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# Vital and Health Statistics

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## Current Estimates From the National Health Interview Survey, 1989

Series 10:  
Data From the National Health Survey  
No. 176

Includes estimates on incidence of acute conditions, episodes of persons injured, disability days, physician contacts, prevalence of chronic conditions, limitation of activity, hospitalizations, and assessed health status.

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### *Cooperation of the U.S. 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 Center for Health Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

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### Symbols

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

by Patricia F. Adams and Veronica Benson,  
Division of Health Interview Statistics

## Introduction

This report on the 1989 civilian noninstitutionalized population residing in the United States presents estimates of acute conditions, episodes of persons injured, restriction in activity, prevalence of chronic conditions, limitation of activity due to chronic conditions, respondent-assessed health status, and the use of medical services—including physician contacts and short-stay hospitalization.

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

The text includes a brief definition of each of the health characteristics included in the detailed tables and reports the 1989 estimate for each characteristic. Text tables include the corresponding 1987 and 1988 estimates for each of the major health characteristics. Various technical matters associated with the National Health Interview Survey (NHIS) data collection procedures and with the presentation of results are described in the remainder of the report.

In 1982, the NHIS questionnaire and data preparation procedures of the survey were extensively revised. The basic concepts of NHIS changed in some cases, and in other cases the concepts were measured in a different way. Comparisons with earlier results should not be undertaken without having carefully examined the nature of these changes. Further explanation of these changes can be found in appendix IV of Series 10, No. 150 (1).

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

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

available in the form of standardized microdata tapes that include the regular characteristics of each year's survey from 1969 through 1989. Questions pertaining to the cost and availability of these tapes should be directed to the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161. Public use tapes also are available for special topics included in NHIS from 1973 through 1989. The special topics studied in 1989 covered eight areas: (a) health care coverage (including type of coverage from public and private sources, special service coverage, and loss of health insurance through loss of job); (b) adult immunization (including questions on shots for influenza, pneumonia, and tetanus); (c) severe and persistent mental illness (including diagnoses, resultant limitations in work and school roles, effects on physical and social functioning, use of psychotropic medications, and receipt of disability payments); (d) dental health (including visits, reasons for not visiting dentist, edentulousness, fluoride rinses, dental sealants, participation in fluoride mouth rinse programs at school, and time lost for dental problem); (e) diabetes (including diagnoses and treatment, use of insulin, diet, eye problems, cigarette smoking, self-care, and prevalence of diabetes risk factors for diabetics and nondiabetics); (f) orofacial pain (including toothache; mouth sores; burning sensation in mouth; pain in jaw joint, face, or cheek); doctor, dentist, or health professional contacts; and pain control methods; (g) digestive disorders (including gallstones, ulcers, diverticulitis, irritable bowel syndrome, and repeated abdominal pain); information on onset of condition; physician diagnosis and diagnostic tests administered; location, cause, and severity of abdominal pain; and questions on normative bowel functions; and (h) knowledge and attitudes about acquired immunodeficiency syndrome (AIDS), including sources of AIDS information, self-assessed level of AIDS knowledge, basic facts about the AIDS virus and how it is transmitted, blood donation experience, awareness of and experience with the blood test for the AIDS virus, perceived effectiveness of selected preventive measures, self-assessed chances of getting the AIDS virus, personal acquaintance with persons with

AIDS or the AIDS virus, willingness to take part in a proposed national seroprevalence survey, and a general question on AIDS risk behaviors. Information on tapes relating to special topics is available from the National

Center for Health Statistics, Division of Health Interview Statistics, Systems and Programming Branch, 6525 Belcrest Road, Hyattsville, MD 20782.

# Source and limitations of data

The information from the National Health Interview Survey (NHIS) presented in this report is based on data collected in a continuing nationwide survey by household interview. Each week a probability sample of the civilian noninstitutionalized population of the United States is interviewed by personnel of the U.S. Bureau of the Census. Information is obtained about the health and other characteristics of each member of the household.

The 1989 NHIS was conducted with a full sample. The interviewed sample for 1989 was composed of 45,711 households containing 116,929 persons. The total noninterview rate was 5.1 percent: 3.0 percent was the result of respondent refusal, and the remainder was primarily the result of failure to locate an eligible respondent at home after repeated calls.

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

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

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

The major concepts for which estimates are shown in this report are defined in appendix II. Appendix III includes a copy of the questionnaires and flashcards used in the interview. Illnesses and injuries are coded using a slight modification of the ninth revision of the International Classification of Diseases (2). The Division of Health Interview Statistics of NCHS should be contacted for information about coding and editing procedures used to produce the final data file from which the estimates shown in this report are derived.

# Highlights for 1989

In the following sections, each of the health-related characteristics included in this report is defined, and the 1989 estimate is compared with the 1987 and 1988 estimates (3,4) for the same characteristic. The comparisons are highlighted in text tables, which also include the standard error for each of the 1989 estimates. The reader who wants some idea of how much difference there must be between the 1987, 1988, and 1989 estimates to constitute a statistically significant difference may use the standard errors to calculate a confidence interval or a critical value for the *t*-test. Of these two methods, the *t*-test (with a 95-percent level of significance) has been used in the following discussion as a basis for making statements

about the difference or lack of difference between the 1987, 1988, and 1989 estimates.

Because the text compares only the overall rates or percents of health-related characteristics between 1987 and 1989, and the age distribution of the civilian noninstitutionalized population does not change greatly over a 3-year period, the possible effect of differing age distributions is not discussed in the text. Tables A-D include age-standardized as well as unstandardized figures, and the 3-year trends are similar.

Readers using the detailed tables who wish to make comparisons of subgroups of the population may want to consider the possible effect of age in comparing

**Table A. Acute conditions measures: United States, 1987-89**

Acute condition measure	Unstandardized				Age standardized		
	1987	1988	1989		1987	1988	1989
			Estimate	Standard error			
Annual incidence of acute conditions							
Number per 100 persons per year							
All acute conditions . . . . .	172.7	175.3	181.3	3.5	174.3	177.2	183.4
Infective and parasitic diseases . . . . .	23.2	22.3	20.1	0.8	23.8	23.0	20.7
Respiratory conditions <sup>1</sup> . . . . .	80.1	86.9	95.2	2.2	81.1	88.0	96.6
Common cold . . . . .	25.9	28.5	29.1	1.0	26.1	28.9	29.4
Influenza . . . . .	38.2	42.8	50.4	1.4	38.6	43.3	51.2
Digestive system conditions . . . . .	6.3	6.3	5.9	0.4	6.4	6.3	5.9
Injuries . . . . .	27.0	24.6	24.3	0.9	27.2	24.8	24.4
Other acute conditions . . . . .	36.1	35.2	35.8	1.1	35.9	35.1	35.8
Acute conditions medically attended							
Percent							
All acute conditions . . . . .	61.8	62.8	61.6	0.8	61.4	61.6	60.6
Restricted activity associated with acute conditions							
Number of days per 100 persons per year							
All restricted-activity days . . . . .	679.9	699.5	749.1	18.7	679.2	699.8	748.4
Bed days . . . . .	297.6	303.7	344.1	10.5	297.3	305.1	345.4
Work-loss days <sup>2</sup> . . . . .	310.0	311.4	336.5	11.6	301.5	302.0	343.4
School-loss days <sup>3</sup> . . . . .	338.9	405.9	463.5	20.3	---	---	---
Quarterly incidence of acute conditions							
Number per 100 persons per quarter							
January 1—March 31 . . . . .	53.3	60.2	65.9	1.7	---	---	---
April 1—June 30 . . . . .	35.7	36.9	33.3	1.1	---	---	---
July 1—September 30 . . . . .	33.5	30.2	31.0	1.0	---	---	---
October 1—December 31 . . . . .	50.2	48.0	51.1	1.4	---	---	---

<sup>1</sup>Includes other acute respiratory conditions.

<sup>2</sup>For currently employed persons 18 years of age and over.

<sup>3</sup>For youths 5-17 years of age.

NOTE: Detailed tables show the 1989 estimates by age, sex, race, family income, geographic region, and place of residence.

**Table B. Episodes of persons injured and associated restrictions in activity: United States, 1987–89**

Episodes of persons injured and associated restricted activities	Unstandardized				Age standardized		
	1987	1988	1989		1987	1988	1989
			Estimate	Standard error			
Episodes of persons injured							
Number per 100 persons per year							
All types of injury . . . . .	26.0	24.0	23.8	1.0	26.2	24.2	23.9
Restriction in activity associated with episodes of persons injured							
All restricted-activity days <sup>1</sup> . . . . .	260.4	251.7	258.7	8.6	255.8	245.8	250.8
Bed days . . . . .	81.4	72.6	78.9	4.2	79.0	70.1	76.3

<sup>1</sup>Includes work-loss and school-loss days as well as bed days.

NOTE: Detailed tables show the 1989 estimates by age, sex, race, family income, geographic region, and place of residence.

**Table C. Health status measures: United States, 1987–89**

Health status measure	Unstandardized				Age standardized		
	1987	1988	1989		1987	1988	1989
			Estimate	Standard error			
Restricted activity due to acute and chronic conditions							
Number of days per person per year							
All restricted-activity days . . . . .	14.5	14.7	15.2	0.3	14.2	14.4	14.9
Bed days . . . . .	6.2	6.3	6.5	0.2	6.1	6.2	6.4
Work-loss days <sup>1</sup> . . . . .	5.4	5.3	5.6	0.2	---	---	---
School-loss days <sup>2</sup> . . . . .	4.4	4.9	5.7	0.2	---	---	---
Limitation in activity due to chronic conditions							
Percent							
All persons limited in activity . . . . .	13.5	13.7	14.1	0.2	13.3	13.4	13.7
Persons limited in major activity . . . . .	9.2	9.4	9.6	0.1	9.1	9.3	9.4
Respondent-assessed health status							
Percent distribution							
All health statuses <sup>3</sup> . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Excellent . . . . .	39.3	39.1	39.7	0.3	39.6	39.5	40.1
Very good . . . . .	27.9	27.8	28.1	0.3	27.8	27.8	28.0
Good . . . . .	22.9	23.2	22.6	0.2	22.8	23.0	22.4
Fair . . . . .	7.3	7.2	7.0	0.1	7.1	7.1	6.8
Poor . . . . .	2.7	2.7	2.6	0.1	2.7	2.6	2.5

<sup>1</sup>For currently employed persons 18 years of age and over.

<sup>2</sup>For youths 5–17 years of age.

<sup>3</sup>Excludes a small number with unknown health status.

NOTE: Detailed tables show the 1989 estimates by age, sex, race, family income, geographic region, and place of residence.

subgroups. For those sociodemographic characteristics for which the age distribution of the subgroups differs to a significant degree (such as for sex, age, and family income), the results are shown for specific age groups. However, in the case of geographic region and place of residence, there is little difference in the age distributions of the subgroups; therefore, these results are not shown for specific age groups.

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

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

An acute condition is defined for the National Health Interview Survey (NHIS) as a type of illness or injury that ordinarily lasts less than 3 months, was first noticed less than 3 months before the reference date of the interview, and was serious enough to have had an impact on behavior. Only two types of impact are considered: first, whether the illness or injury caused the person to cut down for at least half a day on the things he or she usually does or, second, whether a physician was contacted regarding the illness or injury.

**Table D. Health care utilization: United States, 1987–89**

Health care utilization	Unstandardized				Age standardized		
	1987	1988	1989		1987	1988	1989
			Estimate	Standard error			
Physician contact							
Number							
Contacts per person per year . . . . .	5.4	5.4	5.4	0.1	5.3	5.3	5.3
Percent							
Persons with 1 contact or more in past year . . . . .	76.2	76.7	77.4	0.5	76.0	76.6	77.1
Hospitalization							
Persons with 1 hospital episode or more in past year . . . . .	8.4	8.2	8.1	0.1	8.2	8.0	7.9
Number							
Hospital days per person hospitalized in past year . . . . .	8.2	8.0	8.0	0.2	7.5	7.3	7.2
Discharges per 100 persons per year . . . . .	11.5	11.2	11.3	0.2	11.3	11.0	11.0
Average length of stay per discharge in days . . . . .	6.4	6.3	6.5	0.3	5.9	5.7	5.9

<sup>1</sup>Revision of previously published estimate.

NOTE: Detailed tables show the 1989 estimates by age, sex, race, family income, geographic region, and place of residence.

**Incidence**

Tables 1–5 show the incidence rate and tables 6–10 the incidence of acute conditions by type of condition and sociodemographic characteristics. The 1989 rate of 181.3 acute conditions per 100 persons per year (table A) was not significantly different from the rates in 1987 or 1988 (172.7 and 175.3, respectively).

For broad types of acute conditions, the 1989 incidence rates per 100 persons per year ranked as follows: respiratory conditions (95.2), injuries (24.3), infective and parasitic diseases (20.1), and digestive system conditions (5.9). The rate for digestive system conditions was similar to rates observed in 1987 and 1988. The rates for injuries and infective and parasitic diseases were similar to those for 1988, but showed a decrease from the corresponding rates for 1987 (27.0 and 23.2, respectively). The 1989 estimate for respiratory conditions (95.2) was considerably higher than in either 1987 (80.1) or 1988 (86.9), primarily because of an increase in the incidence rate of influenza (from 38.2 and 42.8 in 1987 and 1988, respectively, to 50.4 in 1989).

**Medical attention**

Tables 11–15 show estimates of the percent of acute conditions that were medically attended. The 1989 estimate of 61.6 percent (table A) was similar to the rates observed in 1987 (61.8) and 1988 (62.8).

**Restricted activity associated with acute conditions**

Four types of restricted activity resulting from illness, injury, or impairment are measured in NHIS: days lost from work for currently employed persons 18 years of age and over, school days missed by youths 5–17 years of age, days spent in bed (which may overlap either of the preceding types), and other days on which a person cut

down on the things he or she usually does. Estimates of “cut-down” days are not presented separately but are included in the generic concept of “restricted-activity days.” The other three types of restricted activity also included in the generic concept “restricted activity” are usually shown separately in reports from NHIS.

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

Tables 16–20 show the incidence rate and tables 21–25 show the incidence of restricted activity associated with acute conditions by type of condition and sociodemographic characteristics. The 1989 rate per year of restricted-activity days (749.1) was higher than in 1987 (679.9), but was not significantly different than the rate for 1988 (699.5) (table A). The 1989 rate per year of bed days (344.1) increased significantly from 1987 (297.6) and 1988 (303.7). Although the 1989 rate of work-loss days for currently employed persons 18 years of age and over (336.5) appeared higher than in 1987 (310.0) and in 1988 (311.4), there were no statistically significant differences. The rate of school-loss days for youths 5–17 years of age was considerably higher in 1989 (463.5) than the corresponding rates for 1987 (338.9) and 1988 (405.9). Tables 26–49 show the detailed rates and frequencies for bed days (tables 26–35), work-loss days (tables 36–45), and school-loss days (tables 46–49).

## **Incidence by quarter**

The 1989 incidence rate and incidence of acute conditions by quarter are shown in table 50. As may be noted in table A, the estimated rate for the first quarter of 1989 (65.9) was higher than the comparable rates for 1987 (53.3) and 1988 (60.2). This was primarily the result of excess influenza during the first quarter of 1989. For the second quarter, the 1989 rate (33.3) was slightly lower than the 1988 rate (36.9) but similar to the 1987 rate (35.7). For the third and fourth quarters, the rates for 1987, 1988, and 1989 were similar, the differences not exceeding what might be expected from sampling variability. This pattern follows trends in reported pneumonia and influenza deaths for those time periods (5).

## **Episodes of persons injured**

Injury data may be analyzed in three possible units: (a) the number of injuries sustained in a particular episode involving injury, (b) the number of episodes involving injury during a given period of time, or (c) the number of persons involved in one episode or more in which injury occurred during a period of time. The estimates of injuries included in tables 1–50 are of the number of injuries that occurred during 1989. This section considers the number of episodes that occurred during 1989 that involved one injury or more. Because of the short reference period used to collect injury data in NHIS (2 weeks), the data cannot be used to estimate the number of persons involved in one episode or more of persons injured during any given year.

Table 51 shows the incidence rate of episodes of persons injured and table 52 the incidence of such episodes by sociodemographic characteristics, by whether a moving motor vehicle was involved (and if so, whether this occurred in traffic), by where the episode occurred, and, for persons 18 years of age and over, by whether they were working at a job or business at the time the episode occurred. The 1989 rate of episodes of persons injured per 100 persons per year (23.8) was similar to the 1987 rate of 26.0 and the 1988 rate of 24.0 (table B).

## **Restricted activity associated with injury and impairment due to injury**

An injury may have health-related effects for many years after its occurrence, or, for that matter, even for a lifetime. (This might be the case, for instance, for a person who suffered a dislocated back due to an accident.) The estimates of activity restriction in tables 53 and 54 and of bed days in tables 55 and 56 are based on the present effects of injuries no matter when they occurred. Thus, these estimates include the days shown in earlier tables for acute injuries and also include days of restricted activity during 1989 that are attributable to the effects of injuries suffered prior to 1989. In many cases these old injuries have become impairments, and any restricted activity during 1989 that was caused by an injury-related impairment is also included.

The 1989 rate for restricted-activity days associated with episodes of persons injured (258.7 per 100 persons per year) was similar to the the rates found in 1987 (260.4) and 1988 (251.7) (table B). The 1989 rate for bed days associated with episodes of persons injured (78.9) was also similar to the rates for 1987 (81.4) and 1988 (72.6).

## **Prevalence of reported chronic conditions**

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

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

Tables 57–61 show the prevalence rate and tables 62–66 the prevalence of selected chronic conditions. As may be noted in table 57, the reported conditions with the highest prevalence rates were sinusitis, arthritis, deformity or orthopedic impairment, and hypertension (with rates per 1,000 persons of 138.3, 127.3, 114.9, and 113.6, respectively).

## **Limitation of activity due to chronic conditions**

The concept of limitation of activity used in this report refers to long-term reduction in activity resulting from chronic disease or impairment. The measurement of this concept in NHIS permits one to distinguish among (a) persons unable to carry on their usual activity, (b) persons limited in the amount or kind of their usual activity, (c) persons limited but not in their usual activity, and (d) persons not limited. The category of persons limited in their major activity includes those in the first two groups, that is, those unable to carry on the usual activity for their age-sex group, whether it is working, keeping house, going to school, or living independently, and those restricted in



the amount or kind of usual activity for their age-sex group. Persons limited, but not in their major activity, include persons restricted in other activities such as civic, church, or recreational activities.

The 1989 estimate of the percent of persons limited in activity due to chronic conditions (14.1) was not statistically different from the 1988 estimate of 13.7 but was statistically different from the 1987 estimate of 13.5 (table C). Likewise, the 1989 estimate of persons limited in their major activity (9.6) (categories (a) and (b) discussed in the previous paragraph) was similar to 1988 (9.4) but slightly higher than 1987 (9.2).

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

## Restricted activity due to acute and chronic conditions

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

As may be noted in table C, the 1989 rate per person per year of restricted-activity days (15.2) was similar to the corresponding rates for the two previous years. The 1989 rates for bed days (6.5) and work-loss days (5.6) were also similar to those for 1987 and 1988. The 1989 rate for school-loss days for youths 5–17 years of age (5.7) was higher than the corresponding rates for 1987 and 1988 (4.4 and 4.9, respectively).

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

## Respondent-assessed health status

Data on assessed health status result from simply asking respondents to assess their own health or that of family members living in the same household as excellent, very good, good, fair, or poor. Table 70 shows the percent distribution for these categories according to sociodemographic characteristics. The health of most persons in the civilian noninstitutionalized population was assessed as “excellent” (39.7 percent) or “very good” (28.1 percent). Only 2.6 percent were assessed as “poor” (table C). Overall, the 1989 estimates for the health status categories show respondents assessing health the same way they did in 1987 and 1988.

## Physician contacts: Rate and interval since last contact

A contact is defined as a consultation with a physician, in person or by telephone, for examination, diagno-

sis, treatment, or advice. The visit is considered a physician contact if the service is provided by the physician or by another person working under the physician’s supervision.

### Annual rate

Table D shows the rates of physician contacts reported for 1987–89. The 1989 rate of 5.4 doctor visits per person per year was essentially identical to the rates for 1987 (5.4) and 1988 (5.4).

Aside from the sociodemographic characteristics, the rates and frequencies also are shown by the place of contact in table 71. The rate was highest for doctor’s office (3.2 per person per year) and was less than one contact per person per year for each of the other places mentioned (telephone, hospital, and other).

### Interval since last contact

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

Table D indicates that during 1989 an estimated 77.4 percent of the civilian noninstitutionalized population had contact with a physician during the year preceding interview. This estimate was similar to the 1987 and 1988 estimates (76.2 and 76.7, respectively).

Other estimates of ambulatory medical care services by physicians are provided by data from the National Ambulatory Medical Care Survey, a probability sample survey conducted periodically by the Division of Health Care Statistics of the National Center for Health Statistics. A summary of 1985 survey results, the most recent available, is found in Advance data from vital and health statistics, No. 128 (6).

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

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

Estimates on hospitalization are presented in two forms: episode estimates and discharge estimates. Episode estimates focus on the person’s hospital experience during

the 12 months preceding interview. The tables showing these estimates classify people on the basis of whether they were hospitalized during the reference period and, if so, the number of times they were hospitalized. Discharge estimates focus on hospital stays as the unit of analysis rather than on persons.

### **Hospital episodes and days**

Tables 73 (percent distribution) and 74 (frequency) show the distribution of short-stay hospital episodes including and excluding deliveries by the number of times a person was hospitalized during the year preceding interview and sociodemographic characteristics. The category "delivery" is based on the reason the woman entered the hospital or whether surgery related to delivery was performed. The percent of persons in 1989 with one hospital episode or more during the year preceding interview was 8.1 percent (table D). This was similar to the estimates for 1987 (8.4) and 1988 (8.2). The 1989 rate was about 21 percent lower than the 1982 estimate of 10.3 percent (1).

Associated with the number of times a person was a patient in a short-stay hospital during the year preceding interview is the total number of days (strictly speaking, nights) the person spent as a patient in the hospital. Table D shows that in 1989 persons with one hospitalization or more spent an average of 8.0 days in the hospital in the year preceding interview. This was almost the same as the 1987 rate of 8.2 and the 1988 rate of 8.0. Tables 75 and 76 show the estimated rate and number of hospital days by the number of times people were hospitalized (including and excluding deliveries) and sociodemographic characteristics.

### **Hospital discharges and average length of stay**

Table 77 shows the rate and number of hospital discharges, the average length of stay, and the number of

hospital discharge days by sociodemographic characteristics and by whether a delivery was involved in the hospitalization. Based on data collected during 1989, there were 11.3 discharges per 100 persons, and the average length of stay per discharge was 6.5 days. Both of these rates were similar to the 1987 and 1988 estimates of discharges per 100 persons (11.5 and 11.2, respectively) and days per discharge (6.4 and 6.3, respectively).

Examining longer term trends, the 1989 hospital discharge rate of 11.3 was 20 percent lower than the rate estimated by NHIS in 1981 (14.2), and the average length of stay was about 12 percent lower than in 1981 (7.4) (7).

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

Information also is collected on hospital discharges from hospital records through the National Hospital Discharge Survey (NHDS) conducted by the National Center for Health Statistics. Estimates from NHDS, published in Series 13 of *Vital and Health Statistics*, are somewhat higher than those presented here because of differences in collection procedures, population sampled, and definitions used. NHDS has experienced a recent decline in its hospital discharge rates, and NHDS estimates of average length of stay for older persons also are declining. Thus, the data from the two surveys are consistent. The most recent national estimates of short-stay hospitalization based on NHDS are summarized in Advance data from vital and health statistics, No. 185 (8).

# References

1. National Center for Health Statistics. Current estimates from the National Health Interview Survey: United States, 1982. *Vital Health Stat* 10(150). 1985.
2. World Health Organization. *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death*, based on the recommendations of the Ninth Revision Conference, 1975. Geneva: World Health Organization. 1977.
3. Schoenborn CA, Marano M. Current estimates from the National Health Interview Survey: United States, 1987. National Center for Health Statistics. *Vital Health Stat* 10(166). 1988.
4. Adams PF, Hardy AM. Current estimates from the National Health Interview Survey, 1988. National Center for Health Statistics. *Vital Health Stat* 10(173). 1989.
5. Centers for Disease Control. Update: Influenza—United States, 1989–90. *MMWR*; vol 39 no 10, p 158. Washington: U.S. Public Health Service. 1990.
6. McLemore T, DeLozier J. 1985 summary, National Ambulatory Medical Care Survey. Advance data from vital and health statistics; no 128. Hyattsville, Maryland: National Center for Health Statistics. 1987.
7. Bloom B. Current estimates from the National Health Interview Survey: United States, 1981. National Center for Health Statistics. *Vital Health Stat* 10(141). 1982.
8. Graves EJ. 1988 Summary: National Hospital Discharge Survey. Advance data from vital and health statistics; no 185. Hyattsville, Maryland: National Center for Health Statistics. 1990.
9. Massey JT, Moore TF, Parsons VL, Tadros W. Design and estimation for the National Health Interview Survey, 1985–94. National Center for Health Statistics. *Vital Health Stat* 2(110). 1989.
10. Kovar MG, Poe GS. The National Health Interview Survey design, 1973–84, and procedures, 1975–83. National Center for Health Statistics. *Vital Health Stat* 1(18). 1985.
11. Koons DA. Quality control and measurement of nonsampling error in the Health Interview Survey. National Center for Health Statistics. *Vital Health Stat* 2(54). 1973.
12. Balamuth E, Shapiro S. Health interview responses compared with medical records. National Center for Health Statistics. *Vital Health Stat* 2(7). 1965.
13. Cannell CF, Fowler FJ Jr. Comparison of hospitalization reporting in three survey procedures. National Center for Health Statistics. *Vital Health Stat* 2(8). 1965.
14. Madow WG. Interview data on chronic conditions compared with information derived from medical records. National Center for Health Statistics. *Vital Health Stat* 2(23). 1967.
15. Cannell CF, Fowler FJ Jr., Marquis KH. The influence of interviewer and respondent psychological and behavioral variables on the reporting in household interviews. National Center for Health Statistics. *Vital Health Stat* 2(26). 1968.
16. National Center for Health Statistics. Reporting of hospitalization in the Health Interview Survey. *Vital Health Stat* 2(6). 1965.
17. U.S. Bureau of the Census. *National Health Interview Survey Interviewer's Manual*. HIS-100. U.S. Department of Commerce acting as a collecting agent for the U.S. Public Health Service. 1989.

