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HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY

Selected Impairments by etiology and activity limitation

United States July 1959 - June 1961

Statistics on the average prevalence of impairments involving vision, hearing, speech, absence of major extremities, paralysis, and other impairments of limbs, back, trunk, by sex, age, etiology, and chronic activity limitation. Based on data collected in household interviews during July 1959-June 1961.

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

CO-OPERATION OF THE BUREAU OF THE CENSUS

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

In accordance with specifications established by the National Health Survey, the Bureau of the Census, under a contractual arrangement, participates in most aspects of survey planning, selects the sample, collects the data, and carries out certain parts of the statistical processing.

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SYMBOLS AND NOTES

SELECTED IMPAIRMENTS

SUMMARY OF FINDINGS

The estimated average prevalence of selected types of impairments among the noninstitutional population is based on data collected in household interviews conducted during July 1959–June 1961 by the U. S. National Health Survey, National Center for Health Statistics.

The leading cause of visual impairments of all types was cataract. Cataract, glaucoma, and other local diseases of the eye, combined, accounted for 50 percent of all cases of <u>severe</u> visual impairments and for 55 percent of such cases among persons 65 years of age and over. About 67 percent of all persons with severe visual impairments were 65 years old or older.

It was attributed to 'old age' or other and ill-defined conditions in 37 percent. Infection caused about 21 percent of the cases.

About 93 percent of the persons with hearing impairments were reported to have no limitation of any kind in their usual activities because of their hearing.

One half of all reported speech defects were among children under the age of 15, predominantly among boys 5-9 years of age. Three fourths of all persons with speech defects were under the age of 45.

The cause of speech defects was reported as unknown or in ill-defined terms in a large proportion of the cases, particularly among younger persons. Among persons 45 years and older, 43

Selected impairments	Average number in thousands	Rate per 1,000 population
All visual impairments	3,494	19.8
Severe visual impairments	988	5.6
Other visual impairments	2,507	14.2
Hearing impairments, all types	6,231	35.3
Speech defects	1,034	5.9
Paralysis, complete or partial	946	5.4
Absence of major extremities	259	1.5
Other impairments of limbs, back, trunk	13,198	74.9

Among persons with <u>severe</u> visual impairments, 32 percent were unable to engage in the usual activity of their population group (work, keep house, or go to school) because of their vision, and 27 percent were partially limited.

The cause of hearing impairment was unknown to the respondent in 35 percent of the cases.

percent of the cases were due to vascular lesions of the central nervous system.

Speech disorders caused relatively little interference with the person's usual activities except among older persons. About 45 percent of the people 45 years and over were restricted to some degree—probably because of strokes complicated by speech loss.

About 63 percent of the cases of paralysis, complete or partial, occurred among persons over the age of 45. Vascular lesions of the central nervous system were the outstanding cause among

This report was prepared by Louise E. Bollo of the $U.\ S.\ National\ Health\ Survey\ staff.$

older persons, while congenital or birth factors (probably the cerebral palsy cases) caused the largest number among younger people.

Paralysis caused major limitation of activity in 52 percent of the cases at ages 45 and over; and 20 percent among persons under 45 years.

Absence of major extremity was due to injury in 76 percent of all cases. About four fifths of these amputees were males whose losses were caused by injury in 85 percent of the cases. Partial activity limitation was experienced in 36 percent of all cases; major limitation, in 15 percent.

Of other orthopedic defects injury was by far the most important cause known to the respondent. These impairments of the limbs, trunk, and back were limiting to some extent in about 25 percent of the cases.

INTRODUCTION

An earlier report published by the U. S. National Health Survey—Impairments by type, sex, and age: United States, July 1957-June 1958, Series B, No. 9—included data on many broad types of impairments. Medical care status, bed-disability days, the proportion caused by injury, and the major activity of the impaired person were discussed.

The present report will be restricted to impairments involving: (1) vision, (2) hearing, (3) speech, (4) absence of major extremities, (5) paralysis, and (6) other orthopedic defects. Injury and other etiologic factors contributing to these impairments will be considered. In addition, each of the selected types will be reviewed with respect to whether the impaired person is limited in his usual activities because of these conditions.

SOURCE AND LIMITATIONS OF THE DATA

The data presented in this report are derived from household interviews obtained in a continuous probability sample of the civilian, noninstitutional population of the United States during the 24-month period, July 1959-June 1961. Interviews were conducted during that time in approximately 76,000 households comprised of about 250,000 persons living at the time of the interview. The estimated prevalence of the selected impairments is an average prevalence, i.e., the data for these two years have been combined and averaged.

These estimates pertain to impairments among persons able to live at home, and therefore exclude persons receiving care or training in institutions such as schools for the blind or the deaf.

or in nursing homes or convalescent homes in which persons may be blind, deaf, paralyzed, or unable to move about freely because of a fractured hip or other bone and joint conditions.

A brief description of the statistical design of the survey, the methods of estimation, and the general qualifications of the data is presented in Appendix 1. Particular attention is called to information contained in the section "Reliability of Estimates." The data in all cells in the tables are subject to errors of sampling, i.e., errors resulting from the use of a sample of households instead of all of the households in the United States. In cells where the estimated number or the numerator or denominator of a rate or percentage is small, the sampling error may be high, and such estimates, percentages, and rates must be interpreted with caution.

It is suggested that the reader become familiar also with the material in Appendixes II and III. Definitions of certain terms used in this report and the complete Classification of Impairments (X-Code) by type, site, and etiology are presented in Appendix II.

The sections of the survey questionnaire shown in Appendix III that apply to data presented in this report include the "illness-recall questions" (11-17); the checklists of chronic conditions and impairments (Cards A and B) used with questions 16 and 17; Cards C through F used at column (r) of table I; and columns (d-1) through (d-5) of table I.

Finer details of types and sites of conditions are sought in columns (d-1) through (d-5). At column (d-2) the interviewer asks for the cause of symptoms and impairments. Replies to this question form the basis of data on the etiology of impairments. Particular attention is called to column (d-3) which contains the special question which is used to classify persons with visual impairments according to whether or not they can read newspaper print with glasses.

Columns (r) through (t) supply information concerning limitation of activity due to impairments and other chronic conditions. If one or more chronic conditions have been reported for himself or someone else in the family, the respondent is shown one of the Cards C through F, as appropriate, and is asked which of the statements thereon fits best in terms of health. Card C is used for workers and other persons (including retired persons); Card D, for housewives; Card E, for children from 6 through 16 years old; and Card F, for children under 6 years old. The statements on the cards may be summarized as follows:

 Persons unable to carry on major activity for their group (major activity refers to ability to work, keephouse, or go to school)

- Persons limited in the amount or kind of major activity performed.
- Persons not limited in major activity but otherwise limited.
- 4. Persons not limited in activities.

Replies at column (r) are used to characterize persons who have one or more chronic conditions and/or impairments with respect to their over-all capacity to work, keep house, or go to school. If the selected statement is 4 (persons not limited in activities), the interviewer asks no further questions in table I.

If statements 1, 2, or 3 are stated by the respondent to be applicable, the interviewer asks: "Is this because of any of the conditions you have told me about?" If the reply is "yes," the interviewer asks which reported condition is responsi-

ble, and places an "X" in column (t) for each condition named. If multiple chronic conditions have been reported the respondent may name one or more according to his opinion of the causes of the limitation.

When a person is asked whether or not activity limitation exists, and if so to what extent and what condition caused it, his attitudes and knowledge influence his replies. The adequacy of these replies may depend also on whether the respondent is reporting for himself or for some other person. This situation holds true when the person is asked to state the cause of an impairment as well as for other items of information.

Data obtained from columns (u), (v), and (w), such as duration of activity limitation and mobility limitation, are not included in this report.

VISUAL IMPAIRMENTS

Definitions.—According to the estimates and classification methods of the Health Interview Survey about 3½ million persons among the civilian, noninstitutional residents of the United States have some chronic or permanent difficulty in seeing. This number excludes persons with refractive errors which have been corrected to an extent that they do not cause trouble in seeing. It includes reported visual defects which are defined by the survey according to severity as follows:

- 1. Severe visual impairments include: that degree of visual impairment in a person 6 years old or older which, according to the respondent's reply, renders him unable to read ordinary newspaper print with glasses; or, for persons under 6 years of age or who have never learned to read, a report of "blind in both eyes," or in terms indicating no useful vision in either eye. This class of impairment is coded to category X00 of the X-Code (see Appendix II).
- 2. Other visual impairments include: visual difficulty in a person 6 years old or older which, however, is not severe enough to prevent him from reading ordinary newspaper print with glasses; or for persons under 6 years of age, or who have never learned to read, a report of trouble in seeing (or something equivalent) but not indicating loss of vision in both eyes. Impairments of this degree are coded to X01-X05 of the X-Code (see Appendix II).

In this report the term "severe visual impairments" will be used to denote cases of visual impairment included in class 1, above, whereas in the earlier report (Series B, No. 9) the term "blindness" was applied to these cases. The use of the term "blindness" presented the possibility of confusion with the more specific definition of blind persons, which includes those who are considered legally blind—i.e., their central visual acuity is 20/200 or worse with the best correcting lens, or even if they see better than 20/200 their field of vision has been reduced to 20 degrees or less.

Of the 3½ million people reporting visual defects, 988,000 were classified by the survey as having severe visual impairments. The prevalence rate for this degree of severity is 5.6 persons per 1,000 population, and has been consistent during each of the first four years of the Health Interview Survey.

According to the Public Health Service Publication No. 706—"Facts on Blindness in the United States" 1—the estimated number of blind

¹Source: National Society for the Prevention of Blindness.

persons in this country as of 1957 was 339,000—a rate of 2.0 per 1,000 population. The considerable difference in rates of 5.6 and 2.0 per 1,000 indicates that the survey question "Can you see well enough to read ordinary newspaper print with glasses?" must be producing negative responses from a number of people who may not be blind to the degree of legal blindness, or perhaps, whose visual acuity might be improved if they possessed and used glasses with the necessary correction. It is also true, however, that a certain proportion of these people are blind and have no useful vision in either eye.

Tabulations of visual impairments in this report show totals for severe and other types combined, and for the severe and other types separately. By this means estimates of the extent of visual problems in the United States may be obtained, at least in so far as they are known to the household members reporting them.

The total number of visual impairments shown herein is also a count of persons, since a person is coded only once by degree of visual loss.

Age and sex.—In all tables which present visual impairments in relation to the age of the person, age groups are shown as under 65, and 65 years of age and over, with the exception of table A which shows finer age breaks. It can be seen that totals for the younger ages, particularly for the severe impairments, are small and are therefore subject to high sampling error.

Two thirds of all cases of severe visual impairments occur among persons 65 years of age or older, with 44.4 percent among persons 75 years old or older. All types of visual impairments—even the less serious—increase greatly after the age of 45.

Table B shows the prevalence of visual impairments by age and sex in terms of rate per 1,000 population. At ages 65 and over, 108.4 persons per 1,000 have visual impairments; among males of this age the rate is 101.2; among females, 114.3. The rates are higher for females than for males of these ages, regardless of the severity of the impairment. Among younger persons, 11.4 per 1,000 are impaired visually. However, the difference in the rates for males and females noted among those 65 years and over is not present among younger persons.

Etiology.—The reported causes of visual impairments by age and sex are shown in tables 1 and 2, arranged in 7 etiologic groups. Each of the 7 groups is composed of 1 or more of the 12 etiologic codes applicable to visual impairments as provided for in the Classification of Impairments (X-Code), and listed in Appendix II.

Table A. Average prevalence and percent distribution of visual impairments by age:
United States, July 1959-June 1961

Age	All visual impair-	Severe visual impair-	Other visual impair-	All visual impair-	Severe visual impair-	Other visual impair-	
	ments	ments	ments	ments	ments	ments	
All ages	i .	rage numb thousand		Percent distributio			
Total	3,494	988	2,507	100.0	100.0	100.0	
Under 65							
Total	1,832	326	1,506	52.4	33.0	60.1	
Under 14	211 198 205 259 416 544	21 21 28 37 88 131	189 177 177 222 328 413	6.0 5.7 5.9 7.4 11.9 15.6	2.1 2.1 2.8 3.7 8.9 13.3	7.5 7.1 7.1 8.9 13.1 16.5	
<u>65+</u>						·	
Total	1,662	662	1,001	47.6	67.0	39.9	
65-74 75+	726 936	223 439	504 497	20.8 26.8	22.6 44.4	20.1	

In cases of multiple causes—a not uncommon finding—arbitrary rules were followed in coding. Only one visual impairment per person was assigned and only one etiologic code, per impairment, was applied. For example, when a case was due to injury and also reported to be due to any other cause, preference was given to injury; or if injury was not implicated, and both cataract and glaucoma had caused the impairment, the etiologic code for cataract was selected; or if injury was not implicated, and cataract and also diabetes were the causes, preference was given to diabetes.

The etiologic groups shown in this report for impairments of vision are defined as follows:

The etiologic group "cataract (with any other local eye disease)" contains any case due to cataract alone or with any other local eye disease; it includes cataract of congenital origin, but excludes cataract due to injury or to general diseases.

''Glaucoma, only'' includes cases due to glaucoma, congenital or not, but not due to any other cause, and not coupled with any other local eye disease. "Other local eye diseases" includes cases due to any eye disease, congenital or not—other than cataract or glaucoma—of the types included in categories 370-379, 380-384, 386, and 388 of the International Classification of Diseases (ICD). Here are classified cases due to retrolental fibroplasia, detached retina, refractive errors, strabismus, corneal conditions, etc., including many cases due to ill-defined eye diseases.

"General diseases (diabetes, stroke, etc.)" includes cases, not involving injury, due to diseases included in ICD categories 140-369, 400-468, and 590-594, such as neoplasms, vascular diseases, diabetes, hypertension, renal diseases.

The group "Injury (with any other cause)" includes cases due to injury alone, or to injury with mention of any other cause.

"Other and ill-defined conditions" includes cases due to trachoma, tuberculosis, poliomyelitis, venereal, or other infective or parasitic diseases, as well as causes not classifiable elsewhere. It is known to include many cases in which the only cause reported was "old age."

