follow-up tests/treatment 1 <input type="checkbox"/> Bleeding 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Discharge 1 <input type="checkbox"/> Itching 1 <input type="checkbox"/> Burning 1 <input type="checkbox"/> Infection 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	20
<i>Mark all mentioned, do not probe.</i>			21
			22
			23
			24
			25
			26
			27
			28
			29
c. How were you told the results of the test – in person, over the telephone, through the mail, or some other way?		1 <input type="checkbox"/> In person 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Through the mail 4 <input type="checkbox"/> Combination of methods 5 <input type="checkbox"/> Never told; meaning results normal 6 <input type="checkbox"/> Never told; DK if problem 8 <input type="checkbox"/> Other	30
S2	<i>Refer to 3a.</i>	1 <input type="checkbox"/> Yes (5) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK	31
4a. Have you EVER had a Pap smear because of a health problem?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK	32
b. What was the problem?		1 <input type="checkbox"/> Follow-up tests/treatment 1 <input type="checkbox"/> Bleeding 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Discharge 1 <input type="checkbox"/> Itching 1 <input type="checkbox"/> Burning 1 <input type="checkbox"/> Infection 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	33
<i>Mark all mentioned, do not probe.</i>			34
			35
			36
			37
			38
			39
			40
			41
			42

Section S – CANCER SCREENING KNOWLEDGE AND PRACTICE – Continued

<p>5a. Have you ever had a Pap smear where the results were NOT normal?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (S3) 9 <input type="checkbox"/> DK</p>	43
<p>b. Because of the abnormal results, did you have any additional tests?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	44
<p>c. Because of the abnormal results, did you have any surgery or other treatment?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	45
<p>d. Did the [Pap smear/additional tests/surgery or other treatment] indicate that you had cancer?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (S3) 9 <input type="checkbox"/> DK</p>	46
<p>e. When were you diagnosed as having cancer?</p>	<p>____ / 19____ OR _____ mo. year</p> <p style="font-size: 2em;">}</p> <p>1 <input type="checkbox"/> Days ago 2 <input type="checkbox"/> Weeks ago 3 <input type="checkbox"/> Months ago 4 <input type="checkbox"/> Years ago 999 <input type="checkbox"/> DK</p>	47-50
<p>S3 Refer to 1c and 1f.</p>	<p>1 <input type="checkbox"/> More than 3 years in 1c or 1f (6) 8 <input type="checkbox"/> Other (7)</p>	51-53 54
<p>6. What is the most important reason why you have [never had a Pap smear/not had a Pap smear in the past few years]?</p>	<p>00 <input type="checkbox"/> Procrastinated/Put it off 01 <input type="checkbox"/> Had a hysterectomy (8) 02 <input type="checkbox"/> Didn't know I should 03 <input type="checkbox"/> Not needed/not necessary 04 <input type="checkbox"/> Cost too much 05 <input type="checkbox"/> No insurance coverage 06 <input type="checkbox"/> Don't go to doctors 07 <input type="checkbox"/> Don't have a doctor 08 <input type="checkbox"/> Not recommended by doctor/Dr. never said it was needed 09 <input type="checkbox"/> Dr. said it wasn't needed 10 <input type="checkbox"/> Too embarrassing 11 <input type="checkbox"/> Haven't had any problems 12 <input type="checkbox"/> Fear 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	55-56
<p>7a. Do you have menstrual periods?</p>	<p>1 <input type="checkbox"/> Yes (8) 2 <input type="checkbox"/> No (7b) 3 <input type="checkbox"/> Never had menstrual periods (7c)</p>	57
<p>b. Did they stop due to surgery?</p>	<p>1 <input type="checkbox"/> Yes } (8) 2 <input type="checkbox"/> No }</p>	58
<p>c. Was this due to surgery?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	59
<p>8a. Do you know how to examine your own breasts for lumps?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (S4)</p>	60
<p>b. About how often do you examine your breasts for lumps?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year</p> <p>000 <input type="checkbox"/> Never 888 <input type="checkbox"/> Other (Specify) ▾ _____</p> <p>999 <input type="checkbox"/> DK</p>	61-63
<p>c. Who taught you how to examine your breasts?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Doctor 1 <input type="checkbox"/> Nurse 1 <input type="checkbox"/> Other health professional 1 <input type="checkbox"/> Learned in a class/meeting 1 <input type="checkbox"/> Read in a book, pamphlet, magazine, etc. 1 <input type="checkbox"/> Television 1 <input type="checkbox"/> Other (Specify) ▾</p>	64 65 66 67 68 69 70
<p></p>	<p>1 <input type="checkbox"/> DK</p>	71

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

S4	<i>Refer to age.</i>	1 <input type="checkbox"/> Under 40 (39) 2 <input type="checkbox"/> 40 and over (9)	72
		9a. A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant. Have you ever heard of a breast physical examination? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (15) 9 <input type="checkbox"/> DK }	73
		b. Have you ever had a breast physical exam? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14) 9 <input type="checkbox"/> DK (15)	74
		c. When did you have your last breast physical exam? ____/____ 19____ OR _____ mo. year	75-78
			1 <input type="checkbox"/> Days ago 2 <input type="checkbox"/> Weeks ago 3 <input type="checkbox"/> Months ago 4 <input type="checkbox"/> Years ago 999 <input type="checkbox"/> DK (9d) If 3 years ago or less (10) If more than 3 years ago (12)
		d. Was it within the past year or a year or more ago? 1 <input type="checkbox"/> Within past year (9e) 2 <input type="checkbox"/> 1 year or more (9f)	79-81
		e. Was it less than three months, or 3 or more months ago? 1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 or more months } (10) 9 <input type="checkbox"/> DK	82
f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago? 1 <input type="checkbox"/> 3 years or less (10) 2 <input type="checkbox"/> Between 3 and 5 years } (12) 3 <input type="checkbox"/> 5 or more years 9 <input type="checkbox"/> DK	83		
10. Where was this exam done — in a doctor's office, a clinic, a hospital, or some other place?	1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Clinic 3 <input type="checkbox"/> Hospital 9 <input type="checkbox"/> Other place (Specify) _____ 9 <input type="checkbox"/> DK	84	
11a. Did you go for your last breast physical exam because of a health problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (11c) 9 <input type="checkbox"/> DK }	85	
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Follow-up tests/treatment 1 <input type="checkbox"/> Soreness 1 <input type="checkbox"/> Swelling 1 <input type="checkbox"/> Lumps 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Discharge 1 <input type="checkbox"/> Complications related to breast feeding 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	86 87 88 89 90 91 92 93 94 95 96	
c. How were you told the results of the test — in person, over the telephone, through the mail, or some other way?	1 <input type="checkbox"/> In person 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Through the mail 4 <input type="checkbox"/> Combination of methods 5 <input type="checkbox"/> Never told; meaning results normal 6 <input type="checkbox"/> Never told; DK if problem 9 <input type="checkbox"/> Other	87	
S5	<i>Refer to 11a.</i>	1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK }	88
		12a. Have you EVER had a breast physical exam because of a health problem? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (13) 9 <input type="checkbox"/> DK }	89
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Follow-up tests/treatment 1 <input type="checkbox"/> Soreness 1 <input type="checkbox"/> Swelling 1 <input type="checkbox"/> Lumps 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Discharge 1 <input type="checkbox"/> Complications related to breast feeding 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	100 101 102 103 104 105 106 107 108 109	

Section S - CANCER SCREENING KNOWLEDGE AND PRACTICE - Continued

3-4

13a. Have you ever had a breast physical exam where the results were NOT normal?

- 1 Yes
 - 2 No
 - 9 DK
- (S6)

5

b. Because of the abnormal results, did you have any additional tests?

- 1 Yes
- 2 No
- 9 DK

6

c. Because of the abnormal results, did you have any surgery or other treatment?

- 1 Yes
- 2 No
- 9 DK

7

d. Did the [breast physical exam/additional tests/surgery or other treatment] indicate that you had cancer?

- 1 Yes
 - 2 No
 - 9 DK
- (S6)

8

e. When were you diagnosed as having cancer?

_____ / 19 _____ OR _____
 mo. year

Days ago
 Weeks ago
 Months ago
 Years ago
 999 DK

9-12

S6

Refer to 9c and 9f.

- 1 More than 3 years in 9c or 9f (14)
- 8 Other (15)

13-15

16

14. What is the most important reason why you have [never had a breast physical exam/not had a breast physical exam in the past few years] by a doctor or other health professional?

- 00 Procrastinated/Put it off
- 01 Didn't know I should
- 02 Not needed/not necessary
- 03 Cost too much
- 04 No insurance coverage
- 05 Don't go to doctors
- 06 Don't have a doctor
- 07 Not recommended by doctor/Dr. never said it was needed
- 08 Dr. said it wasn't needed
- 09 Too embarrassing
- 10 Haven't had any problems
- 11 Fear
- 12 Examine own breasts
- 88 Other
- 99 DK

17-18

Notes

Section S – CANCER SCREENING KNOWLEDGE AND PRACTICE – Continued

<i>HAND CARD S</i>		19				
15a. A mammogram is when an x-ray is taken only of the breasts by a machine that presses against the breast while the picture is taken. Have you ever heard of a mammogram?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (21) 9 <input type="checkbox"/> DK }					
b. Have you ever had a mammogram?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (20) 9 <input type="checkbox"/> DK (21)	20				
c. When did you have your last mammogram?	____ / 19 OR ____ { <table style="display: inline-table; vertical-align: middle;"> <tr><td>1 <input type="checkbox"/> Days ago</td></tr> <tr><td>2 <input type="checkbox"/> Weeks ago</td></tr> <tr><td>3 <input type="checkbox"/> Months ago</td></tr> <tr><td>4 <input type="checkbox"/> Years ago</td></tr> </table> } If 3 years ago or less (16) If more than 3 years ago (18)	1 <input type="checkbox"/> Days ago	2 <input type="checkbox"/> Weeks ago	3 <input type="checkbox"/> Months ago	4 <input type="checkbox"/> Years ago	21-24
1 <input type="checkbox"/> Days ago						
2 <input type="checkbox"/> Weeks ago						
3 <input type="checkbox"/> Months ago						
4 <input type="checkbox"/> Years ago						
d. Was it within the past year or a year or more ago?	1 <input type="checkbox"/> Within past year (15e) 9 <input type="checkbox"/> DK (18) 2 <input type="checkbox"/> 1 year or more (15f)	25-27 28				
e. Was it less than three months, or 3 or more months ago?	1 <input type="checkbox"/> Less than 3 months } (16) 2 <input type="checkbox"/> 3 or more months } 9 <input type="checkbox"/> DK	29				
f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?	1 <input type="checkbox"/> 3 years or less (16) 2 <input type="checkbox"/> Between 3 and 5 years } (18) 3 <input type="checkbox"/> 5 or more years } 9 <input type="checkbox"/> DK	30				
16. Where was this test done – In a doctor’s office, a clinic, a hospital, or some other place?	1 <input type="checkbox"/> Doctor’s office 2 <input type="checkbox"/> Clinic 3 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Imaging center/x-ray lab 9 <input type="checkbox"/> Other place (Specify) <u> </u> 9 <input type="checkbox"/> DK	31				
17a. Did you go for your last mammogram because of a health problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (17c) 9 <input type="checkbox"/> DK }	32				
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Thickening 1 <input type="checkbox"/> Soreness 1 <input type="checkbox"/> Swelling 1 <input type="checkbox"/> Lumps 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Discharge 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	33 34 35 36 37 38 39 40 41				
c. How were you told the results of the test – in person, over the telephone, through the mail, or some other way?	1 <input type="checkbox"/> In person 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Through the mail 4 <input type="checkbox"/> Combination of methods 5 <input type="checkbox"/> Never told; meaning results normal 6 <input type="checkbox"/> Never told; DK if problem 8 <input type="checkbox"/> Other	42				
S7	<i>Refer to 17a.</i>	1 <input type="checkbox"/> Yes (19) 2 <input type="checkbox"/> No } (18) 9 <input type="checkbox"/> DK }	43			
18a. Have you EVER had a mammogram because of a health problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (19) 9 <input type="checkbox"/> DK }	44				
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Thickening 1 <input type="checkbox"/> Soreness 1 <input type="checkbox"/> Swelling 1 <input type="checkbox"/> Lumps 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Discharge 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	45 46 47 48 49 50 51 52 53				

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

19a. Have you ever had a mammogram where the results were NOT normal?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (SB)	54
b. Because of the abnormal results, did you have any additional tests?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	55
c. Because of the abnormal results, did you have any surgery or other treatment?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	56
d. Did the [mammogram/additional tests/surgery or other treatment] indicate that you had cancer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (SB)	57
e. When were you diagnosed as having cancer?	_____ / 19 _____ mo. year OR _____ <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Days ago 2 <input type="checkbox"/> Weeks ago 3 <input type="checkbox"/> Months ago 4 <input type="checkbox"/> Years ago </div> 999 <input type="checkbox"/> DK	58-61
S8 <i>Refer to 15c and 15f.</i>	1 <input type="checkbox"/> More than 3 years in 15c or 15f (20) 9 <input type="checkbox"/> Other (21)	62-64 65
20. What is the most important reason why you have [never had a mammogram/not had a mammogram in the past few years]?	00 <input type="checkbox"/> Procrastinated/Put it off 01 <input type="checkbox"/> Didn't know I should 02 <input type="checkbox"/> Not needed/not necessary 03 <input type="checkbox"/> Cost too much 04 <input type="checkbox"/> No insurance coverage 05 <input type="checkbox"/> Don't go to doctors 06 <input type="checkbox"/> Don't have a doctor 07 <input type="checkbox"/> Not recommended by doctor/Dr. never said it was needed 08 <input type="checkbox"/> Dr. said it wasn't needed 09 <input type="checkbox"/> Too embarrassing 10 <input type="checkbox"/> Haven't had any problems 11 <input type="checkbox"/> Fear 12 <input type="checkbox"/> Fear of radiation 13 <input type="checkbox"/> Painful procedure 14 <input type="checkbox"/> Unpredictable results 98 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	66-67

Notes

Section S – CANCER SCREENING KNOWLEDGE AND PRACTICE – Continued

(These next questions are about certain kinds of medical tests and examinations.)		68
21a. Have you ever heard of a digital rectal exam, that is when a finger is inserted in the rectum to check for problems?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (27) 9 <input type="checkbox"/> DK	
b. Have you ever had a digital rectal exam?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (26) 9 <input type="checkbox"/> DK (27)	69
c. When did you have your last digital rectal exam?	___ / 19 ___ OR ___ mo. year <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> { 1 <input type="checkbox"/> Days ago 2 <input type="checkbox"/> Weeks ago 3 <input type="checkbox"/> Months ago 4 <input type="checkbox"/> Years ago } </div> If 3 years ago or less (22) If more than 3 years ago (24) 999 <input type="checkbox"/> DK (21d)	70-73
d. Was it within the past year or a year or more ago?	1 <input type="checkbox"/> Within past year (21e) 9 <input type="checkbox"/> DK (24) 2 <input type="checkbox"/> 1 year or more (21f)	74-76 77
e. Was it less than three months, or 3 or more months ago?	1 <input type="checkbox"/> Less than 3 months } (22) 2 <input type="checkbox"/> 3 or more months } 9 <input type="checkbox"/> DK	78
f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?	1 <input type="checkbox"/> 3 years or less (22) 2 <input type="checkbox"/> Between 3 and 5 years } (24) 3 <input type="checkbox"/> 5 or more years } 9 <input type="checkbox"/> DK	79
22. Where was this exam done – In a doctor's office, a clinic, a hospital, or some other place?	1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Clinic 3 <input type="checkbox"/> Hospital 5 <input type="checkbox"/> Other place (Specify) <input type="checkbox"/> 9 <input type="checkbox"/> DK	80
23a. Did you go for your last digital rectal exam because of a health problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (23c) 9 <input type="checkbox"/> DK	81
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Constipation 1 <input type="checkbox"/> Bowel trouble 1 <input type="checkbox"/> Blood in stool 1 <input type="checkbox"/> Difficulty urinating 1 <input type="checkbox"/> Prostate enlargement 1 <input type="checkbox"/> Bleeding 1 <input type="checkbox"/> Hemorrhoids 1 <input type="checkbox"/> Diverticulitis 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	82 83 84 85 86 87 88 89 90 91 92 93
c. How were you told the results of the test – in person, over the telephone, through the mail, or some other way?	1 <input type="checkbox"/> In person 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Through the mail 4 <input type="checkbox"/> Combination of methods 5 <input type="checkbox"/> Never told; meaning results normal 6 <input type="checkbox"/> Never told; DK if problem 8 <input type="checkbox"/> Other	94
S9 <i>Refer to 23a.</i>	1 <input type="checkbox"/> Yes (25) 2 <input type="checkbox"/> No } (24) 9 <input type="checkbox"/> DK	95
24a. Have you EVER had a digital rectal exam because of a health problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (25) 9 <input type="checkbox"/> DK	96
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Constipation 1 <input type="checkbox"/> Bowel trouble 1 <input type="checkbox"/> Blood in stool 1 <input type="checkbox"/> Difficulty urinating 1 <input type="checkbox"/> Prostate enlargement 1 <input type="checkbox"/> Bleeding 1 <input type="checkbox"/> Hemorrhoids 1 <input type="checkbox"/> Diverticulitis 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	97 98 99 100 101 102 103 104 105 106 107 108

Section S – CANCER SCREENING KNOWLEDGE AND PRACTICE – Continued

RY 71

3-4

25a. Have you ever had a digital rectal exam where the results were NOT normal?

b. Because of the abnormal results, did you have any additional tests?

c. Because of the abnormal results, did you have any surgery or other treatment?

d. Did the [digital rectal exam/additional tests/surgery or other treatment] indicate that you had cancer?

e. When were you diagnosed as having cancer?