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TABLE 1. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	181.3	369.5	252.5	180.8	165.4	108.4	113.6	100.2
INFECTIVE AND PARASITIC DISEASES.....	20.1	53.2	41.3	15.4	13.5	7.6	8.6	5.9
COMMON CHILDHOOD DISEASES.....	1.6	9.4	4.6	*0.2	*0.1	*0.1	*-	*0.2
INTESTINAL VIRUS, UNSPECIFIED.....	4.6	9.2	7.9	4.0	4.0	2.2	2.8	*1.4
VIRAL INFECTIONS, UNSPECIFIED.....	5.9	15.5	10.9	4.6	3.8	3.1	3.3	2.8
OTHER.....	8.0	19.2	18.0	6.6	5.6	2.2	2.5	*1.6
RESPIRATORY CONDITIONS.....	95.2	175.8	138.7	100.0	89.7	53.1	60.1	42.0
COMMON COLD.....	29.1	73.1	34.4	34.2	26.2	16.2	17.4	14.4
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8.9	23.1	13.7	12.6	7.0	3.2	4.1	*1.9
INFLUENZA.....	50.4	61.8	81.2	48.3	51.1	28.9	34.7	19.9
ACUTE BRONCHITIS.....	3.6	9.8	4.8	3.2	3.1	2.0	1.7	*2.5
PNEUMONIA.....	1.5	*2.9	*1.6	*0.4	1.1	1.8	*1.2	2.6
OTHER RESPIRATORY CONDITIONS.....	1.8	5.2	3.0	*1.2	1.2	*0.9	*1.1	*0.7
DIGESTIVE SYSTEM CONDITIONS.....	5.9	11.0	6.3	6.5	4.5	5.5	4.1	7.6
DENTAL CONDITIONS.....	1.3	4.1	*0.9	*1.6	1.1	1.0	*0.9	*1.2
INDIGESTION, NAUSEA, AND VOMITING.....	2.5	*2.9	4.7	3.5	1.5	1.9	*1.6	*2.5
OTHER DIGESTIVE CONDITIONS.....	2.0	*4.0	*0.7	*1.4	2.0	2.5	*1.6	4.0
INJURIES.....	24.3	22.7	28.9	28.0	28.4	16.4	16.2	16.8
FRACTURES AND DISLOCATIONS.....	3.0	*1.2	4.7	4.3	2.8	2.3	2.1	2.6
SPRAINS AND STRAINS.....	5.3	*1.5	6.2	7.1	7.7	2.8	2.7	2.9
OPEN WOUNDS AND LACERATIONS.....	5.5	8.4	7.6	5.3	6.2	3.0	3.2	*2.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.2	*3.9	5.1	3.7	4.4	3.5	3.4	3.8
OTHER CURRENT INJURIES.....	6.3	7.8	5.3	7.7	7.4	4.9	4.8	5.0
SELECTED OTHER ACUTE CONDITIONS.....	25.8	86.1	28.8	23.5	20.3	15.6	15.2	16.1
EYE CONDITIONS.....	1.2	4.0	*1.0	*0.8	*0.7	1.4	*1.2	*1.7
ACUTE EAR INFECTIONS.....	8.7	62.1	11.9	3.6	2.9	1.3	1.8	*0.5
OTHER EAR CONDITIONS.....	1.7	4.5	2.8	*0.8	1.1	1.4	*1.3	*1.7
ACUTE URINARY CONDITIONS.....	2.6	*0.7	1.7	*2.8	2.5	3.6	2.5	5.3
DISORDERS OF MENSTRUATION.....	0.6	...	*1.0	*1.1	*0.7	*0.1	*0.2	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	0.8	*-	*0.1	*2.6	1.2	*0.5	*0.8	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	2.0	...	*0.2	6.0	4.1	*-	*-	...
SKIN CONDITIONS.....	2.3	6.3	3.3	*1.7	1.2	2.1	2.4	*1.6
ACUTE MUSCULOSKELETAL CONDITIONS.....	2.7	*0.4	*1.5	*2.7	3.0	3.7	3.7	3.7
HEADACHE, EXCLUDING MIGRAINE.....	1.7	*0.3	2.3	*1.1	2.2	1.3	*1.3	*1.1
FEVER, UNSPECIFIED.....	1.6	7.8	3.0	*0.5	*0.8	*0.3	*0.1	*0.6
ALL OTHER ACUTE CONDITIONS.....	10.0	20.8	8.5	7.4	8.9	10.3	9.4	11.7

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

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

TABLE 2. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR										
ALL ACUTE CONDITIONS.....	170.3	398.8	251.8	143.4	91.1	191.6	338.8	253.4	193.8	122.8
INFECTIVE AND PARASITIC DISEASES.....	18.3	58.1	36.4	10.7	6.1	21.8	48.1	46.5	17.0	8.8
COMMON CHILDHOOD DISEASES.....	2.0	10.3	5.7	*0.1	*-	1.3	8.4	*3.4	*0.1	*0.1
INTESTINAL VIRUS, UNSPECIFIED..	4.2	7.9	7.6	3.3	2.3	4.9	10.5	8.3	4.7	2.2
VIRAL INFECTIONS, UNSPECIFIED..	5.4	19.3	9.4	3.2	*2.2	6.3	11.5	12.4	4.7	3.8
OTHER.....	6.6	20.6	13.7	4.1	*1.6	9.3	17.6	22.4	7.5	2.7
RESPIRATORY CONDITIONS.....	89.5	181.3	136.9	80.8	44.8	100.5	170.1	140.7	103.3	59.9
COMMON COLD.....	27.6	76.3	32.3	26.5	12.4	30.5	69.6	36.7	29.7	19.3
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8.0	30.2	11.4	6.1	2.4	9.8	15.6	16.1	10.7	3.9
INFLUENZA.....	48.0	56.4	85.3	44.5	25.7	52.6	67.6	76.8	56.1	31.6
ACUTE BRONCHITIS.....	2.9	9.8	4.2	1.8	*1.9	4.2	9.8	5.5	4.4	2.1
PNEUMONIA.....	1.3	*2.2	*1.4	*1.1	*1.5	1.6	*3.6	*1.8	*0.8	2.0
OTHER RESPIRATORY CONDITIONS...	1.6	*6.4	*2.3	*0.8	*0.9	1.9	*3.9	3.7	1.6	*1.0
DIGESTIVE SYSTEM CONDITIONS....	5.8	12.7	7.1	4.6	4.7	5.9	9.2	5.4	5.5	6.1
DENTAL CONDITIONS.....	1.2	*4.5	*1.1	*1.2	*0.3	1.4	*3.7	*0.7	*1.2	*1.6
INDIGESTION, NAUSEA, AND VOMITING.....	2.7	*2.7	5.4	2.0	*1.7	2.4	*3.1	4.1	1.9	2.1
OTHER DIGESTIVE CONDITIONS....	1.9	*5.4	*0.7	*1.4	2.7	2.1	*2.5	*0.7	2.3	2.4
INJURIES.....	27.2	25.7	34.7	31.9	15.6	21.6	19.4	22.8	24.9	17.1
FRACTURES AND DISLOCATIONS.....	3.3	*0.6	5.7	3.9	*1.7	2.7	*1.8	3.7	2.4	2.8
SPRAINS AND STRAINS.....	5.8	*2.4	6.2	8.6	2.3	4.9	*0.5	6.1	6.4	3.1
OPEN WOUNDS AND LACERATIONS....	7.4	9.6	10.4	8.1	3.8	3.7	*7.1	4.6	3.9	2.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.4	*5.7	5.2	4.3	3.5	4.0	*1.9	5.1	4.2	3.6
OTHER CURRENT INJURIES.....	6.3	*7.4	7.2	6.9	4.4	6.3	*8.1	*3.4	8.0	5.2
SELECTED OTHER ACUTE CONDITIONS.....	20.8	95.3	29.4	9.4	11.0	30.6	76.4	28.1	32.4	19.4
EYE CONDITIONS.....	1.0	*4.7	*1.3	*0.4	*0.8	1.4	*3.3	*0.8	*1.0	1.9
ACUTE EAR INFECTIONS.....	9.4	67.8	13.7	2.2	*0.8	8.1	56.1	10.1	3.9	*1.6
OTHER EAR CONDITIONS.....	1.9	*5.7	*2.8	*1.0	*1.5	1.6	*3.3	*2.8	*1.0	*1.4
ACUTE URINARY CONDITIONS.....	1.4	*-	*1.6	*0.6	2.8	3.6	*1.3	*1.7	4.4	4.2
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	1.1	...	*2.0	1.5	*0.3
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	1.6	*-	*0.1	3.0	*0.9
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	3.8	...	*0.4	8.9	*-
SKIN CONDITIONS.....	2.3	*7.6	4.0	*0.8	*1.9	2.3	*4.9	*2.6	1.8	2.2
ACUTE MUSCULOSKELETAL CONDITIONS.....	2.1	*-	*0.8	2.9	2.3	3.3	*0.8	*2.3	3.0	4.8
HEADACHE, EXCLUDING MIGRAINE...	1.0	*0.5	*2.4	*0.7	*0.7	2.2	*-	*2.2	3.1	*1.7
FEVER, UNSPECIFIED.....	1.6	9.0	*2.8	*0.7	*0.1	1.5	*6.6	*3.2	*0.8	*0.4
ALL OTHER ACUTE CONDITIONS.....	8.7	25.8	7.3	6.0	8.9	11.2	15.5	9.8	10.9	11.4

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

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



TABLE 3. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	187.2	307.0	175.6	109.3	146.9	199.5	135.8	93.8
INFECTIVE AND PARASITIC DISEASES.....	21.2	49.2	15.1	7.4	14.3	24.9	8.8	*9.6
COMMON CHILDHOOD DISEASES.....	1.6	6.3	*0.1	*0.1	*1.6	*4.9	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	4.9	9.4	4.4	2.1	3.3	*4.0	*2.3	*4.2
VIRAL INFECTIONS, UNSPECIFIED.....	6.2	13.5	4.3	3.0	5.0	8.3	*3.3	*3.7
OTHER.....	8.4	20.1	6.3	2.2	4.3	7.6	*3.2	*1.7
RESPIRATORY CONDITIONS.....	99.1	160.6	97.1	53.9	71.3	109.2	59.6	39.3
COMMON COLD.....	29.4	45.9	29.4	16.7	27.9	49.6	20.2	11.5
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.7	18.7	9.3	3.3	4.7	*6.9	*4.5	*2.1
INFLUENZA.....	52.9	83.3	52.8	29.2	33.3	43.4	31.5	22.3
ACUTE BRONCHITIS.....	3.7	6.7	3.3	2.0	2.7	*4.2	*2.0	*1.8
PNEUMONIA.....	1.5	2.0	1.0	1.7	*1.3	*2.2	*0.5	*1.4
OTHER RESPIRATORY CONDITIONS.....	1.8	4.0	1.2	*1.0	*1.4	*2.9	*0.8	*0.2
DIGESTIVE SYSTEM CONDITIONS.....	5.5	7.0	4.7	5.5	7.8	9.7	7.6	*5.3
DENTAL CONDITIONS.....	1.1	*1.3	1.0	*1.0	*2.4	*3.4	*2.4	*1.1
INDIGESTION, NAUSEA, AND VOMITING.....	2.5	4.1	2.0	2.1	*2.5	*3.9	*2.3	*0.8
OTHER DIGESTIVE CONDITIONS.....	1.9	1.6	1.7	2.4	2.9	*2.4	*2.9	*3.4
INJURIES.....	24.8	29.1	28.5	16.5	23.8	18.8	32.5	15.5
FRACTURES AND DISLOCATIONS.....	3.4	4.4	3.6	2.4	*0.8	*0.5	*1.0	*0.7
SPRAINS AND STRAINS.....	5.3	4.7	7.6	2.6	6.7	*6.1	8.3	*4.5
OPEN WOUNDS AND LACERATIONS.....	5.7	9.0	5.6	3.1	4.9	*2.4	8.3	*2.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.3	5.2	4.4	3.6	4.0	*4.0	*4.1	*3.9
OTHER CURRENT INJURIES.....	6.1	5.9	7.3	4.7	7.5	*5.8	10.8	*4.1
SELECTED OTHER ACUTE CONDITIONS.....	26.3	48.4	21.2	15.7	22.7	29.2	22.0	14.8
EYE CONDITIONS.....	1.2	2.0	*0.7	1.3	*1.0	*1.5	*0.6	*1.1
ACUTE EAR INFECTIONS.....	9.3	29.6	3.5	1.3	4.0	10.2	*0.9	*1.1
OTHER EAR CONDITIONS.....	1.8	3.5	1.1	1.5	*1.1	*1.6	*0.9	*0.7
ACUTE URINARY CONDITIONS.....	2.6	*0.9	2.6	3.8	3.0	*4.0	*2.4	*2.6
DISORDERS OF MENSTRUATION.....	0.4	*0.4	*0.7	*0.0	*1.8	*2.3	*1.7	*1.2
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	0.8	*-	1.3	*0.6	*1.3	*0.3	*2.9	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1.9	*-	4.4	*-	2.7	*0.3	6.1	*-
SKIN CONDITIONS.....	2.2	4.4	1.3	1.9	2.8	*3.6	*1.7	*3.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	2.9	*1.1	3.2	3.9	*1.6	*1.7	*1.0	*2.7
HEADACHE, EXCLUDING MIGRAINE.....	1.5	1.8	1.7	1.1	*2.0	*0.4	*3.2	*2.0
FEVER, UNSPECIFIED.....	1.6	4.7	*0.8	*0.3	*1.4	*3.4	*0.6	*-
ALL OTHER ACUTE CONDITIONS.....	10.3	12.6	9.0	10.3	7.0	7.7	*5.2	*9.3

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

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

TABLE 4. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989  
 (DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	208.1	283.9	226.3	125.3	166.3	249.0	177.2	93.7
INFECTIVE AND PARASITIC DISEASES.....	14.9	29.3	13.0	*5.0	19.4	46.9	13.0	6.1
COMMON CHILDHOOD DISEASES.....	*2.3	*8.2	*-	*-	*1.4	*5.3	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	3.7	*5.6	*3.4	*2.4	3.4	7.7	*2.5	*1.4
VIRAL INFECTIONS, UNSPECIFIED.....	3.7	*7.1	*3.2	*1.6	6.6	14.0	*4.6	*3.3
OTHER.....	5.1	*8.3	*6.4	*1.0	7.9	19.9	5.9	*1.4
RESPIRATORY CONDITIONS.....	109.9	158.9	117.5	61.0	83.5	126.9	95.7	38.4
COMMON COLD.....	40.3	68.9	39.0	17.8	25.8	35.8	31.1	12.5
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8.3	12.4	10.6	*2.4	7.6	13.3	9.6	*1.2
INFLUENZA.....	53.0	62.1	61.3	36.4	44.7	70.6	49.5	20.4
ACUTE BRONCHITIS.....	3.3	*5.3	*2.7	*2.3	3.0	*3.7	*4.0	*1.3
PNEUMONIA.....	*2.6	*5.4	*1.0	*1.9	*1.6	*1.0	*1.0	*2.6
OTHER RESPIRATORY CONDITIONS.....	*2.4	*4.7	*2.8	*0.2	*0.9	*2.4	*0.4	*0.3
DIGESTIVE SYSTEM CONDITIONS.....	8.9	10.3	*7.7	9.1	7.7	8.6	7.1	7.8
DENTAL CONDITIONS.....	*1.1	*1.0	*0.8	*1.7	2.0	*3.7	*1.8	*0.9
INDIGESTION, NAUSEA, AND VOMITING.....	3.1	*5.7	*1.9	*2.4	3.0	*4.0	*2.7	*2.8
OTHER DIGESTIVE CONDITIONS.....	4.6	*3.7	*5.0	*5.0	2.7	*0.9	*2.7	*4.1
INJURIES.....	29.3	25.0	39.9	21.2	23.9	20.3	32.7	16.9
FRACTURES AND DISLOCATIONS.....	*2.3	*1.9	*2.8	*1.9	2.4	*1.2	*3.3	*2.2
SPRAINS AND STRAINS.....	8.7	*7.3	14.3	*3.7	4.5	*2.9	6.6	*3.5
OPEN WOUNDS AND LACERATIONS.....	5.1	*6.1	*5.9	*3.5	5.8	7.1	6.9	*3.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	5.8	*4.3	*4.9	*7.9	4.7	*4.7	5.9	*3.3
OTHER CURRENT INJURIES.....	7.4	*5.5	12.0	*4.1	6.5	*4.3	9.9	*4.3
SELECTED OTHER ACUTE CONDITIONS.....	32.1	41.7	38.1	17.8	22.9	37.4	21.5	14.0
EYE CONDITIONS.....	*1.1	*0.6	*1.0	*1.5	*1.7	*2.7	*0.8	*1.8
ACUTE EAR INFECTIONS.....	9.2	24.2	*4.5	*1.9	5.8	17.7	*1.8	*1.6
OTHER EAR CONDITIONS.....	*2.7	*5.7	*1.1	*2.0	*1.3	*1.9	*1.6	*0.7
ACUTE URINARY CONDITIONS.....	3.7	*1.6	*4.3	*4.9	3.1	*2.0	*2.8	*4.3
DISORDERS OF MENSTRUATION.....	*1.7	*1.6	*2.8	*0.6	*0.8	*1.4	*1.2	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*1.5	*-	*4.0	*-	*0.3	*-	*0.5	*0.4
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	3.8	*-	10.1	*-	2.7	*0.8	6.4	*-
SKIN CONDITIONS.....	3.3	*4.3	*1.8	*4.2	*1.7	*3.2	*0.7	*1.6
ACUTE MUSCULOSKELETAL CONDITIONS.....	*2.1	*-	*3.8	*2.1	2.1	*1.4	*2.1	*2.7
HEADACHE, EXCLUDING MIGRAINE.....	*1.9	*1.2	*3.6	*0.6	*1.5	*0.9	*2.8	*0.6
FEVER, UNSPECIFIED.....	*1.1	*2.5	*1.1	*-	*1.7	*5.3	*0.7	*0.3
ALL OTHER ACUTE CONDITIONS.....	13.0	18.8	10.1	11.3	8.9	8.9	7.3	10.7

SEE NOTES AT END OF TABLE.

TABLE 4. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	197.0	306.3	179.7	112.2	183.9	305.9	155.5	110.9
INFECTIVE AND PARASITIC DISEASES.....	22.4	47.4	16.0	7.1	22.0	49.6	14.1	8.3
COMMON CHILDHOOD DISEASES.....	1.5	5.1	*0.2	*-	1.9	7.0	*0.1	*-
INTESTINAL VIRUS, UNSPECIFIED.....	6.1	10.4	5.6	*2.7	5.3	9.2	4.4	*2.9
VIRAL INFECTIONS, UNSPECIFIED.....	5.3	10.8	3.4	*2.8	6.0	13.7	3.5	*2.6
OTHER.....	9.4	21.2	6.8	*1.6	8.8	19.6	6.0	*2.8
RESPIRATORY CONDITIONS.....	102.9	161.7	93.7	57.1	97.8	148.9	90.2	59.7
COMMON COLD.....	30.2	50.6	24.8	18.3	28.4	39.5	28.1	17.8
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8.0	13.5	7.7	*3.0	11.5	22.0	9.1	5.1
INFLUENZA.....	57.5	86.1	56.4	29.5	50.5	74.5	46.9	32.8
ACUTE BRONCHITIS.....	4.2	7.5	*2.9	*2.9	4.3	6.5	3.9	*2.6
PNEUMONIA.....	*1.0	*1.4	*0.4	*1.7	1.1	*1.9	*1.2	*0.3
OTHER RESPIRATORY CONDITIONS.....	1.9	*2.6	*1.6	*1.6	2.0	4.4	*1.1	*1.2
DIGESTIVE SYSTEM CONDITIONS.....	5.2	6.5	5.0	*4.0	4.9	8.9	3.3	3.6
DENTAL CONDITIONS.....	1.4	*1.9	*1.6	*0.3	*0.9	*1.6	*0.7	*0.7
INDIGESTION, NAUSEA, AND VOMITING.....	2.4	*2.9	*2.1	*2.3	2.7	5.9	*1.8	*0.9
OTHER DIGESTIVE CONDITIONS.....	1.4	*1.7	*1.3	*1.3	1.3	*1.4	*0.8	*2.0
INJURIES.....	27.7	32.3	30.9	17.2	23.6	31.5	22.9	16.8
FRACTURES AND DISLOCATIONS.....	3.7	*4.4	3.2	*3.9	3.3	5.5	2.8	*1.8
SPRAINS AND STRAINS.....	6.2	*4.8	9.4	*2.3	4.5	4.8	5.6	*2.4
OPEN WOUNDS AND LACERATIONS.....	6.7	9.8	7.9	*1.5	5.7	9.0	4.7	4.1
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.2	6.6	3.2	*3.4	4.0	4.7	4.4	*2.8
OTHER CURRENT INJURIES.....	6.8	6.8	7.2	6.1	6.0	7.5	5.5	5.6
SELECTED OTHER ACUTE CONDITIONS.....	28.3	47.1	23.8	16.4	26.0	52.1	17.6	14.3
EYE CONDITIONS.....	*0.7	*1.4	*0.2	*1.0	1.5	*2.4	*1.1	*1.3
ACUTE EAR INFECTIONS.....	9.8	27.2	4.3	*1.2	11.2	34.7	3.5	*1.3
OTHER EAR CONDITIONS.....	1.8	*4.1	*0.4	*1.6	1.7	*2.7	*1.5	*1.0
ACUTE URINARY CONDITIONS.....	2.8	*0.7	3.6	*3.5	1.9	*1.2	*1.8	*2.6
DISORDERS OF MENSTRUATION.....	*0.3	*0.4	*0.3	*0.2	*0.2	*0.3	*0.3	*0.1
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.9	*0.2	*1.6	*0.4	*0.9	*-	*1.3	*1.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1.8	*-	4.0	*-	1.4	*-	2.9	*-
SKIN CONDITIONS.....	2.6	*4.7	*1.3	*2.8	2.0	3.7	*1.1	*1.7
ACUTE MUSCULOSKELETAL CONDITIONS.....	3.1	*1.4	4.0	*3.2	2.5	*0.8	2.8	3.8
HEADACHE, EXCLUDING MIGRAINE.....	2.6	*2.8	3.2	*1.4	1.3	*1.9	*0.7	*1.5
FEVER, UNSPECIFIED.....	1.9	*4.2	*0.9	*1.1	1.5	4.5	*0.6	*-
ALL OTHER ACUTE CONDITIONS.....	10.6	11.3	10.3	10.4	9.7	14.9	7.5	8.2

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

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

TABLE 5. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	144.6	185.1	176.4	219.2	179.7	176.7	181.7	186.7
INFECTIVE AND PARASITIC DISEASES.....	19.1	15.7	26.1	16.4	19.3	17.6	20.3	23.0
COMMON CHILDHOOD DISEASES.....	*1.1	1.7	1.7	2.0	1.7	1.9	1.6	*1.3
INTESTINAL VIRUS, UNSPECIFIED.....	5.6	1.6	8.5	*0.8	4.4	4.6	4.2	5.2
VIRAL INFECTIONS, UNSPECIFIED.....	5.4	5.3	8.6	2.7	5.2	4.1	5.9	8.4
OTHER.....	7.0	7.1	7.3	10.9	8.0	7.0	8.6	8.1
RESPIRATORY CONDITIONS.....	73.6	100.1	82.8	129.8	95.6	93.2	97.1	94.0
COMMON COLD.....	29.0	24.9	26.0	38.7	29.7	30.1	29.5	26.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	5.9	10.7	10.2	7.7	8.7	8.0	9.2	9.6
INFLUENZA.....	32.6	58.0	38.7	77.0	50.3	47.2	52.2	50.7
ACUTE BRONCHITIS.....	3.7	3.3	3.8	3.5	3.7	4.1	3.4	3.4
PNEUMONIA.....	*0.6	1.5	1.9	1.5	1.5	1.3	1.6	1.5
OTHER RESPIRATORY CONDITIONS.....	1.7	1.7	2.0	1.5	1.7	2.3	1.3	2.0
DIGESTIVE SYSTEM CONDITIONS.....	4.1	5.2	6.7	6.9	5.8	6.9	5.0	6.2
DENTAL CONDITIONS.....	*0.8	*1.1	1.5	1.6	1.3	1.8	1.0	*1.2
INDIGESTION, NAUSEA, AND VOMITING.....	1.6	2.0	3.1	3.1	2.6	2.8	2.4	2.5
OTHER DIGESTIVE CONDITIONS.....	1.7	2.1	2.0	2.2	1.9	2.2	1.7	2.4
INJURIES.....	19.9	26.8	25.1	24.3	23.5	23.3	23.6	27.3
FRACTURES AND DISLOCATIONS.....	2.5	3.4	3.0	3.1	2.9	2.8	3.0	3.3
SPRAINS AND STRAINS.....	3.7	5.5	6.2	5.3	5.1	5.3	4.9	6.2
OPEN WOUNDS AND LACERATIONS.....	5.3	5.8	5.2	6.0	5.5	5.1	5.7	5.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	3.6	4.6	4.4	3.8	4.1	4.0	4.2	4.4
OTHER CURRENT INJURIES.....	4.8	7.5	6.3	6.2	5.9	6.1	5.7	7.8
SELECTED OTHER ACUTE CONDITIONS.....	19.2	28.1	26.0	29.3	25.9	25.8	25.9	25.6
EYE CONDITIONS.....	*0.8	*1.2	*0.9	2.3	1.4	1.4	1.3	*0.7
ACUTE EAR INFECTIONS.....	6.2	10.3	7.8	10.7	8.7	8.0	9.1	8.8
OTHER EAR CONDITIONS.....	1.6	1.4	1.3	2.9	1.6	1.1	2.0	2.2
ACUTE URINARY CONDITIONS.....	*1.3	2.9	3.2	2.3	2.4	2.2	2.5	3.2
DISORDERS OF MENSTRUATION.....	*0.2	*0.9	*0.7	*0.2	0.6	*0.8	*0.5	*0.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.5	*0.6	1.3	*0.6	0.8	*1.0	0.8	*0.7
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*1.2	2.2	2.4	1.9	2.0	2.2	1.8	2.0
SKIN CONDITIONS.....	2.4	2.1	2.6	1.9	2.5	2.4	2.5	1.6
ACUTE MUSCULOSKELETAL CONDITIONS.....	2.3	2.9	2.7	3.0	2.6	2.9	2.4	3.0
HEADACHE, EXCLUDING MIGRAINE.....	*1.3	2.1	1.5	1.8	1.7	1.6	1.8	1.4
FEVER, UNSPECIFIED.....	*1.4	1.4	1.7	1.7	1.6	2.1	1.3	*1.3
ALL OTHER ACUTE CONDITIONS.....	8.6	9.2	9.8	12.5	9.8	9.9	9.7	10.7