Table B. Average prevalence and rate per 1,000 population of visual impairments by sex and age: United States, July 1959-June 1961

Sex and age	All visual impair- ments	Severe visual impair- ments	Other visual impair- ments	All visual impair- ments	Severe visual impair- ments	Other visual impair- ments
Both sexes		rage numb thousand		Rate per	1,000 po	pulation
All ages	3,494	988	2,507	19.8	5.6	14.2
Under 6565+	1,832 1,662	326 662	1,506 1,001	11.4 108.4	2.0 43.2	9.4 65.3
<u>Male</u>						
All ages	1,642	426	1,216	19.1	5.0	14.2
Under 6565+	943 698	164 262	780 437	12.0 101.2	2.1 38.0	9.9 63.4
<u>Female</u>			·			
All ages	1,852	562	1,290	20.5	6.2	14.3
Under 65	889 964	162 400	726 564	10.8 114.3	2.0 47.4	8.8 66.9

The final group "Unknown to respondent" includes cases in which the respondent did not or could not supply any cause of any kind. In 15.4 percent of all reported visual defects the cause was unknown to the respondent.

Since the prevalence of severe visual impairments is highest among older persons, often because such impairments are caused by diseases characteristic of this segment of the population, the rates among persons of all ages are heavily weighted by the rates for persons 65 years and over. For this reason, the order of frequency of the reported causes of severe visual impairments was the same for all ages as it was for persons 65 years and older (table C). Cataract was the leading cause of severe visual impairments,

The number of cases of severe impairment said to be due to glaucoma ranks last which is contrary to the general opinion. The survey classification methods may be responsible for the relatively small number of cases of any degree of visual impairment reported to be due to glaucoma. Another possibility is that the specific name of this eye disease may not be well known to house-

hold respondents. If the latter is true, some cases due to glaucoma may be attributed to some ill-defined eye condition.

Cataract, glaucoma, and other local eye diseases, combined, accounted for 49.5 percent of all cases of severe visual impairment, for persons of all ages, and 55.0 percent for persons 65 years of age and over.

The general diseases (diabetes, vascular disease, neoplasms, and hypertension) caused 10.5 percent of the severe cases at all ages, and 10.1 percent of such cases at ages 65 and over. Injury (with any other cause), as shown intable C, ranks next to last, as the cause of severe visual impairments at all ages, and also among older persons.

The reported causes of visual impairments are shown in table D, by age, in terms of rates per 1,000 population. Injury is the leading cause among persons under age 65. Of these ages, 2.7 persons per 1,000 have visual impairments due to injury. Table 1 shows that injury accounted for 23.4 percent of the visual impairments included among persons under 65 years of age. Cataractis the outstanding cause in persons over age 65. The

Table C. Average prevalence, percent distribution, and rate per 1,000 population of severe visual impairments by etiology, for all ages, and ages 65+, in relative order: United States, July 1959-June 1961

	All ages				65+	
Etiology	Average number in thousands	Percent distri- bution	Rate per 1,000 popu- lation	Average number in thousands	Percent distri- bution	Rate per 1,000 popu- lation
All causes	988	100.0	5.6	662	100.0	43.2
Cataract (with any other local eye disease) Unknown to respondent Other and ill-defined conditions Local eye diseases except cataract and glaucoma General diseases (diabetes, stroke, etc.) Injury (with any other cause)	305 175 137 135 104 85 48	30.9 17.7 13.9 13.7 10.5 8.6 4.9	1.7 1.0 0.8 0.8 0.6 0.5	255 103 91 76 67 37 33	38.5 15.6 13.7 11.5 10.1 5.6 5.0	16.6 6.7 5.9 5.0 4.4 2.4 2.2

Table D. Average prevalence and rate per 1,000 population of visual impairments by etiology and age: United States, July 1959-June 1961

Etiology	All ages	Under 65	65+	All ages	Under 65	65+	
	1 -				Rate per 1,000 population		
All causes	3,494	1,832	1,662	19.8	11.4	108.4	
Cataract (with any other local eye disease)	936 200 546 232 570 471 539	249 100 376 112 429 267 299	687 99 170 120 142 203 240	5.3 1.1 3.1 1.3 3.2 2.7 3.1	1.5 0.6 2.3 0.7 2.7 1.7	44.8 6.5 11.1 7.8 9.3 13.2 15.7	

rate for all causes, all types, is 108.4 per 1,000 among older persons, but only 11.4 for persons under 65 years of age.

The causes of visual impairments without respect to severity are shown in figure 1 by sex, in terms of rates per 1,000 population. Cataract is the leading cause among females, while injury is the leading cause among males. The rate per 1,000 population in each category of causes is higher for females than for males, except for cases due to injury. The rate for all causes, all types, is 19.1 among males, and 20.5 among females, as indicated in table 2.

Activity limitation.—Figure 2 shows, for all visual impairments combined, the extent of activity limitation caused by the person's state of vision. Among all visually impaired persons, under age 65, 78.7 percent were not affected in their ability to work, keep house, or go to school; 5.4 percent were unable to engage in the major activity of their group because of their vision; and 15.9 percent attributed lesser activity restriction to their vision.

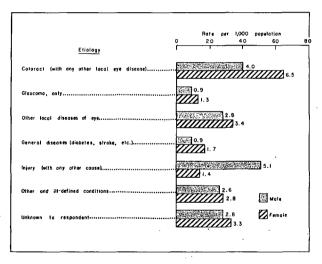


Figure 1. Average prevalence of visual impairments per 1,000 population by sex and etiology.

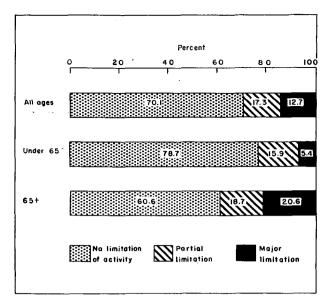


Figure 2. Percent of total visual impairments by activity limitation caused by the impairment according to age.

However, it was found that among the 798,000 males, 17 through 64 years of age, who had visual impairments, 20.9 percent were reported to be either unable to work or limited in the amount or kind of work they could do.

About 20.6 percent of the persons aged 65 years and over were reported as having major limitation, 18.7 percent, partially restricted, and 60.6 percent with no restriction in their usual activities because of their vision. It may be that older persons with visual impairments are attributing activity limitation to causes other than their visual status, or they may consider that they have no regular activity with which their vision interferes.

Among the estimated 4 million persons in the population who are unable to engage in the major activity of their group because of chronic conditions, 442,000, or 11.1 percent, are limited to this degree because of visual impairments. The corresponding figure for persons with partial limitation is 603,000 or 3.9 percent.

Table 1. Average prevalence, percent distribution, and rate per 1,000 population of visual impairments by etiology according to age: United States, July 1959-June 1961

		l visua pairmen			ere vis pairmen			er visu airment	
Etiology ^J	All ages	Under 65	65+	All ages	Under 65	65+	All ages	Under 65	65+
			Aver	age num	ber in	thousan	ds		-
All causes	3,494	1,832	1,662	~ 988	326	662	2,507	1,506	1,001
Cataract (with any other local			-						
eye disease)	936	249	687	305	49	255	631	200	432
Glaucoma, only	200	100	99	、 48	(*)	33	152	86	66
Other local eye diseases	546	376	170	135	59	76	411	317	95
General diseases (diabetes,	i								
stroke, etc.)	232	112	120	104	37	67	129	75	54
Injury (with any other cause)	570	429	142	. 85	48	37	486	381	105
Other and ill-defined conditions-	471	267	203	137	46	91	333	221	112.
Unknown to respondent	539	299	240.	175	72	103	364	227	138
e i e	Percent distribution								
All causes	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	-								
Cataract (with any other local									
eye disease)	26.8	13.6	41.3	30.9	15.0	38.5	25.2	13.3	43.2
Glaucoma, only	5.7	5.5	6.0	4.9	(*)	5.0	6.1	5.7	6.6
Other local eye diseases	15.6	20.5	10.2	13.7	18.1	11.5	16.4	21.0	9.5
General diseases (diabetes,									_
stroke, etc.)	6.6	6.1	7.2	10.5	11.3	10.1	5.1	5.0	5.4
Injury (with any other cause)	16.3	23.4	8.5	8.6	14.7	5.6	19.4	25.3	10.5
Other and ill-defined conditions-	13.5	14.6	12.2	13.9	14.1	13.7	13.3	14.7	11.2
Unknown to respondent	15.4	16.3	14.4	17.7	22.1	15.6	14.5	15.1	13.8
	'		Ra	te per i	1,000 p	opulati	on	•	•
All causes	19.8	11.4	108.4	5.6	2.0	43.2	14.2	9.4	65.3
Cataract (with any other local				,		}		. .	
eye disease)	5.3:	1.5	44.8	1.7	0.3	16.6	3.6	1.2	28.2
Glaucoma, only	1.1	0.6	6.5	0.3	(*)	2.2	0.9	0.5	4.3
Other local eye diseases	3.1	2.3	11.1	0.8	0.4	5.0	2.3	2.0	6.2
General diseases (diabetes,									
stroke, etc.)	1.3	0.7	7.8	0.6	0.2	4.4	0.7	0.5	3.5
Injury (with any other cause)	3.2	2.7	9.3	0.5	0.3	2.4	2.8	2.4	6.8
Other and ill-defined conditions-	2.7	1.7	13.2	0.8	.0.3	5.9	1.9	1.4	7.3
Unknown to respondent	3.1	1.9	15.7	1.0	0.4	6.7	2.1	1.4	9.0
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¹For inclusions in each etiology group, see text, under Hearing Impairments, Etiology.

Table 2. Average prevalence, percent distribution, and rate per 1,000 population of visual impairments by etiology according to sex: United States, July 1959-June 1961

met a seal		ll visu mpairme		Severe visual impairments			Other visual impairments		
Etiology ¹	Both sexes	Male	Fe- male	Both sexes	Male	Fe- male	Both sexes	Male	Fe- male
			Avei	age num	ber in	thousan	ıds		
All causes	3,494	1,642	1,852	988	426	562	2,507	1,216	1,290
Cataract (with any other local eye disease)	936	345	591	305	104	201	631	241	390
Glaucoma, only	200	79	120	48	18	30	152	61	91
Other local eye diseases	546	239	307	135	58	77	411	181	230
General diseases (diabetes,	340	239] 307	1 133	ا ا	l ''	411	101	230
stroke, etc.)	232	78	155	104	33	71	129	45	84
Injury (with any other cause)	570	440	131	85	62	23	486	378	108
Other and ill-defined conditions-	471	220	251	137	71	67	333	149	184
Unknown to respondent	539	242		175	81	94	364	161	203
blikliowii to respondent	1 337	1 242	2,0	l -//	0.	1 77	1 304	1 101	
				Percent	distri	bution			
All causes	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cabanash (ridah amar abban lasa)	1				İ		1	1	
Cataract (with any other local	26.8	21.0	31.9	30.9	24.4	25.0	25.2	19.8	30.2
eye diseaseGlaucoma, only	1	4.8	6.5	4.9	4.2	35.8 5.3	6.1	5.0	7.1
Other local eye diseases	5.7 15.6	14.6	16.6	13.7	13.6	13.7	16.4	14.9	17.8
General diseases (diabetes,								ļ	
stroke, etc.)	6.6	4.8	8.4	10.5	7.7	12.6	5.1	3.7	6.5
Injury (with any other cause)	16.3	26.8	7.1	8.6	14.6	4.1	19.4	31.1	8.4
Other and ill-defined conditions-	13.5	13.4	13.6	13.9	16.7	11.9	13.3	12.3	14.3
Unknown to respondent	15.4	14.7	16.1	17.7	19.0	16.7	14.5	13.2	15.7
			Rat	e per 1	,000 pc	pulatio	n		
All causes	19.8	19.1	20.5	5.6	5.0	6.2	14.2	14.2	14.3
				l					
Cataract (with any other local	l			l .			l .	l .	l .
eye disease)	5.3	4.0	6.5	1.7	1.2	2.2	3.6	2.8	4.3
Glaucoma, only	1.1	0.9	1.3	0.3	0.2	0.3	0.9	0.7	1.0
Other local eye diseases	3.1	2.8	3.4	0.8	0.7	0.9	2.3	2.1	2.5
General diseases (diabetes,					l				l
stroke, etc.)	1.3	0.9	1.7	0.6	0.4	0.8	0.7	0.5	0.9
Injury (with any other cause)	3.2	5.1	1.4	0.5	0.7	0.3	2.8	4.4	1.2
Other and ill-defined conditions-	2.7	2.6	2.8	0.8	0.8	0.7	1.9	1.7	2.0
Unknown to respondent	3.1	2.8	3.3	1.0	0.9	1.0	2.1	1.9	2.2
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¹For inclusions in each etiology group, see text, under Hearing Impairments, Etiology.

Table 3. Average prevalence, percent distribution, and rate per 1,000 population of visual impairments according to age by degree of activity limitation caused by visual impairment: United States, July 1959-June 1961

Age and degree of activity limitation	All visual im- pair- ments	Severe visual im- pair- ments	Other visual im- pair- ments	All visual im- pair- ments	Severe visual im- pair- ments	Other visual im- pair- ments	All visual im- pair- ments	Severe visual im- pair- ments	Other visual im- pair- ments
All ages	Average number in thousands		Percent distribution				Rate per 1,000 population		
Total	3,494	988	2,507	100.0	100.0	100.0	19.8	5.6	14.2
With major limitation With partial limitation- With no limitation Under 65	442 603 2,449	312 266 409	130 336 2,041	12.7 17.3 70.1	31.6 26.9 41.4	5.2 13.4 81.4	2.5 3.4 13.9	1.8 1.5 2.3	0.7 1.9 11.6
Total	1,832	326	1,506	100.0	100.0	100.0	11.4	2.0	9.4
With major limitation With partial limitation- With no limitation	99 291 1,441	63 103 160	37 188 1,281	5.4 15.9 78.7	19.3 31.6 49.1	2.5 12.5 85.1	0.6 1.8 9.0	0.4 0.6 1.0	0.2 1.2 8.0
Total	1,662	662	1,001	100.0	100.0	100.0	108.4	43.2	65.3
With major limitation With partial limitation- With no limitation	343 311 1,008	250 163 248	93 148 760	20.6 18.7 60.6	37.8 24.6 37.5	9.3 14.8 75.9	22.4 20.3 65.7	16.3 10.6 16.2	6.1 9.7 49.6

HEARING IMPAIRMENTS

The average prevalence of hearing impairments, of all degrees of severity, among the civilian, noninstitutional population of the United States for the years July 1959-June 1961, is estimated to be about 61/4 million—a rate of 35.3 per 1,000 population. This is somewhat higher than the 5,822,000 cases (34.6 per 1,000 population) shown in the earlier report for the fiscal year 1958.

The survey definition and general questioning technique in relation to the number of hearing impairments did not change during these years. The interviewer asked for the cause, and whether one or both ears were affected, but there was no special question, as in the case of visual impairment, to obtain the degree of hearing loss. Hearing impairments can be coded in several degrees of severity as shown in the Classification of Impairments (X-Code) in Appendix II, but all degrees, specified or not specified by the respondent, have been combined in this report.