- 1 Yes
- 2 No
- 9 DK } (S10)

- 1 Yes
- 2 No
- 9 DK

- 1 Yes
- 2 No
- 9 DK

- 1 Yes
- 2 No
- 9 DK } (S10)

____/ 19 ____
mo. year

OR

_____ {

- 1 Days ago
- 2 Weeks ago
- 3 Months ago
- 4 Years ago

999 DK

5

6

7

8

9-12

13-15

16

17-18

S10

Refer to 21c and 21f.

- 1 More than 3 years in 21c or 21f (26)
- 8 Other (27)

26. What is the most important reason why you have [never had a digital rectal exam/not had a digital rectal exam in the past years]?

- 00 Procrastinated/Put it off
- 01 Didn't know I should
- 02 Not needed/not necessary
- 03 Cost too much
- 04 No insurance coverage
- 05 Don't go to doctors
- 06 Don't have a doctor
- 07 Not recommended by doctor/Dr. never said it was needed
- 08 Doctor said it wasn't needed
- 09 Too embarrassing
- 10 Fear
- 11 Haven't had any problems
- 12 Painful procedure
- 13 Unpredictable results
- 88 Other
- 99 DK

Notes

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

27a. A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever heard of a blood stool test?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (33) 9 <input type="checkbox"/> DK	19
b. Have you ever had a blood stool test?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (32) 9 <input type="checkbox"/> DK (33)	20
c. When did you have your last blood stool test?	____ / 19 OR ____ { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Days ago 2 <input type="checkbox"/> Weeks ago 3 <input type="checkbox"/> Months ago 4 <input type="checkbox"/> Years ago } If 3 years ago or less (28) If more than 3 years ago (30) 999 <input type="checkbox"/> DK (27d)	21–24
d. Was it within the past year or a year or more ago?	1 <input type="checkbox"/> Within past year (27e) 9 <input type="checkbox"/> DK (30) 2 <input type="checkbox"/> 1 year or more (27f)	25–27 28
e. Was it less than three months, or 3 or more months ago?	1 <input type="checkbox"/> Less than 3 months } (28) 2 <input type="checkbox"/> 3 or more months } 9 <input type="checkbox"/> DK	29
f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?	1 <input type="checkbox"/> 3 years or less (28) 2 <input type="checkbox"/> Between 3 and 5 years } (30) 3 <input type="checkbox"/> 5 or more years } 9 <input type="checkbox"/> DK	30
28. Did you do the blood stool test yourself or was it done by a doctor or other medical person?	1 <input type="checkbox"/> Self-administered 2 <input type="checkbox"/> Doctor/medical person	31
29a. Was your last blood stool test done because of a health problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (29c) 9 <input type="checkbox"/> DK	32
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Hemorrhoids 1 <input type="checkbox"/> Bleeding 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Constipation 1 <input type="checkbox"/> Bowel trouble 1 <input type="checkbox"/> Blood in stool 1 <input type="checkbox"/> Ulcers 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	33 34 35 36 37 38 39 40 41 42
c. How were you told the results of the test — in person, over the telephone, through the mail, or some other way?	1 <input type="checkbox"/> In person 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Through the mail 4 <input type="checkbox"/> Combination of methods 5 <input type="checkbox"/> Never told; meaning results normal 6 <input type="checkbox"/> Never told; DK if problem 8 <input type="checkbox"/> Other	43
S11 <i>Refer to 29a.</i>	1 <input type="checkbox"/> Yes (31) 2 <input type="checkbox"/> No } (30) 9 <input type="checkbox"/> DK	44
30a. Have you EVER had a blood stool test because of a health problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (31) 9 <input type="checkbox"/> DK	45
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Hemorrhoids 1 <input type="checkbox"/> Bleeding 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Constipation 1 <input type="checkbox"/> Bowel trouble 1 <input type="checkbox"/> Blood in stool 1 <input type="checkbox"/> Ulcers 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	46 47 48 49 50 51 52 53 54 55

Section S – CANCER SCREENING KNOWLEDGE AND PRACTICE – Continued

31 a. Have you ever had a blood stool test where the results were NOT normal?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (S12)	56
b. Because of the abnormal results, did you have any additional tests?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	57
c. Because of the abnormal results, did you have any surgery or other treatment?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	58
d. Did the [blood stool test/additional tests/surgery or other treatment] indicate that you had cancer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (S12)	59
e. When were you diagnosed as having cancer?	_____ / 19 _____ mo. year OR _____ <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> { 1 <input type="checkbox"/> Days ago 2 <input type="checkbox"/> Weeks ago 3 <input type="checkbox"/> Months ago 4 <input type="checkbox"/> Years ago 999 <input type="checkbox"/> DK </div>	60-63

S12	<i>Refer to 27c and 27f.</i>	1 <input type="checkbox"/> More than 3 years in 27c or 27f (32) 8 <input type="checkbox"/> Other (33)	67
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32. What is the most important reason why you have [never had a blood stool test/not had a blood stool test in the past few years]?	00 <input type="checkbox"/> Procrastinated/Put it off 01 <input type="checkbox"/> Didn't know I should 02 <input type="checkbox"/> Not needed/not necessary 03 <input type="checkbox"/> Cost too much 04 <input type="checkbox"/> No insurance coverage 05 <input type="checkbox"/> Don't go to doctors 06 <input type="checkbox"/> Don't have a doctor 07 <input type="checkbox"/> Not recommended by doctor/Dr. never said it was needed 08 <input type="checkbox"/> Dr. said it wasn't needed 09 <input type="checkbox"/> Too embarrassing 10 <input type="checkbox"/> Fear 11 <input type="checkbox"/> Haven't had any problems 12 <input type="checkbox"/> Painful procedure 13 <input type="checkbox"/> Unpredictable results 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	68-69
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Notes

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE

33a. A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (S15) 9 <input type="checkbox"/> DK }	70
b. Have you ever had a proctoscopic exam?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (38) 9 <input type="checkbox"/> DK (S15)	71
c. When did you have your last proctoscopic exam?	___ / 19 ___ OR ___ <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> { 1 <input type="checkbox"/> Days ago 2 <input type="checkbox"/> Weeks ago 3 <input type="checkbox"/> Months ago 4 <input type="checkbox"/> Years ago } </div> If 3 years ago or less (34) If more than 3 years ago (36) 999 <input type="checkbox"/> DK (33d)	72-76
d. Was it within the past year or a year or more ago?	1 <input type="checkbox"/> Within past year (33e) 9 <input type="checkbox"/> DK (38) 2 <input type="checkbox"/> 1 year or more (33f)	76-78
e. Was it less than three months, or 3 or more months ago?	1 <input type="checkbox"/> Less than 3 months } (34) 2 <input type="checkbox"/> 3 or more months } 9 <input type="checkbox"/> DK	80
f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?	1 <input type="checkbox"/> 3 years or less (34) 2 <input type="checkbox"/> Between 3 and 5 years } (36) 3 <input type="checkbox"/> 5 or more years } 9 <input type="checkbox"/> DK	81
34. Where was this exam done — in a doctor's office, a clinic, a hospital, or some other place?	1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Clinic 3 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Other place (Specify) <input type="checkbox"/> 9 <input type="checkbox"/> DK	82
35a. Did you go for your last proctoscopic exam because of a health problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (35c) 9 <input type="checkbox"/> DK }	83
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Bleeding 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Constipation 1 <input type="checkbox"/> Bowel trouble 1 <input type="checkbox"/> Blood in stool 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	84 85 86 87 88 89 90 91
c. How were you told the results of the test — in person, over the telephone, through the mail, or some other way?	1 <input type="checkbox"/> In person 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Through the mail 4 <input type="checkbox"/> Combination of methods 5 <input type="checkbox"/> Never told; meaning results normal 6 <input type="checkbox"/> Never told; DK if problem 8 <input type="checkbox"/> Other	92
S13 <i>Refer to 35a.</i>	1 <input type="checkbox"/> Yes (37) 2 <input type="checkbox"/> No } (38) 9 <input type="checkbox"/> DK }	93
36a. Have you EVER had a proctoscopic exam because of a health problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (37)	94
b. What was the problem? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Bleeding 1 <input type="checkbox"/> Pain 1 <input type="checkbox"/> Constipation 1 <input type="checkbox"/> Bowel trouble 1 <input type="checkbox"/> Blood in stool 1 <input type="checkbox"/> Unrelated medical problem 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	95 96 97 98 99 100 101 102

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

<p>39. A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant. Have you ever heard of a breast physical exam?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">5</p>
<p><i>Hand Card S</i></p> <p>40. A mammogram is when an x-ray is taken only of the breasts by a machine that presses against the breast while the picture is taken. Have you ever heard of a mammogram?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">6</p>
<p>(These next questions are about certain kinds of medical tests and examinations.)</p> <p>41. A digital rectal exam is when a finger is inserted in the rectum to check for problems. Have you ever heard of a digital rectal exam?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">7</p>
<p>42. A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever heard of a blood stool test?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">8</p>
<p>43. A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">9</p>
<p>S15 Refer to sex.</p>	<p>1 <input type="checkbox"/> Male (47) 8 <input type="checkbox"/> Female (44)</p> <p style="text-align: right;">10</p>
<p>Mark box if "No" or "DK" in 1a.</p> <p>44. About how often do you think a woman should have a Pap smear test?</p>	<p>000 <input type="checkbox"/> No/DK</p> <p>Every _____ Number <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Week(s)} \\ 2 \text{ <input type="checkbox"/> Month(s)} \\ 3 \text{ <input type="checkbox"/> Year(s)} \end{array} \right.</math></p> <p>777 <input type="checkbox"/> Never 888 <input type="checkbox"/> Other (Specify) ∇ _____</p> <p>666 <input type="checkbox"/> Only if problem/symptoms 999 <input type="checkbox"/> DK</p> <p style="text-align: right;">11-13</p>
<p>Mark box if "No" or "DK" in 9a or 39.</p> <p>45. About how often do you think a woman age 50 and over should have a breast physical examination by a doctor or health professional?</p>	<p>000 <input type="checkbox"/> No/DK</p> <p>Every _____ Number <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Week(s)} \\ 2 \text{ <input type="checkbox"/> Month(s)} \\ 3 \text{ <input type="checkbox"/> Year(s)} \end{array} \right.</math></p> <p>777 <input type="checkbox"/> Never 888 <input type="checkbox"/> Other (Specify) ∇ _____</p> <p>666 <input type="checkbox"/> Only if problem/symptoms 999 <input type="checkbox"/> DK</p> <p style="text-align: right;">14-16</p>
<p>Mark box if "No" or "DK" in 15a or 40.</p> <p>46. About how often do you think a woman age 50 and over should have a mammogram?</p>	<p>000 <input type="checkbox"/> No/DK</p> <p>Every _____ Number <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Week(s)} \\ 2 \text{ <input type="checkbox"/> Month(s)} \\ 3 \text{ <input type="checkbox"/> Year(s)} \end{array} \right.</math></p> <p>777 <input type="checkbox"/> Never 888 <input type="checkbox"/> Other (Specify) ∇ _____</p> <p>666 <input type="checkbox"/> Only if problem/symptoms 999 <input type="checkbox"/> DK</p> <p style="text-align: right;">17-19</p>
<p>Mark box if "No" or "DK" in 21a or 41.</p> <p>47. About how often do you think a person age 40 and over should have digital rectal exam?</p>	<p>000 <input type="checkbox"/> No/DK</p> <p>Every _____ Number <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Week(s)} \\ 2 \text{ <input type="checkbox"/> Month(s)} \\ 3 \text{ <input type="checkbox"/> Year(s)} \end{array} \right.</math></p> <p>777 <input type="checkbox"/> Never 888 <input type="checkbox"/> Other (Specify) ∇ _____</p> <p>666 <input type="checkbox"/> Only if problem/symptoms 999 <input type="checkbox"/> DK</p> <p style="text-align: right;">20-22</p>

Section S – CANCER SCREENING KNOWLEDGE AND PRACTICE – Continued

Mark box if "No" or "DK" in 27a or 42. 23–26

48. About how often do you think a person age 40 and over should have a blood stool test?

000 No/DK

Every _____ Number { 1 Week(s)
 2 Month(s)
 3 Year(s)

777 Never
888 Other (Specify) _____ ↴

888 Only if problem/symptoms
999 DK

Mark box if "No" or "DK" in 33a or 43. 26–28

49. About how often do you think a person age 40 and over should have a proctoscopic exam?

000 No/DK

Every _____ Number { 1 Week(s)
 2 Month(s)
 3 Year(s)

777 Never
888 Other (Specify) _____ ↴

888 Only if problem/symptoms
999 DK

50. Has a doctor or other health professional ever told you that you had any kind of cancer (including any cancer you have already mentioned)? 29

1 Yes
2 No (section T)

51 a. What kind of cancer was it? 30–32

_____ (52)

799 DK (51b)

b. What part of the body was affected?

DK

52. How old were you when this cancer was first diagnosed by a doctor? 33–34

_____ Age
99 DK

53. Besides this cancer, has a doctor ever told you that you had any other kind of cancer? 35

1 Yes
2 No (section T)

54 a. What kind of cancer was it? 36–38

_____ (55)

799 DK (54b)

b. What part of the body was affected?

DK

55. How old were you when THIS cancer was first diagnosed by a doctor? 39–40

_____ Age
99 DK

Notes

Section T — SMOKING HABITS

These next questions are about cigarette smoking.		41
1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK	
2. How old were you when you first started smoking cigarettes fairly regularly?	_____ Age 00 <input type="checkbox"/> Never smoked regularly (4) 99 <input type="checkbox"/> DK	42-43
3. Do you smoke cigarettes now?	1 <input type="checkbox"/> Yes (section V) 2 <input type="checkbox"/> No (section U)	44
4. When you are inside public places that have no rules about smoking and someone lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away from the person, just do nothing, or something else?	1 <input type="checkbox"/> Ask person not to smoke 2 <input type="checkbox"/> Move away 3 <input type="checkbox"/> Do nothing 8 <input type="checkbox"/> Something else } (section W)	45