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

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

TABLE 6. NUMBER OF ACUTE CONDITIONS, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	441,463	69,351	114,234	45,929	130,295	81,654	52,366	29,288
INFECTIVE AND PARASITIC DISEASES.....	48,897	9,987	18,691	3,907	10,608	5,704	3,977	1,727
COMMON CHILDHOOD DISEASES.....	3,978	1,762	2,066	52	53	45	-	45
INTESTINAL VIRUS, UNSPECIFIED.....	11,153	1,722	3,592	1,013	3,141	1,686	1,288	398
VIRAL INFECTIONS, UNSPECIFIED.....	14,325	2,908	4,908	1,156	3,021	2,331	1,526	805
OTHER.....	19,442	3,595	8,125	1,687	4,392	1,642	1,163	480
RESPIRATORY CONDITIONS.....	231,854	32,997	62,760	25,411	70,711	39,974	27,704	12,270
COMMON COLD.....	70,809	13,713	15,583	8,695	20,619	12,199	8,003	4,196
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	21,725	4,333	6,195	3,212	5,555	2,429	1,881	548
INFLUENZA.....	122,657	11,604	36,716	12,268	40,264	21,805	15,984	5,822
ACUTE BRONCHITIS.....	8,789	1,842	2,184	822	2,441	1,501	776	724
PNEUMONIA.....	3,567	536	717	101	880	1,333	570	764
OTHER RESPIRATORY CONDITIONS.....	4,307	969	1,365	314	953	706	490	217
DIGESTIVE SYSTEM CONDITIONS.....	14,265	2,060	2,853	1,639	3,583	4,129	1,897	2,231
DENTAL CONDITIONS.....	3,190	772	393	402	853	770	432	339
INDIGESTION, NAUSEA, AND VOMITING.....	6,180	540	2,148	890	1,147	1,456	729	727
OTHER DIGESTIVE CONDITIONS.....	4,895	749	313	348	1,583	1,902	737	1,166
INJURIES.....	59,177	4,252	13,060	7,122	22,383	12,361	7,449	4,911
FRACTURES AND DISLOCATIONS.....	7,312	220	2,118	1,091	2,168	1,714	950	765
SPRAINS AND STRAINS.....	12,959	275	2,784	1,795	6,029	2,075	1,229	846
OPEN WOUNDS AND LACERATIONS.....	13,449	1,576	3,424	1,335	4,869	2,245	1,497	748
CONTUSIONS AND SUPERFICIAL INJURIES.....	10,147	726	2,327	934	3,499	2,662	1,561	1,100
OTHER CURRENT INJURIES.....	15,310	1,456	2,406	1,966	5,818	3,664	2,212	1,452
SELECTED OTHER ACUTE CONDITIONS.....	62,913	16,152	13,013	5,978	16,030	11,739	7,022	4,717
EYE CONDITIONS.....	2,995	760	459	208	530	1,039	541	498
ACUTE EAR INFECTIONS.....	21,238	11,651	5,397	924	2,319	947	815	132
OTHER EAR CONDITIONS.....	4,260	849	1,266	200	864	1,081	591	490
ACUTE URINARY CONDITIONS.....	6,236	123	762	717	1,931	2,702	1,144	1,558
DISORDERS OF MENSTRUATION.....	1,355	...	435	274	538	108	108	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,986	-	27	648	940	370	370	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	4,810	...	87	1,522	3,202	-	-	...
SKIN CONDITIONS.....	5,559	1,177	1,492	422	912	1,555	1,101	454
ACUTE MUSCULOSKELETAL CONDITIONS.....	6,613	73	692	675	2,401	2,772	1,687	1,085
HEADACHE, EXCLUDING MIGRAINE.....	4,050	48	1,047	267	1,735	953	616	336
FEVER, UNSPECIFIED.....	3,810	1,472	1,348	121	657	213	48	165
ALL OTHER ACUTE CONDITIONS.....	24,356	3,903	3,858	1,870	6,979	7,746	4,316	3,431

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

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

TABLE 7. NUMBER OF ACUTE CONDITIONS, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	200,958	38,311	58,272	73,203	31,172	240,505	31,040	55,963	103,021	50,481
INFECTIVE AND PARASITIC DISEASES.....	21,569	5,581	8,419	5,486	2,082	27,329	4,406	10,272	9,029	3,622
COMMON CHILDHOOD DISEASES.....	2,358	991	1,315	52	-	1,620	771	751	53	45
INTESTINAL VIRUS, UNSPECIFIED..	4,986	757	1,764	1,665	799	6,167	964	1,827	2,489	887
VIRAL INFECTIONS, UNSPECIFIED..	6,428	1,853	2,172	1,655	748	7,896	1,055	2,736	2,522	1,583
OTHER.....	7,796	1,980	3,168	2,114	535	11,645	1,616	4,958	3,965	1,107
RESPIRATORY CONDITIONS.....	105,660	17,414	31,678	41,242	15,326	126,194	15,583	31,082	54,881	24,648
COMMON COLD.....	32,578	7,333	7,472	13,520	4,253	38,231	6,380	8,111	15,794	7,946
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9,446	2,903	2,628	3,105	810	12,278	1,430	3,567	5,661	1,619
INFLUENZA.....	56,689	5,414	19,751	22,721	8,803	65,969	6,190	16,965	29,811	13,003
ACUTE BRONCHITIS.....	3,476	943	969	929	636	5,313	899	1,215	2,334	865
PNEUMONIA.....	1,592	210	316	541	526	1,975	326	402	440	808
OTHER RESPIRATORY CONDITIONS...	1,878	611	543	425	299	2,429	357	822	841	408
DIGESTIVE SYSTEM CONDITIONS....	6,798	1,216	1,652	2,323	1,607	7,466	844	1,201	2,900	2,521
DENTAL CONDITIONS.....	1,376	436	247	594	100	1,813	336	146	661	671
INDIGESTION, NAUSEA, AND VOMITING.....	3,144	260	1,252	1,037	595	3,036	280	895	1,000	861
OTHER DIGESTIVE CONDITIONS.....	2,278	520	153	692	913	2,617	229	160	1,239	990
INJURIES.....	32,120	2,470	8,025	16,280	5,344	27,058	1,782	5,034	13,225	7,017
FRACTURES AND DISLOCATIONS....	3,940	58	1,310	2,003	569	3,371	162	808	1,256	1,146
SPRAINS AND STRAINS.....	6,857	226	1,445	4,405	782	6,102	49	1,340	3,420	1,293
OPEN WOUNDS AND LACERATIONS....	8,781	925	2,414	4,156	1,286	4,668	651	1,010	2,048	959
CONTUSIONS AND SUPERFICIAL INJURIES.....	5,155	550	1,200	2,204	1,201	4,993	176	1,127	2,229	1,460
OTHER CURRENT INJURIES.....	7,386	711	1,656	3,513	1,506	7,924	744	750	4,271	2,158
SELECTED OTHER ACUTE CONDITIONS.....	24,508	9,150	6,813	4,791	3,753	38,405	7,002	6,199	17,218	7,987
EYE CONDITIONS.....	1,226	456	291	207	273	1,769	304	168	531	766
ACUTE EAR INFECTIONS.....	11,104	6,512	3,174	1,146	272	10,133	5,139	2,222	2,098	675
OTHER EAR CONDITIONS.....	2,223	543	651	509	520	2,036	305	615	554	561
ACUTE URINARY CONDITIONS.....	1,676	-	378	326	971	4,560	123	384	2,322	1,731
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	1,355	...	435	812	108
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	1,986	-	27	1,588	370
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	4,810	...	87	4,724	-
SKIN CONDITIONS.....	2,685	729	928	396	633	2,874	448	564	939	922
ACUTE MUSCULOSKELETAL CONDITIONS.....	2,451	-	181	1,488	782	4,162	73	511	1,588	1,990
HEADACHE, EXCLUDING MIGRAINE...	1,230	48	566	364	252	2,820	-	481	1,638	701
FEVER, UNSPECIFIED.....	1,912	863	644	355	50	1,898	609	704	422	163
ALL OTHER ACUTE CONDITIONS.....	10,304	2,479	1,685	3,080	3,059	14,052	1,423	2,173	5,769	4,687

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

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

TABLE 8. NUMBER OF ACUTE CONDITIONS, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	384,287	158,244	153,542	72,502	43,921	19,869	17,331	6,721
INFECTIVE AND PARASITIC DISEASES.....	43,466	25,370	13,186	4,910	4,286	2,475	1,124	687
COMMON CHILDHOOD DISEASES.....	3,379	3,229	105	45	492	492	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	10,102	4,863	3,857	1,383	1,001	401	297	303
VIRAL INFECTIONS, UNSPECIFIED.....	12,712	6,942	3,758	2,012	1,506	826	419	262
OTHER.....	17,272	10,337	5,465	1,470	1,287	756	409	122
RESPIRATORY CONDITIONS.....	203,414	82,778	84,861	35,775	21,298	10,877	7,604	2,817
COMMON COLD.....	60,457	23,686	25,710	11,061	8,341	4,937	2,581	823
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	19,932	9,622	8,090	2,221	1,411	690	570	151
INFLUENZA.....	108,509	42,949	46,205	19,355	9,940	4,323	4,021	1,596
ACUTE BRONCHITIS.....	7,647	3,446	2,891	1,309	803	417	254	132
PNEUMONIA.....	3,080	1,032	910	1,137	390	221	70	99
OTHER RESPIRATORY CONDITIONS.....	3,790	2,043	1,055	692	414	291	108	14
DIGESTIVE SYSTEM CONDITIONS.....	11,327	3,604	4,095	3,628	2,324	970	975	379
DENTAL CONDITIONS.....	2,212	682	892	638	725	340	306	79
INDIGESTION, NAUSEA, AND VOMITING.....	5,225	2,100	1,744	1,381	741	391	293	57
OTHER DIGESTIVE CONDITIONS.....	3,890	823	1,459	1,609	858	239	376	243
INJURIES.....	50,852	15,016	24,923	10,913	7,126	1,868	4,147	1,112
FRACTURES AND DISLOCATIONS.....	6,985	2,244	3,130	1,611	226	46	129	52
SPRAINS AND STRAINS.....	10,811	2,448	6,658	1,705	1,991	611	1,061	319
OPEN WOUNDS AND LACERATIONS.....	11,641	4,625	4,939	2,077	1,469	239	1,062	168
CONTUSIONS AND SUPERFICIAL INJURIES.....	8,883	2,658	3,841	2,385	1,194	395	522	277
OTHER CURRENT INJURIES.....	12,532	3,041	6,356	3,136	2,246	577	1,373	296
SELECTED OTHER ACUTE CONDITIONS.....	53,988	24,967	18,574	10,446	6,780	2,908	2,810	1,062
EYE CONDITIONS.....	2,479	1,024	608	846	305	150	75	80
ACUTE EAR INFECTIONS.....	19,172	15,279	3,025	868	1,208	1,017	112	79
OTHER EAR CONDITIONS.....	3,769	1,789	952	1,028	328	163	112	53
ACUTE URINARY CONDITIONS.....	5,294	489	2,286	2,519	890	397	310	183
DISORDERS OF MENSTRUATION.....	829	210	596	24	526	225	217	84
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,540	-	1,170	370	395	27	368	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	3,843	-	3,843	-	811	31	780	-
SKIN CONDITIONS.....	4,618	2,262	1,114	1,242	825	355	221	249
ACUTE MUSCULOSKELETAL CONDITIONS.....	5,969	552	2,836	2,582	490	166	133	190
HEADACHE, EXCLUDING MIGRAINE.....	3,124	926	1,443	756	586	38	405	143
FEVER, UNSPECIFIED.....	3,351	2,437	702	213	415	339	76	-
ALL OTHER ACUTE CONDITIONS.....	21,240	6,507	7,903	6,830	2,106	771	670	666

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

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

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

TABLE 9. NUMBER OF ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	54,485	21,142	22,094	11,249	68,269	26,490	28,199	13,579
INFECTIVE AND PARASITIC DISEASES.....	3,894	2,182	1,265	446	7,944	4,994	2,063	887
COMMON CHILDHOOD DISEASES.....	613	613	-	-	569	569	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	962	419	330	213	1,407	815	391	201
VIRAL INFECTIONS, UNSPECIFIED.....	981	531	310	140	2,709	1,494	733	483
OTHER.....	1,338	620	625	94	3,259	2,116	940	203
RESPIRATORY CONDITIONS.....	28,775	11,831	11,473	5,472	34,277	13,500	15,223	5,555
COMMON COLD.....	10,540	5,133	3,811	1,596	10,575	3,810	4,951	1,814
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	2,180	923	1,037	219	3,111	1,413	1,528	170
INFLUENZA.....	13,875	4,623	5,983	3,269	18,349	7,516	7,878	2,955
ACUTE BRONCHITIS.....	869	395	268	206	1,226	394	639	193
PNEUMONIA.....	672	404	101	167	650	108	167	375
OTHER RESPIRATORY CONDITIONS.....	639	353	272	14	366	257	61	49
DIGESTIVE SYSTEM CONDITIONS.....	2,334	767	747	820	3,163	912	1,126	1,125
DENTAL CONDITIONS.....	300	73	75	152	804	393	279	132
INDIGESTION, NAUSEA, AND VOMITING.....	820	421	181	219	1,248	423	425	400
OTHER DIGESTIVE CONDITIONS.....	1,213	273	492	449	1,111	96	423	593
INJURIES.....	7,665	1,862	3,900	1,903	9,811	2,157	5,209	2,444
FRACTURES AND DISLOCATIONS.....	593	143	276	174	983	131	531	321
SPRAINS AND STRAINS.....	2,276	543	1,399	335	1,867	307	1,057	503
OPEN WOUNDS AND LACERATIONS.....	1,340	451	577	312	2,374	759	1,099	516
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,511	319	481	711	1,924	504	942	478
OTHER CURRENT INJURIES.....	1,945	407	1,167	371	2,664	456	1,580	627
SELECTED OTHER ACUTE CONDITIONS.....	8,416	3,102	3,720	1,594	9,415	3,975	3,418	2,022
EYE CONDITIONS.....	281	45	102	134	683	292	126	265
ACUTE EAR INFECTIONS.....	2,413	1,801	442	169	2,391	1,878	285	228
OTHER EAR CONDITIONS.....	710	424	103	183	552	198	258	97
ACUTE URINARY CONDITIONS.....	979	117	424	438	1,290	217	447	627
DISORDERS OF MENSTRUATION.....	445	117	271	57	345	152	193	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	386	-	386	-	129	-	76	53
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	990	-	990	-	1,112	87	1,025	-
SKIN CONDITIONS.....	875	322	175	378	694	343	119	232
ACUTE MUSCULOSKELETAL CONDITIONS.....	552	-	367	185	869	148	335	386
HEADACHE, EXCLUDING MIGRAINE.....	493	90	353	50	634	101	446	87
FEVER, UNSPECIFIED.....	293	186	107	-	716	560	108	48
ALL OTHER ACUTE CONDITIONS.....	3,400	1,398	989	1,013	3,658	952	1,159	1,546

SEE FOOTNOTE AND NOTES AT END OF TABLE.



TABLE 9. NUMBER OF ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	111,713	48,321	46,470	16,921	147,510	65,735	58,035	23,740
INFECTIVE AND PARASITIC DISEASES.....	12,678	7,478	4,131	1,070	17,679	10,656	5,249	1,774
COMMON CHILDHOOD DISEASES.....	850	798	52	-	1,560	1,507	53	-
INTESTINAL VIRUS, UNSPECIFIED.....	3,479	1,633	1,441	406	4,237	1,982	1,631	624
VIRAL INFECTIONS, UNSPECIFIED.....	3,015	1,707	882	426	4,829	2,954	1,321	554
OTHER.....	5,333	3,340	1,755	238	7,054	4,213	2,244	597
RESPIRATORY CONDITIONS.....	58,348	25,502	24,238	8,609	78,437	31,992	33,661	12,783
COMMON COLD.....	17,141	7,977	6,400	2,763	22,775	8,496	10,474	3,805
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	4,565	2,125	1,990	451	9,197	4,731	3,377	1,089
INFLUENZA.....	32,617	13,589	14,585	4,443	40,537	16,004	17,505	7,027
ACUTE BRONCHITIS.....	2,365	1,181	740	444	3,411	1,407	1,449	555
PNEUMONIA.....	594	221	110	263	918	413	448	58
OTHER RESPIRATORY CONDITIONS.....	1,067	410	413	244	1,599	941	409	249
DIGESTIVE SYSTEM CONDITIONS.....	2,922	1,030	1,292	600	3,916	1,914	1,229	774
DENTAL CONDITIONS.....	770	303	415	52	750	344	257	149
INDIGESTION, NAUSEA, AND VOMITING.....	1,344	462	534	348	2,141	1,271	671	199
OTHER DIGESTIVE CONDITIONS.....	808	266	343	199	1,026	299	301	426
INJURIES.....	15,685	5,094	7,991	2,600	18,896	6,777	8,531	3,588
FRACTURES AND DISLOCATIONS.....	2,103	693	826	584	2,612	1,187	1,045	381
SPRAINS AND STRAINS.....	3,522	751	2,420	351	3,642	1,041	2,085	516
OPEN WOUNDS AND LACERATIONS.....	3,828	1,541	2,054	233	4,560	1,931	1,741	888
CONTUSIONS AND SUPERFICIAL INJURIES.....	2,396	1,038	840	518	3,236	1,011	1,623	602
OTHER CURRENT INJURIES.....	3,836	1,072	1,850	914	4,845	1,606	2,038	1,201
SELECTED OTHER ACUTE CONDITIONS.....	16,059	7,431	6,159	2,470	20,819	11,200	6,555	3,064
EYE CONDITIONS.....	423	216	50	158	1,195	510	406	279
ACUTE EAR INFECTIONS.....	5,579	4,290	1,112	177	9,021	7,459	1,290	272
OTHER EAR CONDITIONS.....	1,006	654	109	242	1,346	576	561	209
ACUTE URINARY CONDITIONS.....	1,582	117	935	530	1,506	258	686	562
DISORDERS OF MENSTRUATION.....	165	64	73	27	189	54	111	24
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	503	27	420	56	688	-	474	214
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1,034	-	1,034	-	1,086	-	1,086	-
SKIN CONDITIONS.....	1,498	746	335	417	1,573	786	421	366
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,742	217	1,039	486	2,019	166	1,034	819
HEADACHE, EXCLUDING MIGRAINE.....	1,469	443	815	211	1,008	415	275	318
FEVER, UNSPECIFIED.....	1,058	657	236	165	1,187	976	210	-
ALL OTHER ACUTE CONDITIONS.....	6,019	1,786	2,660	1,573	7,763	3,196	2,810	1,758

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

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

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

TABLE 10. NUMBER OF ACUTE CONDITIONS, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	70,764	110,221	146,691	113,787	341,263	131,517	209,746	100,199
INFECTIVE AND PARASITIC DISEASES.....	9,343	9,339	21,686	8,530	36,552	13,118	23,434	12,345
COMMON CHILDHOOD DISEASES.....	537	1,024	1,382	1,035	3,278	1,386	1,892	700
INTESTINAL VIRUS, UNSPECIFIED.....	2,726	943	7,078	407	8,345	3,448	4,897	2,808
VIRAL INFECTIONS, UNSPECIFIED.....	2,652	3,131	7,122	1,419	9,820	3,057	6,763	4,505
OTHER.....	3,429	4,241	6,104	5,668	15,109	5,228	9,881	4,333
RESPIRATORY CONDITIONS.....	36,029	59,629	68,811	67,385	181,423	69,318	112,105	50,431
COMMON COLD.....	14,208	14,854	21,636	20,111	56,452	22,415	34,037	14,357
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	2,879	6,366	8,501	3,979	16,554	5,982	10,572	5,171
INFLUENZA.....	15,953	34,537	32,214	39,953	95,424	35,142	60,282	27,233
ACUTE BRONCHITIS.....	1,825	1,983	3,169	1,812	6,968	3,082	3,887	1,821
PNEUMONIA.....	310	883	1,610	765	2,767	971	1,796	800
OTHER RESPIRATORY CONDITIONS.....	854	1,008	1,681	764	3,258	1,727	1,531	1,049
DIGESTIVE SYSTEM CONDITIONS.....	2,024	3,109	5,549	3,583	10,949	5,128	5,821	3,316
DENTAL CONDITIONS.....	415	674	1,272	828	2,521	1,359	1,162	669
INDIGESTION, NAUSEA, AND VOMITING.....	799	1,196	2,596	1,588	4,844	2,101	2,743	1,336
OTHER DIGESTIVE CONDITIONS.....	809	1,238	1,680	1,167	3,584	1,668	1,915	1,311
INJURIES.....	9,755	15,957	20,845	12,621	44,541	17,351	27,191	14,636
FRACTURES AND DISLOCATIONS.....	1,213	2,022	2,490	1,587	5,542	2,086	3,457	1,769
SPRAINS AND STRAINS.....	1,825	3,256	5,138	2,740	9,624	3,945	5,679	3,335
OPEN WOUNDS AND LACERATIONS.....	2,609	3,437	4,292	3,112	10,423	3,795	6,629	3,026
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,746	2,766	3,678	1,958	7,813	2,987	4,826	2,335
OTHER CURRENT INJURIES.....	2,363	4,476	5,247	3,224	11,139	4,539	6,600	4,171
SELECTED OTHER ACUTE CONDITIONS.....	9,384	16,716	21,628	15,185	49,189	19,232	29,957	13,724
EYE CONDITIONS.....	383	726	716	1,171	2,611	1,054	1,557	384
ACUTE EAR INFECTIONS.....	3,051	6,139	6,471	5,576	16,492	5,957	10,535	4,746
OTHER EAR CONDITIONS.....	783	850	1,109	1,518	3,096	842	2,254	1,164
ACUTE URINARY CONDITIONS.....	660	1,748	2,652	1,176	4,502	1,647	2,855	1,734
DISORDERS OF MENSTRUATION.....	119	517	609	110	1,099	573	526	257
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	258	369	1,072	287	1,610	723	886	376
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	575	1,299	1,968	969	3,744	1,655	2,089	1,066
SKIN CONDITIONS.....	1,151	1,265	2,143	1,000	4,676	1,815	2,861	883
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,111	1,698	2,255	1,550	4,989	2,167	2,822	1,625
HEADACHE, EXCLUDING MIGRAINE.....	616	1,252	1,238	944	3,277	1,224	2,053	773
FEVER, UNSPECIFIED.....	676	854	1,395	885	3,093	1,574	1,519	717
ALL OTHER ACUTE CONDITIONS.....	4,230	5,471	8,172	6,483	18,609	7,371	11,238	5,747