The number of hearing impairments is also the number of persons who have loss or decrease of hearing since only one hearing impairment per person is coded. Age and sex.—Rates for hearing impairments increase greatly with age, and are appreciably more prevalent among males than among females, as summarized in tables E and F.

The rates of persons with hearing impairments, particularly among children, are less than rates derived from audiometric examinations. The rates shown here more nearly approximate other estimates of the volume of persons who will voluntarily seek professional care when informed of clinical evidence that they have hearing loss. The Health Interview Survey item on Card B concerning "deafness or serious trouble with hearing" elicits reports of hearing loss measurable at a level which the respondent considers serious. It provides an estimate of the number of persons with functional defects relative to the person's age and other characteristics. The survey does not provide an estimate of the number of clinically detectable cases, nor of the number of persons who would benefit from professional help.

Etiology.—The causes of hearing impairments, as reported by household respondents, are coded in the survey by adding the appropriate

Table E. Average prevalence, percent distribution, and rate per 1,000 population of hearing impairments by age: United States, July 1959-June 1961

Age	Average number in thousands	Percent distribution	Rate per 1,000 population
All ages	6,231	100.0	35.3
Under 25	607 1,008 1,843 1,300 1,472	9.7 16.2 29.6 20.9 23.6	7.6 22.2 51.2 129.6 277.4

Table F. Average prevalence, percent distribution, and rate per 1,000 population of hearing impairments by sex: United States, July 1959-June 1961

Sex	Average number in thousands	Percent distribution	Rate per 1,000 population
Both sexes	6,231	100.0	35.3
MaleFemale	3,584 2,647	57.5 42.5	41.8 29.2

etiologic code to the type of hearing impairment. The 12 etiologic codes applicable to all impairments, except of vision, are listed in Appendix II, following category X99 of the X-Code. These factors have been combined into 4 etiology groups as shown in tables 4 and 5.

"Infection" includes all cases due to infective and parasitic diseases—as in categories 001-138 of the International Classification of Diseases—or to infection, abscess, or any inflammation of the ear or any part of the body.

"Injury" includes cases due to sudden accidental injury.

"Other and ill-defined conditions" include all cases due to named causes other than infection or injury. It is known to include many cases said to be due to "old age," or described as "hereditary," with no specific disease given. It also includes cases of hearing impairment due to continued exposure to loud noise.

In 35.0 percent of all cases no cause of any kind was reported, and this was true of both sexes. Older people who developed hearing loss in early childhood often do not know the cause of the impairment. Also, persons whose hearing loss has developed gradually are frequently unable to ascribe it to a particular cause.

Infection was reported to be responsible for 20.7 percent of all cases of hearing impairment in larger proportions among persons under 45 years of age. Infection caused a slightly higher number of cases among females than among males.

The considerable difference in the percent due to injury as shown in this report compared with that shown in the earlier report warrants comment (table G).

Effective July 1, 1959, instructions to interviewers and coders emphasized the ruling that conditions due to continued exposure, except to poisonous fumes or substances, should not be counted as accidents, nor as due to accidental injury. It is likely, therefore, that during the early years of the survey some cases of impaired hearing due to working in noisy places or to the effects of war service were charged to injury. Beginning July 1, 1959 such cases were not classified as due to injury. The difference in numbers and percent is seen to be entirely among males whose occupations often involve continued exposure to loud noise of one kind or another. Survey classification methods, to date, do not provide for the precise identification of hearing impairments or any other condition due to occupational hazards of a prolonged nature.

The other and ill-defined conditions, not involving injuries or infection, caused 37.0 percent of all hearing impairments.

Activity limitation.—About 93 percent of the persons with hearing impairments were reported to have no limitation of any kind in their usual activities because of this type of impairment. Because of the low percentage of cases causing activity limitation, detailed figures on this aspect of hearing impairments are not included in this report.

Table G. Average number and percent of hearing impairments due to injury, by sex, during July 1957-June 1958 and July 1959-June 1961

Time interval	1	lumber :housan	l Doroont				
Time Interval	Both sexes	Male	Female	Both sexes	Male	Female	
July 1957-June 1958July 1959-June 1961 (average)	750 452	644 345	106 107	12.9 7.3	19.7 9.6	4.2 4.0	

Table 4. Average prevalence, percent distribution, and rate per 1,000 population of hearing impairments by etiology according to age: United States, July 1959-June 1961

 1			Ag	e						
Etiology ¹	All ages	Under 25	25-44	45-64	65-74	75+				
		Ave	rage numbe	r in thous	ands					
All causes	6,231	607	1,008	1,843	1,300	1,472				
Infection	1,291 452 2,308 2,180		301 133 303 271	422 154 614 654	187 62 490 562	142 48 726 555				
,	Percent distribution									
All causes	100.0	100.0	100.0	100.0	100.0	100.0				
Infection Injury Other and ill-defined conditions Unknown to respondent	20.7 7.3 37.0 35.0	39.4 9.1 28.8 22.7	29.9 13.2 30.1 26.9	22.9 8.4 33.3 35.5	14.4 4.8 37.7 43.2	9.6 3.3 49.3 37.7				
		Rat	e per 1,00	0 populati	on					
All causes	35.3	7.6	22.2	51.2	129.6	277.4				
Infection Injury Other and ill-defined conditions Unknown to respondent	7.3 2.6 13.1 12.4	3.0 0.7 2.2 1.7	6.6 2.9 6.7 6.0	11.7 4.3 17.1 18.2	18.6 6.2 48.9 56.0	26.8 9.0 136.8 104.6				

Table 5. Average prevalence, percent distribution, and rate per 1,000 population of hearing impairments by etiology according to sex: United States, July 1959-June 1961

(See headnote on table 4)

		Sex									
Etiology ¹	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female		
	I .	Average number in thousands			Percent distribution			Rate per 1,000 population			
All causes	6,231	3,584	2,647	100.0	100.0	100.0	35.3	41.8	29.2		
Infection Injury Other and ill-defined conditions Unknown to respondent	1,291 452 2,308 2,180	619 345 1,353 1,267	672 107 955 913	20.7 7.3 37.0 35.0	17.3 9.6 37.8 35.4	25.4 4.0 36.1 34.5	7.3 2.6 13.1 12.4	7.2 4.0 15.8 14.8	7.4 1.2 10.5 10.1		

¹For inclusions in each etiology group, see text, under Hearing Impairments, Etiology.

SPEECH DEFECTS

The average prevalence of cases of speech defects is estimated to be about 1 million—a rate of 5.9 per 1,000 population. This is consistent with the findings of the earlier report.

Speech defects include stammering, stuttering, persistence of infantile patterns, ill-defined "trouble" with speech, and in older persons particularly, aphasia due to strokes and similar cerebral disorders. They exclude: inability to speak coupled with profound or total hearing loss which is classified with hearing impairments only; and speech defects associated with cleft palate which are classified only with cases of cleft palate. Only one speech defect per person is coded.

Age and sex.—One half of all reported speech defects, as classified by the survey, are among children under the age of 15, predominantly among boys aged 5-9, as shown in table H.

In tables 6 and 8, which incorporate the variables of etiology and activity limitation, the age groups under 45, and 45 years and over only, are shown. Three fourths of all persons with reported speech defects are under 45 years of age.

In table 7, speech defects are seen to be considerably more prevalent among males than among females, the rate among males being 7.7 per 1,000 persons while that for females is 4.1.

Etiology.—The survey findings indicate that among younger people particularly, physical dis-

eases and injuries are seldom the cause. The great bulk of all reported speech disorders are among children and young people, and the causes of their speech defects, if stated, are often emotional or family environmental situations which are assigned to the "other and ill-defined" category of etiologic factors.

In 33.9 percent of all cases the respondent could not, or did not, give any reason; 40.4 percent of all cases under age 45 are seen in table 6 to be of unknown cause. However among older persons 43.3 percent of the cases were due to vascular lesions of the central nervous system, and only 13.9 percent of the cases were reported as of unknown origin.

The few cases assigned to "congenital or birth factors" are probably those associated with cerebral palsy cases. This number is very small and is no doubt greatly underreported.

Activity limitation.—Speech disorders, per se, cause little interference with the person's usual activities. Only 12.3 percent of persons under 45 were limited in their activities, according to table 8. However, 44.8 percent of persons 45 and over were restricted to some degree. A review of reported cases indicated that chronic limitations of activity are caused primarily by residual effects of strokes or by other organic disease rather than by the aphasia in itself.

Table H. Average prevalence and rate per 1,000 population of speech defects among children by age and sex: United States, July 1959-June 1961

Age	Both sexes	Male	Female	Both sexes	Male	Female	
<u>Under 15</u>	Average number in thousands			'Rate per 1,000 population			
All ages under 15 years	513	348	164	9.1	12.1	5.9	
Under 4	65 313 135	41 219 89	24 94 46	3.2 16.3 7.9	4.0 22.4 10.1	2.4 10.0 5.5	

Table 6. Average prevalence, percent distribution, and rate per 1,000 population of speech defects by etiology according to age: United States, July 1959-June 1961

	Age										
Etiology	All ages	Under 45	45+	All ages	Under 45	45+	All ages	Under 45	45+		
		rage num		Percent distribution			Rate per 1,000 population				
All causes	1,034	782	252	100.0	100.0	100.0	5.9	6.3	4.9		
Vascular lesions, central nervous system- Congenital or birth	116	(*)	109	11.2	(*)	43.3	0.7	(*)	2.1		
factors	77	70	(*)	7.4	9.0	(*)	0.4	0.6	(*)		
Other and ill-defined conditions	489 351	388 316	101 35	47.3 33.9	49.6 40.4	40.1 13.9	2.8 2.0	3.1 2.5	2.0 0.7		

Table 7. Average prevalence, percent distribution, and rate per 1,000 population of speech defects by etiology according to sex: United States, July 1959-June 1961

(See headnote on table 6)

,					Sex					
Etiology	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	
		rage num thousan		Percent distribution			Rate per 1,000 population			
All causes	1,034	663	371	100.0	100.0	100.0	5.9	7.7	4.1	
Vascular lesions, central nervous system- Congenital or birth	116	68	49	11.2	10.3	13.2	0.7	0.8	0.5	
factorsOther and ill-defined	77	43	34	7.4	6.5	9.2	0.4	0.5	0.4	
ConditionsUnknown to respondent	489 351	316 237	174 114	47.3 33.9	47.7 35.7	46.9 30.7	2.8 2.0	3.7 2.8	1.9 1.3	

Table 8. Average prevalence, percent distribution, and rate per 1,000 population of speech defects by associated activity limitation according to age: United States, July 1959-June 1961

(See headnote on table 6)

•	Age										
Activity limitation	All ages	Under 45	45+	All ages	Under 45	45+	All ages	Under 45	45+		
		rage num thousan		Percent distribution			Rate per 1,000 population				
Total	1,034	782	252	100.0	100.0	100.0	5.9	6.3	4.9		
With activity limita- tion	209	96	113	20.2	12.3	44.8	1.2	0.8	2.2		
tion	825	686	. 139	79.8	87.7	55.2	4.7	5.5	. 2.7		

PARALYSIS, COMPLETE OR PARTIAL

Cases of paralysis are classified by the survey under categories X40-X69 of the Classification of Impairments, according to the parts of the body affected and whether the loss of muscle function is complete (or severe) or partial (or mild). They include persons with cerebral palsy or described as "spastics," and cases of "palsy" not indicated to be paralysis agitans or Parkinson's disease. For the purposes of this report, all types, sites, and degrees of paralysis have been combined, since the subtotals of each are known to be small and are considered unreliable for this reason and also because the respondent's statements about sites and types are sometimes ill-defined.

All figures cited pertain to cases of residual paralysis, of all types and degrees, that have persisted for at least three months <u>after the initial attack</u>. They are exclusive of hemiplegics, paraplegics, and other paralyzed persons who are being cared for in nursing homes or other institutions.

As estimated by this survey, the average prevalence of cases of paralysis in the noninstitutional population of the United States during the 2-year period July 1959-June 1961, is 946,000—a rate of 5.4 per 1,000 population. This approximates the 940,000 cases—5.6 per 1,000—shown in the earlier report (Series B, No. 9).

The number of cases shown may exceed slightly the number of persons with paralysis since it was possible, before July 1, 1961, to classify a person more than once under the categories X40-X69. Beginning July 1, 1961, coding rules were established to ensure that only one of these codes be assigned per person.

Age and sex.—Of the total cases of paralysis, 600,000, or 63,4 percent occurred among per-

sons over the age of 45. For persons of all ages, 526,000 cases, or 55.6 percent, were among males.

Etiology.—Tables 9 and 10 show that in about 90 percent of the cases of paralysis the respondent was able to tell the cause. Vascular lesions of the central nervous system were seen to be the outstanding causes among older persons, while congenital or birth factors caused the largest number among persons under 45 years.

Activity limitation.—As would be expected, paralysis caused considerable limitation of the person's activities. Cases with no activity limitation no doubt include the milder cases, and cases of paralysis of such sites as facial muscles only. Figure 3 and table 11 show the relative proportions of the several degrees of activity limitation according to age.

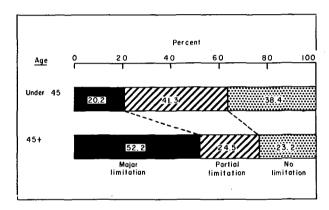


Figure 3. Percent distribution of cases of paralysis by activity limitation by impairment according to age.