Notes

Section U — FORMER SMOKER

1. About how long has it been since you last smoked cigarettes regularly?	<div style="text-align: right;">48-48</div> <input type="checkbox"/> 000 Never smoked regularly (<i>section W</i>) <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">_____</div> <div style="font-size: 2em;">{</div> <div style="margin-left: 5px;"> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years </div> </div> <input type="checkbox"/> 999 DK																																								
2. On the average, how many cigarettes did you usually smoke a day?	<div style="text-align: right;">49-50</div> <input type="checkbox"/> 00 Less than one cigarette per day _____ Cigarettes per day <input type="checkbox"/> 99 DK																																								
3. How many minutes or hours after awakening did you usually have your first cigarette?	<div style="text-align: right;">51-53</div> <input type="checkbox"/> 000 Immediately <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">_____</div> <div style="font-size: 2em;">{</div> <div style="margin-left: 5px;"> <input type="checkbox"/> Minutes <input type="checkbox"/> Hours </div> </div> <input type="checkbox"/> 999 DK																																								
4. Before you quit (<i>entry in 1</i>) ago, did you make any other serious attempts to stop smoking?	<div style="text-align: right;">54</div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (7)																																								
5. Including the last time you quit smoking, how many times did you make a serious attempt to stop smoking cigarettes?	<div style="text-align: right;">55-56</div> _____ Times <input type="checkbox"/> 99 DK																																								
6. Before you quit smoking (<i>entry in 1</i>) ago, what was the longest period you stayed off cigarettes?	<div style="text-align: right;">57-59</div> <input type="checkbox"/> 000 Less than one day <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">_____</div> <div style="font-size: 2em;">{</div> <div style="margin-left: 5px;"> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years </div> </div> <input type="checkbox"/> 999 DK																																								
7. For how many years were you a regular smoker (do not include the times when you stayed off cigarettes)?	<div style="text-align: right;">60-61</div> <input type="checkbox"/> 00 Less than one year _____ Years <input type="checkbox"/> 99 DK																																								
I'm going to read a list of methods which some people use to stop smoking cigarettes.																																									
8a. [When you quit did you ever/in any of your quit attempts did you ever] —	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:15%; text-align: center;">Yes</th> <th style="width:15%; text-align: center;">No</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px dashed black;">1) switch to lower tar or nicotine cigarettes?</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: right; border-bottom: 1px dashed black;">62</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">2) use special filters or cigarette holders to regulate the amount of smoke inhaled?</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: right; border-bottom: 1px dashed black;">63</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">3) gradually decrease the number of cigarettes you smoked in a day?</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: right; border-bottom: 1px dashed black;">64</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">4) use prescription chewing gum called "nicorette"?</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: right; border-bottom: 1px dashed black;">65</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">5) participate in the Great American Smoke-out?</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: right; border-bottom: 1px dashed black;">66</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">6) stop smoking along with friends or relatives who were also trying to quit?</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: right; border-bottom: 1px dashed black;">67</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">7) stop by following instructions in a book or pamphlet?</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: right; border-bottom: 1px dashed black;">68</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">8) stop "cold turkey", that is, stopping all at once without cutting down?</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: right; border-bottom: 1px dashed black;">69</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">9) use some other method?</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: right; border-bottom: 1px dashed black;">70</td> </tr> </tbody> </table>		Yes	No		1) switch to lower tar or nicotine cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	62	2) use special filters or cigarette holders to regulate the amount of smoke inhaled?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	63	3) gradually decrease the number of cigarettes you smoked in a day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	64	4) use prescription chewing gum called "nicorette"?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	65	5) participate in the Great American Smoke-out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	66	6) stop smoking along with friends or relatives who were also trying to quit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	67	7) stop by following instructions in a book or pamphlet?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	68	8) stop "cold turkey", that is, stopping all at once without cutting down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	69	9) use some other method?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	70
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9) use some other method?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	70																																						
If "No" in 4 or only 1 method in 8a, mark box(es) without asking and skip to 9; otherwise ask:	<table style="width:100%; border-collapse: collapse;"> <tbody> <tr><td><input type="checkbox"/> 1 Switch to lower tar/nicotine cigarettes</td><td style="text-align: right;">71</td></tr> <tr><td><input type="checkbox"/> 1 Use special filters/cigarette holders</td><td style="text-align: right;">72</td></tr> <tr><td><input type="checkbox"/> 1 Gradually decrease number smoked</td><td style="text-align: right;">73</td></tr> <tr><td><input type="checkbox"/> 1 Use "nicorette"</td><td style="text-align: right;">74</td></tr> <tr><td><input type="checkbox"/> 1 Great American Smoke-out</td><td style="text-align: right;">75</td></tr> <tr><td><input type="checkbox"/> 1 Stop with friends or relatives</td><td style="text-align: right;">76</td></tr> <tr><td><input type="checkbox"/> 1 Follow instructions in pamphlet or book</td><td style="text-align: right;">77</td></tr> <tr><td><input type="checkbox"/> 1 Stop "cold turkey"</td><td style="text-align: right;">78</td></tr> <tr><td><input type="checkbox"/> 1 Other</td><td style="text-align: right;">79</td></tr> <tr><td><input type="checkbox"/> 1 DK</td><td style="text-align: right;">80</td></tr> </tbody> </table>	<input type="checkbox"/> 1 Switch to lower tar/nicotine cigarettes	71	<input type="checkbox"/> 1 Use special filters/cigarette holders	72	<input type="checkbox"/> 1 Gradually decrease number smoked	73	<input type="checkbox"/> 1 Use "nicorette"	74	<input type="checkbox"/> 1 Great American Smoke-out	75	<input type="checkbox"/> 1 Stop with friends or relatives	76	<input type="checkbox"/> 1 Follow instructions in pamphlet or book	77	<input type="checkbox"/> 1 Stop "cold turkey"	78	<input type="checkbox"/> 1 Other	79	<input type="checkbox"/> 1 DK	80																				
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<input type="checkbox"/> 1 DK	80																																								
b. Thinking of the methods you just mentioned, which ones did you use the last time you quit smoking? Mark all applicable boxes, do not probe.																																									

Section U — FORMER SMOKER — Continued

<p>9. Thinking of the time(s) you tried to quit smoking, please tell me the reasons you had for trying to quit.</p> <p><i>Mark all mentioned, do not probe.</i></p> <p><i>If for health reasons in general ask:</i></p> <p>Was that concern for your health at the time or concern for your future health?</p>	<p>1 <input type="checkbox"/> Health symptom/problem</p> <p>1 <input type="checkbox"/> Present health</p> <p>1 <input type="checkbox"/> Future health</p> <p>1 <input type="checkbox"/> Both present and future health</p> <p>1 <input type="checkbox"/> Cost of cigarettes</p> <p>1 <input type="checkbox"/> Pressure from family and friends</p> <p>1 <input type="checkbox"/> Advice from my doctor</p> <p>1 <input type="checkbox"/> Setting a good example for children</p> <p>1 <input type="checkbox"/> Effect my smoking had on others</p> <p>1 <input type="checkbox"/> Pregnancy</p> <p>1 <input type="checkbox"/> Lost desire</p> <p>1 <input type="checkbox"/> Dirty habit</p> <p>1 <input type="checkbox"/> Other</p> <p>1 <input type="checkbox"/> DK</p>	<p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p>
<p>10a. Did you ever try to quit smoking because of a health condition you had at the time?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (11)</p>	<p>19</p>
<p>b. What was the health condition?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Heart trouble/problem</p> <p>1 <input type="checkbox"/> High blood pressure</p> <p>1 <input type="checkbox"/> Cancer</p> <p>1 <input type="checkbox"/> Emphysema</p> <p>1 <input type="checkbox"/> Cough</p> <p>1 <input type="checkbox"/> Shortness of breath</p> <p>1 <input type="checkbox"/> Cold/flu/virus</p> <p>1 <input type="checkbox"/> Other respiratory problem</p> <p>1 <input type="checkbox"/> Sore throat</p> <p>1 <input type="checkbox"/> Pregnancy</p> <p>1 <input type="checkbox"/> Other</p> <p>1 <input type="checkbox"/> DK</p>	<p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p>
<p>11. Did a doctor ever advise you to quit smoking?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>32</p>
<p>12a. Do you believe your smoking affected your health in any way?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (13)</p>	<p>33</p>
<p>b. How did smoking affect your health?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Heart trouble/problem</p> <p>1 <input type="checkbox"/> High blood pressure</p> <p>1 <input type="checkbox"/> Cancer</p> <p>1 <input type="checkbox"/> Emphysema</p> <p>1 <input type="checkbox"/> Cough</p> <p>1 <input type="checkbox"/> Shortness of breath</p> <p>1 <input type="checkbox"/> Cold/flu/virus</p> <p>1 <input type="checkbox"/> Other respiratory problem</p> <p>1 <input type="checkbox"/> Sore throat</p> <p>1 <input type="checkbox"/> Other</p> <p>1 <input type="checkbox"/> DK</p>	<p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p>
<p>13. When you are inside public places that have no rules about smoking and someone lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away from the person, just do nothing, or something else?</p>	<p>1 <input type="checkbox"/> Ask person not to smoke</p> <p>2 <input type="checkbox"/> Move away</p> <p>3 <input type="checkbox"/> Do nothing</p> <p>8 <input type="checkbox"/> Something else</p> <p style="text-align: right;">} (section W)</p>	<p>45</p>
<p>Notes</p>		

Section V – CURRENT SMOKER

<i>If telephone interview, skip to 1b.</i>		46-67
1a. In order to get an accurate record of the brand of cigarette you smoke most often, I'd like to see the cigarette package. Do you have the pack handy?	<input type="checkbox"/> Yes (Record UPC, THEN 3)	
b. What brand or type of cigarette do you smoke most often?	<input type="checkbox"/> No	58-60
	_____	Brand/Type name
2. What type of cigarettes are the (brand in 1b) that you smoke? Are they –		61
a. filter tip or non-filter tip?	1 <input type="checkbox"/> Filter tip 2 <input type="checkbox"/> Non-filter tip	
b. hard pack or soft pack?	1 <input type="checkbox"/> Hard pack 2 <input type="checkbox"/> Soft pack	62
c. menthol or plain?	1 <input type="checkbox"/> Menthol 2 <input type="checkbox"/> Plain	63
d. regular, king-size, 100, or 120 millimeter?	1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> King-size 3 <input type="checkbox"/> 100 millimeter 4 <input type="checkbox"/> 120 millimeter 9 <input type="checkbox"/> DK	64
e. regular, lights or ultra lights?	1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lights 3 <input type="checkbox"/> Ultra lights 9 <input type="checkbox"/> DK	65
3. On the average, how many cigarettes do you usually smoke a day?	00 <input type="checkbox"/> Less than one cigarette per day _____ Cigarettes per day 99 <input type="checkbox"/> DK	66-67
4. How many minutes or hours after awakening do you have your first cigarette?	000 <input type="checkbox"/> Immediately _____ } 1 <input type="checkbox"/> Minutes } 2 <input type="checkbox"/> Hours 999 <input type="checkbox"/> DK	68-70
5. What are the reasons you smoke cigarettes? <i>Mark all mentioned, do not probe.</i>	1 <input type="checkbox"/> Addicted 1 <input type="checkbox"/> Relaxes or calms me/nerves/stress/helps me cope 1 <input type="checkbox"/> To keep my weight down 1 <input type="checkbox"/> Wakes me up 1 <input type="checkbox"/> Gives me something to do with my hands 1 <input type="checkbox"/> Keeps me going/helps me concentrate/excuse to take a break 1 <input type="checkbox"/> Habit 1 <input type="checkbox"/> I like it/enjoy it 1 <input type="checkbox"/> Social reasons 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> DK	71 72 73 74 75 76 77 78 79 80 81
6a. Have you ever made a serious attempt to stop smoking cigarettes?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK	82
b. Have you made more than one serious attempt?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6d)	83
c. How many times within the last year have you made a serious attempt to stop smoking cigarettes?	01 <input type="checkbox"/> Once (6d) 00 <input type="checkbox"/> Never (6e) _____ Times } (6e) 99 <input type="checkbox"/> DK	84-85
d. When did you make the serious attempt to quit smoking?	_____/ 19 ____ year (7a)	86-89
e. When did you last make a serious attempt to quit smoking?	_____/ 19 ____ year (7b)	90-93
7a. When you tried to quit, how long did you stay off cigarettes?	000 <input type="checkbox"/> Less than a day _____ } (8) } 1 <input type="checkbox"/> Days } 2 <input type="checkbox"/> Weeks } 3 <input type="checkbox"/> Months } 4 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK	94-96

Section V — CURRENT SMOKER — Continued

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7b. When you tried to quit in (entry in 6e), for how long did you stay off cigarettes?		000 <input type="checkbox"/> Less than a day	
		_____ } <input type="checkbox"/> 1 Days	
		_____ } <input type="checkbox"/> 2 Weeks	
		_____ } <input type="checkbox"/> 3 Months	
		_____ } <input type="checkbox"/> 4 Years	
		999 <input type="checkbox"/> DK	
c. Of all the times you have tried to quit smoking, what was the longest period you stayed off cigarettes?		000 <input type="checkbox"/> Less than a day	
		_____ } <input type="checkbox"/> 1 Days	
		_____ } <input type="checkbox"/> 2 Weeks	
		_____ } <input type="checkbox"/> 3 Months	
		_____ } <input type="checkbox"/> 4 Years	
		999 <input type="checkbox"/> DK	
I'm going to read a list of methods which some people use to stop smoking cigarettes.			
8a. [When you tried to quit did you ever/in any of your quit attempts did you ever] —		Yes	No
1) switch to lower tar or nicotine cigarettes?		1 <input type="checkbox"/>	2 <input type="checkbox"/>
2) use special filters or cigarette holders to regulate the amount of smoke inhaled?		1 <input type="checkbox"/>	2 <input type="checkbox"/>
3) gradually decrease the number of cigarettes you smoked in a day?		1 <input type="checkbox"/>	2 <input type="checkbox"/>
4) use prescription chewing gum called "nicorette"?		1 <input type="checkbox"/>	2 <input type="checkbox"/>
5) participate in the Great American Smoke-out?		1 <input type="checkbox"/>	2 <input type="checkbox"/>
6) stop smoking along with friends or relatives who were also trying to quit?		1 <input type="checkbox"/>	2 <input type="checkbox"/>
7) stop by following instructions in a book or pamphlet?		1 <input type="checkbox"/>	2 <input type="checkbox"/>
8) stop "cold turkey", that is, stopping all at once without cutting down?		1 <input type="checkbox"/>	2 <input type="checkbox"/>
9) use some other method?		1 <input type="checkbox"/>	2 <input type="checkbox"/>
<i>If "No" in 8b, or only 1 method in 8a, mark box(es) without asking and skip to 9, otherwise ask:</i>		1 <input type="checkbox"/> Switch to lower tar/nicotine cigarettes	
		1 <input type="checkbox"/> Use special filters/cigarette holders	
		1 <input type="checkbox"/> Gradually decrease number smoked	
		1 <input type="checkbox"/> Use "nicorette"	
		1 <input type="checkbox"/> Great American Smoke-out	
		1 <input type="checkbox"/> Stop with friends or relatives	
		1 <input type="checkbox"/> Follow instructions in pamphlet or book	
		1 <input type="checkbox"/> Stop "cold turkey"	
		1 <input type="checkbox"/> Other	
		1 <input type="checkbox"/> DK	
b. Thinking of the methods you just mentioned, which ones did you use the last time you tried to quit smoking?			
<i>Mark all applicable boxes, do not probe.</i>			
9. Thinking of the time(s) you tried to quit smoking, please tell me the reasons you had for trying to quit.		1 <input type="checkbox"/> Health symptom/problem	
		1 <input type="checkbox"/> Present health	
		1 <input type="checkbox"/> Future health	
		1 <input type="checkbox"/> Both present and future health	
		1 <input type="checkbox"/> Cost of cigarettes	
		1 <input type="checkbox"/> Pressure from family and friends	
		1 <input type="checkbox"/> Advice from my doctor	
		1 <input type="checkbox"/> Setting a good example for children	
		1 <input type="checkbox"/> Effect my smoking had on others	
		1 <input type="checkbox"/> Pregnancy	
		1 <input type="checkbox"/> Lost desire	
		1 <input type="checkbox"/> Dirty habit	
		1 <input type="checkbox"/> Other	
		1 <input type="checkbox"/> DK	
<i>Mark all mentioned, do not probe.</i>			
<i>If for health reasons in general ask:</i>			
Was that concern for your health at the time or concern for your future health?			
10a. Did you ever try to quit smoking because of a health condition you had at the time?		1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No (11)	
b. What was the health condition?		1 <input type="checkbox"/> Heart trouble/problem	
		1 <input type="checkbox"/> High blood pressure	
		1 <input type="checkbox"/> Cancer	
		1 <input type="checkbox"/> Emphysema	
		1 <input type="checkbox"/> Cough	
		1 <input type="checkbox"/> Shortness of breath	
		1 <input type="checkbox"/> Cold/flu/virus	
		1 <input type="checkbox"/> Other respiratory problem	
		1 <input type="checkbox"/> Sore throat	
		1 <input type="checkbox"/> Pregnancy	
		1 <input type="checkbox"/> Other	
		1 <input type="checkbox"/> DK	