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

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

TABLE 11. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER			
						TOTAL	45-64 YEARS	65 YEARS AND OVER	
	PERCENT								
ALL ACUTE CONDITIONS.....	61.6	82.1	54.7	53.6	56.9	65.9	61.7	73.4	
INFECTIVE AND PARASITIC DISEASES.....	60.5	78.9	58.9	55.7	50.3	55.8	53.0	62.4	
COMMON CHILDHOOD DISEASES.....	55.3	63.1	45.4	*100.0	*100.0	*100.0	*-	*100.0	
INTESTINAL VIRUS, UNSPECIFIED.....	31.7	61.4	31.6	*17.3	*20.1	*32.2	*30.4	*37.9	
VIRAL INFECTIONS, UNSPECIFIED.....	42.2	77.8	31.0	*32.3	*24.2	49.7	49.7	*49.8	
OTHER.....	91.6	96.0	91.3	93.4	89.3	87.5	82.3	*100.0	
RESPIRATORY CONDITIONS.....	44.3	72.8	40.0	33.7	37.0	47.2	42.6	57.8	
COMMON COLD.....	40.3	68.2	32.3	29.5	27.0	49.3	44.2	58.9	
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	71.5	98.0	57.8	51.7	79.6	67.3	63.6	*79.9	
INFLUENZA.....	35.6	61.7	34.2	28.3	30.9	36.8	34.4	43.5	
ACUTE BRONCHITIS.....	89.4	95.1	91.1	*78.1	88.0	88.4	*84.4	*92.7	
PNEUMONIA.....	93.9	*100.0	*100.0	*47.5	*81.4	100.0	*100.0	100.0	
OTHER RESPIRATORY CONDITIONS.....	87.9	100.0	88.9	*58.0	90.0	*79.3	*70.2	*100.0	
DIGESTIVE SYSTEM CONDITIONS.....	64.4	83.7	50.3	49.0	58.5	75.8	69.0	81.6	
DENTAL CONDITIONS.....	52.2	*63.0	*65.4	*21.1	*41.5	*62.6	*73.4	*48.7	
INDIGESTION, NAUSEA, AND VOMITING.....	47.9	*90.7	43.1	*47.1	*33.3	*51.2	*35.0	*67.5	
OTHER DIGESTIVE CONDITIONS.....	93.2	*100.0	*80.8	*85.9	85.8	100.0	*100.0	100.0	
INJURIES.....	91.8	94.5	94.4	92.9	92.3	86.6	89.4	82.3	
FRACTURES AND DISLOCATIONS.....	97.4	*100.0	100.0	100.0	97.2	92.4	94.4	*89.8	
SPRAINS AND STRAINS.....	86.7	*100.0	90.5	94.5	86.1	75.0	77.9	*70.9	
OPEN WOUNDS AND LACERATIONS.....	98.3	100.0	96.0	100.0	99.1	97.9	96.9	*100.0	
CONTUSIONS AND SUPERFICIAL INJURIES.....	91.4	*100.0	91.9	83.7	95.5	85.8	93.7	74.6	
OTHER CURRENT INJURIES.....	87.9	83.8	93.9	87.0	89.2	84.0	85.5	81.8	
SELECTED OTHER ACUTE CONDITIONS.....	88.2	95.5	76.7	86.0	87.0	93.6	94.7	91.9	
EYE CONDITIONS.....	90.7	*93.8	*60.3	*76.4	*100.0	100.0	*100.0	*100.0	
ACUTE EAR INFECTIONS.....	96.9	97.4	97.7	94.2	92.6	100.0	100.0	*100.0	
OTHER EAR CONDITIONS.....	81.8	100.0	67.1	*73.5	*74.5	92.3	*94.1	*90.2	
ACUTE URINARY CONDITIONS.....	100.0	*100.0	100.0	*100.0	100.0	100.0	100.0	100.0	
DISORDERS OF MENSTRUATION.....	61.9	..	*30.1	*63.1	*79.6	*100.0	*100.0	*-	
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	100.0	*-	*100.0	*100.0	100.0	*100.0	*100.0	*-	
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	96.8	..	*100.0	100.0	95.1	*-	*-	..	
SKIN CONDITIONS.....	97.8	100.0	98.1	*88.6	100.0	97.0	100.0	*89.6	
ACUTE MUSCULOSKELETAL CONDITIONS.....	90.0	*100.0	*85.5	*71.9	91.7	93.8	95.9	90.7	
HEADACHE, EXCLUDING MIGRAINE.....	41.8	*-	*13.5	*17.6	57.7	*52.6	*57.0	*44.6	
FEVER, UNSPECIFIED.....	50.0	77.8	*28.6	*-	*24.7	*100.0	*100.0	*100.0	
ALL OTHER ACUTE CONDITIONS.....	84.7	100.0	67.9	70.0	84.7	89.0	87.3	91.1	

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

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

TABLE 12. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT									
ALL ACUTE CONDITIONS.....	60.4	84.1	54.2	51.5	64.0	62.6	79.8	55.2	59.2	67.0
INFECTIVE AND PARASITIC DISEASES.....	59.0	85.0	57.1	41.7	42.9	61.7	71.2	60.4	57.9	63.3
COMMON CHILDHOOD DISEASES.....	55.0	*63.6	*46.8	*100.0	*-	55.6	*62.5	*42.7	*100.0	*100.0
INTESTINAL VIRUS, UNSPECIFIED..	35.6	*65.4	*39.3	*22.6	*26.3	28.6	*58.4	*24.1	*17.2	*37.5
VIRAL INFECTIONS, UNSPECIFIED..	39.8	88.6	*24.4	*11.1	*27.1	44.2	*58.8	36.3	36.5	60.3
OTHER.....	91.1	100.0	93.8	79.1	*89.7	91.9	91.0	89.7	96.5	86.4
RESPIRATORY CONDITIONS.....	42.6	74.0	38.0	32.3	44.5	45.7	71.4	42.0	39.0	49.0
COMMON COLD.....	40.9	69.4	31.9	27.0	51.4	39.8	66.9	32.6	28.4	48.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	71.7	97.0	56.2	65.9	*53.7	71.4	100.0	59.0	71.3	74.1
INFLUENZA.....	33.2	59.6	32.3	27.7	33.1	37.6	63.5	36.4	32.3	39.3
ACUTE BRONCHITIS.....	87.7	100.0	95.0	*72.8	*79.9	90.5	90.0	88.0	90.6	94.7
PNEUMONIA.....	89.6	*100.0	*100.0	*69.7	*100.0	97.4	*100.0	*100.0	*88.0	100.0
OTHER RESPIRATORY CONDITIONS...	88.6	*100.0	*100.0	*61.4	*83.3	87.2	*100.0	*81.6	92.6	*76.2
DIGESTIVE SYSTEM CONDITIONS....	55.7	83.4	*45.6	*29.7	82.5	72.4	*84.2	*56.8	76.2	71.6
DENTAL CONDITIONS.....	*48.2	*65.1	*64.8	*29.1	*47.0	55.3	*60.4	*66.4	*40.4	*64.8
INDIGESTION, NAUSEA, AND VOMITING.....	32.4	*80.8	*35.2	*-	*61.7	64.0	*100.0	*54.2	80.1	*43.9
OTHER DIGESTIVE CONDITIONS.....	92.3	*100.0	*100.0	*74.7	100.0	94.0	*100.0	*62.5	92.1	100.0
INJURIES.....	92.6	96.6	94.2	93.0	87.3	90.7	91.5	94.6	91.7	86.0
FRACTURES AND DISLOCATIONS.....	98.7	*100.0	100.0	100.0	*90.7	95.9	*100.0	100.0	95.2	93.1
SPRAINS AND STRAINS.....	87.3	*100.0	88.4	87.6	*80.3	86.1	*100.0	92.8	88.6	71.8
OPEN WOUNDS AND LACERATIONS....	98.5	100.0	96.4	100.0	96.3	98.0	*100.0	95.2	97.8	100.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	93.0	*100.0	90.9	93.0	91.8	89.7	*100.0	92.9	93.1	80.9
OTHER CURRENT INJURIES.....	87.3	*88.2	94.1	87.7	78.4	88.5	*79.7	*93.3	89.4	88.0
SELECTED OTHER ACUTE CONDITIONS.....	87.1	95.0	78.0	79.3	94.7	88.9	96.3	75.4	88.8	93.1
EYE CONDITIONS.....	83.2	*89.7	*45.4	*100.0	*100.0	95.9	*100.0	*86.3	*91.0	100.0
ACUTE EAR INFECTIONS.....	98.2	97.7	100.0	95.2	*100.0	95.5	97.0	94.4	91.8	*100.0
OTHER EAR CONDITIONS.....	74.0	*100.0	*52.7	*55.8	*91.0	90.5	*100.0	*82.3	*91.3	*93.8
ACUTE URINARY CONDITIONS.....	100.0	*-	*100.0	*100.0	100.0	100.0	*100.0	*100.0	100.0	100.0
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	61.9	...	*30.1	*74.0	*100.0
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	100.0	*-	*100.0	100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	96.8	...	*100.0	96.7	*-
SKIN CONDITIONS.....	98.2	*100.0	100.0	*87.6	*100.0	97.4	*100.0	*95.0	100.0	94.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	90.5	*-	*71.8	87.8	100.0	89.7	*100.0	*90.4	86.9	91.4
HEADACHE, EXCLUDING MIGRAINE...	*26.7	*-	*8.1	*50.3	*39.7	48.3	*-	*19.8	52.9	*57.2
FEVER, UNSPECIFIED.....	48.6	*74.6	*28.0	*15.8	*100.0	51.4	*82.3	*29.3	*25.1	*100.0
ALL OTHER ACUTE CONDITIONS.....	85.0	100.0	66.2	79.9	88.4	84.5	100.0	69.2	82.5	89.4

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

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

TABLE 13. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT							
ALL ACUTE CONDITIONS.....	60.6	64.4	54.7	65.0	68.1	66.9	66.0	77.2
INFECTIVE AND PARASITIC DISEASES.....	60.0	66.1	50.6	53.6	58.7	55.7	*56.6	*73.1
COMMON CHILDHOOD DISEASES.....	56.9	54.9	*100.0	*100.0	*34.1	*34.1	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	31.0	41.1	*19.3	*28.5	*35.7	*36.4	*20.9	*49.2
VIRAL INFECTIONS, UNSPECIFIED.....	42.0	50.1	25.0	46.1	*46.7	*37.3	*39.4	*88.2
OTHER.....	90.8	92.2	89.4	86.1	100.0	100.0	*100.0	*100.0
RESPIRATORY CONDITIONS.....	42.9	49.8	35.0	45.8	54.3	59.8	42.8	64.3
COMMON COLD.....	39.1	48.6	26.4	48.4	46.1	51.9	*28.4	*66.5
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	70.7	74.3	68.2	64.2	79.9	*68.1	*88.9	*100.0
INFLUENZA.....	33.7	38.4	28.9	35.0	50.3	58.9	39.3	54.3
ACUTE BRONCHITIS.....	87.8	91.8	83.7	86.8	100.0	*100.0	*100.0	*100.0
PNEUMONIA.....	93.0	100.0	*76.2	100.0	*100.0	*100.0	*100.0	*100.0
OTHER RESPIRATORY CONDITIONS.....	87.5	92.6	83.1	*78.9	*100.0	*100.0	*100.0	*100.0
DIGESTIVE SYSTEM CONDITIONS.....	66.8	69.6	55.1	77.1	56.9	*47.5	*61.2	*69.7
DENTAL CONDITIONS.....	64.5	*78.2	*46.1	*75.5	*20.0	*34.1	*9.2	*-
INDIGESTION, NAUSEA, AND VOMITING.....	47.2	54.9	*34.9	*51.2	*51.1	*42.2	*65.9	*36.8
OTHER DIGESTIVE CONDITIONS.....	94.3	100.0	84.7	100.0	93.0	*74.9	*100.0	*100.0
INJURIES.....	91.8	94.4	92.6	86.3	92.4	92.8	91.7	94.5
FRACTURES AND DISLOCATIONS.....	97.3	100.0	98.1	91.9	*100.0	*100.0	*100.0	*100.0
SPRAINS AND STRAINS.....	85.3	89.2	87.1	72.6	96.2	*100.0	92.7	*100.0
OPEN WOUNDS AND LACERATIONS.....	98.4	97.1	100.0	97.7	100.0	*100.0	100.0	*100.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	92.6	96.5	93.5	86.7	81.8	*75.4	*88.7	*78.0
OTHER CURRENT INJURIES.....	87.6	88.6	89.4	83.0	89.0	*93.8	84.7	*100.0
SELECTED OTHER ACUTE CONDITIONS.....	88.5	87.4	86.3	94.7	86.1	84.1	88.2	85.9
EYE CONDITIONS.....	89.8	79.9	*92.1	100.0	*92.5	*84.0	*100.0	*100.0
ACUTE EAR INFECTIONS.....	96.7	97.3	92.5	100.0	100.0	100.0	*100.0	*100.0
OTHER EAR CONDITIONS.....	80.4	76.7	*71.2	95.4	*89.0	*100.0	*100.0	*34.0
ACUTE URINARY CONDITIONS.....	100.0	*100.0	100.0	100.0	100.0	*100.0	*100.0	*100.0
DISORDERS OF MENSTRUATION.....	*55.0	*22.9	*64.4	*100.0	*73.0	*36.9	*100.0	*100.0
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	100.0	*-	100.0	*100.0	*100.0	*100.0	*100.0	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	95.9	*-	95.9	*-	100.0	*100.0	100.0	*-
SKIN CONDITIONS.....	97.3	98.8	95.6	96.1	100.0	*100.0	*100.0	*100.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	91.2	*81.7	90.1	94.3	*72.7	*100.0	*18.0	*86.8
HEADACHE, EXCLUDING MIGRAINE.....	41.0	*15.2	*47.9	*59.1	*53.4	*-	*64.0	*37.8
FEVER, UNSPECIFIED.....	53.1	57.7	*23.1	*100.0	*19.8	*24.2	*-	*-
ALL OTHER ACUTE CONDITIONS.....	82.9	81.9	79.4	87.8	98.4	97.9	*100.0	*97.1

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

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

TABLE 14. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT							
ALL ACUTE CONDITIONS.....	65.0	67.0	61.6	68.1	60.4	63.9	53.0	69.2
INFECTIVE AND PARASITIC DISEASES.....	52.5	49.0	*52.0	*70.6	57.3	64.7	43.6	*47.2
COMMON CHILDHOOD DISEASES.....	*27.6	*27.6	*-	*-	*47.6	*47.6	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*27.8	*15.5	*36.7	*38.0	*36.3	*43.8	*11.8	*53.7
VIRAL INFECTIONS, UNSPECIFIED.....	*52.2	*64.0	*10.6	*100.0	28.5	*40.8	*7.4	*22.6
OTHER.....	81.8	*80.2	*80.8	*100.0	92.1	94.4	85.2	*100.0
RESPIRATORY CONDITIONS.....	49.7	59.9	40.8	46.4	43.2	52.1	33.5	48.5
COMMON COLD.....	50.5	55.0	46.2	*46.7	34.2	45.0	20.1	49.9
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	61.9	*71.4	*55.7	*51.1	68.5	76.9	61.1	*64.7
INFLUENZA.....	40.0	53.2	30.1	39.5	38.8	46.8	31.6	37.5
ACUTE BRONCHITIS.....	100.0	*100.0	*100.0	*100.0	89.7	*100.0	*80.1	*100.0
PNEUMONIA.....	*92.1	*100.0	*47.5	*100.0	*90.6	*100.0	*63.5	*100.0
OTHER RESPIRATORY CONDITIONS.....	*92.3	*100.0	*82.0	*100.0	*73.0	*80.5	*100.0	*-
DIGESTIVE SYSTEM CONDITIONS.....	73.8	*63.1	*69.9	*87.3	60.6	*53.0	*42.0	85.3
DENTAL CONDITIONS.....	*50.7	*-	*-	*100.0	*41.5	*37.9	*40.9	*53.8
INDIGESTION, NAUSEA, AND VOMITING.....	*62.7	*64.4	*70.7	*52.5	*42.9	*56.5	*-	*74.0
OTHER DIGESTIVE CONDITIONS.....	87.1	*78.0	*80.1	*100.0	94.2	*100.0	*84.6	*100.0
INJURIES.....	90.5	88.9	94.3	84.0	89.0	92.9	91.0	81.5
FRACTURES AND DISLOCATIONS.....	*86.8	*100.0	*100.0	*55.2	94.6	*100.0	*100.0	*83.5
SPRAINS AND STRAINS.....	92.9	*90.4	92.1	*100.0	78.9	*81.4	85.0	*64.6
OPEN WOUNDS AND LACERATIONS.....	100.0	*100.0	*100.0	*100.0	100.0	100.0	100.0	*100.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	86.6	*89.3	*89.0	*83.8	83.3	*90.9	83.3	*75.3
OTHER CURRENT INJURIES.....	85.1	*70.3	95.0	*70.1	88.5	*89.0	90.3	*83.6
SELECTED OTHER ACUTE CONDITIONS.....	88.7	85.3	88.6	95.5	86.8	84.0	86.4	93.0
EYE CONDITIONS.....	*100.0	*100.0	*100.0	*100.0	*93.1	*83.9	*100.0	*100.0
ACUTE EAR INFECTIONS.....	96.4	96.3	*95.5	*100.0	93.8	94.6	*83.2	*100.0
OTHER EAR CONDITIONS.....	*78.3	*63.7	*100.0	*100.0	*61.1	*70.2	*39.1	*100.0
ACUTE URINARY CONDITIONS.....	100.0	*100.0	*100.0	*100.0	100.0	*100.0	*100.0	*100.0
DISORDERS OF MENSTRUATION.....	*50.8	*-	*62.4	*100.0	*71.6	*35.5	*100.0	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*100.0	*-	*100.0	*-	*100.0	*-	*100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	94.8	*-	94.8	*-	100.0	*100.0	100.0	*-
SKIN CONDITIONS.....	94.5	*100.0	*100.0	*87.6	*100.0	*100.0	*100.0	*100.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	*89.3	*-	*90.5	*86.5	88.1	*100.0	*85.7	*85.8
HEADACHE, EXCLUDING MIGRAINE.....	*70.4	*57.8	*69.4	*100.0	*46.4	*-	*65.9	*-
FEVER, UNSPECIFIED.....	*35.8	*56.5	*-	*-	*59.1	*58.4	*44.4	*100.0
ALL OTHER ACUTE CONDITIONS.....	87.4	87.8	78.8	95.3	83.8	88.7	66.7	93.5

SEE NOTES AT END OF TABLE.

TABLE 14. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT							
ALL ACUTE CONDITIONS.....	60.7	63.9	55.8	65.1	61.5	67.6	55.9	58.4
INFECTIVE AND PARASITIC DISEASES.....	59.9	63.8	53.7	*56.5	64.1	72.1	53.3	48.0
COMMON CHILDHOOD DISEASES.....	*67.5	*65.4	*100.0	*-	61.4	60.1	*100.0	*-
INTESTINAL VIRUS, UNSPECIFIED.....	22.9	*28.2	*15.2	*29.1	34.5	53.8	*15.5	*23.1
VIRAL INFECTIONS, UNSPECIFIED.....	42.9	*38.7	*39.7	*66.7	48.4	55.7	*31.0	*50.7
OTHER.....	92.4	93.6	90.9	*85.3	93.3	96.6	92.8	*71.4
RESPIRATORY CONDITIONS.....	43.4	50.4	34.7	47.2	42.5	50.0	36.9	38.6
COMMON COLD.....	42.0	52.3	27.9	45.1	35.2	46.8	24.4	39.3
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	78.5	86.1	70.5	*78.0	74.6	74.9	78.4	*61.6
INFLUENZA.....	33.2	38.2	27.9	35.1	33.0	37.1	30.3	30.3
ACUTE BRONCHITIS.....	93.4	92.0	*91.6	*100.0	81.0	86.5	80.4	*68.8
PNEUMONIA.....	*100.0	*100.0	*100.0	*100.0	100.0	*100.0	*100.0	*100.0
OTHER RESPIRATORY CONDITIONS.....	84.8	*87.8	*85.0	*79.9	86.6	94.7	*71.9	*80.7
DIGESTIVE SYSTEM CONDITIONS.....	55.8	*57.2	*49.1	*67.8	65.2	71.9	*57.2	*61.1
DENTAL CONDITIONS.....	*36.4	*65.7	*7.0	*100.0	*80.5	*100.0	*82.9	*31.5
INDIGESTION, NAUSEA, AND VOMITING.....	*44.6	*27.1	*59.7	*44.8	45.5	*57.7	*36.1	*-
OTHER DIGESTIVE CONDITIONS.....	*92.9	*100.0	*83.7	*100.0	94.7	*100.0	*82.1	*100.0
INJURIES.....	93.6	99.1	92.4	86.5	94.2	95.6	93.8	92.3
FRACTURES AND DISLOCATIONS.....	100.0	*100.0	100.0	*100.0	97.7	100.0	94.3	*100.0
SPRAINS AND STRAINS.....	84.5	*100.0	81.6	*71.2	92.6	90.1	94.7	*89.1
OPEN WOUNDS AND LACERATIONS.....	98.9	97.1	100.0	*100.0	96.9	97.6	97.4	94.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	95.8	100.0	100.0	*80.9	97.0	100.0	94.0	*100.0
OTHER CURRENT INJURIES.....	91.8	100.0	91.2	83.4	89.0	90.9	89.5	85.7
SELECTED OTHER ACUTE CONDITIONS.....	85.4	84.0	84.2	92.5	90.9	90.7	90.9	91.6
EYE CONDITIONS.....	*100.0	*100.0	*100.0	*100.0	82.7	*68.8	*88.2	*100.0
ACUTE EAR INFECTIONS.....	94.6	95.4	90.3	*100.0	99.4	99.3	100.0	*100.0
OTHER EAR CONDITIONS.....	76.0	*76.0	*100.0	*65.7	87.8	*91.7	*79.1	*100.0
ACUTE URINARY CONDITIONS.....	100.0	*100.0	100.0	*100.0	100.0	*100.0	*100.0	*100.0
DISORDERS OF MENSTRUATION.....	*61.2	*-	*100.0	*100.0	*86.2	*51.9	*100.0	*100.0
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*100.0	*100.0	*100.0	*100.0	*100.0	*-	*100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	100.0	*-	100.0	*-	95.7	*-	95.7	*-
SKIN CONDITIONS.....	94.9	*96.1	*85.4	*100.0	100.0	100.0	*100.0	*100.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	87.5	*53.5	88.6	*100.0	92.1	*100.0	89.0	94.4
HEADACHE, EXCLUDING MIGRAINE.....	*30.5	*10.4	*36.0	*51.7	*30.8	*10.4	*58.2	*33.6
FEVER, UNSPECIFIED.....	*60.1	*62.9	*24.6	*100.0	*53.9	*59.9	*26.7	*-
ALL OTHER ACUTE CONDITIONS.....	80.9	76.0	78.9	89.7	87.5	86.3	90.5	84.8

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

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

TABLE 15. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	PERCENT							
ALL ACUTE CONDITIONS.....	63.8	62.1	63.5	57.2	61.7	62.9	60.9	61.3
INFECTIVE AND PARASITIC DISEASES.....	64.3	76.3	44.7	79.3	65.1	65.5	64.9	46.8
COMMON CHILDHOOD DISEASES.....	*67.0	*53.8	*43.8	*66.0	58.7	*53.8	62.2	*39.4
INTESTINAL VIRUS, UNSPECIFIED.....	41.0	*43.9	26.2	*38.3	34.8	35.5	34.2	*22.8
VIRAL INFECTIONS, UNSPECIFIED.....	41.5	66.7	27.2	64.9	51.4	53.4	50.5	22.1
OTHER.....	100.0	96.1	86.6	88.3	92.2	95.4	90.6	89.2
RESPIRATORY CONDITIONS.....	45.9	41.9	51.5	38.2	43.6	45.9	42.2	46.6
COMMON COLD.....	43.2	41.8	44.0	33.1	39.3	39.5	39.2	44.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	71.2	76.9	68.1	70.6	69.4	63.1	73.0	78.3
INFLUENZA.....	34.7	30.2	44.2	33.7	35.5	40.2	32.7	36.0
ACUTE BRONCHITIS.....	94.6	89.5	92.7	78.4	88.7	88.2	89.0	92.3
PNEUMONIA.....	*100.0	100.0	89.8	*93.1	94.4	89.4	97.0	*92.4
OTHER RESPIRATORY CONDITIONS.....	91.9	79.1	91.4	*87.2	88.3	86.6	90.2	86.5
DIGESTIVE SYSTEM CONDITIONS.....	73.4	69.1	56.7	67.3	66.5	63.2	69.4	57.5
DENTAL CONDITIONS.....	*81.0	*58.9	*36.2	*56.9	53.7	*38.6	71.3	*46.6
INDIGESTION, NAUSEA, AND VOMITING.....	*42.7	*52.4	38.6	62.5	53.2	57.8	49.7	*28.9
OTHER DIGESTIVE CONDITIONS.....	100.0	90.9	100.0	81.2	93.6	90.1	96.7	92.2
INJURIES.....	95.7	92.2	90.0	91.1	91.6	90.9	92.0	92.3
FRACTURES AND DISLOCATIONS.....	100.0	97.4	98.7	93.4	98.1	94.9	100.0	95.1
SPRAINS AND STRAINS.....	88.7	90.6	86.0	82.1	85.4	86.5	84.7	90.5
OPEN WOUNDS AND LACERATIONS.....	98.3	98.6	97.8	98.6	98.3	97.5	98.7	98.4
CONTUSIONS AND SUPERFICIAL INJURIES.....	97.2	91.6	88.7	90.6	90.9	93.0	89.6	93.0
OTHER CURRENT INJURIES.....	95.1	86.3	84.2	90.8	87.9	85.8	89.3	87.8
SELECTED OTHER ACUTE CONDITIONS.....	87.4	89.3	88.6	86.9	88.7	88.8	88.6	86.5
EYE CONDITIONS.....	*100.0	*100.0	*90.1	82.2	91.2	97.8	86.7	*87.8
ACUTE EAR INFECTIONS.....	99.6	99.1	97.1	92.8	97.5	97.3	97.6	95.0
OTHER EAR CONDITIONS.....	*87.7	*86.9	*62.6	90.0	87.9	*88.1	87.8	65.7
ACUTE URINARY CONDITIONS.....	*100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
DISORDERS OF MENSTRUATION.....	*63.9	*60.2	*74.4	*	*57.0	*57.4	*56.5	*83.3
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*100.0	*100.0	100.0	*100.0	100.0	*100.0	100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*100.0	96.4	97.1	94.6	95.8	93.4	97.7	100.0
SKIN CONDITIONS.....	100.0	96.1	96.5	100.0	100.0	100.0	100.0	85.8
ACUTE MUSCULOSKELETAL CONDITIONS.....	87.4	95.0	90.9	85.2	89.6	98.8	82.5	91.3
HEADACHE, EXCLUDING MIGRAINE.....	*25.8	*41.5	*44.4	*49.0	41.0	*37.8	42.9	*45.0
FEVER, UNSPECIFIED.....	*36.1	*41.5	55.8	*59.9	52.4	53.7	51.2	*39.6
ALL OTHER ACUTE CONDITIONS.....	85.5	84.0	84.9	84.7	85.1	85.0	85.2	83.6