Table 9. Average prevalence, percent distribution, and rate per 1,000 population of cases of paralysis, complete or partial, by etiology according to age: United States, July 1959-June 1961

					Age					
Etiology	All ages	Under 45	45+	All ages	Under 45	45+	All ages	Under 45	45+	
		rage num thousan		Percent distribution			Rate per 1,000 population			
All causes	946	346	600	100.0	100.0	100.0	5.4	2.8	11.7	
PoliomyelitisVascular lesions,	120	82	. 38	12.7	23.7	6.3	0.7	0.7	0.7	
central nervous system-	364	18	346	38.5	5.2	57.7	2.1	0.1	6.7	
Injury	138	68	70	14.6	19.7	11.7	0.8	0.5	1.4	
Congenital or birth factorsOther and ill-defined	122	112	11	12.9	32.4	1.8	0.7	0.9	0.2	
conditions	116	41	75	12.3	11.8	12.5	0.7	0.3	1.5	
Unknown to respondent	86	26	59	9.1	7.5	9.8	0.5	0.2	1.1	

Table 10. Average prevalence, percent distribution, and rate per 1,000 population of cases of paralysis, complete or partial, by etiology according to sex: United States, July 1959-June 1961

· · · · · · · · · · · · · · · · · · ·	<u> </u>				Sex					
Etiology	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	
		rage num thousan			Percent stributi	.on	Rate per 1,000 population			
All causes	946	526	420	100.0	100.0	100.0	5.4	6.1	4.6	
PoliomyelitisVascular lesions,	120	60	60	12.7.	11.4	14.3	0.7	0.7	0.7	
central nervous system-	364	202	162	38.5	38.4	38.6	2.1	2.4	1.8	
InjuryCongenital or birth	138	. 96	42	14.6	18.3	10.0	8.0	1.1	0.5	
factorsOther and ill-defined	122	71	51	12.9	13.5	12.1	0.7	0.8	0.6	
conditions	116 86	53 44	63 41	12.3 9.1	10.1 8.4	15.0 9.8	0.7 0.5	0.6 0.5	0.7 0.5	

Table 11. Average prevalence, percent distribution, and rate per 1,000 population of cases of paralysis, complete or partial, by degree of activity limitation caused by the paralysis, according to age: United States, July 1959-June 1961

(See headnote on table 10)

	Age										
Activity limitation	All ages	Under 45	45+	All ages	Under 45	45+	All ages	Under 45	45+		
	Average number in thousands			Percent distribution				Rate per 1,000 population			
Total	946	346	600	100.0	100.0	100.0	5.4	2.8	11.7		
With major limitation With partial limitation- With no limitation	383 290 273	70 143 133	313 147 139	40.5 30.7 28.9	20.2 41.3 38.4	52.2 24.5 23.2	2.2 1.6 1.5	0.6 1.1 1.1	6.1 2.9 2.7		

ABSENCE OF MAJOR EXTREMITIES

According to the survey estimate, the average prevalence of cases of loss of leg, foot, arm, or hand, for the period July 1959-June 1961, was 259,000, or 1.5 per 1,000 population (tables 12, 13, and 14). This figure is slightly less than the 282,000 (1.7 per 1,000 population) shown in the earlier report.

Figures in the accompanying tables for non-traumatic cases, and cases of any origin among females are very small, and, hence, should be interpreted with caution.

Of the cases included in this report 75.7 were caused by injury. The remaining 24.7 percent were caused by miscellaneous conditions including infection, gangrene, and neoplasm.

About four fifths of these amputees were males whose losses were caused by injury in 84.4

percent of the cases. Among females, injury was a factor in only 37.5 percent of the cases.

Two thirds of all cases were among persons 45 years of age or older.

Tables I and 14 show the degree of activity limitation attributed to this type of impairment. Almost one half of the persons so impaired were reported to be in no way limited in their usual activities by this condition. Many may work in jobs with which their condition does not drastically interfere, or they may have had the condition a long time and have learned to adjust to it to the extent that they do not consider it limiting. In some cases a properly fitted and functioning prosthetic device may make it possible for a person to carry on his usual pursuits with no limitation of activity.

Table I. Average prevalence, percent distribution, and rate per 1,000 population of cases of absence of major extremity by degree of activity limitation: United States, July 1959-June 1961

Activity limitation	Average number in thousands	Percent distribution	Rate per 1,000 population
Total	259	100.0	1.5
With major activity limitation With partial activity limitation With no activity limitation	40 93 126	15.4 35.9 48.6	0.2 0.5 0.7

Table 12. Average prevalence, percent distribution, and rate per 1,000 population of cases of absence of major extremity by etiology according to age: United States, July 1959-June 1961

					Age				
Etiology	All ages	Under 45	45+	All ages	Under 45	45+	All Under ages 45	45+	
		rage num thousan		Percent distribution			Rate per 1,000 population		
All causes	259	87	172	100.0	100.0	100.0	1.5	0.7	3.4
InjuryAll other causes	196 64	68 19	127 45	75.7 24.7	78.2 21.8	73.8 26.2	1.1 0.4	0.5 0.2	2.5 0.9

Table 13. Average prevalence, percent distribution, and rate per 1,000 population of cases of absence of major extremity by etiology according to sex: United States, July 1959-June 1961

(See headnote on table 12)

	Sex									
Etiology	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	
	Average number in thousands			Percent distribution			Rate per 1,000 population			
All causes	259	211	48	100.0	100.0	100.0	1.5	2.5	0.5	
InjuryAll other causes	196 64	178 33	18 30	75.7 24.7	84.4 15.6	37.5 62.5	1.1 0.4	2.1 0.4	0.2	

Table 14. Average prevalence, percent distribution, and rate per 1,000 population of cases of absence of major extremity by activity limitation caused by this impairment according to age: United States, July 1959-June 1961

(See headnote on table 12)

		Age									
Activity limitation	All ages	Under 45	45+	All ages	Under 45	45+	All ages	Under 45	45+		
	Average number in thousands			Percent distribution			Rate per 1,000 population				
Total	259	87	172	100.0	100.0	100.0	1.5	0.7	3.4		
With activity limita- tion	133 126	42 46	[.] 92 80	51.4 48.6	48.3 52.9	53.5 46.5	0.8 0.7	0.3	1.8		

¹Exclusive of fingers or toes only.

IMPAIRMENTS (EXCEPT PARALYSIS AND ABSENCE) OF LIMBS, BACK, TRUNK

Inclusions.—This large group of residual defects (to be referred to in the text, as "orthopedic defects") includes clubfoot, curvature of the spine, and other specific deformities of limbs, back, trunk, and also the more ill-defined "stiffness," "weakness," and "trouble" of these sites, as classified in categories X70-X89 of the Classification of Impairments (see Appendix II). Since July 1, 1958, these categories have included reports of old strains, sprains, and dislocations of these sites whether or not a specific present effect was mentioned by the respondent. During the first survey year, old strains, sprains, and dislocations with no effect specified were coded to the original nature of the injury only—and not to the X-Code.

Excluded are all conditions pertaining to displacement of intervertebral disc ("slipped disc"), and all reports of ill-defined pain or "trouble" in limbs, back, trunk if these are due to arthritis, rheumatism, or other presently active chronic diseases. Excluded also are all cases of pain reported in terms such as sciatica, neuritis, neuralgia, compression. Thus, pain and all other symptoms and "troubles" due to currently active diseases are coded to those diseases only, and not as impairments in the X-code.

With the exception of the change cited above in reference to old sprains, strains, and dislocations, the survey instructions for classifying orthopedic defects in X70-X89 remained essentially the same during the first four years of the survey. It is to be expected that there would be an increase in the totals for these categories because of the addition of unspecified residuals of sprains and dislocations. However, it is unlikely that this change, alone, has been responsible for the very substantial increase in cases of orthopedic defects. For the fiscal year 1958 the estimated -prevalence was 9,862,000 cases. For the average

of fiscal years 1960 and 1961, the prevalence is 13,198,000—an increase of 3,336,000 over the earlier estimate.

As in the earlier report, totals for impairments (except paralysis and absence) of limbs, back, trunk, are counts of conditions rather than of people because it is possible for a person to be classified more than once under categories X70-X89.

<u>Sites.</u>—Tables 15-17 show orthopedic defects arranged in totals for all sites combined, and in subtotals for those affecting:

- a. back or spine only
- b. upper extremity, one or both, any part(s), only, or with shoulder(s) but no other site
- c. lower extremity, one or both, any part(s) only, or with hip(s) or hip(s) combined with any other site of limbs, back, trunk
- d. sites not classifiable to a, b, or c—such as chest or ribs—and multiple sites in X70-X79 <u>not</u> involving the hip, and <u>not</u> elsewhere classified (NEC).

The number, percent distribution, and rate per 1,000 population of these defects are summarized, by site in table J.

Age and sex.—The rates for orthopedic defects increase considerably with age as seen in tables 15, 17, and figure 4. These defects are more prevalent among males than among females although sex differences are not extremely marked (table 16 and fig. 5). Among young people under 25, and among persons 65 years of age and over, the lower extremity and hip are the sites most frequently involved, while among persons between these age limits back or spine defects are most prevalent. At the ages 45-64 years, conditions of the lower extremity and hip are almost as frequent as those of the back or spine. Impairments of the upper extremity and shoulder—with no

Table J. Average prevalence, percent distribution, and rate per 1,000 population of impairments of limbs, back, trunk, by site: United States, July 1959-June 1961

Site	Average number in thousands	Percent distribution	Rate per 1,000 population
All sites	13,198	100.0	74.9
Back or spine Upper extremity and shoulder Lower extremity and hip Other and multiple, NEC	4,758 2,269 5,089 1,082	36.1 17.2 38.6 8.2	27.0 12.9 28.9 6.1

¹Except paralysis and absence.

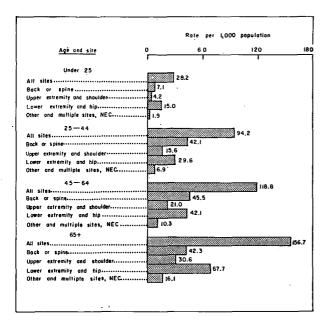


Figure 4. Average prevalence of impairments (except paralysis and absence) of limbs, back, trunk per 1,000 population by age and site.

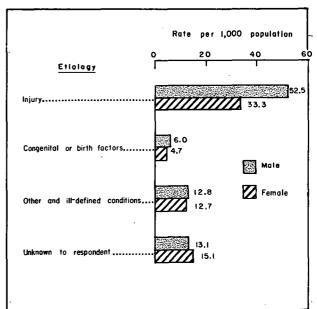


Figure 6. Average prevalence of impairments (except paralysis and absence) of limbs, back, trunk per 1,000 population by etiology and sex.

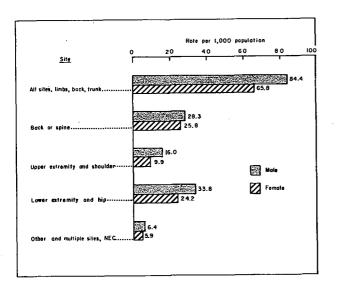


Figure 5. Average prevalence of impairments (except paralysis and absence) of limbs, back, trunk per 1,000 population by site and sex.

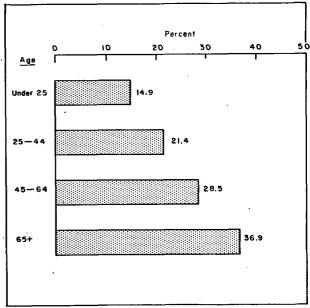


Figure 7. Percent of impairments (except paralysis and absence) of limbs, back, trunk causing activity limitation according to age.

other site involved—are less frequently reported in all age groups than impairments of the back or legs.

Etiology.—Tables 15 and 16 show that injury was by far the most important cause known to the respondent, and this was true of both sexes, all ages, and for all sites combined or separately. Cases said to be due to congenital or birth factors constituted only 7.1 percent of the total; however these were quite significant among persons under age 25. Of the 1,194,000 defects of the lower extremity and hip among persons of this age, 34.5 percent were due to congenital or birth factors.

The cause was unknown in 18,8 percent of all orthopedic impairments. Other and ill-defined conditions were responsible for 17.1 percent. Figure 6 shows the causes of orthopedic defects,

all sites and ages combined, in terms of rates, among males and females.

Activity limitation.—Preliminary study of the data indicated that relatively few persons were totally unable to engage in the major activity of their group because of orthopedic defects of this kind. However, as seen in table 17, these impairments were limiting to some extent in 25.4 percent of all cases. The proportion of cases causing limitation increased consistently with age (fig. 7).

As shown in table 17, among persons 65 years of age or older, orthopedic defects involving the lower extremity and hip caused limitation in 41.3 percent of the cases; and those involving multiple sites, such as arms and legs, or back and legs, were limiting in almost half of the cases among persons of these ages.

Table 15. Average prevalence, percent distribution, and rate per 1,000 population of im-July 1959-

Data are based on household interviews and refer to the living, civilian, noninstitutional population. The survey design

Etiology and age	All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple NEC
All ages		Average	number in	thousands	
All causes	13,198	4,758	2,269	5,089	1,082
InjuryCongenital or birth factors	7,519 939	2,287 102	1,700 149	2,991 602	540 86
Other and ill-defined conditions:	2,254 2,486	953 1,415	261 161	813 682	228 228
Under 25					
All causes	2,242	561	337	1,194	149
InjuryCongenital or birth factors	975 545	258 35	228 66	439 412	51 31
Other and ill-defined conditions	381 341	131 137	23 21	197 146	30 37
<u>25-44</u>	-				
All causes	4,278	1,912	708	1,343	315
InjuryCongenital or birth factors	2,504 212	916 42	549 47	872 96	167 27
Other and ill-defined conditions Unknown to respondent	764 798	425 529	69 44	214 161	57 64
<u>45-64</u>					
All causes	4,276	1,636	755	1,514	370
InjuryCongenital or birth factors	2,593 127	805 (*)	580 (*)	1,005 64	204 (*)
Other and ill-defined conditionsUnknown to respondent	6 9 0 866	289 525	94 60	248 198	60 82
<u>65+</u>					
All causes	2,403	649	469	1,038	247
InjuryCongenital or birth factors	1,447 56	308 (*)	344 (*)	677 (*)	118 (*)
Other and ill-defined conditions Unknown to respondent	419 482	109 224	76 35	154 177	80 45

 $^{^{1}}$ Except paralysis and absence.

pairments $^{\rm l}$ of limbs, back, and trunk, by etiology according to age and site: United States, June 1961

and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple NEC	All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple NEC	
	Pe	rcent distr	ibution		Rate per 1,000 population					
100.0	100.0	100.0	100.0	100.0	74.9	27.0	12.9	28.9	6.1	
57.0 7.1	48.1 2.1	74.9 . 6.6	58.8 11.8	49.9 7.9	42.6 5.3	13.0 0.6	9.6 0.8	17.0 3.4	3.1 0.5	
17.1 18.8	20.0 29.7	11.5	16.0 13.4	21.1 21.1	12.8 14.1	5.4 8.0	1.5	4.6	1.3	
100.0	100.0	100.0	100.0	100.0	28.2	7.1	4.2	15.0	1.9	
43.5 24.3	46.0 6.2	67.7 19.6	36.8 34.5	34.2 20.8	12.3 6.9	3.2 0.4	2.9 0.8	5.5 5.2	0.6	
17.0 15.2	23.4 24.4	6.8 6.2	16.5 12.2	20.1 24.8 -	4.8 4.3	1.6	0.3 0.3	2.5 1.8	0.4 0.5	
100.0	100.0	100.0	100.0	100.0	94.2	42.1	15.6	29.6	6.9	
58.5 5.0	47.9 2.2	77.5 6.6	64.9 7.1	53.0 8.6	55.1 4.7	20.2 0.9	12.1 1.0	19.2 2.1	3.7 0.6	
17.9 18.7	22.2 27.7	9.7 6.2	15.9 12.0	18.1 20.3	16.8 17.6	9.4 11.6	1.5 1.0	4.7 3.5	1.3 1.4	
100.0	100.0	100.0	100.0	100.0	118.8	45.5	21.0	42.1	10.3	
60.6 3.0	49.2 (*)	76.8 (*)	66.4 4.2	55.1 (*)	72.0 3.5	22.4 (*)	16.1 (*)	27.9 1.8	5.7 (*)	
16.1 20.3	17.7 32.1	12.5 7.9	16.4 13.1	16.2 22.2	19.2 24.1	8.0 14.6	2.6 1.7	6.9 5.5	1.7 2.3	
100.0	100.0	100.0	100.0	100.0	156.7	42.3	30.6	67.7	16.1	
60.2 2.3	47.5 (*)	73.3 (*)	65.2 (*)	47.8 (*)	94.4 3.7	20.1 (*)	22.4 (*)	44.2 (*)	7.7 (*)	
17.4 20.1	16.8 34.5	16.2 7.5	14.8 17.1	32.4 18.2	27.3 31.4	7.1 14.6	5.0 2.3	10.0 11.5	5.2 2.9	