Section V -- CURRENT SMOKER -- Continued

<p>11 a. After your attempt(s) to quit, what were the reasons you started to smoke again?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">00 <input type="checkbox"/> Fear of gaining weight</td><td style="width:50%; text-align: right;">87-88</td></tr> <tr><td>01 <input type="checkbox"/> Actual weight gain</td><td style="text-align: right;">89-90</td></tr> <tr><td>02 <input type="checkbox"/> Headaches/irritability/difficulty concentrating/drowsiness</td><td style="text-align: right;">61-62</td></tr> <tr><td>03 <input type="checkbox"/> Bored/blue/depressed</td><td style="text-align: right;">63-64</td></tr> <tr><td>04 <input type="checkbox"/> Nervous/tense/angry/frustrated/stress</td><td style="text-align: right;">65-66</td></tr> <tr><td>05 <input type="checkbox"/> Stressful life event</td><td style="text-align: right;">67-68</td></tr> <tr><td>06 <input type="checkbox"/> Pressure from others to smoke</td><td style="text-align: right;">69-70</td></tr> <tr><td>07 <input type="checkbox"/> No support from others</td><td style="text-align: right;">71-72</td></tr> <tr><td>08 <input type="checkbox"/> Habit/situation where used to smoke regularly</td><td style="text-align: right;">73-74</td></tr> <tr><td>09 <input type="checkbox"/> Addiction/craving</td><td style="text-align: right;">75-76</td></tr> <tr><td>10 <input type="checkbox"/> Pleasure of smoking/enjoy it</td><td style="text-align: right;">77-78</td></tr> <tr><td>11 <input type="checkbox"/> Others smoking around me</td><td style="text-align: right;">79-80</td></tr> <tr><td>12 <input type="checkbox"/> Not ready to quit/didn't want to quit</td><td style="text-align: right;">81-82</td></tr> <tr><td>13 <input type="checkbox"/> Didn't try hard enough/no will power</td><td style="text-align: right;">83-84</td></tr> <tr><td>14 <input type="checkbox"/> Any mention of alcohol</td><td style="text-align: right;">85-86</td></tr> <tr><td>88 <input type="checkbox"/> Other</td><td style="text-align: right;">87-88</td></tr> <tr><td>99 <input type="checkbox"/> DK</td><td style="text-align: right;">89-90</td></tr> </table>	00 <input type="checkbox"/> Fear of gaining weight	87-88	01 <input type="checkbox"/> Actual weight gain	89-90	02 <input type="checkbox"/> Headaches/irritability/difficulty concentrating/drowsiness	61-62	03 <input type="checkbox"/> Bored/blue/depressed	63-64	04 <input type="checkbox"/> Nervous/tense/angry/frustrated/stress	65-66	05 <input type="checkbox"/> Stressful life event	67-68	06 <input type="checkbox"/> Pressure from others to smoke	69-70	07 <input type="checkbox"/> No support from others	71-72	08 <input type="checkbox"/> Habit/situation where used to smoke regularly	73-74	09 <input type="checkbox"/> Addiction/craving	75-76	10 <input type="checkbox"/> Pleasure of smoking/enjoy it	77-78	11 <input type="checkbox"/> Others smoking around me	79-80	12 <input type="checkbox"/> Not ready to quit/didn't want to quit	81-82	13 <input type="checkbox"/> Didn't try hard enough/no will power	83-84	14 <input type="checkbox"/> Any mention of alcohol	85-86	88 <input type="checkbox"/> Other	87-88	99 <input type="checkbox"/> DK	89-90
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<p><i>If only one reason in 11 a, mark box without asking and skip to 12; otherwise ask:</i></p> <p>b. Of the reasons you have told me, which of these was the MOST IMPORTANT to you as a reason for starting to smoke again.</p>	<p align="center">MOST IMPORTANT</p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:33%;">00 <input type="checkbox"/></td><td style="width:33%;">06 <input type="checkbox"/></td><td style="width:33%;">12 <input type="checkbox"/></td></tr> <tr><td>01 <input type="checkbox"/></td><td>07 <input type="checkbox"/></td><td>13 <input type="checkbox"/></td></tr> <tr><td>02 <input type="checkbox"/></td><td>08 <input type="checkbox"/></td><td>14 <input type="checkbox"/></td></tr> <tr><td>03 <input type="checkbox"/></td><td>09 <input type="checkbox"/></td><td>88 <input type="checkbox"/></td></tr> <tr><td>04 <input type="checkbox"/></td><td>10 <input type="checkbox"/></td><td>99 <input type="checkbox"/></td></tr> <tr><td>05 <input type="checkbox"/></td><td>11 <input type="checkbox"/></td><td></td></tr> </table>	00 <input type="checkbox"/>	06 <input type="checkbox"/>	12 <input type="checkbox"/>	01 <input type="checkbox"/>	07 <input type="checkbox"/>	13 <input type="checkbox"/>	02 <input type="checkbox"/>	08 <input type="checkbox"/>	14 <input type="checkbox"/>	03 <input type="checkbox"/>	09 <input type="checkbox"/>	88 <input type="checkbox"/>	04 <input type="checkbox"/>	10 <input type="checkbox"/>	99 <input type="checkbox"/>	05 <input type="checkbox"/>	11 <input type="checkbox"/>																	
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05 <input type="checkbox"/>	11 <input type="checkbox"/>																																		
<p>12. Have you ever switched to a lower tar and nicotine cigarette just to reduce your health risk?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 <input type="checkbox"/> Yes</td><td style="width:50%; text-align: right;">93</td></tr> <tr><td>2 <input type="checkbox"/> No</td><td></td></tr> </table>	1 <input type="checkbox"/> Yes	93	2 <input type="checkbox"/> No																															
1 <input type="checkbox"/> Yes	93																																		
2 <input type="checkbox"/> No																																			
<p>13 a. Do you believe your smoking has affected your health in any way?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 <input type="checkbox"/> Yes</td><td style="width:50%; text-align: right;">94</td></tr> <tr><td>2 <input type="checkbox"/> No</td><td></td></tr> <tr><td>9 <input type="checkbox"/> DK } (14)</td><td></td></tr> </table>	1 <input type="checkbox"/> Yes	94	2 <input type="checkbox"/> No		9 <input type="checkbox"/> DK } (14)																													
1 <input type="checkbox"/> Yes	94																																		
2 <input type="checkbox"/> No																																			
9 <input type="checkbox"/> DK } (14)																																			
<p>b. How has your smoking affected your health?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 <input type="checkbox"/> Heart trouble/problem</td><td style="width:50%; text-align: right;">95</td></tr> <tr><td>1 <input type="checkbox"/> High blood pressure</td><td style="text-align: right;">96</td></tr> <tr><td>1 <input type="checkbox"/> Cancer</td><td style="text-align: right;">97</td></tr> <tr><td>1 <input type="checkbox"/> Emphysema</td><td style="text-align: right;">98</td></tr> <tr><td>1 <input type="checkbox"/> Cough</td><td style="text-align: right;">99</td></tr> <tr><td>1 <input type="checkbox"/> Shortness of breath</td><td style="text-align: right;">100</td></tr> <tr><td>1 <input type="checkbox"/> Cold/flu/virus</td><td style="text-align: right;">101</td></tr> <tr><td>1 <input type="checkbox"/> Other respiratory problem</td><td style="text-align: right;">102</td></tr> <tr><td>1 <input type="checkbox"/> Other</td><td style="text-align: right;">103</td></tr> <tr><td>1 <input type="checkbox"/> DK</td><td style="text-align: right;">104</td></tr> </table>	1 <input type="checkbox"/> Heart trouble/problem	95	1 <input type="checkbox"/> High blood pressure	96	1 <input type="checkbox"/> Cancer	97	1 <input type="checkbox"/> Emphysema	98	1 <input type="checkbox"/> Cough	99	1 <input type="checkbox"/> Shortness of breath	100	1 <input type="checkbox"/> Cold/flu/virus	101	1 <input type="checkbox"/> Other respiratory problem	102	1 <input type="checkbox"/> Other	103	1 <input type="checkbox"/> DK	104														
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1 <input type="checkbox"/> Other respiratory problem	102																																		
1 <input type="checkbox"/> Other	103																																		
1 <input type="checkbox"/> DK	104																																		
<p>14. Has a doctor ever advised you to quit smoking?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 <input type="checkbox"/> Yes</td><td style="width:50%; text-align: right;">105</td></tr> <tr><td>2 <input type="checkbox"/> No</td><td></td></tr> </table>	1 <input type="checkbox"/> Yes	105	2 <input type="checkbox"/> No																															
1 <input type="checkbox"/> Yes	105																																		
2 <input type="checkbox"/> No																																			
<p>15. For how many years have you been a regular smoker (do not include the times when you stayed off cigarettes)?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">00 <input type="checkbox"/> Less than one year</td><td style="width:50%; text-align: right;">106-107</td></tr> <tr><td>_____ Years</td><td></td></tr> <tr><td>99 <input type="checkbox"/> DK</td><td></td></tr> </table>	00 <input type="checkbox"/> Less than one year	106-107	_____ Years		99 <input type="checkbox"/> DK																													
00 <input type="checkbox"/> Less than one year	106-107																																		
_____ Years																																			
99 <input type="checkbox"/> DK																																			
<p>16 a. Could you quit smoking permanently if you wanted to?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 <input type="checkbox"/> Yes</td><td style="width:50%; text-align: right;">108</td></tr> <tr><td>2 <input type="checkbox"/> No (17)</td><td></td></tr> <tr><td>9 <input type="checkbox"/> DK</td><td></td></tr> </table>	1 <input type="checkbox"/> Yes	108	2 <input type="checkbox"/> No (17)		9 <input type="checkbox"/> DK																													
1 <input type="checkbox"/> Yes	108																																		
2 <input type="checkbox"/> No (17)																																			
9 <input type="checkbox"/> DK																																			
<p>b. How hard do you think it would be to quit smoking cigarettes entirely -- very hard, somewhat hard, or not hard at all?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 <input type="checkbox"/> Very hard</td><td style="width:50%; text-align: right;">109</td></tr> <tr><td>2 <input type="checkbox"/> Somewhat hard</td><td></td></tr> <tr><td>3 <input type="checkbox"/> Not hard at all</td><td></td></tr> <tr><td>9 <input type="checkbox"/> DK</td><td></td></tr> </table>	1 <input type="checkbox"/> Very hard	109	2 <input type="checkbox"/> Somewhat hard		3 <input type="checkbox"/> Not hard at all		9 <input type="checkbox"/> DK																											
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2 <input type="checkbox"/> Somewhat hard																																			
3 <input type="checkbox"/> Not hard at all																																			
9 <input type="checkbox"/> DK																																			
<p>17. When you are inside public places that have no rules about smoking, what are you most likely to do -- light up a cigarette if you wish, look around to see if others are smoking and then light up, ask if others would mind, just not smoke, or something else?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 <input type="checkbox"/> Light up</td><td style="width:50%; text-align: right;">110</td></tr> <tr><td>2 <input type="checkbox"/> Look around</td><td></td></tr> <tr><td>3 <input type="checkbox"/> Ask others</td><td></td></tr> <tr><td>4 <input type="checkbox"/> Not smoke</td><td></td></tr> <tr><td>8 <input type="checkbox"/> Something else</td><td></td></tr> </table>	1 <input type="checkbox"/> Light up	110	2 <input type="checkbox"/> Look around		3 <input type="checkbox"/> Ask others		4 <input type="checkbox"/> Not smoke		8 <input type="checkbox"/> Something else																									
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4 <input type="checkbox"/> Not smoke																																			
8 <input type="checkbox"/> Something else																																			

Notes

Section W — OTHER TOBACCO USE

<p>These next questions are about the use of other tobacco products.</p>		<p>3-4</p>
<p>1 a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK Chewing tobacco (6)</p>	<p>5</p>
<p>b. Have you used chewing tobacco at least 20 times?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK</p>	<p>6</p>
<p>2. How old were you when you first used chewing tobacco?</p>	<p>_____ Age 99 <input type="checkbox"/> DK</p>	<p>7-8</p>
<p>3. Do you use chewing tobacco now?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9</p>
<p>4. Altogether, about how long [did you use/have you used] chewing tobacco?</p>	<p>000 <input type="checkbox"/> Less than one month ____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK</p>	<p>10-12</p>
<p>5 a. On the average, how many days per month [did/do] you use chewing tobacco?</p>	<p>00 <input type="checkbox"/> Less than one day a month 97 <input type="checkbox"/> Never used regularly (6) 98 <input type="checkbox"/> Everyday ____ Days per month 99 <input type="checkbox"/> DK</p>	<p>13-14</p>
<p>b. On the days that you use(d) chewing tobacco, how many times [did/do] you use it?</p>	<p>____ Times per day 99 <input type="checkbox"/> DK</p>	<p>15-16</p>
<p>6 a. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12) 9 <input type="checkbox"/> DK Snuff (12)</p>	<p>17</p>
<p>b. Have you used snuff at least 20 times?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK</p>	<p>18</p>
<p>7. How old were you when you first used snuff?</p>	<p>____ Age 99 <input type="checkbox"/> DK</p>	<p>19-20</p>
<p>8. Do you use snuff now?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>21</p>
<p>9. Altogether, about how long [did you use/have you used] snuff?</p>	<p>000 <input type="checkbox"/> Less than one month ____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK</p>	<p>22-24</p>
<p>10 a. On the average, how many days per month [did/do] you use snuff?</p>	<p>00 <input type="checkbox"/> Less than one day a month 97 <input type="checkbox"/> Never used regularly (12) 98 <input type="checkbox"/> Everyday ____ Days per month 99 <input type="checkbox"/> DK</p>	<p>25-26</p>
<p>b. On the days you use(d) snuff, how many times [did/do] you use it?</p>	<p>____ Times per day 99 <input type="checkbox"/> DK</p>	<p>27-28</p>
<p>11. [Did/Do] you use snuff by sniffing it or by placing it in your mouth?</p>	<p>1 <input type="checkbox"/> Sniffing 2 <input type="checkbox"/> Mouth 3 <input type="checkbox"/> Both</p>	<p>29</p>
<p>12 a. Have you ever smoked a pipe?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (17)</p>	<p>30</p>
<p>b. Have you smoked a pipe at least 50 times?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (17) 9 <input type="checkbox"/> DK</p>	<p>31</p>
<p>13. How old were you when you first smoked a pipe?</p>	<p>____ Age 99 <input type="checkbox"/> DK</p>	<p>32-33</p>

Section W – OTHER TOBACCO USE – Continued

14. Do you smoke a pipe now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	34
15. Altogether, about how long [did you smoke/have you smoked] a pipe?	000 <input type="checkbox"/> Less than one month _____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK	35–37
16a. On the average, how many days per month [did/do] you smoke a pipe?	00 <input type="checkbox"/> Less than one day a month 97 <input type="checkbox"/> Never smoked a pipe regularly (17) 98 <input type="checkbox"/> Everyday _____ Days per month 99 <input type="checkbox"/> DK	38–39
b. On the days you smoke(d) a pipe, how many pipefuls of tobacco [did/do] you smoke?	00 <input type="checkbox"/> Less than one _____ Pipefuls per day 99 <input type="checkbox"/> DK	40–41
17a. Have you ever smoked cigars?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (22)	42
b. Have you smoked at least 50 cigars in your entire life?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (22) 9 <input type="checkbox"/> DK }	43
18. How old were you when you first smoked cigars?	_____ Age 99 <input type="checkbox"/> DK	44–45
19. Do you smoke cigars now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	46
20. Altogether, about how long [did you smoke/have you smoked] cigars?	000 <input type="checkbox"/> Less than one month _____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK	47–49
21a. On the average, how many days per month [did/do] you smoke cigars?	00 <input type="checkbox"/> Less than one day a month 97 <input type="checkbox"/> Never smoked cigars regularly (22) 98 <input type="checkbox"/> Everyday _____ Days per month 99 <input type="checkbox"/> DK	50–51
b. On the days you smoke(d) cigars, how many [did/do] you smoke?	00 <input type="checkbox"/> Less than one _____ Cigars per day 99 <input type="checkbox"/> DK	52–53
Notes		

Section W – OTHER TOBACCO USE – Continued

22a. Do you believe cigarette smoking is related to –	HAND CARD W ASK 22b for each "Yes" in 22a. b. Do you think there is a strong, moderate, or slight relationship between cigarette smoking and (condition)?		ASK 22c for each "Yes" in 22a. c. Do you believe that if a person stops smoking completely, his chances of getting (condition) are reduced?
1) emphysema?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 9 <input type="checkbox"/> DK } (2) 54	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } (2) 55	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } 56
2) gallstones?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 9 <input type="checkbox"/> DK } (3) 57	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } (3) 58	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } 59
3) lung cancer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 9 <input type="checkbox"/> DK } (4) 60	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } (4) 61	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } 62
4) chronic bronchitis?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 9 <input type="checkbox"/> DK } (5) 63	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } (5) 64	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } 65
5) diabetes?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 9 <input type="checkbox"/> DK } (6) 66	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } (6) 67	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } 68
6) cancer of the mouth and throat?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 9 <input type="checkbox"/> DK } (7) 69	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } (7) 70	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } 71
7) heart disease?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 9 <input type="checkbox"/> DK } (22b) 72	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } (22c) 73	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } 74

W1 Mark appropriate box	1 <input type="checkbox"/> Sample 871 (23) 2 <input type="checkbox"/> Sample 872-874 (W2) 75
--------------------------------	--

W2 Mark race. Refer to question 3, page 42 or 43 on HIS-1.	1 <input type="checkbox"/> White (section X) 8 <input type="checkbox"/> All others (23) 76
---	--

23a. Do you think that using chewing tobacco on a regular basis can increase a person's chances of getting mouth and throat cancer?	HAND CARD W Ask 23b for each "Yes" in 23a b. Do you think there is a strong, moderate or slight connection between mouth and throat cancer and (YES in 23a)? What about (YES in 23a)?	
1) Using chewing tobacco?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2) 77	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } 78
What about – 2) Using snuff by mouth?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (3) 79	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } 80
3) Smoking a pipe?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (4) 81	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } 82
4) Smoking cigars?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (23b) 83	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK } 84

Section W -- OTHER TOBACCO USE -- Continued

HAND CARD R2

85

24. Now I'm going to read a list of statements about cigarette smoking. After I read each one, please tell me whether you strongly agree, agree, disagree, or strongly disagree, or if you have no opinion.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 No opinion

a. Everything causes cancer anyway so it doesn't really matter if you smoke.

b. Smoking by a pregnant woman may harm the baby.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 No opinion

86

c. The smoke from someone else's cigarette is harmful to you.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 No opinion

87

d. Most deaths from lung cancer are caused by cigarette smoking.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 No opinion

88

e. People who smoke low tar and nicotine cigarettes are less likely to get cancer than people who smoke high tar and nicotine cigarettes.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 No opinion

89

f. If people want to smoke, they should not do so inside public places where it might disturb others.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 No opinion

90

Notes

Section X – OCCUPATIONAL EXPOSURE

3-4

5

X1

Refer to HIS-1, C1

- 1 Wa/Wb box marked (1)
- 8 All others (6)

6

1. On your current job, are you exposed to any substances that would be harmful if you breathed them or got them on your skin?