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

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



TABLE 16. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	749.1	955.9	793.7	749.6	705.6	716.2	593.7	909.5
INFECTIVE AND PARASITIC DISEASES.....	70.4	168.3	152.7	50.5	37.9	37.2	29.9	48.8
COMMON CHILDHOOD DISEASES.....	11.2	49.8	33.7	*3.9	*1.5	*0.7	*	*1.7
INFLUENZA.....	9.9	*18.0	21.3	*5.2	7.9	*4.6	*5.1	*3.8
VIRAL INFECTIONS, UNSPECIFIED.....	18.9	45.7	28.4	*14.4	13.1	14.2	13.1	*15.8
OTHER.....	30.4	54.8	69.4	27.0	15.4	17.8	11.7	27.4
RESPIRATORY CONDITIONS.....	331.7	543.2	431.1	313.2	287.5	271.6	255.3	297.4
COMMON COLD.....	77.5	176.6	78.7	87.7	68.3	58.4	60.1	55.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	24.0	60.9	29.9	32.3	22.1	10.3	*10.5	*9.9
INFLUENZA.....	184.3	240.4	274.8	160.7	163.8	145.3	148.9	139.6
ACUTE BRONCHITIS.....	18.6	40.0	22.8	21.3	13.2	15.6	12.6	20.4
PNEUMONIA.....	18.4	*13.7	13.3	*8.2	14.6	29.8	14.0	54.7
OTHER RESPIRATORY CONDITIONS.....	8.9	*11.7	*11.6	*3.0	*5.5	12.2	*9.0	*17.1
DIGESTIVE SYSTEM CONDITIONS.....	24.6	*12.7	20.3	*13.7	17.0	41.8	31.8	57.6
DENTAL CONDITIONS.....	5.2	*9.4	*3.3	*5.4	*4.8	*5.6	*7.2	*3.0
INDIGESTION, NAUSEA, AND VOMITING.....	5.8	*1.7	*8.9	*3.9	*3.2	8.2	*6.0	*11.6
OTHER DIGESTIVE CONDITIONS.....	13.7	*1.6	*8.0	*4.4	9.0	28.1	18.6	43.0
INJURIES.....	152.0	34.3	81.6	175.2	184.8	181.6	149.4	232.4
FRACTURES AND DISLOCATIONS.....	45.3	*7.5	34.6	33.1	40.8	69.9	56.3	91.5
SPRAINS AND STRAINS.....	38.8	*1.2	13.8	63.9	64.4	27.9	32.4	20.9
OPEN WOUNDS AND LACERATIONS.....	15.8	*10.2	13.1	22.7	23.0	9.0	*10.0	*7.5
CONTUSIONS AND SUPERFICIAL INJURIES.....	20.8	*5.1	*9.0	24.0	22.7	28.6	21.0	40.7
OTHER CURRENT INJURIES.....	31.3	*10.3	*11.1	31.6	33.9	46.1	29.8	71.8
SELECTED OTHER ACUTE CONDITIONS.....	117.5	160.0	79.1	157.5	144.3	88.4	65.6	124.3
EYE CONDITIONS.....	*2.1	*3.0	*0.4	*0.6	*3.3	*2.3	*0.7	*4.7
ACUTE EAR INFECTIONS.....	21.8	138.8	37.0	*7.6	*5.9	*5.1	*5.9	*3.9
OTHER EAR CONDITIONS.....	2.5	*3.7	*3.4	*0.9	*1.8	*3.0	*0.9	*6.4
ACUTE URINARY CONDITIONS.....	10.3	*	*3.7	*8.6	*5.8	22.0	*8.8	43.0
DISORDERS OF MENSTRUATION.....	*1.7	...	*1.6	*5.5	*2.0	*0.4	*0.6	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	4.3	*	*1.2	*10.4	7.0	*2.2	*3.6	*
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	35.4	...	*5.5	100.2	73.8	*	*	...
SKIN CONDITIONS.....	5.4	*	*3.1	*3.5	*6.2	7.9	*8.7	*6.6
ACUTE MUSCULOSKELETAL CONDITIONS.....	26.1	*	12.8	*18.4	31.4	37.5	32.5	45.4
HEADACHE, EXCLUDING MIGRAINE.....	4.7	*1.2	*3.2	*1.3	*5.9	*6.3	*2.4	*12.4
FEVER, UNSPECIFIED.....	3.3	*13.3	*7.3	*0.5	*1.2	*1.6	*1.5	*1.9
ALL OTHER ACUTE CONDITIONS.....	52.9	37.5	28.9	39.5	34.1	95.5	61.6	149.0

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

TABLE 17. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR										
ALL ACUTE CONDITIONS.....	662.6	1062.9	773.7	570.8	612.1	830.4	843.7	814.7	856.1	802.8
INFECTIVE AND PARASITIC DISEASES.....	64.8	176.8	146.1	34.3	23.7	75.6	159.3	159.6	47.4	48.5
COMMON CHILDHOOD DISEASES.....	13.1	*49.9	39.9	*2.8	*	9.4	*49.6	27.1	*1.4	*1.2
INTESTINAL VIRUS, UNSPECIFIED..	9.7	*15.0	24.3	*6.3	*3.3	10.0	*21.2	*18.1	*8.1	*5.7
VIRAL INFECTIONS, UNSPECIFIED..	17.8	71.1	24.3	*9.2	*11.2	20.0	*19.0	32.7	17.5	16.6
OTHER.....	24.2	*40.9	57.6	16.0	*9.3	36.3	69.4	81.7	20.4	25.0
RESPIRATORY CONDITIONS.....	307.3	628.0	420.7	234.7	248.8	354.6	454.2	442.1	350.6	290.6
COMMON COLD.....	78.5	232.7	73.1	69.2	52.6	76.7	117.8	84.5	76.7	63.2
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	17.1	63.3	*21.7	12.3	*8.2	30.4	58.3	38.5	36.4	*12.1
INFLUENZA.....	169.1	240.9	285.9	129.5	129.1	198.5	239.8	263.2	195.3	158.8
ACUTE BRONCHITIS.....	16.7	57.1	*22.7	*8.9	*12.8	20.5	*22.0	*22.9	21.2	18.0
PNEUMONIA.....	17.1	*15.3	*6.5	11.0	33.7	19.6	*11.9	*20.5	15.0	26.6
OTHER RESPIRATORY CONDITIONS...	8.9	*18.7	*10.7	*3.8	*12.5	8.9	*4.4	*12.5	*6.0	*11.9
DIGESTIVE SYSTEM CONDITIONS....	26.3	*16.1	*21.5	13.9	50.9	23.0	*9.2	*19.0	18.4	34.3
DENTAL CONDITIONS.....	*4.2	*10.8	*4.3	*4.8	*1.4	6.1	*7.9	*2.3	*5.1	*9.1
INDIGESTION, NAUSEA, AND VOMITING.....	4.5	*2.1	*8.1	*2.3	*6.1	7.0	*1.2	*9.8	*4.5	*10.0
OTHER DIGESTIVE CONDITIONS.....	17.6	*3.2	*9.1	*6.9	43.4	10.0	*	*6.9	*8.9	15.3
INJURIES.....	161.7	*32.8	85.2	232.3	144.2	143.0	*35.9	77.9	134.5	212.7
FRACTURES AND DISLOCATIONS.....	45.7	*7.4	40.1	54.5	47.3	44.9	*7.7	28.9	24.0	88.8
SPRAINS AND STRAINS.....	45.5	*1.4	*8.6	81.8	28.7	32.5	*1.1	*19.3	47.5	27.3
OPEN WOUNDS AND LACERATIONS....	21.0	*7.8	*14.9	34.5	*8.6	11.0	*12.7	*11.2	11.9	*9.4
CONTUSIONS AND SUPERFICIAL INJURIES.....	20.9	*2.6	*7.9	26.3	26.9	20.6	*7.6	*10.2	19.8	30.1
OTHER CURRENT INJURIES.....	28.6	*13.6	*13.7	35.3	32.7	34.0	*6.8	*8.3	31.3	57.2
SELECTED OTHER ACUTE CONDITIONS.....	65.9	198.4	74.3	36.7	66.7	165.9	119.6	84.2	254.0	106.4
EYE CONDITIONS.....	*2.0	*5.8	*0.7	*1.8	*2.2	*2.2	*	*0.1	*3.4	*2.3
ACUTE EAR INFECTIONS.....	24.8	171.2	51.1	*1.3	*0.8	19.1	104.8	*22.1	11.1	*8.7
OTHER EAR CONDITIONS.....	*3.7	*6.3	*4.3	*1.7	*5.6	*1.4	*1.0	*2.4	*1.4	*0.9
ACUTE URINARY CONDITIONS.....	6.3	*	*2.6	*2.6	16.1	14.0	*	*4.8	10.3	27.0
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	*3.2	...	*3.3	*5.7	*0.7
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	8.2	*	*2.4	15.4	*4.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	68.6	...	*11.4	157.3	*
SKIN CONDITIONS.....	*3.0	*	*2.3	*3.6	*3.6	7.6	*	*3.8	*7.4	*11.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	19.7	*	*3.7	23.8	30.0	32.1	*	*22.3	32.5	43.8
HEADACHE, EXCLUDING MIGRAINE...	*3.4	*2.3	*3.9	*1.1	*6.9	5.8	*	*2.4	*8.3	*5.7
FEVER, UNSPECIFIED.....	*2.9	*12.7	*5.7	*0.8	*1.3	*3.7	*13.8	*9.0	*1.2	*1.9
ALL OTHER ACUTE CONDITIONS.....	36.7	*10.7	26.0	18.8	77.8	68.2	65.5	31.9	51.3	110.3

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

TABLE 18. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	752.1	886.9	702.0	713.4	764.3	679.6	838.6	749.7
INFECTIVE AND PARASITIC DISEASES.....	72.5	168.5	41.3	38.9	61.1	110.5	*41.2	*28.2
COMMON CHILDHOOD DISEASES.....	10.3	38.4	*1.1	*0.7	*15.9	*39.9	*6.1	*-
INTESTINAL VIRUS, UNSPECIFIED.....	10.3	21.8	8.1	*4.2	*8.8	*15.5	*3.3	*9.3
VIRAL INFECTIONS, UNSPECIFIED.....	18.7	33.0	13.8	14.2	23.4	*39.7	*15.1	*15.5
OTHER.....	33.1	75.5	18.3	19.7	*13.0	*15.3	*16.7	*3.4
RESPIRATORY CONDITIONS.....	338.5	492.1	300.4	269.3	303.7	381.2	251.0	290.0
COMMON COLD.....	77.7	108.1	74.4	58.5	80.2	115.3	65.3	*58.2
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	24.9	41.8	25.8	10.5	22.7	*32.8	*22.5	*9.1
INFLUENZA.....	186.9	281.9	166.7	139.8	172.1	211.7	133.8	185.3
ACUTE BRONCHITIS.....	20.4	31.5	16.3	17.3	*8.1	*9.6	*10.2	*2.5
PNEUMONIA.....	18.8	14.7	12.9	29.7	18.9	*10.4	*18.0	*32.1
OTHER RESPIRATORY CONDITIONS.....	9.7	14.2	*4.3	13.5	*1.7	*1.4	*1.2	*2.8
DIGESTIVE SYSTEM CONDITIONS.....	22.9	15.9	14.5	39.3	30.4	*29.2	*27.6	*36.9
DENTAL CONDITIONS.....	4.7	*4.1	*4.1	*5.8	*9.0	*9.0	*11.7	*4.4
INDIGESTION, NAUSEA, AND VOMITING.....	5.8	*6.7	*3.4	8.3	*6.5	*7.0	*4.5	*9.5
OTHER DIGESTIVE CONDITIONS.....	12.4	*5.1	7.0	25.3	*14.8	*13.2	*11.5	*22.9
INJURIES.....	151.7	75.4	172.8	183.2	178.5	*44.5	276.4	190.2
FRACTURES AND DISLOCATIONS.....	48.4	29.9	38.8	75.3	34.4	*16.8	46.3	*37.9
SPRAINS AND STRAINS.....	37.3	10.5	60.3	27.6	56.6	*10.7	105.7	*32.9
OPEN WOUNDS AND LACERATIONS.....	15.2	13.6	20.3	9.6	23.4	*7.3	45.7	*5.9
CONTUSIONS AND SUPERFICIAL INJURIES.....	19.2	*8.2	19.3	27.6	30.5	*7.9	*40.2	*44.9
OTHER CURRENT INJURIES.....	31.7	13.1	34.0	43.0	33.5	*1.9	*38.6	*68.5
SELECTED OTHER ACUTE CONDITIONS.....	112.8	103.7	137.1	87.9	136.9	81.3	204.1	94.3
EYE CONDITIONS.....	*2.3	*1.0	*3.0	*2.5	*1.0	*1.1	*1.2	*0.6
ACUTE EAR INFECTIONS.....	22.3	69.7	7.3	*5.3	17.9	*49.4	*0.6	*4.9
OTHER EAR CONDITIONS.....	2.8	*4.1	*1.7	*3.1	*1.3	*-	*1.0	*3.5
ACUTE URINARY CONDITIONS.....	10.8	*1.3	7.4	22.7	*7.8	*5.3	*2.2	*21.5
DISORDERS OF MENSTRUATION.....	*1.3	*0.9	*2.6	*0.0	*4.3	*2.6	*6.1	*3.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	3.4	*0.3	*5.9	*2.5	*9.8	*4.0	*19.7	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	29.6	*1.5	68.7	*-	63.4	*9.4	141.1	*-
SKIN CONDITIONS.....	4.7	*2.5	*5.0	*5.9	*11.6	*-	*10.9	*28.8
ACUTE MUSCULOSKELETAL CONDITIONS.....	27.5	*10.2	30.1	37.5	*12.7	*3.0	*11.6	*28.3
HEADACHE, EXCLUDING MIGRAINE.....	4.6	*2.7	*4.3	*6.6	*4.8	*0.4	*9.1	*3.2
FEVER, UNSPECIFIED.....	3.5	*9.5	*1.1	*1.9	*2.3	*6.2	*0.6	*-
ALL OTHER ACUTE CONDITIONS.....	53.7	31.2	35.9	94.7	53.7	*32.9	*38.2	110.2

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

TABLE 19. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	1063.8	893.4	1135.5	1127.1	806.5	802.5	887.7	720.2
INFECTIVE AND PARASITIC DISEASES.....	63.5	106.6	*45.4	*47.3	69.4	151.8	47.0	*33.6
COMMON CHILDHOOD DISEASES.....	*14.6	*51.3	*-	*-	*8.9	*27.0	*4.9	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*8.6	*15.9	*4.0	*7.6	*8.1	*18.7	*5.3	*3.4
VIRAL INFECTIONS, UNSPECIFIED.....	*12.7	*15.9	*14.1	*8.6	21.7	*46.6	*16.5	*9.0
OTHER.....	27.5	*23.5	*27.2	*31.2	30.8	59.4	*20.3	*21.3
RESPIRATORY CONDITIONS.....	455.4	518.2	438.6	421.6	315.0	431.4	318.7	225.4
COMMON COLD.....	113.7	147.1	112.2	87.7	77.3	91.9	101.4	40.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	21.1	*31.4	*18.5	*15.3	18.6	*32.6	*24.1	*2.5
INFLUENZA.....	259.5	297.6	247.2	241.1	169.5	244.7	160.0	124.7
ACUTE BRONCHITIS.....	22.6	*6.6	*27.5	*30.5	22.9	51.3	*17.9	*7.4
PNEUMONIA.....	26.3	*32.1	*15.9	*32.9	18.9	*0.9	*15.0	*36.5
OTHER RESPIRATORY CONDITIONS.....	*12.2	*3.3	*17.2	*14.0	*7.8	*10.2	*0.4	*14.2
DIGESTIVE SYSTEM CONDITIONS.....	40.7	*28.3	*28.6	64.2	41.8	*20.4	*22.9	78.2
DENTAL CONDITIONS.....	*7.6	*2.6	*5.6	*13.8	*7.7	*9.3	*6.2	*8.0
INDIGESTION, NAUSEA, AND VOMITING.....	*10.8	*16.2	*1.2	*16.9	*8.3	*4.7	*4.0	*15.7
OTHER DIGESTIVE CONDITIONS.....	22.3	*9.6	*21.7	*33.6	25.8	*6.4	*12.7	54.4
INJURIES.....	212.4	78.0	261.4	270.7	168.3	*36.0	251.7	173.8
FRACTURES AND DISLOCATIONS.....	75.3	*32.6	64.1	122.8	50.0	*12.2	52.3	75.3
SPRAINS AND STRAINS.....	45.1	*12.9	93.5	*19.1	44.7	*8.1	89.2	*22.6
OPEN WOUNDS AND LACERATIONS.....	*20.2	*12.0	*18.4	*29.0	18.8	*6.6	40.3	*4.2
CONTUSIONS AND SUPERFICIAL INJURIES.....	33.6	*10.0	*32.7	*54.0	23.0	*3.8	*32.4	*26.8
OTHER CURRENT INJURIES.....	38.3	*10.4	*52.7	*45.8	31.8	*5.3	37.5	44.9
SELECTED OTHER ACUTE CONDITIONS.....	190.4	131.3	296.9	123.6	152.1	138.2	191.3	119.2
EYE CONDITIONS.....	*3.3	*1.4	*7.4	*0.5	*5.7	*3.9	*6.2	*6.6
ACUTE EAR INFECTIONS.....	22.6	*47.7	*13.3	*11.9	20.1	76.6	*0.7	*-
OTHER EAR CONDITIONS.....	*3.6	*7.9	*3.7	*-	*2.2	*5.4	*2.0	*-
ACUTE URINARY CONDITIONS.....	32.6	*6.1	*18.0	70.4	22.3	*9.9	*8.1	47.0
DISORDERS OF MENSTRUATION.....	*3.5	*1.9	*6.3	*1.9	*3.4	*2.4	*7.2	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*5.7	*5.4	*11.2	*-	*3.5	*-	*9.0	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	74.8	*10.2	193.0	*-	43.1	*16.4	100.1	*-
SKIN CONDITIONS.....	*11.2	*5.8	*2.9	*24.5	*8.1	*2.7	*9.7	*10.3
ACUTE MUSCULOSKELETAL CONDITIONS.....	23.0	*27.9	*27.4	*14.3	31.5	*11.5	36.7	40.6
HEADACHE, EXCLUDING MIGRAINE.....	*4.7	*1.9	*11.1	*-	*9.1	*1.4	*11.3	*12.3
FEVER, UNSPECIFIED.....	*5.3	*15.1	*2.7	*-	*3.0	*8.0	*0.4	*2.3
ALL OTHER ACUTE CONDITIONS.....	101.4	*31.1	64.6	199.7	59.9	*24.7	56.1	90.1

SEE NOTES AT END OF TABLE.

TABLE 19. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	759.8	866.6	744.9	673.8	601.9	812.6	534.5	507.9
INFECTIVE AND PARASITIC DISEASES.....	73.4	168.5	44.1	*24.2	69.8	171.4	35.7	27.2
COMMON CHILDHOOD DISEASES.....	*8.0	*27.6	*0.8	*-	16.0	54.1	*3.2	*-
INTESTINAL VIRUS, UNSPECIFIED.....	12.4	*22.6	*10.7	*4.6	11.1	*22.0	*8.1	*5.4
VIRAL INFECTIONS, UNSPECIFIED.....	15.8	*27.9	*10.3	*12.7	19.2	37.1	*11.2	*15.0
OTHER.....	37.2	90.4	22.3	*6.9	23.5	58.2	*13.1	*6.8
RESPIRATORY CONDITIONS.....	361.2	501.2	303.8	313.2	291.3	421.2	251.9	229.6
COMMON COLD.....	82.9	122.1	64.1	74.2	71.0	86.3	68.6	60.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	27.9	40.8	31.6	*8.2	25.1	45.1	17.8	*17.6
INFLUENZA.....	208.6	293.9	181.3	166.2	154.3	234.4	132.5	111.9
ACUTE BRONCHITIS.....	12.9	*20.6	*10.4	*9.2	19.7	*22.3	17.6	*20.8
PNEUMONIA.....	20.1	*11.0	*13.3	41.4	13.5	*19.4	*11.4	*11.3
OTHER RESPIRATORY CONDITIONS.....	*8.7	*12.8	*3.1	*13.9	7.7	*13.7	*4.0	*8.0
DIGESTIVE SYSTEM CONDITIONS.....	26.0	*23.7	*19.0	40.6	9.6	*12.5	*8.9	*8.1
DENTAL CONDITIONS.....	*5.9	*6.8	*6.1	*4.8	*2.7	*3.6	*3.1	*1.3
INDIGESTION, NAUSEA, AND VOMITING.....	*4.2	*7.6	*3.9	*1.3	*3.2	*5.8	*2.6	*1.6
OTHER DIGESTIVE CONDITIONS.....	15.9	*9.3	*9.0	*34.5	*3.7	*3.1	*3.2	*5.2
INJURIES.....	161.3	58.9	208.1	188.3	103.1	84.4	98.3	130.4
FRACTURES AND DISLOCATIONS.....	40.2	*17.4	42.6	59.8	35.7	41.0	23.9	50.9
SPRAINS AND STRAINS.....	47.4	*7.6	74.1	43.3	27.9	*13.2	35.7	29.2
OPEN WOUNDS AND LACERATIONS.....	24.7	*18.4	39.3	*6.2	8.5	*8.0	*9.2	*7.7
CONTUSIONS AND SUPERFICIAL INJURIES.....	20.8	*6.6	21.0	35.3	11.7	*10.2	14.4	*8.4
OTHER CURRENT INJURIES.....	28.2	*8.9	31.0	43.7	19.4	*12.0	15.1	34.2
SELECTED OTHER ACUTE CONDITIONS.....	106.1	87.3	143.8	61.2	88.1	85.0	115.8	42.7
EYE CONDITIONS.....	*0.4	*0.3	*-	*1.0	*1.6	*0.7	*2.8	*0.5
ACUTE EAR INFECTIONS.....	21.3	64.6	*4.6	*4.8	23.1	65.3	*10.0	*3.7
OTHER EAR CONDITIONS.....	*2.8	*5.3	*-	*4.8	*1.5	*1.1	*2.2	*0.8
ACUTE URINARY CONDITIONS.....	*5.7	*0.5	*8.2	*6.9	*1.9	*-	*3.3	*1.3
DISORDERS OF MENSTRUATION.....	*0.3	*0.4	*-	*0.5	*0.2	*0.4	*0.2	*0.1
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	9.3	*0.9	*14.0	*10.3	*1.5	*-	*3.1	*0.4
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	32.7	*-	71.7	*-	31.6	*-	67.9	*-
SKIN CONDITIONS.....	*4.4	*1.6	*7.2	*2.5	*2.6	*0.9	*1.4	*6.3
ACUTE MUSCULOSKELETAL CONDITIONS.....	21.5	*0.9	33.4	*22.8	19.3	*6.1	21.7	28.4
HEADACHE, EXCLUDING MIGRAINE.....	*4.1	*5.2	*3.6	*3.9	*2.1	*2.4	*2.4	*1.2
FEVER, UNSPECIFIED.....	*3.6	*7.7	*1.1	*3.7	*2.6	*8.1	*0.9	*-
ALL OTHER ACUTE CONDITIONS.....	31.8	*27.1	26.2	46.3	40.0	38.0	24.0	69.8