Table 16. Average prevalence, percent distribution, and rate per 1,000 population of impairments of Data are based on household interviews and refer to the living, civilian, noninstitutional population. The survey design

Sex and etiology	All sites	Back or spine	Upper extremity and shoulder		Other and multiple NEC
Both sexes		Average	e number in	thousands	
All causes	13,198	4,758	2,269	5,089	1,082
InjuryCongenital or birth factors	7,519 939	2,287 102	1,700 149	2,991 602	540 86
Other and ill-defined conditions	2,254 2,486	953 1,415	261 161	813 682	228 228
Male			i		·
All causes	7,243	2,425	1,373	2,895	550
InjuryCongenital or birth factors	4,506 514	1,329 38	1,070 92	1,780 342	327 42
Other and ill-defined conditions Unknown to respondent	1,102 1,121	432 626	130 81	432 341	109 73
Female	3		:		
All causes	5,955	2,333	897	2,194	531
InjuryCongenital or birth factors	3,013 425	958 64	630 56	1,211 261	214 ; 44
Other and ill-defined conditions Unknown to respondent	1,152 1,364	521 790	131 80	381 341	119 154

¹Except paralysis and absence.

limbs, back, and trunk by etiology, according to sex and site: United States, July 1959-June 1961 and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple NEC	All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple NEC	
	Pe	rcent distr	ibution			Rate per 1,000 population				
100.0	100.0	100.0	100.0	100.0	74.9	27.0	12.9	28.9	6.1	
57.0	48.1	74.9	58.8	49.9	42.6	13.0	9.6	17.0	3.1	
7.1	2.1	6.6	11.8	7.9	5.3	0.6	0.8	3.4	0.5	
17.1	20.0	11.5	16.0	21.1	12.8	5.4	1.5	4.6	1.3	
18.8	29.7	7.1	13.4	21.1	14.1	8.0	0.9	3.9	1.3	
100.0	100.0	100.0	100.0	100.0	84.4	28.3	16.0	33.8	6.4	
62.2	54.8	77.9	61.5	59.5	52.5	15.5	12.5	20.8	3.8	
7.1	1.6	6.7	11.8	7.6	6.0	0.4	1.1	4.0	0.5	
15.2	17.8	9.5	14.9	19.8	12.8	5.0	1.5	5.0	1.3	
15.5	25.8	5.9	11.8	13.3	13.1	7.3	0.9	4.0	0.9	
4.										
100.0	100.0	100.0	100.0	100.0	65.8	25.8	9.9	24.2	5.9	
50.6	41.1	70.2	55.2	40.3	33.3	10.6	7.0	13.4	2.4	
7.1	2.7	6.2	11.9	8.3	4.7	0.7	0.6	2.9	0.5	
19.3	22.3	14.6	17.4	22.4	12.7	5.8	1.4	4.2	1.3	
22.9	33.9	8.9	15.5	29.0	15.1	8.7	0.9	3.8	1.7	

Table 17. Average number, percent distribution, and rate per 1,000 population of impairments of ment: United States,

[Data are based on household interviews and refer to the living, civilian, noninstitutional population. The survey design

Age and activity limitation	All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple NEC			
All ages		Average number in thousands						
Total	13,198	4,758	2,269	5,089	1,082			
With activity limitation	3,353 -9,845	1,271 3,487	383 1,887	1,307 3,782	393 688			
Under 25	-							
Total	2,242	561	337	1,194	149			
With activity limitation	334 1,908	94 467	42 295	160 1,033	37 112			
<u>25-44</u>								
Total	4,278	1,912	708	1,343	315			
With activity limitation	914 3,363	452 1,460	- 99 609	277 1,066	87 228			
<u>45-64</u>	,							
Total	4,276	1,636	755	1,514	370			
With activity limitation	1,219 3,057	488 1,148	142 614	440 1,074	149 221			
<u>65+</u>								
Total	2,403	649	469	1,038	247			
With activity limitation	887 1`,516	237 412	100 368	429 608	120 127			

 $^{^{1}\}mathrm{Except}$ paralysis and absence.

limbs, back, and trunk, according to site and age, by activity limitation caused by the impair–July 1959-June 1961

and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple NEC	All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple NEC	
	Pe	ercent distr	ibution		Rate per 1,000 population					
100.0	100.0	100.0	100.0	100.0	74.9	27.0	12.9	28.9	6.1	
25.4 74.6	26.7 73.3	16.9 83.2	25.7 74.3	36.3 63.6	19.0 55.8	7.2 19.8	2.2 10.7	7.4 21.5	2.2 3.9	
100.0	100.0	100.0	100.0	100.0	28.2	7.1	4.2	15.0	1.9	
14.9 85.1	16.8 83.2	12.5 87.5	13.4 86.5	24.8 75.2	4.2 24.0	1.2 5.9	0.5 3.7	2.0 13.0	0.5 1.4	
100.0	100.0	100.0	100.0	100.0	94.2	42.1	15.6	29.6	6.9	
21.4 78.6	23.6 76.4	14.0 86.0	20.6 79.4	27.6 72.4	20.1 74.0	10.0 32.1	2.2 13.4	6.1 23.5	1.9 5.0	
100.0	100.0	100.0	100.0	100.0	118.8	45.5	21.0	42.1	10.3	
28.5 71.5	29.8 70.2	18.8 81.3	29.1 70.9	40.3 59.7	33.9 84.9	13.6 31.9	3.9 17.1	12.2 29.8	4.1 6.1	
100.0	100.0	100.0	100.0	100.0	156.7	42.3	30.6	67.7	16.1	
36.9 63.1	36.5 63.5	21.3 78.5	41.3 58.6	48.6 51.4	57.8 98.9	15.5 26.9	6.5 24.0	28.0 39.7	7.8 8.3	

POPULATION

Table 18. Population used in obtaining rates shown in this publication by sex and age: United States, July 1959-June 1961

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

		Sex						
Age	Both sexes	Male	Female					
	Population in thousands							
All ages	176,302	85,776	90,526					
Under 25	79,556 45,423 35,989 10,028 5,306	39,770 21,747 17,361 4,629 2,270	39,787 23,676 18,628 5,399 3,037					

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

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

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

The Health Interview Survey utilizes a questionnaire which, in addition to personal and demographic characteristics, obtains information on illnesses, injuries, chronic conditions and impairments, health insurance coverage, and other health topics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics. The present report is based on the consolidated sample for 104 weeks of interviewing during the period July 1959-June 1961.

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

Statistical Design of the Health Interview Survey

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

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

Since the household members interviewed each week are a representative sample of the population, samples for successive weeks can be combined into larger samples. Thus, the design permits both continuous measurement of characteristics of high incidence or prevalence in the population, and through the larger consolidated samples, more detailed analysis of less common characteristics and smaller categories. The continuous collection has administrative and operational

advantages as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail.—Over the 24-month period ending June 1961, the sample included approximately 250,000 persons from 76,000 households in 12,800 segments. The over-all sample was designed in such a fashion that tabulations can be provided for each of the major geographic regions and for urban and rural sectors of the United States.

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

Estimating methods.—Each statistic produced by the survey—for example, the number of persons who have a hearing impairment—is the result of two stages of ratio estimation. In the first of these, the factor is the ratio of the 1950 decennial population count to the 1950 estimated population in the U. S. National Health Survey's first-stage sample of PSU's. These factors are applied for some 50 color-residence classes.

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

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

As noted, each week's sample represents the population living during that week as well as characteristics of the population. Consolidation of samples over a time period, say a calendar quarter, produces estimates of average characteristics of the U. S. population for that calendar quarter.

For prevalence statistics, such as number of persons with hearing impairments, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in that quarter. Prevalence data for a year are then obtained by averaging the four quarterly figures.

General Qualifications

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

terviewed. The total noninterview rate was 5 percent; l percent was refusal, and the remainder was primarily due to the failure to find any eligible household respondent after repeated trials.

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

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other types of facts such as those concerning the circumstances and consequences of illness or injury and the resulting action taken or sought by the individual can be obtained more accurately from household members than from any other source, since only the persons concerned are in a position to report all of this type of information.

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

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

Reliability of Estimates

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

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

The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself, and is expressed as a percentage of the estimate. Included in this Appendix are charts from which the relative standard errors can be determined for estimates shown in the report. In order to derive relative errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the charts provide an estimate of the approximate relative standard error rather than the precise error for any specific aggregate or percentage.

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

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

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

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

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

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

<u>Type B.</u>—Incidence-type statistics for which the period of reference in the questionnaire is two weeks.

Only the charts on sampling error applicable to data contained in this report are presented. Those shown are charts for aggregates and percentages based on eight calendar quarters of data collection.

General rules for determining relative sampling errors.—The "guide" on page 36, together with the following rules, will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report.

Rule 1. Estimates of aggregates: Approximate relative standard errors of estimates of aggregates, such as the number of persons with a given characteristic, are obtained from appropriate curves on page 37. The number of persons in the total U, S, population or in an age-sex class of the total population is ad-

justed to official Bureau of the Census figures and is not subject to sampling error.

- Rule 2. Estimates of percentages in a percent distribution: Relative standard errors of percentages in a percent distribution of a total are obtained from appropriate curves on page 38. For values which do not fall on one of the curves presented in the chart, visual interpolation will provide a satisfactory approximation.
- Rule 3. Estimates of rates where the numerator is

 a subclass of the denominator: This rule
 applies for prevalence rates or where a unit
 of the numerator occurs, with few excep-

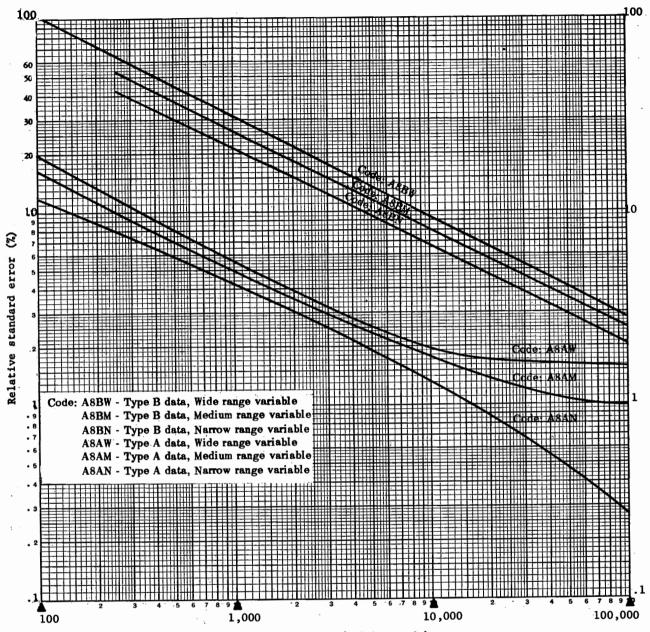
tions, only once in the year for any one unit in the denominator. For example, in computing the rate of visual impairments per 1,000 population, the numerator consisting of persons with the impairment is a subclass of the denominator which includes all persons in the population. Such rates if converted to rates per 100 may be treated as though they were percentages, and the relative standard errors obtained from the chart on page 38. Rates per 1,000, or on any other base, must first be converted to rates per 100, then the percentage chart will provide the relative standard error per 100.

Guide to Use of Relative Standard Error Charts

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

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

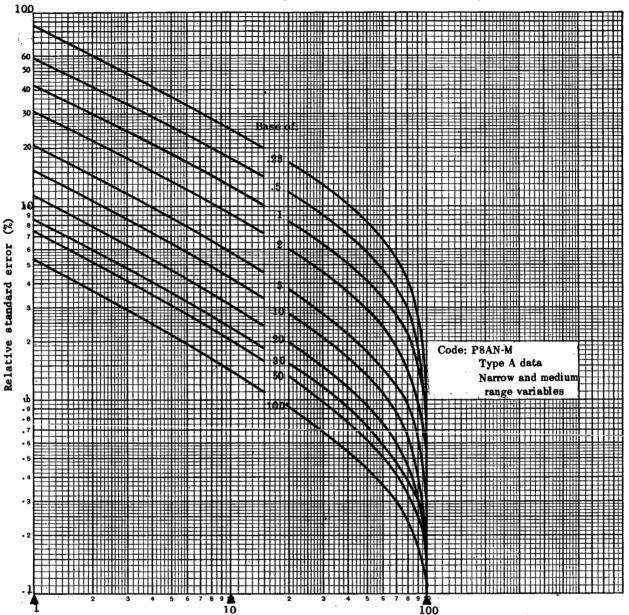
		Use:	
Statistic	Rule	 Code on	page
Number of: Impairments, by type	1	A8AN	37
Persons in the U. S. population, or total number of persons in any age-sex category	Not śubje	ect to sampling error	
Percentage distribution of: Impairments, by characteristic	2	P8AN-M	38
Prevalence rates of impairments: Per 1,000 total population or per 1,000 persons in any subgroup of the total			
U. S. population	3	P8AN-M	38



Size of estimate (in thousands)

Example of use of chart: An aggregate of 5,000,000 (on scale at bottom of chart) for a Narrow range type A statistic (code: ASAN) has a relative standard error of 1.9 percent, read from scale at left side of chart, or a standard error of 95,000 (1.9 percent of 5,000,000). For a Wide range type B statistic (code: ASBW), an aggregate of 10,000,000 has a relative error of 9.3 percent or a standard error of 930,000 (9.3 percent of 10,000,000).