- 1 Yes
- 2 No } (3a)
- 9 DK }

2a. Do you know how these substances could affect your health?

- 1 Yes
- 2 No (3a)

7

b. Where did you learn how these substances could affect your health?

Mark all mentioned, do not probe.

- 1 Employer
- 1 Union
- 1 Health clinic at work
- 1 Magazines
- 1 Newspapers
- 1 Notices posted at work
- 1 Doctor
- 1 Television
- 1 Read container label
- 1 Other
- 1 DK

8
9
10
11
12
13
14
15
16
17
18

3a. Do you spend at least half your work day in an office building or some other type of building or do you work mostly outside?

- 1 Inside
- 2 Outside } (6)
- 9 DK }

19

b. Are there at least five other people working in the building?

- 1 Yes
- 2 No } (6)
- 9 DK }

20

4a. Is smoking allowed where you work?

- 1 Yes
- 2 No (4c)
- 9 DK (6)

21

b. Do you have smoking and non-smoking areas where you work?

- 1 Yes
- 2 No } (5)
- 9 DK }

22

c. Does your employer restrict smoking (to certain areas) for health reasons and personal comfort, or for some other reasons?

- 1 Health/personal comfort
- 2 Other reasons
- 3 Both
- 9 DK

23

If "No" in 4a, skip to 6; otherwise ask:

5. Would you say your immediate work area is very smoky from tobacco, somewhat smoky, or not smoky at all?

- 1 Very smoky
- 2 Somewhat smoky
- 3 Not smoky at all
- 9 DK

24

6. In general, would you say the smoke from other people's cigarettes is very annoying to you, somewhat annoying to you, or not at all annoying to you?

- 1 Very annoying
- 2 Somewhat annoying
- 3 Not at all annoying

25

Notes

Section Y -- HEIGHT AND WEIGHT

1. About how tall are you without shoes?	_____ Feet _____ Inches	28-28
2. About how much do you weigh without shoes?	_____ Pounds	29-31
3. When you weighed the most, how much did you weigh (do not include pregnancy)?	_____ Pounds	32-34

Notes

FORM **HIS-1B (1987)**
(8 1 88)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW
SURVEY**

EPIDEMIOLOGY STUDY

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).

RT 77
3-7
8

1. Book _____ of _____ books

2. R.O. number 9-10

3. Sample 11-13

4. Control number PSU 14-16 Segment 17-23 Serial 24-25

5. Beginning time 26-29 30
1 a.m.
2 p.m.

6a. FAMILY ROSTER
List all nondeleted family members 18 + by age (oldest to youngest).

6b. Hispanic oversample 1 31

SP1 Line No.	Person No.	Age	Name	"X" if Hisp. marked	SP2-3 Hisp. Line No.
1				<input type="checkbox"/> Hisp.	
2				<input type="checkbox"/> Hisp.	
3				<input type="checkbox"/> Hisp.	
4				<input type="checkbox"/> Hisp.	
5				<input type="checkbox"/> Hisp.	
6				<input type="checkbox"/> Hisp.	
7				<input type="checkbox"/> Hisp.	
8				<input type="checkbox"/> Hisp.	
9				<input type="checkbox"/> Hisp.	

Refer to the appropriate section of the sample person selection label and circle as applicable. THEN circle the "SP1" Line No. in item 6a and mark "SP" box on the HIS-1 for the selected sample person. THEN go to Section AA.

7. FINAL STATUS

0 No person 18+ in this family (Household Page)

Interview

1 Complete interview (all appropriate sections completed)

2 Partial interview (some but not all appropriate sections completed) - Explain ↴

Noninterview

3 Refusal (Explain in Notes)

4 SP temporarily absent

5 SP mentally or physically incapable

8 Other - Explain ↴

37

8. Ending time 38-41 42
1 a.m.
2 p.m.

9. Interview mode 43
1 Personal
2 Telephone

10. Language of interview 44
1 English 3 Both English and Spanish
2 Spanish 8 Other

11. Interviewer identification 45-48
Name _____ Code _____

TRANSCRIPTION FROM COMPLETED HIS-1

12. Sex of SP (Page 2 or 55, question 3) 47
1 M
2 F

13. Education of SP (Page 42 or 43, question 2a) 48-49
00 Never attended or kindergarten
Elem: 1 2 3 4 5 6 7 8
High: 9 10 11 12
College: 1 2 3 4 5 6+
Finish grade/year (Question 2b) 50
1 Yes
2 No

14. Main race of SP (Page 42 or 43, question 3a/b) 51
1 2 3 4 5 - Specify ↴

15. Marital status (Page 46 or 47, question 7) 52
1 Married - spouse in HH
2 Married - spouse not in HH
3 Widowed
4 Divorced
5 Separated
6 Never married

16. Family income (Page 46, question 8b) 53-54
00 A 07 H 14 O 21 V
01 B 08 I 15 P 22 W
02 C 09 J 16 Q 23 X
03 D 10 K 17 R 24 Y
04 E 11 L 18 S 25 Z
05 F 12 M 19 T 26 ZZ
06 G 13 N 20 U
(Transcribe from 8a if 8b blank)
27 \$20,000 or more
28 Less than \$20,000

17. Person No. _____

18. Age _____

19. Booklet type 59
 Epidemiology study

Section AA – ACCULTURATION

3-4,

AA1	SP Status at initial interview	1 <input type="checkbox"/> Available (AA2) 2 <input type="checkbox"/> Callback required (Household page) 8 <input type="checkbox"/> Noninterview (Cover page)	5
AA2	Refer to hispanic origin from family roster and expected language for this supplement.	1 <input type="checkbox"/> Hispanic/English Supp. interview (1a) 2 <input type="checkbox"/> Hispanic/Spanish Supp. interview (1b) 8 <input type="checkbox"/> Other (section BB)	6
Read to respondent: I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.			7
1 a. Do you speak any Spanish?		1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (4)	8
Read to respondent: I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.			
b. Do you speak any English?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4)	
2. Would you say that you speak mostly Spanish, mostly English, or do you speak Spanish and English about the same?		1 <input type="checkbox"/> Mostly Spanish 2 <input type="checkbox"/> Mostly English 3 <input type="checkbox"/> Both about the same	9
3. What language do you prefer: Spanish only, mostly Spanish, mostly English, English only, or Spanish and English about equally?		1 <input type="checkbox"/> Spanish only 2 <input type="checkbox"/> Mostly Spanish 3 <input type="checkbox"/> Mostly English 4 <input type="checkbox"/> English only 5 <input type="checkbox"/> Spanish and English equally	10
4. Can you read Spanish?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	11
5. Can you read English?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	12
If "Yes" to both 4 and 5 ask:			
6. In which language do you read better?		1 <input type="checkbox"/> Spanish 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Both the same	13
7. Can you write in Spanish?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	14
8. Can you write in English?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	15
If "Yes" to both 7 and 8 ask:			
9. In which language do you write better?		1 <input type="checkbox"/> Spanish 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Both the same	16
If self-reported on HIS-1, mark box without asking. HAND CARD O, read categories if telephone interview.		1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Cuban 3 <input type="checkbox"/> Mexican/Mexicano 4 <input type="checkbox"/> Mexican American 5 <input type="checkbox"/> Chicano 6 <input type="checkbox"/> Other Latin American 7 <input type="checkbox"/> Other Spanish 8 <input type="checkbox"/> Other (Specify)	17
10. Which of these groups best describes your ethnic identification?			
11. Which of these groups best describes your mother's ethnic identification?		1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Cuban 3 <input type="checkbox"/> Mexican/Mexicano 4 <input type="checkbox"/> Mexican American 5 <input type="checkbox"/> Chicano 6 <input type="checkbox"/> Other Latin American 7 <input type="checkbox"/> Other Spanish 8 <input type="checkbox"/> Other (Specify)	18
12. Which of these groups best describes your father's ethnic identification?		1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Cuban 3 <input type="checkbox"/> Mexican/Mexicano 4 <input type="checkbox"/> Mexican American 5 <input type="checkbox"/> Chicano 6 <input type="checkbox"/> Other Latin American 7 <input type="checkbox"/> Other Spanish 8 <input type="checkbox"/> Other (Specify)	19

Section AA – ACCULTURATION – Continued

If self-reported on HIS-1, mark box without asking.

13. In what country or state were you born?

- 1 U.S., except Puerto Rico
 - 2 Puerto Rico
 - 3 Cuba
 - 4 Mexico
 - 8 Other (Specify)
-

20

14. In what country or state was your father born?

- 1 U.S., except Puerto Rico
 - 2 Puerto Rico
 - 3 Cuba
 - 4 Mexico
 - 8 Other (Specify)
-

21

15. In what country or state was your mother born?

- 1 U.S., except Puerto Rico
 - 2 Puerto Rico
 - 3 Cuba
 - 4 Mexico
 - 8 Other (Specify)
-

22

Notes

Section BB – FOOD FREQUENCY

Read to respondent: (I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth.) These next questions are about the foods you eat. Please tell me how often you eat each one, for example, twice a week, three times a month and so forth. Also tell me whether you usually eat a small, medium or large portion of each food. Remember I'm only interested in the foods YOU eat. **HAND FOOD FREQUENCY FLASHCARD BOOKLET.** Please look at List 1 as I ask these first questions.

<p>During the past year or so, how often did you usually [eat/drink] —</p> <p>1. Orange juice or grapefruit juice?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (2)</p> <p style="text-align: right;">5-8</p>	<p>Was it a small, medium or large portion?</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (6 oz.) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">9</p>
<p>2. Other fruit juices or fortified fruit drinks?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (3)</p> <p style="text-align: right;">10-13</p>	<p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (6 oz.) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">14</p>
<p>3. Oranges?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (4)</p> <p style="text-align: right;">15-18</p>	<p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med.) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">19</p>
<p>4. Grapefruit?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (5)</p> <p style="text-align: right;">20-23</p>	<p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 grapefruit) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">24</p>
<p>5. Cantaloupe in season?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (6)</p> <p style="text-align: right;">25-28</p>	<p>A medium serving is 1/4 cantaloupe</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/4 med.) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">29</p>
<p>6. Apples or applesauce?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (7)</p> <p style="text-align: right;">30-33</p>	<p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. or 1/2 cup) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">34</p>
<p>Now look at List 2.</p> <p>During the past year or so, how often did you usually eat —</p> <p>7. Beans, such as baked, pinto, kidney beans, or in chili? Do not include green beans.</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (8)</p> <p style="text-align: right;">35-38</p>	<p>Small, medium or large?</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (3/4 cup) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">39</p>
<p>8. Carrots, or mixed vegetables containing carrots?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (9)</p> <p style="text-align: right;">40-43</p>	<p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">44</p>
<p>9. Tomatoes, including in salad?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (10)</p> <p style="text-align: right;">45-48</p>	<p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 tomato) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">49</p>
<p>10. Green salad?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (11)</p> <p style="text-align: right;">50-53</p>	<p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">54</p>
<p>11. Salad dressing or mayonnaise, including on sandwiches?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (12)</p> <p style="text-align: right;">55-58</p>	<p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 tbs.) 3 <input type="checkbox"/> Large</p> <p style="text-align: right;">59</p>

Section BB – FOOD FREQUENCY – Continued

12. Broccoli?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (13)	80-83 64 Small, medium or large? 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
13. Spinach?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (14)	85-88 69 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
14. Mustard greens, turnip greens or collards?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (15)	70-73 74 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
15. Coleslaw, cabbage or sauerkraut?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (16)	75-78 79 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
16. French fries or fried potatoes?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (17)	80-83 84 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (3/4 cup) 3 <input type="checkbox"/> Large
17. Potatoes, baked, boiled or mashed?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (18)	85-88 89 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 potato or 1/2 cup) 3 <input type="checkbox"/> Large
18. Sweet potatoes or yams?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (19)	90-93 94 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
19. Rice?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (20)	95-98 99 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1/2 cup) 3 <input type="checkbox"/> Large
Now look at List 3. During the past year or so, how often did you usually eat – 20. Hamburgers, cheeseburgers or meatloaf?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (21)	100-103 104 Small, medium or large? 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Large
21. Beef, such as steaks or roasts?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (22)	105-108 109 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (4 oz.) 3 <input type="checkbox"/> Large
22. Beef stew or potpie with vegetables?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (23)	110-113 114 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 cup) 3 <input type="checkbox"/> Large
23. Liver, including chicken liver?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (24)	115-118 119 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (4 oz.) 3 <input type="checkbox"/> Large

Section BB — FOOD FREQUENCY — Continued

<p>24. Pork, such as pork chops or roasts?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (25)</p>	<p>5-8</p> <p>A medium serving is 2 pork chops or 4 oz. of roast.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pork chops or 4oz. of roast) 3 <input type="checkbox"/> Large</p>	<p>9</p>
<p>25. Fried chicken?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (26)</p>	<p>10-13</p> <p>A medium serving is 2 small or 1 large piece.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 sm. or 1 lg. piece) 3 <input type="checkbox"/> Large</p>	<p>14</p>
<p>26. Chicken or turkey, baked, stewed or broiled?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (27)</p>	<p>15-18</p> <p>A medium serving is 2 small or 1 large piece.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 sm. or 1 lg. piece) 3 <input type="checkbox"/> Large</p>	<p>19</p>
<p>27. Fried fish or fish sandwiches?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (28)</p>	<p>20-23</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (4 oz.) 3 <input type="checkbox"/> Large</p>	<p>24</p>
<p>28. Spaghetti, lasagna or pasta with tomato sauce?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (29)</p>	<p>25-28</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 cup) 3 <input type="checkbox"/> Large</p>	<p>29</p>
<p>Now look at List 4. During the past year or so, how often did you usually eat —</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (30)</p>	<p>30-33</p> <p>Small, medium, or large?</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>34</p>
<p>29. Cooked cereals like oatmeal?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (31)</p>	<p>35-38</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>39</p>
<p>30. High fiber cereals like bran, granola, or shredded wheat?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (32)</p>	<p>40-43</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>44</p>
<p>31. Highly fortified cereals like Product 19, Total, or Most?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (33)</p>	<p>45-48</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>	<p>49</p>
<p>32. Other cold cereals like Rice Krispies or corn flakes?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (34)</p>	<p>50-53</p> <p>How many eggs?</p> <p>Number _____</p>	<p>54-55</p>
<p>33. Eggs?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (35)</p>	<p>56-59</p> <p>How many slices?</p> <p>Number _____</p>	<p>60-61</p>
<p>34. Bacon?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (36)</p>	<p>62-65</p> <p>How many patties or links?</p> <p>Number _____</p>	<p>66-67</p>
<p>35. Sausage?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (36)</p>	<p>Number _____</p>	<p>Number _____</p>

Section BB — FOOD FREQUENCY PAGE — Continued

3-4

<p>Now look at List 5.</p> <p>During the past year or so, how often did you usually eat —</p> <p>36. Vegetable soup, vegetable beef, minestrone or tomato soup? Do not include other kinds of soup.</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (37)</p>	<p>5-8 Small, medium or large?</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p> <p>14-15</p>
<p>37. Hot dogs?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (38)</p>	<p>10-13 How many hot dogs?</p> <p>Amount _____</p> <p>14-15</p>
<p>38. Ham or lunch meats?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (39)</p>	<p>16-19 How many hot dogs?</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices) 3 <input type="checkbox"/> Large</p> <p>20</p>
<p>39. White bread, rolls or crackers, including sandwiches, bagels, and so forth? I'm going to ask about dark bread and corn bread next.</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (40)</p>	<p>21-24 A medium serving is 2 slices or 4 crackers.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices or 4 crackers) 3 <input type="checkbox"/> Large</p> <p>25</p>
<p>40. Dark breads like whole wheat, rye or pumpernickel?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (41)</p>	<p>26-29 A medium serving is 2 slices.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices) 3 <input type="checkbox"/> Large</p> <p>30</p>
<p>41. Corn bread, corn muffins, corn tortillas, or grits?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (42)</p>	<p>31-34 A medium serving is 2 pats.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 piece or 1/2 cup grits) 3 <input type="checkbox"/> Large</p> <p>35</p>
<p>42. Butter on bread, rolls or vegetables? I'll ask about margarine next.</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (43)</p>	<p>36-39 A medium serving is 2 pats.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pats) 3 <input type="checkbox"/> Large</p> <p>40</p>
<p>43. Margarine on bread, rolls or vegetables?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (44)</p>	<p>41-44 A medium serving is 2 pats.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pats) 3 <input type="checkbox"/> Large</p> <p>45</p>
<p>44. Cheese or cheese spreads, not including cottage cheese?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (45)</p>	<p>46-49 A medium serving is 2 pats.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices or 2 oz.) 3 <input type="checkbox"/> Large</p> <p>50</p>
<p>45. Peanuts or peanut butter?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (46)</p>	<p>51-54 A medium serving is 1 medium scoop.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 tbs.) 3 <input type="checkbox"/> Large</p> <p>55</p>
<p>46. Salty snacks like chips or popcorn?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (47)</p>	<p>56-59 A medium serving is 1 medium scoop.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 handful) 3 <input type="checkbox"/> Large</p> <p>60</p>
<p>Now look at List 6.</p> <p>During the past year or so, how often did you usually [eat/drink] —</p> <p>47. Ice cream?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$</p> <p>0000 <input type="checkbox"/> Less than 6 a year or never (48)</p>	<p>61-64 A medium serving is 1 medium scoop.</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. scoop) 3 <input type="checkbox"/> Large</p> <p>65</p>