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

TABLE 20. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	638.3	680.4	806.4	840.7	742.4	756.4	733.3	773.0
INFECTIVE AND PARASITIC DISEASES.....	62.1	58.2	84.8	69.0	67.8	66.6	68.6	79.4
COMMON CHILDHOOD DISEASES.....	*8.1	9.3	10.1	17.9	11.6	12.6	10.9	9.9
INTESTINAL VIRUS, UNSPECIFIED.....	14.8	*4.4	16.0	*1.6	9.6	10.5	9.1	10.6
VIRAL INFECTIONS, UNSPECIFIED.....	16.1	14.8	28.4	11.1	17.1	16.8	17.3	25.3
OTHER.....	23.1	29.7	30.3	38.4	29.5	26.8	31.3	33.6
RESPIRATORY CONDITIONS.....	283.2	290.9	315.3	450.3	333.7	331.1	335.3	324.6
COMMON COLD.....	80.3	62.7	65.4	111.5	78.0	76.5	79.0	75.8
OTHER ACUTE UPPER RESPIRATORY								
INFECTIONS.....	18.1	25.9	28.0	20.8	23.4	21.8	24.5	25.8
INFLUENZA.....	138.3	160.4	172.9	273.1	183.0	189.9	178.6	188.6
ACUTE BRONCHITIS.....	21.3	17.4	16.8	20.5	20.1	15.0	23.4	13.4
PNEUMONIA.....	12.9	16.7	20.5	21.8	19.6	16.4	21.7	13.8
OTHER RESPIRATORY CONDITIONS.....	12.3	*7.8	11.7	*2.6	9.4	11.4	8.2	*7.1
DIGESTIVE SYSTEM CONDITIONS.....	*9.5	24.6	30.9	28.8	21.8	23.6	20.7	34.5
DENTAL CONDITIONS.....	*1.6	*6.4	*5.7	*6.3	5.0	*6.6	*4.0	*5.8
INDIGESTION, NAUSEA, AND VOMITING.....	*2.3	*4.5	8.6	*5.9	5.5	*5.4	5.6	*6.8
OTHER DIGESTIVE CONDITIONS.....	*5.6	13.7	16.6	16.6	11.3	11.6	11.2	22.0
INJURIES.....	124.8	150.0	183.1	130.3	150.9	163.6	142.8	156.0
FRACTURES AND DISLOCATIONS.....	39.7	45.8	56.4	32.2	45.4	51.4	41.6	44.9
SPRAINS AND STRAINS.....	33.3	38.8	45.8	32.9	38.8	44.3	35.2	38.9
OPEN WOUNDS AND LACERATIONS.....	14.2	15.7	18.9	12.7	14.8	14.3	15.1	19.4
CONTUSIONS AND SUPERFICIAL INJURIES...	15.7	18.4	26.8	18.5	21.6	23.4	20.5	17.7
OTHER CURRENT INJURIES.....	21.9	31.2	35.2	34.1	30.3	30.2	30.3	35.2
SELECTED OTHER ACUTE CONDITIONS.....	110.9	101.5	132.7	117.5	116.2	122.8	112.0	121.8
EYE CONDITIONS.....	*1.6	*1.4	*3.2	*1.8	*2.3	*2.4	*2.2	*1.6
ACUTE EAR INFECTIONS.....	13.8	22.0	22.2	28.6	21.5	17.0	24.5	22.8
OTHER EAR CONDITIONS.....	*2.6	*3.2	*2.3	*2.1	*2.1	*0.8	*3.0	*3.9
ACUTE URINARY CONDITIONS.....	*7.4	*7.7	14.0	*10.0	9.6	7.1	11.2	12.6
DISORDERS OF MENSTRUATION.....	*0.6	*2.1	*2.5	*0.7	*1.9	*1.9	*1.9	*0.9
OTHER DISORDERS OF								
FEMALE GENITAL TRACT.....	*5.0	*2.9	*6.0	*2.3	4.0	*6.2	*2.7	*5.0
DELIVERY AND OTHER CONDITIONS OF								
PREGNANCY AND PUERPERIUM.....	32.6	27.7	43.3	34.1	36.0	41.4	32.5	33.0
SKIN CONDITIONS.....	*6.9	*4.7	*4.8	*5.7	5.8	9.4	*3.5	*3.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	34.9	21.1	24.9	25.3	24.0	27.3	21.8	33.4
HEADACHE, EXCLUDING MIGRAINE.....	*1.4	*6.2	*5.8	*4.1	5.3	*4.3	5.9	*2.6
FEVER, UNSPECIFIED.....	*4.0	*2.6	*3.7	*2.9	3.7	*5.1	*2.7	*2.0
ALL OTHER ACUTE CONDITIONS.....	47.7	55.2	59.5	44.7	51.9	48.7	53.9	56.7

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

TABLE 21. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1989  
 (DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	1,824,335	179,395	359,047	190,397	555,976	539,521	273,783	265,738
INFECTIVE AND PARASITIC DISEASES.....	171,400	31,579	69,069	12,820	29,872	28,059	13,809	14,250
COMMON CHILDHOOD DISEASES.....	27,248	9,342	15,227	986	1,199	493	-	493
INTESTINAL VIRUS, UNSPECIFIED.....	23,998	3,383	9,623	1,325	6,201	3,466	2,355	1,111
VIRAL INFECTIONS, UNSPECIFIED.....	46,069	8,573	12,847	3,652	10,326	10,669	6,044	4,626
OTHER.....	74,085	10,281	31,372	6,856	12,145	13,430	5,410	8,020
RESPIRATORY CONDITIONS.....	807,715	101,941	195,023	79,565	226,563	204,623	117,728	86,895
COMMON COLD.....	188,840	33,142	35,594	22,278	53,831	43,994	27,733	16,262
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	58,341	11,424	13,541	8,204	17,417	7,754	4,862	2,893
INFLUENZA.....	448,750	45,114	124,299	40,825	129,046	109,465	68,676	40,789
ACUTE BRONCHITIS.....	45,398	7,501	10,314	5,399	10,404	11,780	5,824	5,956
PNEUMONIA.....	44,689	2,562	6,034	2,086	11,541	22,466	6,478	15,987
OTHER RESPIRATORY CONDITIONS.....	21,698	2,197	5,241	774	4,323	9,163	4,155	5,008
DIGESTIVE SYSTEM CONDITIONS.....	59,968	2,384	9,169	3,479	13,416	31,520	14,681	16,840
DENTAL CONDITIONS.....	12,606	1,761	1,510	1,364	3,767	4,205	3,330	875
INDIGESTION, NAUSEA, AND VOMITING.....	14,083	317	4,041	996	2,554	6,174	2,781	3,393
OTHER DIGESTIVE CONDITIONS.....	33,280	306	3,618	1,120	7,095	21,141	8,569	12,571
INJURIES.....	370,274	6,436	36,934	44,514	145,587	136,803	68,899	67,904
FRACTURES AND DISLOCATIONS.....	110,312	1,413	15,663	8,407	32,139	52,690	25,952	26,738
SPRAINS AND STRAINS.....	94,521	230	6,262	16,241	50,741	21,048	14,948	6,100
OPEN WOUNDS AND LACERATIONS.....	38,554	1,914	5,934	5,767	18,143	6,797	4,600	2,197
CONTUSIONS AND SUPERFICIAL INJURIES.....	50,557	952	4,072	6,084	17,890	21,560	9,675	11,885
OTHER CURRENT INJURIES.....	76,329	1,927	5,004	8,015	26,673	34,709	13,725	20,984
SELECTED OTHER ACUTE CONDITIONS.....	286,064	30,023	35,785	39,995	113,702	66,559	30,243	36,316
EYE CONDITIONS.....	5,183	561	183	150	2,593	1,696	315	1,381
ACUTE EAR INFECTIONS.....	53,169	26,048	16,722	1,929	4,615	3,855	2,709	1,146
OTHER EAR CONDITIONS.....	6,139	701	1,542	226	1,382	2,288	413	1,875
ACUTE URINARY CONDITIONS.....	25,037	-	1,669	2,175	4,602	16,591	4,039	12,552
DISORDERS OF MENSTRUATION.....	4,027	...	737	1,407	1,606	276	276	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	10,355	-	535	2,636	5,529	1,655	1,655	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	86,092	...	2,510	25,453	58,129	-	-	...
SKIN CONDITIONS.....	13,118	-	1,385	880	4,900	5,953	4,027	1,925
ACUTE MUSCULOSKELETAL CONDITIONS.....	63,496	-	5,780	4,683	24,755	28,278	15,007	13,272
HEADACHE, EXCLUDING MIGRAINE.....	11,382	224	1,431	334	4,667	4,726	1,114	3,612
FEVER, UNSPECIFIED.....	8,067	2,489	3,290	121	924	1,242	688	554
ALL OTHER ACUTE CONDITIONS.....	128,913	7,031	13,066	10,023	26,836	71,957	28,423	43,534

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

TABLE 22. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	781,958	102,099	179,081	291,362	209,417	1,042,377	77,296	179,966	455,011	330,104
INFECTIVE AND PARASITIC DISEASES.....	76,445	16,988	33,814	17,518	8,125	94,954	14,591	35,255	25,175	19,934
COMMON CHILDHOOD DISEASES.....	15,479	4,795	9,241	1,443	-	11,769	4,547	5,986	742	493
INTESTINAL VIRUS, UNSPECIFIED..	11,403	1,437	5,618	3,229	1,118	12,596	1,945	4,005	4,297	2,347
VIRAL INFECTIONS, UNSPECIFIED..	20,984	6,830	5,621	4,692	3,841	25,085	1,744	7,226	9,287	6,828
OTHER.....	28,580	3,926	13,334	8,153	3,166	45,505	6,355	18,037	10,848	10,264
RESPIRATORY CONDITIONS.....	362,630	60,326	97,366	119,801	85,137	445,086	41,615	97,658	186,327	119,486
COMMON COLD.....	92,603	22,349	16,924	35,329	18,001	96,237	10,794	18,671	40,779	25,993
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	20,169	6,084	5,027	6,265	2,793	38,172	5,340	8,514	19,356	4,962
INFLUENZA.....	199,552	23,144	66,169	66,084	44,155	249,198	21,970	58,130	103,788	65,311
ACUTE BRONCHITIS.....	19,693	5,484	5,260	4,559	4,390	25,705	2,017	5,055	11,244	7,390
PNEUMONIA.....	20,122	1,468	1,503	5,631	11,520	24,567	1,094	4,531	7,996	10,946
OTHER RESPIRATORY CONDITIONS...	10,492	1,797	2,483	1,933	4,279	11,206	400	2,758	3,164	4,884
DIGESTIVE SYSTEM CONDITIONS....	31,049	1,545	4,977	7,118	17,410	28,919	839	4,191	9,778	14,110
DENTAL CONDITIONS.....	4,943	1,034	997	2,438	474	7,663	727	512	2,692	3,731
INDIGESTION, NAUSEA, AND VOMITING.....	5,340	205	1,876	1,183	2,076	8,743	112	2,165	2,367	4,099
OTHER DIGESTIVE CONDITIONS.....	20,767	306	2,104	3,497	14,860	12,513	-	1,514	4,718	6,280
INJURIES.....	190,791	3,149	19,721	118,599	49,321	179,483	3,287	17,213	71,501	87,482
FRACTURES AND DISLOCATIONS.....	53,975	707	9,288	27,805	16,174	56,337	706	6,375	12,741	36,515
SPRAINS AND STRAINS.....	53,696	132	1,992	41,753	9,819	40,825	98	4,270	25,229	11,228
OPEN WOUNDS AND LACERATIONS....	24,728	754	3,451	17,588	2,936	13,826	1,160	2,483	6,322	3,861
CONTUSIONS AND SUPERFICIAL INJURIES.....	24,694	252	1,826	13,424	9,192	25,863	700	2,245	10,550	12,368
OTHER CURRENT INJURIES.....	33,697	1,304	3,163	18,030	11,200	42,632	623	1,841	16,659	23,509
SELECTED OTHER ACUTE CONDITIONS.....	77,779	19,061	17,186	18,716	22,816	208,286	10,962	18,600	134,981	43,743
EYE CONDITIONS.....	2,410	561	159	921	769	2,773	-	24	1,822	927
ACUTE EAR INFECTIONS.....	29,212	16,445	11,836	651	280	23,957	9,602	4,886	5,894	3,575
OTHER EAR CONDITIONS.....	4,420	609	1,002	875	1,933	1,719	92	540	733	354
ACUTE URINARY CONDITIONS.....	7,425	-	600	1,318	5,507	17,612	-	1,070	5,459	11,084
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	4,027	...	737	3,014	276
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	10,355	-	535	8,165	1,655
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	86,092	...	2,510	83,582	-
SKIN CONDITIONS.....	3,593	-	537	1,821	1,234	9,525	-	848	3,959	4,718
ACUTE MUSCULOSKELETAL CONDITIONS.....	23,264	-	845	12,154	10,265	40,231	-	4,935	17,284	18,013
HEADACHE, EXCLUDING MIGRAINE...	4,065	224	898	569	2,375	7,316	-	533	4,432	2,351
FEVER, UNSPECIFIED.....	3,391	1,222	1,308	408	453	4,677	1,267	1,982	638	789
ALL OTHER ACUTE CONDITIONS.....	43,264	1,029	6,017	9,610	26,607	85,649	6,002	7,049	27,249	45,350

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



TABLE 23. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS <sup>1</sup>								
ALL ACUTE CONDITIONS.....	1,544,098	457,194	613,711	473,193	228,463	67,684	107,054	53,724
INFECTIVE AND PARASITIC DISEASES.....	148,756	86,882	36,099	25,775	18,276	11,002	5,256	2,018
COMMON CHILDHOOD DISEASES.....	21,230	19,785	951	493	4,754	3,977	777	-
INTESTINAL VIRUS, UNSPECIFIED.....	21,127	11,215	7,110	2,803	2,624	1,544	417	663
VIRAL INFECTIONS, UNSPECIFIED.....	38,476	16,988	12,048	9,440	7,003	3,958	1,931	1,113
OTHER.....	67,923	38,894	15,991	13,038	3,895	1,522	2,131	242
RESPIRATORY CONDITIONS.....	694,990	253,690	262,652	178,647	90,789	37,962	32,048	20,779
COMMON COLD.....	159,593	55,725	65,073	38,795	23,985	11,479	8,338	4,168
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	51,142	21,562	22,593	6,988	6,798	3,270	2,876	652
INFLUENZA.....	383,773	145,317	145,719	92,737	51,444	21,085	17,078	13,282
ACUTE BRONCHITIS.....	41,922	16,227	14,209	11,486	2,426	954	1,296	176
PNEUMONIA.....	38,564	7,563	11,322	19,679	5,639	1,034	2,304	2,301
OTHER RESPIRATORY CONDITIONS.....	19,995	7,296	3,736	8,963	498	141	156	200
DIGESTIVE SYSTEM CONDITIONS.....	46,944	8,195	12,654	26,095	9,078	2,911	3,524	2,643
DENTAL CONDITIONS.....	9,553	2,134	3,586	3,834	2,702	896	1,488	318
INDIGESTION, NAUSEA, AND VOMITING.....	11,928	3,452	2,981	5,494	1,948	699	569	680
OTHER DIGESTIVE CONDITIONS.....	25,463	2,609	6,087	16,767	4,428	1,315	1,468	1,644
INJURIES.....	311,460	38,846	151,090	121,524	53,348	4,433	35,287	13,628
FRACTURES AND DISLOCATIONS.....	99,316	15,405	33,937	49,974	10,292	1,671	5,906	2,715
SPRAINS AND STRAINS.....	76,522	5,427	52,763	18,332	16,911	1,065	13,491	2,355
OPEN WOUNDS AND LACERATIONS.....	31,126	7,029	17,724	6,372	6,989	727	5,837	425
CONTUSIONS AND SUPERFICIAL INJURIES.....	39,482	4,237	16,904	18,340	9,131	786	5,126	3,220
OTHER CURRENT INJURIES.....	65,014	6,747	29,761	28,506	10,025	185	4,927	4,912
SELECTED OTHER ACUTE CONDITIONS.....	231,658	53,472	119,865	58,321	40,917	8,100	26,059	6,758
EYE CONDITIONS.....	4,778	536	2,593	1,650	302	105	151	46
ACUTE EAR INFECTIONS.....	45,826	35,911	6,411	3,504	5,346	4,917	78	351
OTHER EAR CONDITIONS.....	5,648	2,133	1,477	2,038	381	-	131	250
ACUTE URINARY CONDITIONS.....	22,217	663	6,502	15,052	2,343	530	275	1,538
DISORDERS OF MENSTRUATION.....	2,741	484	2,234	24	1,286	254	780	253
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	6,969	136	5,178	1,655	2,921	400	2,521	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	60,873	795	60,078	-	18,951	937	18,014	-
SKIN CONDITIONS.....	9,560	1,283	4,390	3,888	3,456	-	1,391	2,065
ACUTE MUSCULOSKELETAL CONDITIONS.....	56,422	5,243	26,300	24,879	3,811	298	1,486	2,027
HEADACHE, EXCLUDING MIGRAINE.....	9,519	1,398	3,732	4,390	1,423	38	1,157	228
FEVER, UNSPECIFIED.....	7,104	4,892	970	1,242	698	622	76	-
ALL OTHER ACUTE CONDITIONS.....	110,290	16,109	31,351	62,829	16,055	3,277	4,880	7,898

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

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

TABLE 24. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	278,549	66,534	110,856	101,160	330,988	85,381	141,280	104,327
INFECTIVE AND PARASITIC DISEASES.....	16,615	7,938	4,429	4,248	28,496	16,147	7,477	4,872
COMMON CHILDHOOD DISEASES.....	3,819	3,819	-	-	3,652	2,875	777	-
INTESTINAL VIRUS, UNSPECIFIED.....	2,255	1,186	391	678	3,320	1,994	838	488
VIRAL INFECTIONS, UNSPECIFIED.....	3,333	1,187	1,378	769	8,886	4,959	2,626	1,300
OTHER.....	7,207	1,747	2,660	2,801	12,637	6,318	3,235	3,084
RESPIRATORY CONDITIONS.....	119,243	38,590	42,816	37,837	129,277	45,902	50,727	32,648
COMMON COLD.....	29,785	10,957	10,954	7,874	31,720	9,774	16,132	5,814
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	5,526	2,340	1,811	1,376	7,653	3,466	3,832	355
INFLUENZA.....	67,940	22,164	24,138	21,638	69,552	26,032	25,459	18,060
ACUTE BRONCHITIS.....	5,922	494	2,687	2,741	9,384	5,458	2,852	1,074
PNEUMONIA.....	6,887	2,389	1,550	2,949	7,765	91	2,392	5,283
OTHER RESPIRATORY CONDITIONS.....	3,183	247	1,677	1,260	3,203	1,080	61	2,062
DIGESTIVE SYSTEM CONDITIONS.....	10,668	2,107	2,795	5,766	17,147	2,172	3,649	11,326
DENTAL CONDITIONS.....	1,978	190	551	1,237	3,141	993	983	1,165
INDIGESTION, NAUSEA, AND VOMITING.....	2,839	1,203	122	1,515	3,411	498	638	2,274
OTHER DIGESTIVE CONDITIONS.....	5,851	714	2,122	3,014	10,595	681	2,028	7,887
INJURIES.....	55,628	5,808	25,524	24,297	69,065	3,826	40,062	25,177
FRACTURES AND DISLOCATIONS.....	19,709	2,431	6,258	11,020	20,528	1,299	8,317	10,912
SPRAINS AND STRAINS.....	11,808	962	9,130	1,717	18,331	862	14,189	3,280
OPEN WOUNDS AND LACERATIONS.....	5,295	895	1,796	2,605	7,718	698	6,418	602
CONTUSIONS AND SUPERFICIAL INJURIES.....	8,787	747	3,195	4,845	9,449	407	5,161	3,881
OTHER CURRENT INJURIES.....	10,028	773	5,144	4,111	13,039	560	5,976	6,503
SELECTED OTHER ACUTE CONDITIONS.....	49,857	9,776	28,989	11,091	62,405	14,701	30,445	17,260
EYE CONDITIONS.....	866	103	718	46	2,350	415	986	950
ACUTE EAR INFECTIONS.....	5,922	3,552	1,301	1,069	8,255	8,150	105	-
OTHER EAR CONDITIONS.....	951	591	360	-	885	571	314	-
ACUTE URINARY CONDITIONS.....	8,528	453	1,753	6,322	9,143	1,052	1,282	6,809
DISORDERS OF MENSTRUATION.....	929	141	617	171	1,401	258	1,143	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,493	400	1,093	-	1,435	-	1,435	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	19,599	761	18,838	-	17,682	1,749	15,933	-
SKIN CONDITIONS.....	2,925	435	288	2,203	3,328	283	1,549	1,496
ACUTE MUSCULOSKELETAL CONDITIONS.....	6,030	2,075	2,675	1,280	12,944	1,224	5,834	5,886
HEADACHE, EXCLUDING MIGRAINE.....	1,221	141	1,079	-	3,732	144	1,804	1,784
FEVER, UNSPECIFIED.....	1,393	1,125	268	-	1,249	854	59	336
ALL OTHER ACUTE CONDITIONS.....	26,539	2,315	6,303	17,921	24,597	2,633	8,921	13,044

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 24. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	430,961	136,722	192,596	101,643	482,754	174,609	199,436	108,709
INFECTIVE AND PARASITIC DISEASES.....	41,634	26,579	11,405	3,650	55,972	36,831	13,310	5,831
COMMON CHILDHOOD DISEASES.....	4,558	4,349	209	-	12,834	11,635	1,199	-
INTESTINAL VIRUS, UNSPECIFIED.....	7,021	3,559	2,762	701	8,903	4,725	3,022	1,156
VIRAL INFECTIONS, UNSPECIFIED.....	8,981	4,402	2,670	1,909	15,378	7,963	4,195	3,220
OTHER.....	21,074	14,269	5,765	1,040	18,857	12,508	4,894	1,455
RESPIRATORY CONDITIONS.....	204,869	79,072	78,546	47,251	233,644	90,515	93,976	49,154
COMMON COLD.....	47,024	19,264	16,561	11,199	56,971	18,534	25,578	12,858
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	15,850	6,438	8,169	1,243	20,114	9,698	6,657	3,759
INFLUENZA.....	118,310	46,359	46,883	25,068	123,755	50,373	49,431	23,951
ACUTE BRONCHITIS.....	7,333	3,246	2,694	1,394	15,805	4,787	6,575	4,445
PNEUMONIA.....	11,427	1,740	3,440	6,248	10,853	4,174	4,255	2,423
OTHER RESPIRATORY CONDITIONS.....	4,924	2,026	799	2,099	6,147	2,948	1,482	1,717
DIGESTIVE SYSTEM CONDITIONS.....	14,763	3,733	4,904	6,126	7,738	2,695	3,312	1,731
DENTAL CONDITIONS.....	3,361	1,069	1,565	727	2,192	775	1,140	278
INDIGESTION, NAUSEA, AND VOMITING.....	2,410	1,200	1,018	192	2,553	1,249	961	343
OTHER DIGESTIVE CONDITIONS.....	8,991	1,464	2,321	5,206	2,993	672	1,212	1,110
INJURIES.....	91,486	9,293	53,795	28,398	82,718	18,137	36,672	27,909
FRACTURES AND DISLOCATIONS.....	22,790	2,744	11,023	9,023	28,622	8,817	8,908	10,897
SPRAINS AND STRAINS.....	26,891	1,203	19,151	6,538	22,393	2,840	13,310	6,243
OPEN WOUNDS AND LACERATIONS.....	14,003	2,902	10,166	934	6,796	1,719	3,438	1,639
CONTUSIONS AND SUPERFICIAL INJURIES.....	11,786	1,038	5,430	5,318	9,363	2,188	5,367	1,807
OTHER CURRENT INJURIES.....	16,017	1,406	8,025	6,586	15,544	2,574	5,647	7,323
SELECTED OTHER ACUTE CONDITIONS.....	60,171	13,765	37,169	9,237	70,622	18,269	43,203	9,150
EYE CONDITIONS.....	202	43	-	158	1,310	159	1,040	111
ACUTE EAR INFECTIONS.....	12,097	10,187	1,194	717	18,557	14,027	3,741	788
OTHER EAR CONDITIONS.....	1,565	840	-	725	1,207	241	803	163
ACUTE URINARY CONDITIONS.....	3,230	77	2,119	1,034	1,488	-	1,214	274
DISORDERS OF MENSTRUATION.....	146	64	-	82	166	82	60	24
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	5,303	136	3,608	1,559	1,236	-	1,140	96
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	18,538	-	18,538	-	25,336	-	25,336	-
SKIN CONDITIONS.....	2,479	245	1,862	372	2,074	191	540	1,343
ACUTE MUSCULOSKELETAL CONDITIONS.....	12,220	145	8,629	3,446	15,509	1,311	8,113	6,084
HEADACHE, EXCLUDING MIGRAINE.....	2,344	815	938	591	1,669	507	896	267
FEVER, UNSPECIFIED.....	2,049	1,214	281	554	2,070	1,750	320	-
ALL OTHER ACUTE CONDITIONS.....	18,037	4,281	6,776	6,981	32,059	8,162	8,962	14,934

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

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

TABLE 25. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	312,301	405,096	670,513	436,425	1,409,475	562,854	846,621	414,860
INFECTIVE AND PARASITIC DISEASES.....	30,386	34,626	70,551	35,836	128,786	49,592	79,194	42,613
COMMON CHILDHOOD DISEASES.....	3,981	5,542	8,419	9,306	21,941	9,375	12,566	5,307
INTESTINAL VIRUS, UNSPECIFIED.....	7,255	2,611	13,296	836	18,307	7,797	10,511	5,691
VIRAL INFECTIONS, UNSPECIFIED.....	7,871	8,809	23,607	5,781	32,491	12,491	20,001	13,577
OTHER.....	11,279	17,663	25,229	19,914	56,047	19,930	36,117	18,038
RESPIRATORY CONDITIONS.....	138,572	173,200	262,179	233,764	633,519	246,364	387,156	174,196
COMMON COLD.....	39,270	37,304	54,381	57,885	148,155	56,942	91,213	40,685
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8,865	15,416	23,276	10,785	44,469	16,197	28,272	13,872
INFLUENZA.....	67,687	95,497	143,789	141,777	347,522	141,322	206,199	101,228
ACUTE BRONCHITIS.....	10,409	10,374	13,968	10,647	38,203	11,198	27,005	7,195
PNEUMONIA.....	6,331	9,970	17,057	11,330	37,278	12,222	25,055	7,411
OTHER RESPIRATORY CONDITIONS.....	6,010	4,640	9,708	1,340	17,893	8,482	9,411	3,805
DIGESTIVE SYSTEM CONDITIONS.....	4,646	14,661	25,716	14,945	41,444	17,557	23,887	18,524
DENTAL CONDITIONS.....	774	3,820	4,748	3,264	9,506	4,932	4,574	3,100
INDIGESTION, NAUSEA, AND VOMITING.....	1,147	2,689	7,170	3,076	10,445	4,008	6,436	3,638
OTHER DIGESTIVE CONDITIONS.....	2,725	8,152	13,798	8,605	21,493	8,617	12,876	11,787
INJURIES.....	61,083	89,313	152,236	67,641	286,530	121,698	164,832	83,743
FRACTURES AND DISLOCATIONS.....	19,418	27,299	46,897	16,698	86,201	38,230	47,971	24,111
SPRAINS AND STRAINS.....	16,272	23,121	38,070	17,059	73,651	32,964	40,687	20,870
OPEN WOUNDS AND LACERATIONS.....	6,959	9,322	15,676	6,597	28,159	10,673	17,487	10,395
CONTUSIONS AND SUPERFICIAL INJURIES.....	7,696	10,984	22,297	9,580	41,060	17,388	23,673	9,497
OTHER CURRENT INJURIES.....	10,738	18,588	29,296	17,707	57,458	22,443	35,015	18,871
SELECTED OTHER ACUTE CONDITIONS.....	54,280	60,440	110,329	61,015	220,712	91,398	129,314	65,353
EYE CONDITIONS.....	795	810	2,637	940	4,324	1,785	2,539	859
ACUTE EAR INFECTIONS.....	6,749	13,120	18,470	14,830	40,908	12,625	28,283	12,261
OTHER EAR CONDITIONS.....	1,290	1,877	1,907	1,065	4,024	584	3,440	2,115
ACUTE URINARY CONDITIONS.....	3,626	4,564	11,649	5,197	18,275	5,313	12,961	6,763
DISORDERS OF MENSTRUATION.....	300	1,257	2,082	388	3,553	1,377	2,176	474
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	2,453	1,718	4,997	1,187	7,686	4,596	3,090	2,669
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	15,955	16,464	35,965	17,707	68,376	30,800	37,576	17,716
SKIN CONDITIONS.....	3,363	2,786	4,017	2,952	11,044	6,984	4,060	2,074
ACUTE MUSCULOSKELETAL CONDITIONS.....	17,072	12,586	20,715	13,123	45,556	20,336	25,220	17,940
HEADACHE, EXCLUDING MIGRAINE.....	707	3,690	4,847	2,138	9,999	3,189	6,811	1,382
FEVER, UNSPECIFIED.....	1,969	1,566	3,044	1,488	6,967	3,809	3,157	1,100
ALL OTHER ACUTE CONDITIONS.....	23,334	32,856	49,501	23,223	98,484	36,245	62,238	30,430