Estimated percentage

Example of use of cnart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 2.8 percent (read from the scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 2.8 percent or 0.56 percentage points.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT, AND CLASSIFICATION OF IMPAIRMENTS (X-Code)

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

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

Conditions, except impairments, are coded according to the International Classification of Diseases with certain modifications adopted to make the code more suitable for a household-interview-type survey. Impairments are coded according to the Classification of Impairments (X-Code), shown later in this Appendix.

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

Impairments—general definition and method of coding.—The term "impairment," as used in the National Health Survey, refers to certain chronic or permanent defects, disabling or not, representing, for the most part, decrease or loss of ability to perform certain functions, particularly those of the musculoskeletal system and special senses. Impairments are restricted to conditions included in the Classification of Impairments (referred to as the X-Code) and are coded by type, site, and etiology according to that classification. Type and site are expressed by the numbers X00-X99, and etiology is indicated by adding to each type the appropriate 1-digit code from one of the two lists of etiologic factors.

Impairments are usually residuals of old injuries or past, inactive diseases or influences, but they may be due to continuing active chronic diseases. If the originating cause is now inactive or cured, or unknown, the impairment only is coded with its 1-digit

etiologic code. If the cause is an active chronic disease, the cause is usually coded also, in terms of the code numbers of the International Classification of Diseases (referred to as the ICD); however, if the impairment is one of the types in X70-X79, and is due to a specified active chronic disease, the disease only is coded. Thus, the types of less structurally specific orthopedic difficulties in X70-X79 are excluded from the total count of impairments if they are due to, and more or less inherent in, the current underlying disease causing them.

Examples:

Paraplegia due to old war injury	X44.9
Trouble with spine, cause unknown	X70.0
Hard of hearing, hereditary	X09.Y
Missing foot due to diabetes	X29.5 and 260
Trouble in seeing due to glaucoma	X05.4 and 387
Poor eyesight, not blind, due to	
cataract and glaucoma	X05.3, 385, and
•	387
Foot trouble due to arthritis	725

The selected types of impairments included in this report, with their X-Code inclusion numbers, are:

- Visual impairments (X00-X05)
 Severe visual impairments (X00)
 Other visual impairments (X01, X02, X05)
- 2. Hearing impairments (X06-X09)
- 3. Speech defects (X10, X11)
- Absence of major extremity i.e. arm, leg, foot, hand, exclusive of fingers or toes only (X20-X24, X26-X30, X32, X33)
- 5. Paralysis, complete or partial (X40-X69)
- Impairments (except paralysis or absence) of limbs, back, trunk (X70-X79, X80-X89)

Etiology of impairments.—The etiology of an impairment, for the purposes of this report, is its cause in terms of what the respondent considers as the cause. The interviewer asks for the cause of each impairment reported. See the lists of etiologic codes in the Classification of Impairments.

Chronic activity limitation.—Persons with impairments and/or chronic conditions are classified into four categories according to the extent to which their activities are limited at present as a result of these conditions. Since the major activities of preschool children, school-age children, housewives, and workers and other persons differ, a different set of criteria is used for each group. There is a general similarity between them, however, as will be seen in the descriptions of the four categories below:

1. Persons unable to carry on major activity for

their group

Preschool children: inability to take part in

ordinary play with other

children.

Housewives:

School-age children: inability to go to school. inability to do any house-

Workers and all

other persons:

inability to work at a job

or business.

2. Persons limited in the amount or kind of major

activity performed

Preschool children:

limited in the amount or kind of play with other children, e.g., need special rest periods, cannot play strenuous games, cannot play for long pe-

riods at a time.

School-age children:

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

Housewives:

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

Workers and all other persons:

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

3. Persons not limited in major activity but

otherwise limited

Preschool children: not classified in this cate-

gory.

School-age children: not limited in going to

school but limited in participation in athletics or other extracurricular ac-

tivities

Housewives:

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

Workers and all

other persons:

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

4. Persons not limited in activities

Includes persons with chronic conditions of any kind whose activities are not limited in any

of the ways described above.

For the purposes of this report, persons unable to carry on the major activity for their group are designated as having major activity limitation. Persons limited to the degree stated in categories 2 and 3, above, are designated as having partial activity limitation. Persons not limited in any of these ways are designated as having no activity limitation.

CLASSIFICATION OF IMPAIRMENTS (X-Code)

History and Purpose

This classification of impairments was developed by the Division of Public Health Methods in the years 1955-1956 in order to provide—in the relatively simple detail required for household-health surveys—a method of coding certain residuals of diseases and injuries so that both the present effect and the underlying cause could be reflected within one diagnostic code.

The X-Code is essentially a rearrangement and expansion of the Supplementary Y-Codes, Y50-Y88, of ICD, Volume I,

Abbreviations and Special Use of Parentheses

NOS = not otherwise specified NEC = not elsewhere classified

In addition to the usual purpose, parentheses are used to enclose words or phrases that may or may not be specified but, if used with a given diagnosis, do not change the code assignment of that diagnosis. For example, ''paralysis (complete) both legs X44'' means that the code number is X44 whether or not the modifier ''complete'' is specified; ''glaucoma (congenital)'' means that congenital glaucoma is coded in the same manner as glaucoma not specified as congenital.

LIST OF IMPAIRMENTS, BY TYPE AND SITE (X00-X99)

(The lists of 1-digit etiology codes are shown following X99)

Impairment of Vision (X00-X05)

- X00 Blindness, both eyes; blindness NOS. For the full description of cases codable to this category, according to the National Health Survey methods, see text, under Visual Impairments, definitions.
- X01 Blind in one eye, other eye defective but not blind
- X02 Blind in one eye, other eye good or not mentioned
- X05 Impaired vision except as in X00-X02, one or both eyes

Impairment of Hearing (X06-X09)

- X06 Deafness, total, both ears; deaf-mutism
- X07 Impaired hearing, severe (both ears)
- X09 Impaired hearing except as in X06, X07

Impairment of Speech, Intelligence, Special Sense (X10-X19)

- X10 Stammering, stuttering
- X11 Other speech defect
 - Excludes deaf-mutism (X06) and cleft palate speech (X91)
- X12 Loss or impairment of sense of smell and/or taste
- X13 Loss or disturbance of sensation NEC
- X14 Special learning disability (reading)
- X15 Mental deficiency, mongolism
- X16 Mental deficiency, severe except in mongolism
- X17 Mental deficiency, moderate
- X18 Mental deficiency, mild
- X19 Mental deficiency, degree not specified

Absence, Loss, All Sites Except as in X00-X19, X92 (X20-X39)

Upper Extremity

- X20 Arm, at or above elbow, and arm NOS
- X21 Arm, below elbow and above wrist
- X22 Arms, both
- X23 Hand, except fingers or thumbs only
- X24 Hands, both, except fingers or thumbs only
- X25 Fingers and/or thumbs, only, of one or both hands

Absence, Loss-Continued

Lower Extremity

- X26 Leg at or above knee, and leg NOS
- X27 Leg, below knee and above ankle
- X28 Legs, both
- X29 Foot, except toe(s) only
- X30 Feet, both, except toes only
- X31 Toe(s) only, of one or both feet

Upper and Lower Extremities

- X32 One upper (arm or hand) with one lower (leg or foot), except digits only
- X33 Three or more (arm, hand, leg, foot) except digits only
- X34 Fingers and/or thumb(s) and toe(s)

Other Sites

- X35 Digestive organ
- X36 Respiratory organ
- X37 Urinary organ
- X38 Genital organ, breast
- X39 Site or organ NEC

Paralysis, Complete or Partial, All Sites, Except as in X00-X19 (X40-X69)

Paralysis NOS (Complete) of Extremities and Trunk (X40-X49)

- X40 Upper extremity, one, except fingers only
- X4l Upper extremities, both
- X42 Finger(s) only
- X43 Lower extremity, one, any part except toes only
- X44 Lower extremities, both (paraplegia)
- X45 Toes only
- X46 Paraplegia with bladder or anal sphincter involvement
- X47 One side of body, one upper and one lower, same side (hemiplegia)
- X48 Three or more major members, or entire body (quadriplegia)
- X49 Paralysis NOS, or of other sites of extremities or trunk (complete)

Cerebral Palsy; Paralysis, Partial, of Extremities and Trunk (X50-X59)

- X50 Cerebral palsy (and synonyms)
 Includes "spastic" if present since birth (congenital)
- X51 Partial paralysis, arm(s) or finger(s)
- X52 Partial paralysis, leg(s) any part(s)
- X53 Partial paralysis, one side of body (hemiparesis)
- X54 Partial paralysis, other sites of extremities or trunk
- X59 Partial paralysis, palsy, paresis NOS

Paralysis, Complete or Partial, Sites Except Extremities or Trunk (X60-X69)

- X60 Paralysis, complete or partial, face
- X61 Paralysis, complete or partial, bladder or anal sphincter, without mention of paralysis of extremities
- X69 Paralysis, complete or partial, sites <u>not</u> of extremities, trunk, nor affecting special senses or speech

Non-Paralytic Orthopedic Impairment, NEC (X70-X79)

Excludes conditions in X20-X69, X80-X99 and "disc" conditions in ICD 735

Orthopedic Impairment NEC Involving

- X70 Back NOS, spine NOS, vertebra NOS (low) (lumbosacral) (sacro-iliac)
- X71 Cervical or thoracic region of back, spine, vertebrae
- X72 Coccygeal region of back, spine, vertebrae
- X73 Shoulder, upper arm, forearm above wrist; arm NOS
- X74 Wrist, hand, finger, thumb
- X75 Hip and/or pelvis, alone, or with any other site in X70-X79 Excludes congenital dislocation of hip (X85.X)
- X76 Knee, leg NOS, hip not involved
- X77 Ankle, foot, toe, sites in X76 not involved
- X78 Multiple sites NEC (back and legs) (fingers and toes) (legs and arms) (arms and back)
- X79 Other and ill-defined sites
 Includes: rib; trunk NOS; "side"; limping NOS; "trouble in walking," NOS.
 Excludes jaw (X92).

Specified Deformity of Limbs, Back, Trunk (X80-X89)

- X80 Curvature of spine
- X81 Spina bifida (with meningocele)
- X82 Flatfoot; weak or fallen arches
- X83 Clubfoot
- X84 Deformity, other and multiple, lower extremity, NEC
- X85 Dislocation, congenital, and other deformity hip and/or pelvis
- X86 Deformity, neck or shoulder region
- X87 Deformity finger(s), thumb(s), only
- X88 Deformity, upper extremity, except as in X86, X87
- X89 Deformity, back, spine, trunk, NEC
 Includes: pigeon breast; cervical rib; postural defect NEC;
 deformed back NEC; deformed spine NEC

Defect, Abnormality, Impairment, NEC (X90-X99)

- X90 Disfigurement, scarring, face, nose, lips, ears
- X91 Cleft palate and harelip (with speech defect)
- X92 Other dentofacial handicap
 - Includes: malocclusion; congenital anomalies of teeth; deformity of jaw; absence, or deficient number of teeth; deformities of palate and of other oral structures NEC
- X93 Deformity of skull (hydrocephaly) (microcephaly)
- X94 Dwarfism
- X95 Gigantism (excessively overheight)
- X96 Obesity (excessively overweight)
- X97 Excessively underweight
- X98 Artificial orifice (opening) or valve (surgical), any site (colostomy)
- X99 Impairment, ill-defined site

Includes: "birth injury" or "brain injury," at ages three months or over, without statement about type of residual; deformed NEC, site or type not indicated. Includes also ill-defined "after effects," type not specified, of tuberculosis of bones and joints, gonococcal infection, poliomyelitis, encephalitis, rickets

LISTS OF 1-DIGIT ETIOLOGY CODES

For Visual Impairments Only (X00-X05)

- .0 Unknown or unspecified origin
- .1 Refractive errors (congenital)
- .2 Strabismus; other disorders of ocular movement (congenital)
- Cataract (congenital) (with any other cause in 1-6) .3
- .4 Glaucoma (congenital)
- .5 Affections of the retina (congenital) (with any other local disease of eye except cataract)
- Optic atrophy NEC and other local diseases of eve NEC .6
- .7 General infectious diseases (as in ICD 001-138)
- General acquired noninfectious diseases (as in 1CD 140-369, 400-468, 590-594) .8
- .9 Accident or injury except at birth
- X. Congenital origin NEC or birth injury
- Y. Diseases and conditions not in 0-9 or X (noncongenital) (nontraumatic) (noninfectious) (not localized to eye) (hereditary) (old age)

For All Impairments Except of Vision (X06-X99)

- .0 Unknown or unspecified origin
- .1 Tuberculosis, any site
- .2 Poliomyelitis
- .3 Other infection or inflammation; ulcer; any site (general) (local) (scarlet fever) (meningitis) (arthritis) (etc.)
- .4 Neoplasm
- .5 Diabetes (with gangrene)
- .6 .7 Diseases of arteries (with gangrene) (as in ICD 450-456)
- Vascular lesions, central nervous system (as in ICD 330-334)
- .8 Rickets and osteomalacia
- .9 Accident or injury except at birth
- .X Congenital origin or birth injury
- Diseases and conditions except as in 0-9 or X (noncongenital) (nontraumatic) (noninflammatory) (hereditary) (old age)

ICD CATEGORIES REPLACED BY X-CODE CATEGORIES

The following categories of ICD which are <u>specific</u> for types of impairments in the X-Code or for late effects of certain diseases are not used in the coding for the National Health Survey; they have been replaced by the categories in X00-X99 or have been incorporated into the lists of etiologic factors used in conjunction with the X-Code;

013	Late effects of tuberculosis of bones and joints
035	Late effects of gonococcal infection
081	Late effects of acute poliomyelitis
083.3	Postencephalitic conditions except Parkinsonism (083.0) and psychiatric conditions (083.1, 083.2)
284	Late effects of rickets
287	Obesity
325	Mental deficiency
326.0	Specific learning defects
326.1	Stammering and stuttering of nonorganic origin
326.2	Other speech impediments of nonorganic origin
344	Late effects of intracranial abscess or pyogenic infection
351	Cerebral spastic infantile paralysis
352	Other cerebral paralysis
389	Blindness
397	Deaf-mutism
398	Other deafness
533.0	Malocclusion
533.5	Congenital anomalies of teeth
	035 081 083.3 284 287 325 326.0 326.1 326.2 344 351 352 389 397 398 533.0

533.7	Other disorders of tooth development
726.2	Torticollis
734	Internal derangement of knee joint
736	Affection of sacro-iliac joint
737	Ankylosis of joint
745	Curvature of spine
746 ·	Flat foot
747	Hallux valgus and varus
748	Clubfoot
749	Other deformities
751	Spina bifida and meningocele
752	Congenital hydrocephalus
755	Cleft palate and harelip
758.0	Congenital dislocation of hip
758.2	Congenital malformations of skull
758.4	Cervical rib
758.5	Congenital abnormalities of lumbosacral region
N871	Enucleation of eye
N886-	
N888	Traumatic amputation of upper extremities
N896-	
N898	Traumatic amputation of lower extremities

The ICD has no categories within its numbers 001-999 exclusively for such conditions as: absence of part, all sites; paralysis, all sites; defective vision not blindness; limitation of motion not paralysis; facial disfigurement; artificial orifice or valve; dwarfism; underweight; and certain other impairments included in the X-Code.