Section BB — FOOD FREQUENCY — Continued

48. Pie?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (49)	68-69 Small, medium or large? 70 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. slice) 3 <input type="checkbox"/> Large
49. Doughnuts, cookies, cake or pastry?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (50)	71-74 A medium serving is 1 piece or 3 cookies 75 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 piece or 3 cookies) 3 <input type="checkbox"/> Large
50. Chocolate candy?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (51)	76-79 80 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 oz.) 3 <input type="checkbox"/> Large
51. Sugar in coffee or tea or on cereal?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (52)	81-84 85 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 tsp.) 3 <input type="checkbox"/> Large
52. Whole milk or drinks made with whole milk, not including on cereal? I'm going to ask about 1%, 2% and skim milk separately.	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (53)	86-89 90 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (8 oz. glass) 3 <input type="checkbox"/> Large
53. 2% milk or drinks made with 2% milk, not including on cereal?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (54)	91-94 95 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (8 oz. glass) 3 <input type="checkbox"/> Large
54. Skim milk, 1% milk or buttermilk, not including on cereal?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (55)	96-99 100 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (8 oz. glass) 3 <input type="checkbox"/> Large
55. Milk or cream in coffee or tea?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (56)	101-104 105 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 tbs.) 3 <input type="checkbox"/> Large
56. Soda or soft drinks with sugar?	Times per { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (57)	106-109 110 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (12 oz.) 3 <input type="checkbox"/> Large
57a. During the past year or so, how often did you drink beer?	0011 <input type="checkbox"/> Everyday/daily 111-114 Times per { <ul style="list-style-type: none"> 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Never (58)	
b. On the days you drank beer, how many cans, bottles or glasses did you drink?	Number 115-116 99 <input type="checkbox"/> DK	
c. Were they small, medium, or large?	<ul style="list-style-type: none"> 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (12 oz.) 3 <input type="checkbox"/> Large (16 oz.) 117	
Notes		

Section BB – FOOD FREQUENCY – Continued		RT 82
		3-4
		5-8
58a. During the past year or so, how often did you drink wine?	0011 <input type="checkbox"/> Everyday/daily _____ Times per { 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Never (59)	
b. On the days you drank wine, how many glasses did you drink?	_____ Number 99 <input type="checkbox"/> DK	9-10
c. Were they small, medium, or large?	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. wine glass) 3 <input type="checkbox"/> Large	11
		12-15
59a. During the past year or so, how often did you drink liquor?	0011 <input type="checkbox"/> Everyday/daily _____ Times per { 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Never (60)	
b. On the days you drank liquor, how many drinks did you have?	_____ Number 99 <input type="checkbox"/> DK	16-17
c. Were they small, medium, or large?	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 shot) 3 <input type="checkbox"/> Large	18
		19
60a. Was there ever a period in your life when you drank five or more drinks of any alcoholic beverage almost every day?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (61) 9 <input type="checkbox"/> DK	
b. For how long did that period last?	_____ Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years 9999 <input type="checkbox"/> DK	20-23
		24
61. When you eat chicken or other poultry, how often do you eat it with the skin on? Would you say often, sometimes, rarely or never?	1 <input type="checkbox"/> Often or always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 0 <input type="checkbox"/> Don't eat chicken or poultry	
		25
62. When you eat red meat, how often do you eat the fat? Would you say often, sometimes, rarely or never?	1 <input type="checkbox"/> Often or always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 0 <input type="checkbox"/> Don't eat red meat	
		26
63a. On most weekdays, how many meals do you usually eat each day?	0 <input type="checkbox"/> Less than one a day _____ Meals 9 <input type="checkbox"/> DK	
b. On most weekdays, how many snacks do you usually eat each day, including snacks after dinner?	0 <input type="checkbox"/> Less than one a day _____ Snacks 9 <input type="checkbox"/> DK	27
c. On most Saturdays or Sundays, how many meals do you usually eat each day?	0 <input type="checkbox"/> Less than one a day _____ Meals 9 <input type="checkbox"/> DK	28
d. On most Saturdays or Sundays, how many snacks do you usually eat each day?	0 <input type="checkbox"/> Less than one a day _____ Snacks 9 <input type="checkbox"/> DK	29
		30-31
64. In a typical week, how many meals do you usually get in restaurants, cafeterias, or fast food places?	00 <input type="checkbox"/> Less than one a week _____ Meals 99 <input type="checkbox"/> DK	
Notes		

Section CC – VITAMIN AND MINERAL INTAKE

1. During the past 12 months, that is, since (12 month date) a year ago, did you take any vitamin or mineral supplements of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No (section DD)	32
2a. During the past 12 months, that is, since (12 month date) a year ago, did you take any MULTIPLE vitamins?	<input type="checkbox"/> Yes <input type="checkbox"/> No (3)	33
b. What is the brand name of the multiple vitamins? <i>If more than one brand, ask:</i> What is the name of the brand you took most often during the past 12 months? <i>If known, mark without asking, otherwise ask:</i> Is that a therapeutic type, a stress-tab type or a one-a-day type? <i>Mark first type listed</i>	<p align="center">_____</p> <p align="center">Brand Name</p> <p align="center"><input type="checkbox"/> DK/Refused (Ask probe for type)</p>	34–78
c. For how many of the past 12 months did you take [(name in 2b)/multiple vitamins]?	<input type="checkbox"/> Therapeutic <input type="checkbox"/> Stress-tabs <input type="checkbox"/> One-a-day	79
d. During [(the/those) (number in 2c) month(s), about how many days per month did you take [(name in 2b)/multiple vitamins]?	<input type="checkbox"/> None of these <input type="checkbox"/> DK	80–81
e. On the days you took [(name in 2b)/multiple vitamins], how many pills did you take per day? <i>If less than 12 in 2c, ask:</i>	<input type="checkbox"/> Less than one <input type="checkbox"/> All of them _____ Number of months	82–83
f. Did you take any multiple vitamins in the past month?	<input type="checkbox"/> Everyday _____ Number of days per month <input type="checkbox"/> Other	84–85
3a. During the past 12 months, did you take any vitamin A?	_____ Pills per day <input type="checkbox"/> DK	86
b. For how many of the past 12 months did you take vitamin A?	<input type="checkbox"/> Yes <input type="checkbox"/> No	87
c. During [(the/those) (number in 3b) month(s), about how many days per month did you take vitamin A?	(The following questions are about vitamins not including the multiple vitamins you already told me about.) <input type="checkbox"/> Yes <input type="checkbox"/> No (4)	88–89
d. On the days you took vitamin A, how many pills did you usually take per day?	<input type="checkbox"/> Less than one <input type="checkbox"/> All of them _____ Number of months	90–91
e. How many units of vitamin A are in each of the pills you took? <i>If less than 12 in 3b, ask:</i>	<input type="checkbox"/> Everyday _____ Number of days per month <input type="checkbox"/> Other	92–93
f. Did you take any vitamin A in the past month?	_____ Pills per day <input type="checkbox"/> DK	94–98
4a. During the past 12 months, did you take any vitamin C?	_____ Units 99999 <input type="checkbox"/> DK	99
b. For how many of the past 12 months did you take vitamin C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	100
c. During [(the/those) (number in 4b) month(s), about how many days per month did you take vitamin C?	<input type="checkbox"/> Yes <input type="checkbox"/> No (5)	101–102
d. On the days you took vitamin C, how many pills did you usually take per day?	<input type="checkbox"/> Less than one <input type="checkbox"/> All of them _____ Number of months	103–104
e. How many milligrams of vitamin C are in each of the pills you took? <i>If less than 12 in 4b, ask:</i>	<input type="checkbox"/> Everyday _____ Number of days per month <input type="checkbox"/> Other	105–106
f. Did you take any vitamin C in the past month?	_____ Pills per day <input type="checkbox"/> DK	107–111
Notes	_____ Mgs. 99999 <input type="checkbox"/> DK	112

Section CC – VITAMIN AND MINERAL INTAKE – Continued

3-4

<p>5a. During the past 12 months, did you take any vitamin E?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)</p>	<p>5</p>
<p>b. For how many of the past 12 months did you take vitamin E?</p>	<p>00 <input type="checkbox"/> Less than one 12 <input type="checkbox"/> All of them _____ Number of months</p>	<p>6-7</p>
<p>c. During (the/those) (number in 5b) month(s), about how many days per month did you take vitamin E?</p>	<p>98 <input type="checkbox"/> Everyday _____ Number of days per month 88 <input type="checkbox"/> Other</p>	<p>8-9</p>
<p>d. On the days you took vitamin E, how many pills did you usually take per day?</p>	<p>_____ Pills per day 99 <input type="checkbox"/> DK</p>	<p>10-11</p>
<p>e. How many units of vitamin E are in each of the pills you took?</p>	<p>_____ Units 99999 <input type="checkbox"/> DK</p>	<p>12-18</p>
<p><i>if less than 12 in 5b, ask:</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>17</p>
<p>f. Did you take any vitamin E in the past month?</p>		
<p>6a. During the past 12 months, did you take any calcium?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (section DD)</p>	<p>18</p>
<p>b. For how many of the past 12 months did you take calcium?</p>	<p>00 <input type="checkbox"/> Less than one 12 <input type="checkbox"/> All of them _____ Number of months</p>	<p>19-20</p>
<p>c. During (the/those) (number in 6b) month(s), about how many days per month did you take calcium?</p>	<p>98 <input type="checkbox"/> Everyday _____ Number of days per month 88 <input type="checkbox"/> Other</p>	<p>21-22</p>
<p>d. On the days you took calcium, how many pills did you usually take per day?</p>	<p>_____ Pills per day 99 <input type="checkbox"/> DK</p>	<p>23-24</p>
<p>e. How many milligrams of calcium are in each of the pills you took?</p>	<p>_____ Mgs. 99999 <input type="checkbox"/> DK</p>	<p>25-29</p>
<p><i>if less than 12 in 6b, ask:</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>30</p>
<p>f. Did you take any calcium in the past month?</p>		

Notes

Section DD – FOOD KNOWLEDGE

<p>1 a. Have you ever made any LASTING and MAJOR changes in what you eat and drink for health reasons?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)</p>	<p>31</p>																																													
<p>b. In making these changes, what foods do you eat MORE of?</p> <p><i>Enter response verbatim, one food per line. Do not probe.</i></p>	<p align="center">MORE</p> <hr/> <hr/> <hr/> <hr/> <p>000 <input type="checkbox"/> None 999 <input type="checkbox"/> DK</p>	<p>32–34 35–37 38–40 41–43</p>																																													
<p>c. What foods do you eat LESS of?</p> <p><i>Enter response verbatim, one food per line. Do not probe.</i></p>	<p align="center">LESS</p> <hr/> <hr/> <hr/> <hr/> <p>000 <input type="checkbox"/> None 999 <input type="checkbox"/> DK</p>	<p>44–46 47–49 50–52 53–55</p>																																													
<p>d. Have you made these changes in what you eat and drink in the past five years?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (1f)</p>	<p>56</p>																																													
<p>e. Did you make these changes in the past year?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>57</p>																																													
<p>f. Have there been any changes in the ways your food is cooked?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2)</p>	<p>58</p>																																													
<p>g. What are these changes?</p>	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">MORE</td> <td style="text-align: center;">LESS</td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Baking</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Boiling</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Broiling</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Steaming</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Frying</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Stir-frying/wok</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Sautéing</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Grilling/barbecuing</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Salting</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Microwaving</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Pressure-cooking</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Using non-stick pans</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Other</td> </tr> <tr> <td colspan="2" style="text-align: center;">1 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	MORE	LESS		1 <input type="checkbox"/>	2 <input type="checkbox"/>	Baking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Boiling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Broiling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Steaming	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Frying	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Stir-frying/wok	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Sautéing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Grilling/barbecuing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Salting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Microwaving	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Pressure-cooking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Using non-stick pans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other	1 <input type="checkbox"/> DK			<p>59 60 61 62 63 64 65 66 67 68 69 70 71</p>
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1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other																																													
1 <input type="checkbox"/> DK																																															
<p>2. I am going to read two statements. Please tell me which one you agree with most.</p> <p>(a) What people eat or drink has little effect on whether they will develop major diseases.</p> <p align="center">OR</p> <p>(b) By eating certain kinds of foods, people can reduce their chances of developing major diseases.</p>	<p>1 <input type="checkbox"/> a (5) 2 <input type="checkbox"/> b (3) 9 <input type="checkbox"/> DK (4)</p>	<p>72 73</p>																																													
<p>3. Which major diseases do you think may be related to what people eat and drink?</p>	<p>1 <input type="checkbox"/> Cancer 1 <input type="checkbox"/> Heart disease 1 <input type="checkbox"/> Obesity/Overweight 1 <input type="checkbox"/> Diabetes 1 <input type="checkbox"/> Hypertension/ High Blood Pressure 1 <input type="checkbox"/> Other 1 <input type="checkbox"/> None 1 <input type="checkbox"/> DK</p>	<p>74 75 76 77 78 79 80 81</p>																																													

Section DD — FOOD KNOWLEDGE

DD1	<i>Refer to 3</i>	1 <input type="checkbox"/> Cancer in 3 (5) 8 <input type="checkbox"/> Other (4)	82
4. Do you think cancer may be related to what people eat and drink?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Probably/maybe/could be/etc. 9 <input type="checkbox"/> DK	83
5a. Some foods contain fiber. Have you heard of fiber?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6)	84
b. Overall, would you say your diet is high, medium, or low in fiber?		1 <input type="checkbox"/> High 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Low 9 <input type="checkbox"/> DK	85
6. Overall, would you say your diet is high, medium, or low in fat?		1 <input type="checkbox"/> High 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Low 9 <input type="checkbox"/> DK	86
7. Have you gone on a diet for weight loss or any other medical reason during the past 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	87

Notes

Section EE – SMOKING HABITS

88	
<p>These next questions are about cigarette smoking.</p> <p>1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (section FF)</p>
<p>2. How old were you when you first started smoking cigarettes fairly regularly?</p>	<p>_____ Age 00 <input type="checkbox"/> Never smoked regularly (section FF) 99 <input type="checkbox"/> DK</p>
<p>3. Do you smoke cigarettes now?</p>	<p>1 <input type="checkbox"/> Yes (5) 2 <input type="checkbox"/> No</p>
<p>4. How old were you when you stopped smoking cigarettes?</p>	<p>_____ Age 99 <input type="checkbox"/> DK</p>
<p>5. On the average, how many cigarettes [did/do] you usually smoke a day?</p>	<p>00 <input type="checkbox"/> Less than one cigarette per day _____ Cigarettes per day 99 <input type="checkbox"/> DK</p>
<p>6. For how many years [have you been/were you] a regular smoker, do not include the times you may have stayed off cigarettes?</p>	<p>00 <input type="checkbox"/> Less than one year _____ Years 99 <input type="checkbox"/> DK</p>
<p>Notes</p>	

Section FF — OTHER TOBACCO USE

3-4

5

These next questions are about the use of other tobacco products.

1 a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?

- 1 Yes
- 2 No (6)
- 9 DK Chewing tobacco (6)

b. Have you used chewing tobacco at least 20 times?

- 1 Yes
- 2 No } (6)
- 9 DK }

6

2. How old were you when you first used chewing tobacco?

_____ Age
99 DK

7-8

3. Do you use chewing tobacco now?

- 1 Yes
- 2 No

9

4. Altogether, about how long [did you use/have you used] chewing tobacco?

- 000 Less than one month
- _____ { 1 Months
2 Years
- 999 DK

10-12

5 a. On the average, how many days per month [did/do] you use chewing tobacco?

- 00 Less than one day a month
- 97 Never used regularly (6)
- 98 Everyday
- _____ Days per month
- 99 DK

13-14

b. On the days that you use(d) chewing tobacco, how many times [did/do] you use it?

_____ Times per day
99 DK

15-16

6 a. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?

- 1 Yes
- 2 No (12)
- 9 DK Snuff (12)

17

b. Have you used snuff at least 20 times?

- 1 Yes
- 2 No } (12)
- 9 DK }

18

7. How old were you when you first used snuff?

_____ Age
99 DK

19-20

8. Do you use snuff now?

- 1 Yes
- 2 No

21

9. Altogether, about how long [did you use/have you used] snuff?

- 000 Less than one month
- _____ { 1 Months
2 Years
- 999 DK

22-24

10 a. On the average, how many days per month [did/do] you use snuff?

- 00 Less than one day a month
- 97 Never used regularly (12)
- 98 Everyday
- _____ Days per month
- 99 DK

25-26

b. On the days you use(d) snuff, how many times [did/do] you use it?

_____ Times per day
99 DK

27-28

11. [Did/Do] you use snuff by sniffing it or by placing it in your mouth?