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

TABLE 26. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	344.1	447.7	409.7	321.7	300.3	332.2	279.2	415.7
INFECTIVE AND PARASITIC DISEASES.....	35.3	77.8	78.9	31.2	21.1	14.8	13.3	*17.1
COMMON CHILDHOOD DISEASES.....	4.2	*23.2	*10.9	*0.4	*0.7	*0.4	*-	*1.1
INFLUENZA.....	5.5	*6.9	13.0	*3.3	*4.0	*2.8	*3.5	*1.7
VIRAL INFECTIONS, UNSPECIFIED.....	9.2	*24.9	16.1	*8.2	6.9	*3.9	*3.3	*4.7
OTHER.....	16.4	*22.8	38.9	*19.3	9.4	7.7	*6.5	*9.6
RESPIRATORY CONDITIONS.....	172.3	252.0	251.5	159.2	148.8	134.0	132.1	137.1
COMMON COLD.....	29.5	68.1	34.5	36.4	26.7	17.6	20.7	*12.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.7	*18.3	15.2	*13.3	10.0	*2.6	*3.0	*1.9
INFLUENZA.....	107.9	137.5	176.6	91.0	92.7	81.0	87.4	70.9
ACUTE BRONCHITIS.....	8.0	*12.6	*8.8	*12.8	7.5	*5.1	*5.9	*3.8
PNEUMONIA.....	12.6	*10.4	*9.0	*4.0	8.5	22.4	*9.7	42.4
OTHER RESPIRATORY CONDITIONS.....	4.7	*5.1	*7.3	*1.7	*3.4	*5.4	*5.3	*5.5
DIGESTIVE SYSTEM CONDITIONS.....	13.0	*3.5	*10.9	*6.1	9.1	23.0	18.2	30.6
DENTAL CONDITIONS.....	*1.8	*1.7	*2.0	*1.8	*1.9	*1.7	*2.6	*0.3
INDIGESTION, NAUSEA, AND VOMITING.....	2.9	*0.6	*4.3	*2.2	*1.5	*4.2	*2.0	*7.7
OTHER DIGESTIVE CONDITIONS.....	8.3	*1.2	*4.6	*2.1	*5.7	17.1	13.6	22.5
INJURIES.....	51.0	*19.9	21.3	45.2	57.1	72.2	60.2	91.1
FRACTURES AND DISLOCATIONS.....	13.8	*3.0	*5.1	*8.9	12.4	24.7	16.7	37.5
SPRAINS AND STRAINS.....	10.9	*1.0	*4.0	*12.0	19.9	7.7	*10.8	*3.0
OPEN WOUNDS AND LACERATIONS.....	5.2	*6.4	*4.1	*5.6	*5.6	*4.9	*6.4	*2.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	6.4	*1.8	*2.3	*8.8	7.2	8.4	*6.9	*10.7
OTHER CURRENT INJURIES.....	14.7	*7.7	*5.7	*9.9	12.0	26.4	19.5	37.3
SELECTED OTHER ACUTE CONDITIONS.....	49.0	68.9	33.4	59.0	53.5	45.4	32.7	65.6
EYE CONDITIONS.....	*0.4	*0.8	*-	*-	*0.5	*0.7	*-	*1.8
ACUTE EAR INFECTIONS.....	9.2	57.7	15.3	*1.7	*2.0	*3.5	*3.7	*3.2
OTHER EAR CONDITIONS.....	*1.3	*2.5	*1.6	*0.2	*0.4	*2.2	*0.5	*4.8
ACUTE URINARY CONDITIONS.....	5.9	*-	*1.6	*4.5	*2.0	14.6	*6.7	27.0
DISORDERS OF MENSTRUATION.....	*1.3	...	*0.9	*4.7	*1.8	*0.3	*0.5	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	2.2	*-	*0.4	*2.2	*5.7	*0.1	*0.2	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	12.9	...	*2.3	38.3	26.1	*-	*-	...
SKIN CONDITIONS.....	2.5	*-	*1.4	*-	*2.9	*4.3	*4.9	*3.2
ACUTE MUSCULOSKELETAL CONDITIONS.....	8.6	*-	*2.3	*6.5	9.5	14.4	13.1	*16.3
HEADACHE, EXCLUDING MIGRAINE.....	2.4	*0.7	*1.7	*0.4	*1.8	*4.5	*1.7	*8.9
FEVER, UNSPECIFIED.....	2.2	*7.2	*6.0	*0.5	*0.8	*0.8	*1.1	*0.3
ALL OTHER ACUTE CONDITIONS.....	23.4	*25.6	13.6	20.9	10.7	42.8	22.8	74.3

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

TABLE 27. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR										
ALL ACUTE CONDITIONS.....	294.5	439.7	382.2	219.8	305.7	390.7	456.2	438.5	387.9	354.2
INFECTIVE AND PARASITIC DISEASES.....	32.7	84.8	74.9	20.2	*8.2	37.7	70.5	83.1	26.8	20.2
COMMON CHILDHOOD DISEASES.....	*3.6	*16.0	*9.9	*0.9	*-	4.8	*30.8	*12.0	*0.4	*0.8
INTESTINAL VIRUS, UNSPECIFIED..	5.7	*6.7	*15.7	*3.6	*1.7	5.3	*7.1	*10.1	*4.1	*3.8
VIRAL INFECTIONS, UNSPECIFIED..	9.8	*42.2	*17.0	*5.3	*2.5	8.6	*6.8	*15.2	*9.1	*4.9
OTHER.....	13.6	*19.9	32.3	10.4	*4.0	19.1	*26.0	45.7	13.2	*10.8
RESPIRATORY CONDITIONS.....	152.4	254.7	229.7	115.9	125.9	191.1	249.2	274.3	185.4	140.8
COMMON COLD.....	27.1	75.8	31.0	25.7	*12.8	31.8	60.0	38.2	32.3	21.6
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	7.2	*26.9	*11.9	*5.6	*0.9	11.9	*9.2	*18.7	15.8	*4.0
INFLUENZA.....	96.2	123.2	170.9	71.4	75.2	118.9	152.5	182.6	112.4	85.8
ACUTE BRONCHITIS.....	6.2	*9.8	*8.3	*5.5	*4.7	9.6	*15.6	*9.3	12.0	*5.4
PNEUMONIA.....	11.9	*12.1	*2.6	*5.5	27.7	13.2	*8.6	*15.6	*9.2	18.0
OTHER RESPIRATORY CONDITIONS...	*3.8	*6.7	*5.0	*2.1	*4.6	5.6	*3.4	*9.8	*3.8	*6.0
DIGESTIVE SYSTEM CONDITIONS....	13.8	*4.0	*12.9	*5.9	29.0	12.2	*2.9	*8.9	10.7	18.0
DENTAL CONDITIONS.....	*1.3	*1.7	*2.0	*1.8	*-	*2.3	*1.7	*2.1	*1.9	*3.1
INDIGESTION, NAUSEA, AND VOMITING.....	*2.0	*-	*4.0	*1.2	*2.5	*3.7	*1.2	*4.5	*2.1	*5.7
OTHER DIGESTIVE CONDITIONS.....	10.5	*2.3	*6.9	*2.9	26.5	6.2	*-	*2.3	*6.7	*9.2
INJURIES.....	49.3	*15.8	*22.7	58.8	62.4	52.7	*24.2	*19.8	49.9	80.3
FRACTURES AND DISLOCATIONS.....	13.3	*-	*8.6	13.7	19.6	14.2	*6.2	*1.5	*9.4	29.0
SPRAINS AND STRAINS.....	12.5	*1.4	*3.5	19.6	*11.2	9.4	*0.5	*3.5	16.4	*4.8
OPEN WOUNDS AND LACERATIONS....	6.0	*3.5	*4.3	*8.2	*4.5	4.4	*9.4	*4.0	*3.1	*5.2
CONTUSIONS AND SUPERFICIAL INJURIES.....	5.5	*1.1	*1.8	*7.1	*6.7	7.3	*2.5	*2.9	*8.1	*9.8
OTHER CURRENT INJURIES.....	12.0	*9.8	*4.5	*10.1	20.4	17.4	*5.5	*6.9	12.9	31.4
SELECTED OTHER ACUTE CONDITIONS.....	26.2	72.0	29.7	*10.1	35.0	70.5	65.7	37.3	97.9	54.2
EYE CONDITIONS.....	*0.9	*1.5	*-	*0.7	*1.5	*-	*-	*-	*-	*-
ACUTE EAR INFECTIONS.....	8.8	55.8	*19.4	*0.7	*0.4	9.6	59.6	*11.0	*3.1	*6.1
OTHER EAR CONDITIONS.....	*2.2	*5.0	*1.7	*0.6	*4.1	*0.5	*-	*1.4	*0.1	*0.6
ACUTE URINARY CONDITIONS.....	*4.2	*-	*1.3	*0.9	*12.4	7.6	*-	*2.0	*4.3	16.5
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	*2.6	...	*1.8	*5.0	*0.6
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	4.3	*-	*0.7	*9.5	*0.3
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM...	...	...	...	...	...	24.9	...	*4.6	57.0	*-
SKIN CONDITIONS.....	*1.1	*-	*0.8	*1.3	*1.2	*3.9	*-	*2.0	*3.0	*6.8
ACUTE MUSCULOSKELETAL CONDITIONS.....	*4.4	*-	*0.2	*4.4	*8.4	12.6	*-	*4.6	13.0	19.3
HEADACHE, EXCLUDING MIGRAINE...	*2.7	*1.4	*2.0	*0.9	*6.2	*2.1	*-	*1.3	*2.0	*3.1
FEVER, UNSPECIFIED.....	*2.0	*8.3	*4.2	*0.6	*0.8	*2.5	*6.1	*7.9	*0.9	*0.8
ALL OTHER ACUTE CONDITIONS.....	20.1	*8.4	*12.4	*9.0	45.2	26.5	*43.6	*15.0	17.3	40.7

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

TABLE 28. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	339.1	438.9	295.0	319.6	377.1	342.6	374.5	429.9
INFECTIVE AND PARASITIC DISEASES.....	35.6	82.4	23.5	15.1	32.1	58.5	*22.2	*12.9
COMMON CHILDHOOD DISEASES.....	3.2	11.7	*0.4	*0.5	*8.2	*24.7	*-	*-
INFLUENZA.....	5.7	12.4	*4.4	*2.3	*5.1	*7.8	*1.2	*8.3
VIRAL INFECTIONS, UNSPECIFIED.....	9.3	19.6	7.3	*3.8	*9.8	*15.2	*8.6	*4.6
OTHER.....	17.3	38.7	11.4	8.5	*8.9	*10.8	*12.4	*-
RESPIRATORY CONDITIONS.....	174.0	267.5	152.5	129.8	164.2	199.0	137.8	162.9
COMMON COLD.....	28.1	41.7	29.1	16.5	38.1	57.2	*30.8	*24.8
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.9	17.8	10.6	*2.8	*10.4	*10.6	*15.3	*1.6
INFLUENZA.....	109.9	178.4	93.9	77.7	96.9	120.2	74.8	103.8
ACUTE BRONCHITIS.....	8.6	11.2	9.5	*5.4	*3.3	*2.4	*5.1	*1.5
PNEUMONIA.....	12.5	*10.0	7.1	21.4	*15.0	*8.6	*11.3	*30.7
OTHER RESPIRATORY CONDITIONS.....	5.0	*8.3	*2.2	*6.0	*0.4	*-	*0.6	*0.6
DIGESTIVE SYSTEM CONDITIONS.....	11.7	*8.1	7.5	20.2	*17.1	*12.6	*14.7	*27.7
DENTAL CONDITIONS.....	*1.6	*1.0	*1.8	*1.9	*3.2	*5.7	*3.1	*-
INDIGESTION, NAUSEA, AND VOMITING.....	2.9	*3.6	*1.8	*3.9	*3.0	*1.4	*1.5	*8.0
OTHER DIGESTIVE CONDITIONS.....	7.2	*3.4	*4.0	14.3	*10.9	*5.5	*10.2	*19.7
INJURIES.....	47.9	21.5	48.9	67.2	74.7	*22.8	89.6	120.3
FRACTURES AND DISLOCATIONS.....	13.2	*3.8	10.2	24.5	19.0	*9.3	*18.6	*33.1
SPRAINS AND STRAINS.....	10.6	*3.1	17.2	*7.7	*15.6	*4.0	*27.6	*10.1
OPEN WOUNDS AND LACERATIONS.....	4.6	*4.9	*4.3	*4.9	*9.5	*5.4	*14.6	*5.9
CONTUSIONS AND SUPERFICIAL INJURIES.....	5.2	*2.0	*5.3	*7.4	*12.7	*3.5	*16.1	*19.5
OTHER CURRENT INJURIES.....	14.3	*7.7	11.9	22.6	17.9	*0.6	*12.5	*31.7
SELECTED OTHER ACUTE CONDITIONS.....	46.9	43.2	49.7	46.0	60.8	*28.6	91.2	*51.5
EYE CONDITIONS.....	*0.4	*0.1	*0.4	*0.8	*-	*-	*-	*-
ACUTE EAR INFECTIONS.....	9.1	27.8	*2.3	*3.5	*7.2	*18.0	*-	*4.9
OTHER EAR CONDITIONS.....	*1.4	*2.1	*0.4	*2.1	*0.8	*-	*-	*3.5
ACUTE URINARY CONDITIONS.....	6.5	*0.6	*3.0	15.6	*3.3	*1.9	*0.9	*9.5
DISORDERS OF MENSTRUATION.....	*1.0	*0.4	*2.1	*0.0	*4.0	*2.0	*6.1	*3.1
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*1.9	*0.1	*4.2	*0.2	*3.5	*1.1	*7.2	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	10.6	*1.3	24.2	*-	25.9	*0.6	60.2	*-
SKIN CONDITIONS.....	*2.0	*1.2	*1.6	*3.3	*6.4	*-	*6.9	*14.2
ACUTE MUSCULOSKELETAL CONDITIONS.....	9.3	*1.7	9.8	14.7	*5.4	*1.1	*3.9	*14.2
HEADACHE, EXCLUDING MIGRAINE.....	*2.3	*1.3	*0.9	*4.9	*2.8	*-	*5.4	*2.1
FEVER, UNSPECIFIED.....	*2.3	*6.7	*0.8	*0.9	*1.5	*3.8	*0.6	*-
ALL OTHER ACUTE CONDITIONS.....	22.9	16.2	12.9	41.4	28.2	*21.1	*19.0	*54.5

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

TABLE 29. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	494.2	465.7	493.3	518.8	378.2	378.6	392.8	361.6
INFECTIVE AND PARASITIC DISEASES.....	36.1	*56.9	*27.1	*28.8	35.7	78.5	*26.9	*14.1
COMMON CHILDHOOD DISEASES.....	*7.6	*26.6	*-	*-	*4.4	*17.1	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*6.1	*11.5	*4.0	*4.0	*4.6	*9.4	*2.8	*3.0
VIRAL INFECTIONS, UNSPECIFIED.....	*5.4	*5.8	*8.6	*1.7	*9.5	*20.4	*8.9	*2.2
OTHER.....	*17.0	*12.9	*14.5	*23.1	17.2	*31.6	*15.1	*8.8
RESPIRATORY CONDITIONS.....	240.8	312.9	220.9	202.5	166.5	209.5	171.7	129.3
COMMON COLD.....	52.1	82.9	*47.3	*31.7	33.9	*42.0	41.5	*19.6
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*7.9	*14.5	*7.9	*2.4	*5.8	*10.3	*6.3	*2.0
INFLUENZA.....	150.8	187.7	128.8	144.1	100.9	141.0	104.6	67.3
ACUTE BRONCHITIS.....	*8.3	*-	*19.3	*3.1	*7.9	*15.4	*8.6	*1.5
PNEUMONIA.....	*16.0	*25.8	*4.1	*20.7	14.6	*0.4	*10.7	*29.4
OTHER RESPIRATORY CONDITIONS.....	*5.8	*2.0	*13.5	*0.5	*3.5	*0.5	*-	*9.5
DIGESTIVE SYSTEM CONDITIONS.....	20.5	*9.4	*19.8	*30.4	26.5	*9.9	*16.6	49.5
DENTAL CONDITIONS.....	*2.0	*1.6	*3.2	*1.0	*4.6	*5.0	*2.2	*6.9
INDIGESTION, NAUSEA, AND VOMITING.....	*7.0	*5.2	*1.2	*14.8	*3.2	*2.0	*2.4	*4.8
OTHER DIGESTIVE CONDITIONS.....	*11.5	*2.6	*15.3	*14.6	18.7	*2.9	*12.0	37.7
INJURIES.....	77.4	*31.6	89.4	102.2	49.8	*7.3	68.1	61.0
FRACTURES AND DISLOCATIONS.....	25.1	*14.8	*16.4	*43.1	14.8	*2.2	*13.6	*25.4
SPRAINS AND STRAINS.....	*13.7	*6.8	*27.4	*4.6	*8.5	*0.8	*20.4	*0.9
OPEN WOUNDS AND LACERATIONS.....	*9.8	*-	*6.4	*21.6	*7.4	*2.1	*14.6	*3.2
CONTUSIONS AND SUPERFICIAL INJURIES.....	*10.8	*4.7	*12.8	*13.6	*5.1	*0.5	*5.7	*7.7
OTHER CURRENT INJURIES.....	*18.0	*5.3	*26.5	*19.4	14.1	*1.8	*13.7	*23.7
SELECTED OTHER ACUTE CONDITIONS.....	83.4	*48.8	119.5	73.0	73.0	54.1	87.2	71.3
EYE CONDITIONS.....	*1.8	*1.4	*3.7	*-	*1.3	*-	*-	*3.6
ACUTE EAR INFECTIONS.....	*8.8	*18.7	*5.1	*4.5	*7.3	*28.0	*-	*-
OTHER EAR CONDITIONS.....	*1.5	*3.8	*1.2	*-	*1.2	*2.8	*1.3	*-
ACUTE URINARY CONDITIONS.....	23.1	*1.5	*10.3	*55.1	16.7	*5.2	*5.8	37.2
DISORDERS OF MENSTRUATION.....	*3.0	*1.2	*5.3	*1.9	*2.5	*1.0	*5.8	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*4.4	*1.5	*10.6	*-	*2.7	*-	*7.0	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	25.3	*-	67.8	*-	20.7	*9.6	46.9	*-
SKIN CONDITIONS.....	*5.6	*2.0	*2.9	*11.5	*5.8	*1.6	*6.5	*8.1
ACUTE MUSCULOSKELETAL CONDITIONS.....	*5.6	*4.6	*11.5	*-	*9.6	*1.1	*10.4	*14.9
HEADACHE, EXCLUDING MIGRAINE.....	*0.4	*1.4	*-	*-	*3.3	*0.8	*3.1	*5.3
FEVER, UNSPECIFIED.....	*4.0	*12.6	*1.1	*-	*2.0	*3.9	*0.4	*2.3
ALL OTHER ACUTE CONDITIONS.....	36.0	*6.2	*16.6	82.0	26.6	*19.3	*22.4	36.6

SEE NOTES AT END OF TABLE.



TABLE 29. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	341.0	457.7	287.0	311.5	266.7	386.7	236.8	198.3
INFECTIVE AND PARASITIC DISEASES.....	39.0	88.3	27.4	*7.3	30.7	72.2	20.6	*6.6
COMMON CHILDHOOD DISEASES.....	*2.4	*7.8	*0.4	*-	*4.7	*15.1	*1.5	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*6.5	*13.0	*4.6	*3.1	*6.2	*11.4	*5.0	*3.0
VIRAL INFECTIONS, UNSPECIFIED.....	*7.9	*19.3	*4.4	*2.0	9.3	*19.8	*7.1	*2.6
OTHER.....	22.2	48.1	*18.0	*2.2	10.5	25.9	*7.0	*1.1
RESPIRATORY CONDITIONS.....	182.7	274.7	140.9	158.1	150.4	232.6	133.0	98.2
COMMON COLD.....	26.9	48.0	*18.7	*18.9	26.0	30.8	30.2	*13.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	11.6	*18.9	*12.2	*2.9	11.0	*20.0	*9.9	*3.9
INFLUENZA.....	118.1	185.3	97.0	84.1	91.5	149.9	73.1	64.8
ACUTE BRONCHITIS.....	*5.4	*5.7	*5.1	*5.6	10.2	*10.9	*11.0	*8.0
PNEUMONIA.....	15.1	*6.0	*6.3	39.6	7.6	*14.5	*6.2	*3.1
OTHER RESPIRATORY CONDITIONS.....	*5.6	*10.9	*1.6	*6.9	*4.2	*6.5	*2.6	*4.8
DIGESTIVE SYSTEM CONDITIONS.....	13.4	*14.1	*6.9	*23.8	*3.5	*4.1	*3.5	*3.2
DENTAL CONDITIONS.....	*1.7	*2.8	*1.9	*-	*0.4	*-	*0.6	*0.5
INDIGESTION, NAUSEA, AND VOMITING.....	*2.3	*4.4	*1.8	*1.0	*1.5	*2.5	*1.5	*0.6
OTHER DIGESTIVE CONDITIONS.....	9.4	*7.0	*3.1	*22.8	*1.7	*1.5	*1.4	*2.2
INJURIES.....	54.7	*19.8	61.8	79.2	31.4	*18.5	28.8	48.8
FRACTURES AND DISLOCATIONS.....	12.3	*3.7	*13.4	*19.6	9.3	*3.1	*8.9	*16.3
SPRAINS AND STRAINS.....	15.1	*1.2	23.4	*15.2	8.3	*3.6	*9.9	*10.3
OPEN WOUNDS AND LACERATIONS.....	*6.5	*9.5	*7.0	*2.5	*1.0	*1.5	*1.1	*0.5
CONTUSIONS AND SUPERFICIAL INJURIES.....	*6.9	*1.6	*7.9	*10.6	*2.9	*2.4	*3.9	*1.9
OTHER CURRENT INJURIES.....	14.0	*3.8	*10.1	*31.3	9.8	*8.0	*5.0	*19.8
SELECTED OTHER ACUTE CONDITIONS.....	39.1	43.7	40.9	*31.4	30.5	35.0	39.2	*10.6
EYE CONDITIONS.....	*0.1	*0.3	*-	*-	*-	*-	*-	*-
ACUTE EAR INFECTIONS.....	10.4	*29.6	*2.0	*4.8	8.5	25.0	*2.1	*3.1
OTHER EAR CONDITIONS.....	*1.3	*3.2	*-	*1.7	*0.2	*0.5	*0.1	*-
ACUTE URINARY CONDITIONS.....	*2.1	*0.5	*2.1	*3.9	*0.3	*-	*0.4	*0.5
DISORDERS OF MENSTRUATION.....	*0.2	*0.4	*-	*0.4	*0.2	*0.4	*0.2	*0.1
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*2.5	*0.3	*4.9	*0.7	*1.0	*-	*2.1	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	9.9	*-	21.7	*-	11.4	*-	24.5	*-
SKIN CONDITIONS.....	*1.0	*0.2	*0.6	*2.5	*0.4	*0.4	*-	*0.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	*6.6	*0.6	*6.0	*14.0	*5.9	*1.6	*8.6	*5.6
HEADACHE, EXCLUDING MIGRAINE.....	*2.6	*2.8	*2.4	*2.9	*0.7	*1.2	*0.6	*0.5
FEVER, UNSPECIFIED.....	*2.3	*5.8	*1.1	*0.7	*1.8	*5.9	*0.6	*-
ALL OTHER ACUTE CONDITIONS.....	12.0	*17.1	*9.1	*11.7	20.2	*24.2	*11.7	30.8