APPENDIX III

QUESTIONNAIRE

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

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NOTE: B	eein.	ine with question	- 11	u are to interview for	himeel	or hersalf each	adode and	mon mb	o is at home.	_							

ո	(a)		est wa	ot any time L/ unday)? s the matter? s else?	AST WEEK (OR THE W	EEK BEFO	RE7 (+ha	t is, the 2-v	reak period which			☐ Yes		□ No	
12.	Le (n)	et v	rook o ion (be	r the week beforesideswhice conditions?	ore did you to	take any a se about) 7	edicine er i	treatment	for any				☐ Yes	1	. No	
1	(e) (b)	Wh An	reek o	r the week before they? also?									Yes		☐ No	
14.	14. Did you aver have on (any other) occident at injury that was still bothering you last week or the yeah before? (a) How did it bother you? (b) Anything also?															
15.	15. AT THE PRESENT TIME do you have any aliments or conditions that have lasted for a long time? ((I' "No"). Even though they don't bether you all the time? (a) What may they?												•			
16	(a) What are shay? (b) Anything size? 16. Has onyone in the femily - you, year, etc had any of these conditions DURING THE PAST 12 MONTHS?															
	(Read Card A, coadition by coadition; recard say coaditions mentioned in the column for the person)															
Ľ	17. Does anyone in the family bove any of these conditions? (Read Card B, condition by condition; record any conditions mentioned in the column (or the person)															
Show in each person's column who responded for questions 11-17-II person responded for Responded for self-entirely self, show whether entirely or partly. Responded for self-partly Responded for self-partly Col. No.																
는	=	=								DAIDIAE	ANDIDIES					
Н	_	Г	Ī _{r.} .			T		\top		PAIRMENTS AND	What part of the bady is			N	11 6-16	
			Did y EVEI or or time talk dock abou ?	eay it was he give it name 7 to a For an incurring divects, as	wing pest 2	of? (This co soked if (d-1) is	olume to be entry in Co an quitment or Sympton	troubl of an	Ask and Asy or (d	kind of the is it? only for: entry in Col. (d-1) -2) that includes vords: "Trouble"	What part of the bady is affected? Ask only far: Impairments Injuries Absecsses, boils infections, inflam- mation, scres, ulcers Aches, pains, success,	LAST WEE OR THE WEEK BE- FORE did cause y to cut down on your us octivities!	many days, includ ou ing the sa Sotur- or days	How meny of these days were you in bed all or most of the day?	years ald esk: How many days did keep	
ŝ	Col. No. of	ion number		was hurt of injury Anything	What kind	If entry is from	oar ins Col.(d⊬1) q. 14 car q.	Com 1	reli end,	"Condition" "Discuse" also for any entry	Bleeding or blood clors Cancer, rumor cysts or growths Neuralgis or neuricis	as much o	Sun- days?		you from school last week or the week	
Line n	lon.	One		(Record p	I Table A) resent fearlier	(If "Car injury, r A)	se" is so sleo fill Tal			"Allergy" "Auemin" "Arthritis" "Asthma"	Hend - (Skull, scalp or face)	Check on	_		hofare?	
Ш				self in T				poper print glace	with	"Rhental" (any mention of) "Rhenmation"	Spine - (Upper, middle or or lower) back	(6.				i
				descriptio	not talked t spoodent's so)					"Tumor"(or cysts, growths)	Arm - (Shoulder, upper, elbow, lower, wrist hand) Leg - (Hip, upper, knee, lower, ankle, foot) (d-2)	(e) (f)		(h)	(i)	
	(0)	(b)	900	(es	d-1)	†	(d-2)	* [] Y	15	(d-4) x	(G-37)	(6) (1)	Days	Days	Days or None	
Ξ		Ξ				*										
Н		٦		I	ĭ	To lat	I able I	11 - HOSF	ITALIZA	TION DURING P	AST 12 MONTHS ay at the hespital the cost	liting was	Yere on	y aperations	nedomed on	
	Col.			When did you enter the hea- piral?	How many days were you in the hospital,	How many of these	Vill you need	How many of these	Van this person	did they give it (If "they" did:	o medical name?			ing this stay		
ne nr mb	No. ol per	l	Ques- tion No.	(Month, yeer)	not count- ing the day you left?	daye were in the past	to eak cols. (f) and	-days were lact week	still in the nos- pital on		at decide you talked to say			" I was the na ration?	ne of the	
3	S-06					12 months?	(B),	or the week before?	lant Sanday night?	1	teil as in cols. (d-1)-(d-5)		(b) Any	other operat	ions?	
Н	(a)	4	(ъ)	(c)	(d)	(e)	(g)	(f)	(g) .	ļ	(р)			(i)	□ No	
1				Mo: Yr:	Days	Or	□ Yee	Days	□ Yes				₹***		, 	
	_	_		·												·
	- N		l ı	When did to be	oupen? V			Teb		cidents and Injer						
from Table 1 Mooth																
2. At the time of the accident, what part of the body was burt? What kind of injury was it? Anything also?																
3.(a) Was a car, track, bee or other matter vehicle involved in the accident in any way? (b) Was more than one motor vehicle involved? (c) Was it (either one) moving of the time? (c) Was it (either one) moving of the time?																
4. Wern you conside the vehicle, perting to or out of 11, a possenager or verte you the &river? 1Outside																
5.	(a)	Her	- 616 1	he accident ha	ppen?				If "Outal	lda''						
				llision between							in, oa barse-drawn vebicle				-	1
				or (Specify)	ele was inve	olved?										
L		1. [C.a.	2. 🗆 1	asi 3.	□ Bus	4. 🗀 7		5. Mo	cotcycle 6. estion 8) Passenger" or "Dr	Other (Specity)					
6.	(a)	Hos	did t	he accident he	ppen?					u				-		
		1. [_ c₀	llision-with an	other motor			tin at to								
		3. [Cau	ne to sudden s n off rondway			y (Spec	, ubject		*****						
				×1 (Specify)								•				
1	(F)	Who	ri'k Ind		cl e wore yo u 'avi				whom the	occident happened	Char (formita)					