- 1 Sniffing
- 2 Mouth
- 3 Both

29

12 a. Have you ever smoked a pipe?

- 1 Yes
- 2 No (17)

30

b. Have you smoked a pipe at least 50 times?

- 1 Yes
- 2 No } (17)
- 9 DK }

31

13. How old were you when you first smoked a pipe?

_____ Age
99 DK

32-33

Section FF – OTHER TOBACCO USE – Continued

14. Do you smoke a pipe now?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No 34 </div>
15. Altogether, about how long [did you smoke/have you smoked] a pipe?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Less than one month <input type="checkbox"/> Months <input type="checkbox"/> Years 35–37 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK </div>
16a. On the average, how many days per month [did/do] you smoke a pipe?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Less than one day a month <input type="checkbox"/> Never smoked a pipe regularly (17) <input type="checkbox"/> Everyday _____ Days per month <input type="checkbox"/> DK </div> 38–39
b. On the days you smoke(d) a pipe, how many pipefuls of tobacco [did/do] you smoke?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Less than one _____ Pipefuls per day <input type="checkbox"/> DK </div> 40–41
17a. Have you ever smoked cigars?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No (section GG) </div> 42
b. Have you smoked at least 50 cigars in your entire life?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No } (section GG) <input type="checkbox"/> DK </div> 43
18. How old were you when you first smoked cigars?	<div style="display: flex; justify-content: flex-end; align-items: center;"> _____ Age <input type="checkbox"/> DK </div> 44–45
19. Do you smoke cigars now?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> 46
20. Altogether, about how long [did you smoke/have you smoked] cigars?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Less than one month <input type="checkbox"/> Months <input type="checkbox"/> Years 47–49 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK </div>
21a. On the average, how many days per month [did/do] you smoke cigars?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Less than one day a month <input type="checkbox"/> Never smoked cigars regularly (section GG) <input type="checkbox"/> Everyday _____ Days per month <input type="checkbox"/> DK </div> 50–51
b. On the days you smoke(d) cigars, how many [did/do] you smoke?	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Less than one _____ Cigars per day <input type="checkbox"/> DK </div> 52–53

Notes

Section GG — REPRODUCTION AND HORMONE USE

GG1	<i>Refer to sex</i>	1 <input type="checkbox"/> Male (section HH) 2 <input type="checkbox"/> Female (1)	54
These next questions are about pregnancy and reproduction.		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)	55
1 a. Have you ever given birth to a liveborn infant?			
b. How many live births have you had?		_____ Number	56-57
c. How old were you when your (first) child was born?		_____ Age (2) 99 <input type="checkbox"/> DK (1d)	58-59
d. Were you 20 or younger, or older than 20?		1 <input type="checkbox"/> 20 or younger (2) 2 <input type="checkbox"/> Older than 20 (1e) 9 <input type="checkbox"/> DK (2)	60
e. Were you 21 to 24, 25 to 29, 30 to 34, or 35 or older?		1 <input type="checkbox"/> 21-24 4 <input type="checkbox"/> 35+ 2 <input type="checkbox"/> 25-29 9 <input type="checkbox"/> DK 3 <input type="checkbox"/> 30-34	61
2 a. (Besides [that pregnancy/those pregnancies], Have you ever had any (other) pregnancies that lasted six months or more?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GG2)	62
b. How many of those (other) pregnancies have you had?		_____ Number	63-64
c. How old were you at the end of [that pregnancy/ the first of those pregnancies]?		_____ Age (GG2) 99 <input type="checkbox"/> DK (2d)	65-66
d. Were you 20 or younger, or older than 20?		1 <input type="checkbox"/> 20 or younger (GG2) 2 <input type="checkbox"/> Older than 20 9 <input type="checkbox"/> DK (GG2)	67
e. Were you 21 to 24, 25 to 29, 30 to 34, or 35 or older?		1 <input type="checkbox"/> 21-24 4 <input type="checkbox"/> 35+ 2 <input type="checkbox"/> 25-29 9 <input type="checkbox"/> DK 3 <input type="checkbox"/> 30-34	68
GG2	<i>Refer to 1a</i>	1 <input type="checkbox"/> "Yes" in 1a (3) 8 <input type="checkbox"/> Other (4)	69
3. Did you breastfeed any of your children?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	70
4 a. How old were you when your menstrual cycles began?		_____ Age (5) 00 <input type="checkbox"/> Never menstruated (7) 99 <input type="checkbox"/> DK (4b)	71-72
b. Were you younger than 10, 10 to 12, 13 to 15, or 16 or older?		1 <input type="checkbox"/> Younger than 10 2 <input type="checkbox"/> 10-12 3 <input type="checkbox"/> 13-15 4 <input type="checkbox"/> 16+ 9 <input type="checkbox"/> DK	73
5. Have your menstrual cycles stopped permanently?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8)	74
6 a. How old were you when they completely stopped?		_____ Age (7) 99 <input type="checkbox"/> DK (6b)	75-76
b. Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older?		1 <input type="checkbox"/> Younger than 20 2 <input type="checkbox"/> 20-29 3 <input type="checkbox"/> 30-39 4 <input type="checkbox"/> 40-44 5 <input type="checkbox"/> 45-49 6 <input type="checkbox"/> 50-54 7 <input type="checkbox"/> 55+ 9 <input type="checkbox"/> DK	77
7. [Did they stop/Was this] due to surgery?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	78

Section GG – REPRODUCTION AND HORMONE USE – Continued

<p>8a. Have you ever had an operation to remove a lump from your breast that was found to be NONCANCEROUS?</p>	<p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Lumps removed that were cancerous } (9) 9 <input type="checkbox"/> DK</p>	<p align="right">79</p>
<p>b. How many of these operations have you had?</p>	<p>_____ Number of operations 9 <input type="checkbox"/> DK</p>	<p align="right">80</p>
<p>c. How old were you when you had the (first) operation?</p>	<p>_____ Age at first operation 99 <input type="checkbox"/> DK</p>	<p align="right">81–82</p>
<p>We are interested in learning about the relationship between birth control pills and health .</p>		<p align="right">83</p>
<p>9. Have you ever used birth control pills?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GG 3)</p>	<p align="right">84–85</p>
<p>10a. How old were you when you started using birth control pills?</p>	<p>_____ *Age (11) 99 <input type="checkbox"/> DK (10b)</p>	<p align="right">86</p>
<p>b. Were you younger than 25, or 25 or older?</p>	<p>1 <input type="checkbox"/> Younger than 25 (10c) 2 <input type="checkbox"/> 25+ (10d) 9 <input type="checkbox"/> DK (11)</p>	<p align="right">87</p>
<p>c. Were you 18 or younger, 19 to 21, or 22 to 24?</p>	<p>1 <input type="checkbox"/> 18 or younger } (11) 2 <input type="checkbox"/> 19–21 3 <input type="checkbox"/> 22–24 9 <input type="checkbox"/> DK</p>	<p align="right">88</p>
<p>d. Were you 25 to 29, 30 to 34, or 35 or older?</p>	<p>1 <input type="checkbox"/> 25–29 2 <input type="checkbox"/> 30–34 3 <input type="checkbox"/> 35+ 9 <input type="checkbox"/> DK</p>	<p align="right">89–91</p>
<p>11a. Altogether, about how long did you take birth control pills? Include any breaks in usage that lasted less than one month.</p>	<p>Number { 1 <input type="checkbox"/> Days } (GG3) { 2 <input type="checkbox"/> Months } { 3 <input type="checkbox"/> Years } 000 <input type="checkbox"/> Less than one month (GG3) 888 <input type="checkbox"/> Other (Specify) _____ _____ (GG3) 999 <input type="checkbox"/> DK (11b)</p>	<p align="right">92</p>
<p>b. Was it less than a year, or a year or more?</p>	<p>1 <input type="checkbox"/> Less than one year (GG3) 2 <input type="checkbox"/> One year or more (11c) 9 <input type="checkbox"/> DK (GG 3)</p>	<p align="right">93</p>
<p>c. Was it 3 years or less, more than 3 but less than 5, or 5 or more years?</p>	<p>1 <input type="checkbox"/> 3 years or less 2 <input type="checkbox"/> More than 3, less than 5 years 3 <input type="checkbox"/> 5 or more years 9 <input type="checkbox"/> DK</p>	<p align="right">94</p>
<p>GG3 Refer to age.</p>	<p>1 <input type="checkbox"/> Under 40 (section HH) 2 <input type="checkbox"/> 40 and over (12)</p>	<p align="right">95</p>
<p>12. Estrogen is a female hormone that may be taken after a hysterectomy or during menopause. Have you ever taken estrogen pills for any reason?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (section HH) 9 <input type="checkbox"/> DK }</p>	<p align="right">96–97</p>
<p>13a. How old were you when you started using estrogen pills?</p>	<p>_____ Age (14) 99 <input type="checkbox"/> DK (13b)</p>	<p align="right">98</p>
<p>b. Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older?</p>	<p>1 <input type="checkbox"/> Younger than 20 2 <input type="checkbox"/> 20–29 3 <input type="checkbox"/> 30–39 4 <input type="checkbox"/> 40–44 5 <input type="checkbox"/> 45–49 6 <input type="checkbox"/> 50–54 7 <input type="checkbox"/> 55+ 9 <input type="checkbox"/> DK</p>	<p align="right">99</p>

Section GG – REPRODUCTION AND HORMONE USE – Continued

14a. Altogether, about how long did you take estrogen pills? Include any breaks in usage that lasted less than one month.

99-101

Number $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Days} \\ 2 \text{ } \square \text{ Months} \\ 3 \text{ } \square \text{ Years} \end{array} \right\} (15)$

000 Less than one month (15)
 888 Other (Specify) 7

(15)

999 DK (14b)

b. Was it less than a year, or a year or more?

102

1 Less than one year (15)
 2 One year or more (14c)
 9 DK (15)

c. Was it 3 years or less, more than 3 but less than 5, or 5 or more years?

103

1 3 years or less
 2 More than 3, less than 5 years
 3 5 or more years
 9 DK

15. What was the brand name of the estrogen pills?

104-119

_____ Brand name

DK

Notes

Section HH — FAMILY HISTORY OF CANCER

These next questions are about your natural or birth mother and father. Do not include step or adoptive parents.

Ask 1-2 for mother, then for father.		MOTHER		FATHER	
		6-8	22-25		
1 a. In what year was your natural [mother/father] born?	1 a.	____ Year 9999 <input type="checkbox"/> DK	____ Year 9999 <input type="checkbox"/> DK		
b. Is your [mother/father] still living?	b.	1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (1c) 9 <input type="checkbox"/> DK (2) 7 <input type="checkbox"/> Never knew natural mother (1 for father)	1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (1c) 9 <input type="checkbox"/> DK (2) 7 <input type="checkbox"/> Never knew natural father (3)		
c. At what age did your [mother/father] die?	c.	____ Age 99 <input type="checkbox"/> DK	____ Age 99 <input type="checkbox"/> DK		
2 a. Was your [mother/father] ever diagnosed by a doctor as having cancer?	2 a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (1 for father) 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }		
b. What kind of cancer was it?	b.	_____ (2d) 799 <input type="checkbox"/> DK (2c)	_____ (2d) 799 <input type="checkbox"/> DK (2c)		
c. What part of the body was affected?	c.	_____ <input type="checkbox"/> DK	_____ <input type="checkbox"/> DK		
d. Did your [mother/father] have any other kind of cancer that was diagnosed by a doctor?	d.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (2g) 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (2g) 9 <input type="checkbox"/> DK }		
e. The FIRST time [she/he] was diagnosed with cancer, what kind of cancer was it?	e.	000 <input type="checkbox"/> Same as 2b/c (2g) _____ (2g) 799 <input type="checkbox"/> DK (2f)	000 <input type="checkbox"/> Same as 2b/c (2g) _____ (2g) 799 <input type="checkbox"/> DK (2f)		
f. What part of the body was affected?	f.	_____ <input type="checkbox"/> DK	_____ <input type="checkbox"/> DK		
g. How old was your [mother/father] when cancer was first diagnosed by a doctor?	g.	____ Age } 99 <input type="checkbox"/> DK } (1 for father)	____ Age 99 <input type="checkbox"/> DK		

Notes

Section HH — FAMILY HISTORY OF CANCER — Continued

Read to respondent: **Now I'm going to ask about your sisters and brothers who have the same natural or birth mother AND father as you. Do not include step, half, or adoptive sisters and brothers.**

3a. How many sisters do you have, including any that may have died?	3a.	00 <input type="checkbox"/> None _____ Sisters 99 <input type="checkbox"/> DK	39-40																															
b. How many brothers do you have, including any that may have died?	b.	00 <input type="checkbox"/> None _____ Brothers 99 <input type="checkbox"/> DK	41-42																															
<i>If "None" in 3a and 3b, skip to 9.</i>																																		
4. Have any of your [brothers/(or) sisters] ever been diagnosed by a doctor as having cancer?	4.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }	43																															
5. What are the first names of your [brothers/(or) sisters] who had cancer? <i>Record each person in a separate column</i> Anyone else?	5.	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">44</td> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="width:10%; text-align: right;">62</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> <tr> <td>Sex: 1 <input type="checkbox"/> Male</td> <td style="border-bottom: 1px solid black;"></td> <td>Sex: 1 <input type="checkbox"/> Male</td> </tr> <tr> <td>2 <input type="checkbox"/> Female</td> <td style="border-bottom: 1px solid black;"></td> <td>2 <input type="checkbox"/> Female</td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td style="border-bottom: 1px solid black;"></td> <td>9 <input type="checkbox"/> DK</td> </tr> </table> </td> <td style="width:50%; border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">45-47</td> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="width:10%; text-align: right;">63-65</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> <tr> <td>Sex: 1 <input type="checkbox"/> Male</td> <td style="border-bottom: 1px solid black;"></td> <td>Sex: 1 <input type="checkbox"/> Male</td> </tr> <tr> <td>2 <input type="checkbox"/> Female</td> <td style="border-bottom: 1px solid black;"></td> <td>2 <input type="checkbox"/> Female</td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td style="border-bottom: 1px solid black;"></td> <td>9 <input type="checkbox"/> DK</td> </tr> </table> </td> </tr> </table>	<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">44</td> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="width:10%; text-align: right;">62</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> <tr> <td>Sex: 1 <input type="checkbox"/> Male</td> <td style="border-bottom: 1px solid black;"></td> <td>Sex: 1 <input type="checkbox"/> Male</td> </tr> <tr> <td>2 <input type="checkbox"/> Female</td> <td style="border-bottom: 1px solid black;"></td> <td>2 <input type="checkbox"/> Female</td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td style="border-bottom: 1px solid black;"></td> <td>9 <input type="checkbox"/> DK</td> </tr> </table>	44		62	Name			Sex: 1 <input type="checkbox"/> Male		Sex: 1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female		2 <input type="checkbox"/> Female	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: right;">45-47</td> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="width:10%; text-align: right;">63-65</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> <tr> <td>Sex: 1 <input type="checkbox"/> Male</td> <td style="border-bottom: 1px solid black;"></td> <td>Sex: 1 <input type="checkbox"/> Male</td> </tr> <tr> <td>2 <input type="checkbox"/> Female</td> <td style="border-bottom: 1px solid black;"></td> <td>2 <input type="checkbox"/> Female</td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td style="border-bottom: 1px solid black;"></td> <td>9 <input type="checkbox"/> DK</td> </tr> </table>	45-47		63-65	Name			Sex: 1 <input type="checkbox"/> Male		Sex: 1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female		2 <input type="checkbox"/> Female	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK
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2 <input type="checkbox"/> Female		2 <input type="checkbox"/> Female																																
9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK																																
6a. What kind of cancer did (name in 5) have? b. What part of the body was affected? _____ <input type="checkbox"/> DK	6a.	_____ (6c) 799 <input type="checkbox"/> DK (6b)	63-65																															
c. Did (name in 5) have any other kind of cancer that was diagnosed by a doctor?	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }	66																															
d. The FIRST time [he/she] was diagnosed with cancer, what kind of cancer was it?	d.	000 <input type="checkbox"/> Same as 6a/b (7) _____ (7) 799 <input type="checkbox"/> DK (6e)	67-69																															
e. What part of the body was affected?	e.	_____ <input type="checkbox"/> DK	68																															
7. How old was (name in 5) when cancer was first diagnosed by a doctor?	7.	_____ Age 99 <input type="checkbox"/> DK	69-71																															
8a. In what year was (name in 5) born? <i>If known, mark without asking.</i>	8a.	_____ Year 9999 <input type="checkbox"/> DK	72-75																															
b. Is (name in 5) still living?	b.	1 <input type="checkbox"/> Yes (HH1) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (HH1)	76																															
c. At what age did (name in 5) die?	c.	_____ Age 99 <input type="checkbox"/> DK	77-78																															
HH1	HH1	1 <input type="checkbox"/> Additional siblings (6) 2 <input type="checkbox"/> No more siblings (9)	79																															

Notes

Section HH – FAMILY HISTORY OF CANCER – Continued

Read to respondent: These questions are about your natural or birth children. Do not include any children for whom you are an adoptive, step, or foster parent.