If "Ye	ILY for	accide	ants, but we are says all or part of	interesta	ance. We don't v d in all other kie s when you go to	ds Do you	, your,	have					☐ Yes		Nó				
(P) AP	•,"		e of the plan (ar		,								Name(s)	'					
(C	beck "Y	'es," i	ny rhis plan (sach in 18(s) for each	person :	covered)														
(d) Dees the plan (either plan) pay any part of the surgeon's bill for an operation?													□ Yes		No				
19. (a) Agoin excluding insurance that pays OMLY for occidente, do you, your have insurance that pays all or part of the bill for doctors' visits at home or at his affice? !! "Yes,"													☐ Yes		No				
40 95	. le cos		e of the plan (or by this plan (occ in 19/2) (occupan	A -l\?		•							Name(s)						
(Clack "Yes," in 19(s) for each person covered) Enter in sech person's column whether or not be responded for himself for questions 18 and 19														onded for	ocii				
R: and if he did nor, (1) show the column number of the person who responded for him or (2) the q. 18, 19 fact that a Form NRS-3(a) which covered him was left.														NHS-3 (a)					
	miobt a			has core	as anyone in the family been a patient in a heapital										Yes (Table If)				
(b) He	w 2007		ware you in the											N	o. of ti				
If "Ye	alterium a,''	.7					-						Yes	(Teble II)					
22. During	the par	n 12 m	nanths in which (arava did	the total income	of your famil	v foll shor	ia					Group No		o. of tit				
your	'1, otc.:	? (Shor	Card H) Included to the transition of the transi	de Incom	e from all source:	s, such as we	gos, salari	ro, renta	•				Croup						
		_			7-11-1	- ILLMESSE	S DADALE	MENTE	AND IN III	HEE									
If "Yes," in q. 10(a)	Did	you fir	ret cotice	То	Did you first	How long	Do you	About	If 1 or			ench per	Last condi	tion	R -1'				
10(b) or 10(c), ask	THE	PAST	T 3 MONTHS or 1 time?	inter- viewer:	notice(did i happen) DURING THE	to a doctor	still take any medi- cine or	during	more in a Col. (q-1)	Please	If "1,"	ii "Yes"	1		or 2 or 3 is col				
How many days did		k one	Did start	lf col.	PAST 12 MONTHS or before that time	about?	treatment that the dector	the post 12 month	"No" in Col. (e), nsk:	look at this card and read each	col. (r): te this	in col.	col. (r) r		(r) ns				
keep you from work last	Before 3 mos.	During 3 mos.	past 2 weeks or before that time?	check- ed, or the	(if doring past 12 months, ask	month, enter "Und	prescribed for ?	kept you in bed for all or	How many	Then tell me which	because of any of the	Which? (Enter X on	Hew	H 17	Pleas				
the week before?	(a.		(If during peet 2 weeks, sak):	condi- tion is	Which month?	1" for "Mo.")	Or, follow say advice	meet of the day?	dove	storement fits you host in turns of houlth,	condi- tions you	line for each condi-	long heve you heen	years old or over, ask:	this co and re-				
	col. (a))		Which week, last week or	eicher one of Carda			he gove?	٠.	last week or the	(Show Cards C-	have told me about?	tion named)	(Insert	Ware	Then t				
			the week before?	A or B, continue; other-					before?	F, as appro- printe)			of the state-	working or a job	statem fits ye best.				
İ				wise STOP									ment selected	-	(Show Card (
O	(k)	(1)	(m)	(88)	(a)	(o)	(p)	(q-1)	(q-2)	(r)	(s)	ω	(m)'	time? (v)	(=)				
Deys or ∏Nooe			Lust week Veek before Before 2 wks.		Yr.	Yes.	Yes No No Dr.	Days	Days or None		□Yes		Mos.	☐ Yes					
						- HOSPITAL				- OUTUS		l	-		<u></u>				
What is the	name c	and od	idrass of the		For completed					MUNINS			•						
(Enter non if city not			:ate; Consta)		Was any of the hespital bill paid for	If "No" to What part of the heapitel (k)and(1),ask: bill wes (will Who carries the cost						this insur-	nco-that	Is. who					
					by any kind of insurance?	Or, by any kind of plan	Do you any of	te	be) taken care of by insurance?	poys	the premi	um?	•		•				
						thet pays for hespital costs?	to he po by insu	ild for						•					
							this ki			1									
					i ,					1									
		(j)			(12)	(1)	(=)		(n)	[□ Fai	nily mem	ber(a)	(e)	htz (Sner#	-)				
		(j)			(k) Yes (Skip to col. a)	(1) Yes (Skip to col. s)	Yee	' I	∐ Under ½ ∐ ½ up to !	(DEm				hez (Specii	5)				
		(j)			Yes (Skip	☐ Yes (Skip	Yee		Under 1/3	(DEm				bez (Specii	7)				
1		celden	of buppen? Ty invatving a un	controlle	Yes (Skip to col. a)	Yes (Skiş to col. s)	☐ Yes	(Stop)	Under K	(☐ Em	ployer ion, clubs	, etc.		bez (Specif	F)				
4. 3. 2.	□ ^r,	celder Injury	y invetving a un y involving the	discharge	Yes (Skip to col. n) No No of fire or explose of a firearm	Yes (Skig	No	9 F	Under 1/2 1/2 up to ! 1/2 or more	Uni	ployer ion, clubs er fron	s, etc.							
4. 1. 2.	Any Any Any Ist	celder Injury Injury	ry invelving a un ry involving the c ry from an accided ar, railroad tra	discharge	Yes (Skip to col. n) No No of fire or explose of a firearm	Yes (Skip to col. a) No	Yes No	9.	Under % Num to ! Nor more If on stair the other fall sincluding st	Uni	er from i	s, etc. a helght rers all icking, a	callisions	batween pe	r son s				
A. 1. 2. 3.	Any Any Any Any (st vet	celden Injury Injury Injury treatca hicial	y invetving a un y involving the c y from an accident ar, relirond tra y inflicted by m	discharge nt involv in, mirpi achinary	Yes (Skip to col. n) No No of fire or explose of a firearm ling a non-motor ans, bost, bleye	Yes (Skig to col. s) No No No vehicle in so	No C.	9.	Under % Under % Up to ! K or mor If other fall supped into a including st truck by movether person	Uni Uni Uni To steps Is bject or perkking, puning object, also fall	er from : irsen (co- iching, ki (include	a height rers all icking, a objects ing or th	collisions tc.)	between pe	rsons and of				
8. 4.	Any Any Any (st val) Any Any opi	celdace Injury Injury treates hicial Injury aration injury	y invatving a un y involving the o y from an accided ar, relifond tra y inflicted by an or (Specify type), y inflicted by an	discharge nt involv in, airpi achinery dge ar pe	Yes (Skip to col. n) No No of a firanaming a non-motor ans, bost, bleye that of a firanaming a non-motor and that of a firanaming a non-motor and that of a firanaming a non-motor and that of a firanaming a firanaming a non-motor and that of a firanaming a firana	Yes (Skig to col. e) No No No No No No No No No No No No No	Yes No	9.	Under % % to to ! % or more all on stair is other fall amped into a fincluding st truck by move ther person and ling or a splinters, a	uni uni uni uni uni uni uni uni uni uni	er from : irson (coulding, ki lincluda ing, fly sharp or	a height rers all ickimg, a objecta ing or th rough ob	Collisions to.) hald in our roun object	hatween pe t hand or h tal	rsens and of				
8. 4. 5.	Any Any Any Any (st veh Any Any Opi Any Oth Any	injury injury injury injury injury injury injury injury injury injury injury injury injury	y invatving a un y involving the u y from an accident ar, railroad tra y inflicted by an in (Specify type), y inflicted by an exting or practing y inflicted by fi	discharge nt involv in, sirpi achinery dge ar pe	Yes (Skip to col. n) No No of a firant ling a non-motor ana, bost, bicyc (built or motor d	Yes (Skig to col. s) No No No No In Norse-dre	Yes No	9.	Under 1/2 1/2 Map to 1/2 1/3 or more all on stain If other fall imped into a including st truck by move there person aplinters, a sught in, pl a moving and	uni s or steps is spicet or per riking, pun ing object , also fall tepping on rokan glass anched or or a stationa	ployer ion, club ar from : irsen (co- iching, ki (includa ing, flyi sharp or , etc.) rushed (i irry object	a height rers all lcking, a objects ing or th rough ob .e., bate	callisions to,) hald in our roun object fincts	hatween pe h hand or h tal ada wounds	rsons and of				
8. 9. 5. 6. 1	Any Any Any Any Any Any Opt Any Ort Any Ort Any Opt	injury injury injury treatca hicial injury aration injury her cut injury injury injury	y invatving a un- y involving the i- y from an accide- ar, relifond tra y inflicted by an m (Specify type). y inflicted by an titing or piarcin- y inflicted by fi- y inflicted by fi- y inflicted by an y inflicted by an	discharge nt involv in, sirpl achinery dge ar pe g impisme oreign bo	Yee (Saip to col. a) If yee (Saip to col. a) of firs or explose of a firsars ling a non-motor ana, boat, blege that or motor d wint of halfs, so cont and in aye, windp insect	Yea (Skin to col. a) No No No In horse-dra rivani whita	C. ttien	9.	Under 1/2 1/3 up to 2 1/4 up	units or steps is been seen seen seen seen seen seen see	ployer ion, clubi er from : irsen (co- iching, ki (includa ing, fly) sharp or i, etc.) rushed (i) ry object object o	a height rers all lcking, a objects ing or th rough ob .e., bate	callisions to,) hald in our roun object fincts	hatween pe h hand or h tal ada wounds	rsons and of				
8. 9. 5. 6. 1	Any Any (st veh any oth any orl Any orl Any orl Any Any	injury injury injury treatca hicial injury aration injury her cut injury injury injury	y invalving a uny involving the up of from an accided are, relificated by an accident are involved by a strong or praction or interest and involved by a strong or praction or interest are involved by an accident are interest.	discharge nt involv in, sirpl achinery dge ar pe g impisme oreign bo	Yee (Saip to col. a) If yee (Saip to col. a) of firs or explose of a firsars ling a non-motor ana, boat, blege that or motor d wint of halfs, so cont and in aye, windp insect	Yea (Skin to col. a) No No No In horse-dra rivani whita	Yes No	9.	Under My up to ! Nup to ! If on stair If on stair If on ther ful Including st Incl	Uni s or steps is bject or pe riking, pun ing object , site fall tepping on roken glass anched or or a station ot with hot her waartlo mebling, etc	ar from : irson (coiching, ki lincluda ing, flyi sharp or i, etc.) iry object object o	a height vers all ickimg, a objects ing or th rough ob .e., bate	callisions to,) hald in our roun object fincts	hatween pe h hand or h tal ada wounds	rsens and of				
8. 4. 5. 6. 7. 8. 8. 6.	Any Any Any Any Any Oth Any Oth Any Orl Any Any Orl	coldens injury injury injury treatos hicial injury her cut injury ificea injury injury injury injury	ry invalving a un ry involving the un ry involving the un ar, relifond tra ry inflicted by mun (Appendiry typps), y inflicted by a ry inflicted by a ry inflicted by a ry inflicted by a ry inflicted by purposes.	discharge ont involvi in, mirpl achinery dge or pe g implame oreign bo nimal or of sonous	Yes (Saip to col. a) Mo Mr fire or explose of a fire are spine of a fire are spine of a fire are spine a non-notice man, boart, blief of their or dots of thei	Yee (Skin to col. a) No No No No No No No No No N	No C.	9.	Under 1/2 in to 1 in the real to 1 in th	Units or steps in the process of the	ar from : irson (coiching, ki lincluda ing, flyi sharp or i, etc.) iry object object o	a height vers all ickimg, a objects ing or th rough ob .e., bate	callisions to,) hald in our roun object fincts	hatween pe h hand or h tal ada wounds	rsens and of				
8. 4. 2. 3. 8. 4. 5. 6. 1. 6	Any Any (sat veb Any ort Any ort Any ort Any ort Any ort Any ort Any ort Any ort Any ort Any ort Any ort Any ort Any ort Any ort Any ort Any ort ort Any ort ort ort ort ort ort ort ort ort ort	injury injury treates injury treates injury treates injury injury injury injury injury injury injury injury injury	ry invalving a un y involveleng the un- y involveleng the un- erance of the unit of the ry inflicted by an inflicted by an ting or priection y inflicted by an y inflicted by an y inflicted by an y inflicted by an an unit of the unit of the entry inflicted by an an unit of the unit of the unit of the entry inflicted by an an unit of the unit of the unit of the entry inflicted by an an unit of the unit of the unit of the entry inflicted by an an unit of the unit of the entry inflicted by an unit of the unit of the unit of the entry inflicted by an unit of the unit of the unit of the unit of the entry inflicted by an unit of the unit of	discharge ont involvi in, mirpl achinery dge or pe g implame oreign bo nimal or of sonous	Yes (Scip to col. a) of fire or explose of a firerer ing a non-notor or and, bett or motor of the firerer ing a non-notor of the firerer ing a notor of the firerer ing a non-notor of the firerer ing a notor of the firere	Yee (Skin to col. e) No No No No No No No No No No No No No	No C.	9.	Under My to to My to to My to to My to to My to to My to to My to to My to to My to to to to to to to to to to to to to	Units or steps in the process of the	ar from : irson (coiching, ki lincluda ing, flyi sharp or i, etc.) iry object object o	a height vers all ickimg, a objects ing or th rough ob .e., bate	callisions to,) hald in our roun object fincts	hatween pe h hand or h tal ada wounds	rsens and of				
8. (c) Where 1. [Any Any (st) veb Any (st) veb Any oth Oth Any or I and Any or I and Any oth Ant Ant Ant Ant Ant Ant Ant Ant Ant Ant	eccident injury	ry invalving a un y involveling the i y from an accided ar, realized tra y infilated by an in (Speed Fy 1979), y infilated by an y infilated by an infilated by an infilated by an infilated by an infilated by pro-	discharge ont involvi in, mirpl achinery dge or pe g implame oreign bo nimal or of sonous	Yes (Scip to col. a) If yes (Scip to col. a) of fire or explose of a firerre ing a non-motor of an ing a non-motor of a non-motor of a non-motor of a non-motor of a non-motor of an ing a non-motor of a non-motor of a non-motor of a non-motor of a non-motor of a non-motor of a non-motor of a non-motor of a non-motor of a non-motor of a non-motor of a non-motor of a non-	Yes (Skig to col. s) No No No No No No No No No No No No No	No C. tion in or bool premises)	9	Under 1/2 in to 1 in the real to 1 in the real truck by move that per son and line or the real truck by move that per son and line or a sowing and in containing or other lifting or other lifting or other lifting. Some or	Units or steps in the process of the	ar from : irson (coiching, ki lincluda ing, flyi sharp or i, etc.) iry object object o	a height vers all ickimg, a objects ing or th rough ob .e., bate	callisions to,) hald in our roun object fincts	hatween pe h hand or h tal ada wounds	rsens and of				
8. (a) Where 1. [1 11 15 15 15 15 15 15 15 15 15 15 15 15	My May M	eccident injury injury injury it restor injury it restor injury it restor injury injur	ry lovelving a un ry involving the y from mucidies ar, relitrose tra y intlicted by m of @meelfy type). y inflicted by m y inflicted by ar y inflicted by ar	discharge int involvin, sirpi achinery dge ar pe g implane oreign bo nissi or of sonous	Yes CS.ip to col. a) Mo Mr or supton of a firears ling a non-notor ana, bost, bloge that or motor d int of halfs, ac mut dry in ays, windp lineect pubytoce swello	Yee (Skin to col. e) No No No No No No No No No No No No No	No C. tion in or bool premises)	9	Under 1/2 in to 1 in the real to 1 in the real truck by move that per son and line or the real truck by move that per son and line or a sowing and in containing or other lifting or other lifting or other lifting. Some or	Units or steps in the process of the	ar from : irson (coiching, ki lincluda ing, flyi sharp or i, etc.) iry object object o	a height vers all ickimg, a objects ing or th rough ob .e., bate	callisions to,) hald in our roun object fincts	hatween pe h hand or h tal ada wounds	rsens and of				
8.(o) Where you do not see that the see that	Any Any	coldenia injury	ry invalving a uny invalving a uny invalving the use of	discharged of involving airpline in airpli	Yes CS.ip to col. a) If Yes CS.ip to col. a) If Yes CS.ip to col. a) If Yes CS.ip to col. a) If Yes CS.ip to col. a) If If yes col. a If yes col. a	Yes (Skin to col. a) No No No No In No Is Norsedra rived white in so Is, norsedra rived white issors, nail in ips, or other sed (Speedfy (including ac frecression of specify)	Ver Ver Ver No C. C. C. C. C. C. C. C. C. C	9.	Under 1/2 1/2	to rates as a rate of the control of	ar from : irson (coiching, ki lincluda ing, flyi sharp or i, etc.) iry object object o	a height vers all ickimg, a objects ing or th rough ob .e., bate	callisions to,) hald in our roun object fincts	hatween pe h hand or h tal ada wounds	rsons and of				
8.(o) Where you do not see that the see that	Any Any Any	coldenia injury	y lovating a un y invoicing the in y invoicing the in y from macide ar, railroad tra y infilted by m (Appendix yyes), y infilted by m (Appendix y infilted by m (Appendix y infilted by m y in	discharged of involving airpline in airpli	Yes (Saip to col. a)	Yee (Skin to col. e) No No No No No No No No No No No No No	Ver Ver Ver No C. C. C. C. C. C. C. C. C. C	9.	Under 1/2 years to 1 y	to rates as a rate of the control of	ar from : irson (coiching, ki lincluda ing, flyi sharp or i, etc.) iry object object o	a height vers all ickimg, a objects ing or th rough ob .e., bate	callisions to,) hald in our roun object fincts	hatween pe h hand or h tal ada wounds	rsons and of				

Card A	Card C	Card E	Card G
NATIONAL HEALTH SURVEY	NA IONAL HEALTH SURVEY	NATIONAL HEALTH SURVEY	NATIONAL HEALTH SURVEY
Check List of Chronic Conditions	For: Workers a d other persons except Housewiv s and Children	For: Children from & through 18 years old	
1. Asthma 2. Hay fever 3. Tuberculosis 4. Chronic bronchitis 5. Repeated attacks of sinus trouble 6. Rheumatic fever 7. Hardening of the arteries 8. High blood pressure 9. Heart trouble 10. Stroke 11. Trouble with varicose veins 12. Hemorrhoids or piles 13. Tumor, cyst or growth 14. Chronic gailbladder or liver trouble 15. Stomach ulcer 16. Any other chronic stom trouble 18. Arthritis or rheumatis 19. Mental illness 20. Diabetes 21. Thyroid trouble or goi 22. Any allergy 23. Epilepsy 24. Chronic nervous troubl 25. Cancer 26. Chronic skin trouble 27. Hernia or rupture 28. Prostate trouble	ic 2. Able t work but limited in amount of wo k or kind of work. 3. Able t work but limited in kind or amoun of other activities. 4. Not limited in any of these ways.	1. Not able to go to school at all at present time. 2. Able to go to school but limited to certain types of schools or in school attendance. 3. Able to go to school but limited in other activities. 4. Not limited in any of these ways. Card F	1. Confined to the house all the time, except in emergencies. 2. Able to go outside but need the help of another person in getting around outside. 3. Able to go outside alone but have trouble in getting around freely. 4. Not limited in any of these ways.
NATIONAL HEALTH SURVEY	NATI MAL HEALTH SURVEY	NATIONAL HEALTH SURVEY	NATIONAL HEALTH SURVEY
Check List of Selected Impairments	F∵r: Housewife	For: Children under 6 years old	Family income during past 12 months
1. Deafness or serious trouble with hearing 2. Serious trouble with seeing, even when wearing glasses 3. Cleft palate 4. Any speech defect 5. Missing fingers, hand, or arm toes, foot, or leg 6. Cerebral palsy 7. Paralysis of any kind 8. Repeated trouble with back or spine 9. Club foot	 Not abl to keep house at all at presen. Able to keep house but limited in amount or kind of housework. Able to keep house but limited in kind o amount of other activities. Not lim ted in any of these ways. 	1. Not able to take part at all in ordinary play with other children. 2. Able to play with other children but limited in amount or kind of play. 3. Not limited in any of these ways.	Group 1. Under \$500 (including loss) Group 2. \$500 - \$999 Group 3. \$1,000 - \$1,999 Group 4. \$2,000 - \$2,999 Group 5. \$3,000 - \$3,999 Group 6. \$4,000 - \$4,999 Group 7. \$5,000 - \$6,999 Group 8. \$7,000 - \$9,999 Group 9. \$10,000 and over

SELECTED REPORTS FROM THE U.S. NATIONAL HEALTH SURVEY

Public Health Service Publication No. 584

Series A (Program descriptions, survey designs, concepts, and definitions)

- No. 1. Origin and Program of the U. S. National Health Survey. 25 cents.
- No. 2. The Statistical Design of the Health Household-Interview Survey. 35 cents.
- No. 3. Concepts and Definitions in the Health Household-Interview Survey. 30 cents.
- No. 4. Plan and Initial Program of the Health Examination Survey.

Series B (Health Interview Survey results by topics)

- No. 8. Persons Injured by Class of Accident, United States, July 1957-June 1958. 40 cents.
- No. 9. Impairments by Type, Age, and Sex, United States, July 1957-June 1958. 25 cents.
- No. 10. Disability Days, United States, July 1957-June 1958. 40 cents.
- No. 11. Limitation of Activity and Mobility Due to Chronic Conditions, United States, July 1957-June 1958. 30 cents.
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- No. 34. Acute Conditions, Geographic Distribution, United States, July 1960-June 1961.
- No. 35. Selected Impairments by Etiology and Activity Limitation, United States, July 1959-June 1961.

Series C (Health Interview Survey results for population groups)

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Catalog Card

U. S. National Health Survey.

Selected impairments by etiology and activity limitation, United States, July 1959-June 1961. Statistics on the average prevalence of impairments involving vision, hearing, speech, absence of major extremities, paralysis, and other impairments of limbs, back, trunk, by sex, age, etiology, and chronic activity limitation. Based on data collected in household interviews during July 1959-June 1961. Washington, U. S. Department of Health, Education, and Welfare, Public Health Service, 1962.

50 p. tables diagrs. 27 cm. (Its Health statistics, ser. B35)
U. S. Public Health Service. Publication no. 584-B35,

 Title: II. Title: Impairments by etiology and activity limitation. Cataloged by Department of Health, Education, and Welfare Library.