<p>9a. How many daughters do you have, including any that may have died?</p>	9a.	<input type="checkbox"/> None _____ Daughters <input type="checkbox"/> DK	23-24
<p>b. How many sons do you have, including any that may have died?</p>	b.	<input type="checkbox"/> None _____ Sons <input type="checkbox"/> DK	25-26
<i>If "None" in 9a and 9b, skip to section II.</i>			
<p>10. Have any of your children ever been diagnosed by a doctor as having cancer?</p>	10.	<input type="checkbox"/> Yes <input type="checkbox"/> No } (15) <input type="checkbox"/> DK	27
<p>11. What are the first names of your children who had cancer? <i>Record each person in a separate column</i> Anyone else?</p>	11.	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;">Name _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> </div> <div style="width: 48%;"> <p style="text-align: center;">Name _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> </div> </div>	28-35 36 62
<i>Ask 12-14 for the first person listed in 11 before asking 12-14 for the next person.</i>			
<p>12a. What kind of cancer did (name in 11) have?</p>	12a.	_____ (12c) <input type="checkbox"/> DK (12b)	37-39 63-65
<p>b. What part of the body was affected?</p>	b.	_____ <input type="checkbox"/> DK	62
<p>c. Did (name in 11) have any other kind of cancer that was diagnosed by a doctor?</p>	c.	<input type="checkbox"/> Yes <input type="checkbox"/> No } (13) <input type="checkbox"/> DK	40 66
<p>d. The FIRST time (he/she) was diagnosed with cancer, what kind of cancer was it?</p>	d.	<input type="checkbox"/> Same as 12a/b (13) _____ (13) <input type="checkbox"/> DK (12e)	41-43 67-69
<p>e. What part of the body was affected?</p>	e.	_____ <input type="checkbox"/> DK	62
<p>13. How old was (name in 11) when cancer was first diagnosed by a doctor?</p>	13.	_____ Age <input type="checkbox"/> DK	44-45 70-71
<p>14a. In what year was (name in 11) born?</p>	14a.	_____ Year <input type="checkbox"/> DK	46-49 72-75
<i>If this child in household, mark "Yes" box without asking.</i>			
<p>b. Is (name in 11) still living?</p>	b.	<input type="checkbox"/> Yes (HH2) <input type="checkbox"/> No (14c) <input type="checkbox"/> DK (HH2)	50 76
<p>c. At what age did (name in 11) die?</p>	c.	_____ Age <input type="checkbox"/> DK	51-52 77-78
HH2	Refer to entries in 11.	HH2 <input type="checkbox"/> Additional children (12) <input type="checkbox"/> No more children (15)	53 79

Notes

Section HH – FAMILY HISTORY OF CANCER – Continued

15. Has the natural [father/mother] of [any of your (other) children/your child] ever been diagnosed by a doctor as having cancer?	15.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (section II)	5
16a. What is the [father's/mother's] name? ----- Name	16a.		
b. Is (name in 16a) the [father/mother] of all your (other) children?	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6
17a. What kind of cancer did (name in 16a) have? ----- (17c) 799 <input type="checkbox"/> DK (17b)	17a.		7-9
b. What part of the body was affected? ----- <input type="checkbox"/> DK	b.		
c. Did (name in 16a) have any other kind of cancer that was diagnosed by a doctor?	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (18)	10
d. The FIRST time [he/she] was diagnosed with cancer, what kind of cancer was it?	d.	000 <input type="checkbox"/> Same as 17a/b (18) ----- (18) 799 <input type="checkbox"/> DK (17e)	11-13
e. What part of the body was affected? ----- <input type="checkbox"/> DK	e.		
18. How old was (name in 16a) when cancer was first diagnosed by a doctor?	18.	----- Age 99 <input type="checkbox"/> DK	14-15
19a. In what year was (name in 16a) born? ----- Year 9999 <input type="checkbox"/> DK <i>If person in household, mark "Yes" without asking.</i>	19a.		16-19
b. Is (name in 16a) still living?	b.	1 <input type="checkbox"/> Yes (20) 2 <input type="checkbox"/> No (19c) 9 <input type="checkbox"/> DK (20)	20
c. At what age did (name in 16a) die?	c.	----- Age 99 <input type="checkbox"/> DK	21-22
20a. How many children did you and (name in 16a) have together, including any that may have died?	20a.	----- No. of children	23-24
b. How many of these children are sons and how many are daughters?	b.	----- No. of sons ----- No. of daughters	25-26 27-28
c. What are the children's first names?	c.	----- First name ----- First name ----- First name ----- First name ----- First name ----- First name ----- First name ----- First name ----- First name	29-36 37-44 45-52 53-60 61-68 69-76 77-84 85-92
HH3	HH3	Refer to 16b. 1 <input type="checkbox"/> "No" in 16b (15) 8 <input type="checkbox"/> "Yes" in 16b (section II)	93

Section II – CANCER SURVIVORSHIP

RT 91

3-4

5

1. Has a doctor or other health professional ever told you that you had cancer of any kind (including any cancer you have already mentioned)?

- 1 Yes
 2 No (section JJ)

2a. What kind of cancer was it?

6-8

_____ (3)
 799 DK (2b)

b. What part of the body was affected?

_____ DK

3. How old were you when this cancer was first diagnosed by a doctor?

9-10

_____ Age
 99 DK

4. Besides this cancer, has a doctor ever told you that you had any other kind of cancer?

11

- 1 Yes
 2 No (section JJ)

5a. What kind of cancer was it?

12-14

_____ (6)
 799 DK (5b)

b. What part of the body was affected?

_____ DK

6. How old were you when THIS cancer was first diagnosed by a doctor?

15-16

_____ Age
 99 DK

Notes

Section JJ – OCCUPATIONAL EXPOSURE

These next questions are about the kind of work you have done the longest, not counting work around the house.

17-19

1. Thinking of all the jobs or businesses you have ever had, what kind of work have you done the longest? Include work in the Armed Forces. For example, electrical engineer, stock clerk, typist, farmer.

99 Never worked (section KK)

Occupation/kind of work

2. When you were doing this kind of work, what were your most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.

Duties

3a. How long did you do this kind of work?

20-21

00 Less than one year

____ Years

99 DK

b. How old were you when you started doing this kind of work?

22-23

____ Age

99 DK

4. What kind of business or industry did you work in the longest as (entry in 1)? (For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.)

24-26

Industry

Complete from entries in 1, 2, and 4. If not clear, ask:

27

5. Were you –

- An employee of a PRIVATE company, business or individual for wages, salary, or commission? P
- A member of the ARMED FORCES? AF
- A FEDERAL government employee? F
- A STATE government employee? S
- A LOCAL government employee? L
- Self-employed in OWN business, professional practice, or farm?
- Ask: Is the business incorporated?
- Yes I
- No SE
- Working WITHOUT PAY in family business or farm? . . . WP

Class of worker

- 1 P
- 2 AF
- 3 F
- 4 S
- 5 L
- 6 I
- 7 SE
- 0 WP

Notes

Section KK — HEIGHT, WEIGHT, RELATIONSHIPS, AND SOCIAL ACTIVITIES

1. About how tall are you without shoes?	_____ Feet _____ Inches	28-30						
2. About how much do you weigh without shoes?	_____ Pounds	31-33						
3. When you weighed the most, how much did you weigh (not including pregnancy)?	_____ Pounds	34-36						
These next questions are about social activities and relationships.	_____ Friends	37-38						
4a. (Not including your [husband/wife]) Of all your friends, how many are there that you can talk to about private matters or can call on for help?	oo <input type="checkbox"/> None	39-40						
b. (Not including your [husband/wife]) How many relatives do you have that you can talk to about private matters or can call on for help?	_____ Relatives oo <input type="checkbox"/> None	41-42						
<i>If None in 4a and 4b, skip to 5.</i>	_____ Friends and relatives	41-42						
c. How many of these friends and relatives do you see or talk to at least once a month?	oo <input type="checkbox"/> None	43-45						
5a. How often do you participate in or attend group meetings or activities, for example, social clubs, PTA, sporting events, church groups or other community service groups?	_____ Times per { <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr><td style="padding: 0 5px;">2</td><td><input type="checkbox"/> Week</td></tr> <tr><td style="padding: 0 5px;">3</td><td><input type="checkbox"/> Month</td></tr> <tr><td style="padding: 0 5px;">4</td><td><input type="checkbox"/> Year</td></tr> </table> ooo <input type="checkbox"/> Never	2	<input type="checkbox"/> Week	3	<input type="checkbox"/> Month	4	<input type="checkbox"/> Year	43-45
2	<input type="checkbox"/> Week							
3	<input type="checkbox"/> Month							
4	<input type="checkbox"/> Year							
b. How often do you go to church, temple, or other religious services?	_____ Times per { <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr><td style="padding: 0 5px;">2</td><td><input type="checkbox"/> Week</td></tr> <tr><td style="padding: 0 5px;">3</td><td><input type="checkbox"/> Month</td></tr> <tr><td style="padding: 0 5px;">4</td><td><input type="checkbox"/> Year</td></tr> </table> ooo <input type="checkbox"/> Never	2	<input type="checkbox"/> Week	3	<input type="checkbox"/> Month	4	<input type="checkbox"/> Year	46-48
2	<input type="checkbox"/> Week							
3	<input type="checkbox"/> Month							
4	<input type="checkbox"/> Year							

Notes

CARD R

- 1. Aleut, Eskimo, or American Indian**
- 2. Asian or Pacific Islander**
- 3. Black**
- 4. White**

FORMS 501 (1985) 110284

CARD O

- 1. Puerto Rican**
- 2. Cuban**
- 3. Mexican/Mexicano**
- 4. Mexican American**
- 5. Chicano**
- 6. Other Latin American**
- 7. Other Spanish**

Card R
Card O

FORMS 501 (1985) 112284

CARD I

- U \$20,000 – \$24,999**
- V \$25,000 – \$29,999**
- W ... \$30,000 – \$34,999**
- X \$35,000 – \$39,999**
- Y \$40,000 – \$44,999**
- Z \$45,000 – \$49,999**
- ZZ... \$50,000 and over**

FORMS 501 (1985) 112284

CARD J

- A Less than \$1,000 (including loss)**
- B \$1,000 – \$1,999**
- C \$2,000 – \$2,999**
- D \$3,000 – \$3,999**
- E \$4,000 – \$4,999**
- F \$5,000 – \$5,999**
- G \$6,000 – \$6,999**
- H \$7,000 – \$7,999**
- I \$8,000 – \$8,999**
- J \$9,000 – \$9,999**
- K \$10,000 – \$10,999**
- L \$11,000 – \$11,999**
- M \$12,000 – \$12,999**
- N \$13,000 – \$13,999**
- O \$14,000 – \$14,999**
- P \$15,000 – \$15,999**
- Q \$16,000 – \$16,999**
- R \$17,000 – \$17,999**
- S \$18,000 – \$18,999**
- T \$19,000 – \$19,999**

Card I
Card J

FORMS 501 (1985) 112284

CARD M

Has anyone in the family ever adopted any children?

- (1) Yes
- (2) No

HS 501 (1987) 10 20 86

CARD Q1

- Bran flakes
- Corn flakes
- Hamburgers
- Lettuce
- Baked beans
- Carrots
- White rice
- Raw apples

Card M
Card Q1

(Cut along dashed line)

HS 501 (1987) 10 20 86

CARD Q2

- Fried chicken
- White bread
- Soda or soft drinks
- Peanut butter
- Broiled fish
- Bananas
- Cold cuts or lunch meats
- Doughnuts

HS 501 (1987) 10 20 86

CARD R1

- Stress
- Inherited make-up or heredity
- Exposure to X-Rays
- Poor eating practices
- Using chewing tobacco, snuff, pipes, or cigars
- Air pollution
- Some cloth dyes
- Exposure to toxic waste dumps
- Exposure to toxic substances on the job
- Exposure to people with cancer
- Excessive drinking of alcoholic beverages
- Exposure to the sun
- Cigarette smoking
- Exposure to nuclear waste
- Some strong soaps and detergents
- Viruses
- Some medicines
- Medical procedures using radiation

Card Q2
Card R1

(Cut along dashed line)

HS 501 (1987) 10 20 86

CARD R2

- 1. Strongly agree**
- 2. Agree**
- 3. Disagree**
- 4. Strongly disagree**
- 5. No opinion**

HS 587 (1987) 18 20-88

CARD R3

- Church**
- Local school**
- Hospital**
- Club meeting**
- Workplace**
- Home**
- Senior center**
- Community center**
- Other place**

Card R2

Card R3

IC: 4/8/87 (4/8/87) 18/20

HS 587 (1987) 18 20-88

CARD S



Sketch of woman on whom mammography is being performed using the most common type of X-ray equipment. Other types of X-ray equipment are also used.

HS 587 (1987) 18 20-88

CARD W

- 1. Strong**
- 2. Moderate**
- 3. Slight**

Card S

Card W

IC: 4/8/87 (4/8/87) 18/20

HS 587 (1987) 18 20-88

**LIST 1
FRUITS AND JUICES**

HOW OFTEN DID YOU EAT OR DRINK —	WHAT SIZE PORTION DID YOU USUALLY EAT OR DRINK?
Orange juice or grapefruit juice?	Small, medium, or large?
Other fruit juices or fortified fruit drinks?	
Oranges?	
Grapefruit?	
Cantaloupe in season?	Medium (1/4 cant.)
Apples or applesauce?	

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**LIST 2
VEGETABLES**

HOW OFTEN DID YOU EAT —	WHAT SIZE PORTION DID YOU USUALLY EAT?
Beans, such as baked beans, pinto, kidney beans, or in chili? Do not include green beans.	Small, medium, or large?
Carrots, or mixed vegetables containing carrots?	
Tomatoes, including in salad?	
Green salad?	
Salad dressing or mayonnaise, including on sandwiches?	
Broccoli?	
Spinach?	
Collards, mustard greens, turnip greens, etc?	
Cole slaw, cabbage, or sauerkraut?	
French fries or fried potatoes?	
Potatoes, baked, boiled, or mashed?	
Sweet potatoes or yams?	
Rice?	

List 1
List 2

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**LIST 3
MEATS AND MIXED DISHES**

HOW OFTEN DID YOU EAT —	WHAT SIZE PORTION DID YOU USUALLY EAT?
Hamburgers, cheeseburgers, or meatloaf?	Small, medium, or large?
Beef, such as steaks, or roasts?	
Beef stew or potpie containing vegetables?	
Liver, including chicken liver?	
Pork, such as chops, or roasts?	Medium (2 chops or 4oz. of roast)
Fried chicken?	Medium (2 small or 1 large piece)
Chicken or turkey, baked, stewed or broiled?	Medium (2 small or 1 large piece)
Fried fish or fish sandwiches?	
Spaghetti, lasagna, or pasta with tomato sauce?	

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**LIST 4
BREAKFAST FOODS**

HOW OFTEN DID YOU EAT —	WHAT SIZE PORTION DID YOU USUALLY EAT?
Cooked cereals like oatmeal?	Small, medium, or large?
High fiber cereals like bran, granola, or shredded wheat?	
Highly fortified cereals like Product 19, Total, or Most?	
Other cold cereals like Rice Krispies or corn flakes?	
Eggs?	How many eggs?
Bacon?	How many slices?
Sausage?	How many patties or links?

List 3
List 4

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**LIST 5
BREADS, LUNCHES, AND SNACKS**

HOW OFTEN DID YOU EAT —	WHAT SIZE PORTION DID YOU USUALLY EAT?
Vegetable soup, vegetable beef, minestrone or tomato soup? Do not include other kinds of soup.	Small, medium, or large?
Hot dogs?	How many hot dogs?
Ham or lunch meats?	
White bread, rolls, or crackers, including sandwiches, bagels, and so forth?	Medium (2 slices or 4 crackers)
Dark breads like whole wheat, rye, or pumpernickel?	Medium (2 slices)
Corn bread, corn muffins, corn tortillas, or grits?	
Butter on bread, rolls or on vegetables?	Medium (2 pats)
Margarine on bread, rolls, or on vegetables?	Medium (2 pats)
Cheese or cheese spreads, not including cottage cheese?	
Peanuts or peanut butter?	
Salty snacks like chips or popcorn?	

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**LIST 6
SWEETS AND BEVERAGES**

HOW OFTEN DID YOU EAT OR DRINK —	WHAT SIZE PORTION DID YOU USUALLY EAT OR DRINK?
Ice cream?	Small, medium, or large?
Pie?	
Doughnuts, cookies, cake, or pastry?	
Chocolate candy?	
Sugar in coffee or tea, or on cereal?	Medium (2 tsp.)
Whole milk or drinks made with whole milk, NOT including on cereal?	
2% milk or drinks made with 2% milk, NOT including on cereal?	
Skim milk or 1% milk or buttermilk, NOT including on cereal?	
Milk or cream in coffee or tea?	
Soda or soft drinks containing sugar?	
Beer?	a. How often?
Wine?	b. On the days you drank it, how many cans, glasses, or drinks?
Liquor?	c. Small, medium or large?

List 5
List 6

(Cut along broken line)

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