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

TABLE 30. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	278.9	282.7	387.9	405.7	342.3	361.7	329.8	350.4
INFECTIVE AND PARASITIC DISEASES.....	29.5	25.9	44.9	36.2	34.7	33.1	35.7	37.6
COMMON CHILDHOOD DISEASES.....	*2.6	*2.1	*4.9	*7.1	4.7	*5.3	*4.4	*2.4
INTESTINAL VIRUS, UNSPECIFIED.....	*7.5	*1.7	9.7	*1.0	5.4	*5.3	5.5	*5.6
VIRAL INFECTIONS, UNSPECIFIED.....	*8.1	*6.9	13.1	*6.7	9.1	8.9	9.2	*9.5
OTHER.....	11.3	15.2	17.2	21.4	15.4	13.6	16.5	20.1
RESPIRATORY CONDITIONS.....	138.2	139.4	173.9	239.8	174.5	180.5	170.6	164.7
COMMON COLD.....	34.2	20.0	24.5	44.2	30.1	36.1	26.3	27.5
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*8.1	9.0	11.9	*8.3	10.1	7.9	11.6	*7.9
INFLUENZA.....	73.3	86.6	108.2	164.7	106.4	113.5	101.9	113.2
ACUTE BRONCHITIS.....	*8.0	*5.6	8.3	*10.1	8.9	*5.7	11.0	*4.6
PNEUMONIA.....	*7.9	13.3	15.7	11.2	13.8	11.6	15.3	*8.0
OTHER RESPIRATORY CONDITIONS.....	*6.8	*5.0	*5.3	*1.3	5.1	*5.7	4.6	*3.4
DIGESTIVE SYSTEM CONDITIONS.....	*5.4	11.6	16.2	16.5	12.1	12.2	12.0	16.3
DENTAL CONDITIONS.....	*0.6	*2.5	*1.9	*2.0	*1.7	*2.0	*1.5	*2.3
INDIGESTION, NAUSEA, AND VOMITING.....	*1.2	*1.2	*4.2	*4.3	*2.6	*1.9	*3.1	*3.6
OTHER DIGESTIVE CONDITIONS.....	*3.6	*7.9	10.1	10.3	7.7	8.4	7.3	10.3
INJURIES.....	42.6	41.6	67.4	43.5	50.3	62.5	42.4	53.7
FRACTURES AND DISLOCATIONS.....	12.3	10.8	18.0	11.8	13.1	20.7	8.1	16.2
SPRAINS AND STRAINS.....	*8.1	12.4	14.4	*6.2	11.2	13.6	9.6	9.9
OPEN WOUNDS AND LACERATIONS.....	*5.1	*2.7	7.3	*4.7	4.1	*5.3	*3.4	*8.9
CONTUSIONS AND SUPERFICIAL INJURIES.....	*6.5	*5.4	9.0	*3.4	6.8	*6.3	7.1	*5.0
OTHER CURRENT INJURIES.....	*10.7	10.3	18.7	17.4	15.0	16.6	14.0	13.7
SELECTED OTHER ACUTE CONDITIONS.....	41.8	36.8	59.8	52.7	48.0	51.3	45.9	52.7
EYE CONDITIONS.....	*	*	*1.1	*0.2	*0.3	*0.2	*0.4	*0.7
ACUTE EAR INFECTIONS.....	*6.5	*6.8	8.4	15.7	9.1	9.5	8.9	*9.4
OTHER EAR CONDITIONS.....	*1.0	*2.8	*0.9	*0.7	*1.2	*0.2	*1.9	*1.7
ACUTE URINARY CONDITIONS.....	*4.5	*3.2	8.7	*6.1	5.5	*4.6	6.1	*7.4
DISORDERS OF MENSTRUATION.....	*0.4	*1.8	*2.2	*0.3	*1.7	*1.7	*1.7	*0.2
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*1.5	*1.6	*3.0	*2.2	*2.4	*3.1	*2.0	*1.5
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*8.4	9.0	17.6	13.8	12.5	13.9	11.6	14.1
SKIN CONDITIONS.....	*4.3	*1.7	*2.2	*2.3	*2.7	*5.0	*1.2	*1.7
ACUTE MUSCULOSKELETAL CONDITIONS.....	*10.3	*4.8	11.3	*7.1	7.2	8.3	6.5	13.8
HEADACHE, EXCLUDING MIGRAINE.....	*1.1	*3.4	*2.6	*1.9	2.9	*1.8	*3.7	*0.4
FEVER, UNSPECIFIED.....	*3.7	*1.7	*1.7	*2.3	*2.4	*3.0	*1.9	*1.8
ALL OTHER ACUTE CONDITIONS.....	21.3	27.4	25.8	16.9	22.8	22.0	23.3	25.5

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

TABLE 31. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF BED DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	837,957	84,033	185,319	81,718	236,655	250,231	128,766	121,466
INFECTIVE AND PARASITIC DISEASES.....	85,963	14,605	35,699	7,933	16,599	11,128	6,146	4,982
COMMON CHILDHOOD DISEASES.....	10,277	4,354	4,937	105	567	314	-	314
INTESTINAL VIRUS, UNSPECIFIED.....	13,309	1,288	5,877	849	3,159	2,136	1,626	510
VIRAL INFECTIONS, UNSPECIFIED.....	22,387	4,677	7,296	2,081	5,429	2,904	1,539	1,365
OTHER.....	39,991	4,287	17,589	4,898	7,443	5,774	2,981	2,793
RESPIRATORY CONDITIONS.....	419,716	47,302	113,757	40,449	117,244	100,964	60,896	40,068
COMMON COLD.....	71,938	12,779	15,618	9,249	21,034	13,258	9,534	3,725
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	23,503	3,430	6,866	3,378	7,877	1,952	1,406	546
INFLUENZA.....	262,880	25,810	79,903	23,114	73,044	61,009	40,301	20,707
ACUTE BRONCHITIS.....	19,370	2,371	3,990	3,262	5,913	3,834	2,732	1,102
PNEUMONIA.....	30,587	1,952	4,068	1,024	6,663	16,879	4,495	12,384
OTHER RESPIRATORY CONDITIONS.....	11,438	960	3,312	423	2,712	4,031	2,428	1,603
DIGESTIVE SYSTEM CONDITIONS.....	31,634	653	4,948	1,549	7,169	17,314	8,387	8,927
DENTAL CONDITIONS.....	4,448	319	923	453	1,469	1,284	1,186	98
INDIGESTION, NAUSEA, AND VOMITING.....	6,957	112	1,925	553	1,182	3,185	940	2,245
OTHER DIGESTIVE CONDITIONS.....	20,229	222	2,101	543	4,517	12,845	6,260	6,585
INJURIES.....	124,268	3,737	9,628	11,493	45,031	54,380	27,769	26,611
FRACTURES AND DISLOCATIONS.....	33,551	570	2,329	2,268	9,740	18,644	7,684	10,960
SPRAINS AND STRAINS.....	26,541	181	1,800	3,054	15,680	5,826	4,962	865
OPEN WOUNDS AND LACERATIONS.....	12,620	1,195	1,877	1,417	4,445	3,687	2,938	749
CONTUSIONS AND SUPERFICIAL INJURIES.....	15,637	340	1,045	2,240	5,682	6,329	3,194	3,135
OTHER CURRENT INJURIES.....	35,919	1,451	2,576	2,515	9,484	19,894	8,991	10,903
SELECTED OTHER ACUTE CONDITIONS.....	119,438	12,934	15,113	14,991	42,161	34,238	15,061	19,176
EYE CONDITIONS.....	1,021	146	-	-	359	516	-	516
ACUTE EAR INFECTIONS.....	22,417	10,820	6,922	441	1,570	2,663	1,714	949
OTHER EAR CONDITIONS.....	3,212	476	708	53	325	1,650	250	1,400
ACUTE URINARY CONDITIONS.....	14,488	-	740	1,144	1,597	11,007	3,105	7,902
DISORDERS OF MENSTRUATION.....	3,284	...	395	1,192	1,449	249	249	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	5,343	-	159	557	4,515	112	112	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	31,305	...	1,025	9,724	20,556	-	-	...
SKIN CONDITIONS.....	6,083	-	626	-	2,251	3,206	2,272	935
ACUTE MUSCULOSKELETAL CONDITIONS.....	21,035	-	1,059	1,648	7,500	10,828	6,056	4,772
HEADACHE, EXCLUDING MIGRAINE.....	5,785	138	759	113	1,383	3,393	792	2,601
FEVER, UNSPECIFIED.....	5,463	1,354	2,719	121	656	612	512	100
ALL OTHER ACUTE CONDITIONS.....	56,938	4,801	6,174	5,303	8,452	32,208	10,506	21,702

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

TABLE 32. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF BED DAYS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	347,497	42,234	88,460	112,199	104,605	490,459	41,799	96,859	206,174	145,627
INFECTIVE AND PARASITIC DISEASES.....	38,596	8,142	17,335	10,309	2,810	47,367	6,463	18,364	14,222	8,318
COMMON CHILDHOOD DISEASES.....	4,276	1,534	2,283	460	-	6,000	2,820	2,654	212	314
INTESTINAL VIRUS, UNSPECIFIED..	6,693	641	3,637	1,826	589	6,616	647	2,240	2,182	1,547
VIRAL INFECTIONS, UNSPECIFIED..	11,555	4,058	3,930	2,698	869	10,832	619	3,366	4,813	2,035
OTHER.....	16,072	1,909	7,485	5,326	1,352	23,919	2,378	10,104	7,015	4,422
RESPIRATORY CONDITIONS.....	179,858	24,465	53,165	59,145	43,083	239,858	22,836	60,593	98,548	57,881
COMMON COLD.....	31,961	7,286	7,171	13,121	4,384	39,977	5,494	8,446	17,162	8,875
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8,538	2,588	2,745	2,880	324	14,965	842	4,121	8,374	1,628
INFLUENZA.....	113,573	11,837	39,562	36,438	25,736	149,307	13,973	40,341	59,720	35,273
ACUTE BRONCHITIS.....	7,305	945	1,927	2,818	1,615	12,066	1,426	2,063	6,357	2,219
PNEUMONIA.....	14,034	1,163	613	2,791	9,466	16,553	789	3,455	4,896	7,413
OTHER RESPIRATORY CONDITIONS...	4,447	647	1,146	1,096	1,558	6,990	313	2,165	2,038	2,474
DIGESTIVE SYSTEM CONDITIONS....	16,295	388	2,975	3,010	9,922	15,340	266	1,974	5,708	7,392
DENTAL CONDITIONS.....	1,519	166	456	897	-	2,929	153	466	1,025	1,284
INDIGESTION, NAUSEA, AND VOMITING.....	2,370	-	920	608	842	4,587	112	1,004	1,127	2,343
OTHER DIGESTIVE CONDITIONS.....	12,406	222	1,598	1,505	9,080	7,823	-	503	3,555	3,765
INJURIES.....	58,142	1,519	5,256	30,013	21,355	66,125	2,218	4,371	26,511	33,025
FRACTURES AND DISLOCATIONS....	15,734	-	1,995	7,018	6,720	17,817	570	334	4,989	11,924
SPRAINS AND STRAINS.....	14,794	132	809	10,018	3,835	11,747	49	991	8,716	1,991
OPEN WOUNDS AND LACERATIONS....	7,062	334	996	4,193	1,539	5,558	861	881	1,668	2,147
CONTUSIONS AND SUPERFICIAL INJURIES.....	6,439	110	407	3,643	2,279	9,198	230	638	4,280	4,050
OTHER CURRENT INJURIES.....	14,113	943	1,049	5,140	6,981	21,806	508	1,527	6,858	12,913
SELECTED OTHER ACUTE CONDITIONS.....	30,882	6,916	6,863	5,138	11,965	88,556	6,019	8,250	52,014	22,273
EYE CONDITIONS.....	1,021	146	-	359	516	-	-	-	-	-
ACUTE EAR INFECTIONS.....	10,338	5,357	4,490	347	144	12,079	5,463	2,433	1,664	2,519
OTHER EAR CONDITIONS.....	2,609	476	403	330	1,400	603	-	305	48	250
ACUTE URINARY CONDITIONS.....	4,985	-	295	460	4,230	9,503	-	446	2,281	6,777
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	3,284	...	393	2,640	249
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	5,343	-	159	5,071	112
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM...	...	...	...	...	...	31,305	...	1,025	30,280	-
SKIN CONDITIONS.....	1,245	-	185	650	409	4,839	-	441	1,601	2,797
ACUTE MUSCULOSKELETAL CONDITIONS.....	5,167	-	44	2,251	2,872	15,868	-	1,015	6,897	7,956
HEADACHE, EXCLUDING MIGRAINE...	3,164	138	472	436	2,117	2,622	-	287	1,059	1,276
FEVER, UNSPECIFIED.....	2,353	799	974	303	277	3,110	556	1,745	474	336
ALL OTHER ACUTE CONDITIONS.....	23,724	804	2,867	4,584	15,469	33,214	3,997	3,307	9,171	16,739

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

TABLE 33. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	696,160	226,250	257,904	212,006	112,733	34,116	47,812	30,805
INFECTIVE AND PARASITIC DISEASES.....	73,044	42,487	20,562	9,995	9,583	5,823	2,835	925
COMMON CHILDHOOD DISEASES.....	6,656	6,025	317	314	2,458	2,458	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	11,782	6,389	3,853	1,540	1,527	776	155	596
VIRAL INFECTIONS, UNSPECIFIED.....	19,048	10,122	6,409	2,517	2,944	1,513	1,101	329
OTHER.....	35,558	19,951	9,983	5,624	2,654	1,075	1,579	-
RESPIRATORY CONDITIONS.....	357,302	137,871	133,331	86,100	49,085	19,818	17,591	11,676
COMMON COLD.....	57,788	21,476	25,399	10,913	11,402	5,698	3,929	1,775
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	20,341	9,195	9,307	1,838	3,114	1,052	1,947	114
INFLUENZA.....	225,672	91,985	82,133	51,554	28,965	11,970	9,554	7,440
ACUTE BRONCHITIS.....	17,675	5,777	8,289	3,609	1,000	243	649	107
PNEUMONIA.....	25,613	5,166	6,249	14,197	4,488	854	1,438	2,197
OTHER RESPIRATORY CONDITIONS.....	10,214	4,272	1,953	3,989	117	-	74	43
DIGESTIVE SYSTEM CONDITIONS.....	24,078	4,153	6,556	13,369	5,125	1,258	1,882	1,985
DENTAL CONDITIONS.....	3,342	525	1,532	1,284	960	570	390	-
INDIGESTION, NAUSEA, AND VOMITING.....	6,009	1,850	1,547	2,613	904	143	189	572
OTHER DIGESTIVE CONDITIONS.....	14,727	1,778	3,476	9,472	3,261	545	1,303	1,413
INJURIES.....	98,391	11,095	42,721	44,575	22,323	2,269	11,433	8,620
FRACTURES AND DISLOCATIONS.....	27,174	1,974	8,928	16,272	5,674	925	2,376	2,372
SPRAINS AND STRAINS.....	21,723	1,580	15,038	5,105	4,651	401	3,528	722
OPEN WOUNDS AND LACERATIONS.....	9,528	2,533	3,734	3,261	2,834	539	1,869	425
CONTUSIONS AND SUPERFICIAL INJURIES.....	10,589	1,038	4,621	4,930	3,807	348	2,060	1,399
OTHER CURRENT INJURIES.....	29,378	3,971	10,399	15,007	5,357	56	1,599	3,702
SELECTED OTHER ACUTE CONDITIONS.....	96,235	22,291	43,451	30,493	18,185	2,845	11,648	3,691
EYE CONDITIONS.....	919	43	359	516	-	-	-	-
ACUTE EAR INFECTIONS.....	18,673	14,349	2,011	2,312	2,142	1,791	-	351
OTHER EAR CONDITIONS.....	2,852	1,073	378	1,400	250	-	-	250
ACUTE URINARY CONDITIONS.....	13,265	311	2,627	10,327	985	191	114	680
DISORDERS OF MENSTRUATION.....	2,075	191	1,860	24	1,209	204	780	225
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	3,839	45	3,682	112	1,039	114	925	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	21,808	685	21,123	-	7,749	62	7,687	-
SKIN CONDITIONS.....	4,182	626	1,369	2,187	1,901	-	882	1,019
ACUTE MUSCULOSKELETAL CONDITIONS.....	19,153	859	8,534	9,760	1,615	105	495	1,015
HEADACHE, EXCLUDING MIGRAINE.....	4,726	678	806	3,242	840	-	689	150
FEVER, UNSPECIFIED.....	4,744	3,430	701	612	455	379	76	-
ALL OTHER ACUTE CONDITIONS.....	47,110	8,353	11,284	27,473	8,432	2,101	2,424	3,907

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

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

TABLE 34. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989  
 (DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	129,405	34,677	48,163	46,565	155,193	40,288	62,522	52,383
INFECTIVE AND PARASITIC DISEASES.....	9,461	4,237	2,643	2,581	14,666	8,356	4,274	2,036
COMMON CHILDHOOD DISEASES.....	1,981	1,981	-	-	1,820	1,820	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	1,607	860	391	357	1,884	999	446	439
VIRAL INFECTIONS, UNSPECIFIED.....	1,423	435	837	151	3,913	2,171	1,417	324
OTHER.....	4,449	960	1,415	2,074	7,050	3,366	2,411	1,273
RESPIRATORY CONDITIONS.....	63,042	23,299	21,570	18,173	68,342	22,296	27,319	18,728
COMMON COLD.....	13,640	6,177	4,617	2,847	13,916	4,464	6,610	2,842
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	2,069	1,080	774	216	2,391	1,096	1,000	295
INFLUENZA.....	39,482	13,978	12,574	12,930	41,395	15,003	16,648	9,745
ACUTE BRONCHITIS.....	2,162	-	1,882	280	3,222	1,639	1,367	217
PNEUMONIA.....	4,179	1,918	403	1,858	5,994	45	1,695	4,254
OTHER RESPIRATORY CONDITIONS.....	1,511	147	1,321	43	1,424	48	-	1,376
DIGESTIVE SYSTEM CONDITIONS.....	5,359	697	1,931	2,732	10,860	1,050	2,644	7,165
DENTAL CONDITIONS.....	522	117	313	92	1,875	532	343	1,000
INDIGESTION, NAUSEA, AND VOMITING.....	1,836	385	122	1,329	1,301	213	386	702
OTHER DIGESTIVE CONDITIONS.....	3,002	195	1,496	1,311	7,684	305	1,915	5,463
INJURIES.....	20,259	2,352	8,731	9,175	20,447	779	10,839	8,829
FRACTURES AND DISLOCATIONS.....	6,567	1,103	1,599	3,865	6,080	230	2,167	3,682
SPRAINS AND STRAINS.....	3,591	507	2,674	411	3,469	88	3,248	133
OPEN WOUNDS AND LACERATIONS.....	2,561	-	622	1,939	3,018	223	2,329	466
CONTUSIONS AND SUPERFICIAL INJURIES.....	2,817	347	1,250	1,220	2,074	51	915	1,109
OTHER CURRENT INJURIES.....	4,722	397	2,585	1,740	5,805	187	2,180	3,439
SELECTED OTHER ACUTE CONDITIONS.....	21,848	3,633	11,666	6,548	29,953	5,752	13,876	10,324
EYE CONDITIONS.....	462	103	359	-	516	-	-	516
ACUTE EAR INFECTIONS.....	2,295	1,396	496	402	2,980	2,980	-	-
OTHER EAR CONDITIONS.....	403	283	120	-	504	293	210	-
ACUTE URINARY CONDITIONS.....	6,057	114	1,001	4,942	6,854	549	922	5,383
DISORDERS OF MENSTRUATION.....	781	91	519	171	1,036	109	927	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,148	114	1,034	-	1,115	-	1,115	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	6,620	-	6,620	-	8,483	1,025	7,458	-
SKIN CONDITIONS.....	1,467	146	288	1,033	2,378	171	1,040	1,167
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,466	345	1,121	-	3,927	116	1,658	2,153
HEADACHE, EXCLUDING MIGRAINE.....	104	104	-	-	1,344	87	487	770
FEVER, UNSPECIFIED.....	1,047	938	109	-	815	420	59	336
ALL OTHER ACUTE CONDITIONS.....	9,436	459	1,622	7,356	10,926	2,055	3,570	5,300

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 34. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	193,384	72,203	74,198	46,983	213,867	83,089	88,335	42,444
INFECTIVE AND PARASITIC DISEASES.....	22,101	13,925	7,082	1,094	24,613	15,525	7,668	1,420
COMMON CHILDHOOD DISEASES.....	1,339	1,235	105	-	3,808	3,240	567	-
INTESTINAL VIRUS, UNSPECIFIED.....	3,707	2,046	1,194	467	4,962	2,458	1,864	640
VIRAL INFECTIONS, UNSPECIFIED.....	4,470	3,049	1,126	295	7,446	4,260	2,633	553
OTHER.....	12,585	7,596	4,657	332	8,397	5,567	2,603	227
RESPIRATORY CONDITIONS.....	103,624	43,339	36,438	23,847	120,622	49,976	49,627	21,019
COMMON COLD.....	15,270	7,571	4,847	2,853	20,820	6,612	11,278	2,929
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	6,561	2,975	3,143	442	8,815	4,297	3,686	833
INFLUENZA.....	67,007	29,226	25,086	12,694	73,361	32,209	27,286	13,867
ACUTE BRONCHITIS.....	3,064	901	1,313	849	8,144	2,349	4,093	1,702
PNEUMONIA.....	8,554	943	1,640	5,971	6,074	3,114	2,305	655
OTHER RESPIRATORY CONDITIONS.....	3,168	1,722	409	1,037	3,407	1,396	979	1,032
DIGESTIVE SYSTEM CONDITIONS.....	7,597	2,230	1,779	3,589	2,847	874	1,288	.684
DENTAL CONDITIONS.....	941	443	498	-	314	-	216	98
INDIGESTION, NAUSEA, AND VOMITING.....	1,303	689	471	144	1,203	541	542	120
OTHER DIGESTIVE CONDITIONS.....	5,352	1,097	810	3,445	1,330	333	530	467
INJURIES.....	31,049	3,126	15,969	11,953	25,177	3,978	10,750	10,449
FRACTURES AND DISLOCATIONS.....	7,000	581	3,468	2,952	7,450	659	3,302	3,489
SPRAINS AND STRAINS.....	8,538	196	6,043	2,299	6,691	775	3,708	2,209
OPEN WOUNDS AND LACERATIONS.....	3,694	1,500	1,815	378	838	314	423	101
CONTUSIONS AND SUPERFICIAL INJURIES.....	3,892	253	2,039	1,599	2,360	505	1,449	406
OTHER CURRENT INJURIES.....	7,925	596	2,604	4,724	7,837	1,726	1,868	4,242
SELECTED OTHER ACUTE CONDITIONS.....	22,202	6,891	10,579	4,732	24,443	7,529	14,636	2,277
EYE CONDITIONS.....	43	43	-	-	-	-	-	-
ACUTE EAR INFECTIONS.....	5,905	4,676	513	717	6,815	5,365	798	653
OTHER EAR CONDITIONS.....	759	509	-	250	147	99	48	-
ACUTE URINARY CONDITIONS.....	1,205	77	546	582	258	-	157	101
DISORDERS OF MENSTRUATION.....	118	64	-	54	166	82	60	24
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,427	45	1,270	112	779	-	779	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	5,623	-	5,623	-	9,156	-	9,156	-
SKIN CONDITIONS.....	568	29	167	372	296	95	-	200
ACUTE MUSCULOSKELETAL CONDITIONS.....	3,757	93	1,554	2,110	4,762	352	3,215	1,196
HEADACHE, EXCLUDING MIGRAINE.....	1,501	441	625	435	583	265	214	104
FEVER, UNSPECIFIED.....	1,296	914	281	100	1,481	1,271	210	-
ALL OTHER ACUTE CONDITIONS.....	6,811	2,691	2,351	1,769	16,165	5,206	4,365	6,594

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

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

TABLE 35. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF BED DAYS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	136,448	168,317	322,572	210,620	649,885	269,115	380,770	188,071
INFECTIVE AND PARASITIC DISEASES.....	14,437	15,419	37,292	18,816	65,806	24,645	41,162	20,157
COMMON CHILDHOOD DISEASES.....	1,251	1,275	4,057	3,694	8,972	3,920	5,052	1,305
INTESTINAL VIRUS, UNSPECIFIED.....	3,682	983	8,106	537	10,300	3,938	6,362	3,008
VIRAL INFECTIONS, UNSPECIFIED.....	3,976	4,097	10,856	3,459	17,308	6,644	10,664	5,079
OTHER.....	5,528	9,064	14,273	11,126	29,226	10,143	19,083	10,765
RESPIRATORY CONDITIONS.....	67,634	83,019	144,574	124,489	331,343	134,329	197,015	88,372
COMMON COLD.....	16,728	11,918	20,351	22,941	57,200	26,836	30,365	14,738
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3,961	5,348	9,863	4,331	19,236	5,895	13,342	4,266
INFLUENZA.....	35,867	51,550	89,985	85,478	202,100	84,488	117,611	60,780
ACUTE BRONCHITIS.....	3,897	3,318	6,893	5,263	16,912	4,235	12,676	2,459
PNEUMONIA.....	3,850	7,914	13,033	5,789	26,295	8,620	17,675	4,292
OTHER RESPIRATORY CONDITIONS.....	3,332	2,971	4,448	687	9,601	4,255	5,346	1,837
DIGESTIVE SYSTEM CONDITIONS.....	2,645	6,916	13,484	8,590	22,894	9,096	13,798	8,740
DENTAL CONDITIONS.....	293	1,503	1,612	1,041	3,196	1,481	1,716	1,252
INDIGESTION, NAUSEA, AND VOMITING.....	576	690	3,475	2,217	5,010	1,381	3,628	1,947
OTHER DIGESTIVE CONDITIONS.....	1,777	4,723	8,398	5,332	14,688	6,234	8,454	5,541
INJURIES.....	20,847	24,743	56,073	22,604	95,438	46,540	48,898	28,830
FRACTURES AND DISLOCATIONS.....	6,022	6,408	14,971	6,150	24,838	15,435	9,403	8,712
SPRAINS AND STRAINS.....	3,944	7,393	11,979	3,225	21,230	10,090	11,140	5,311
OPEN WOUNDS AND LACERATIONS.....	2,484	1,608	6,079	2,449	7,865	3,922	3,943	4,755
CONTUSIONS AND SUPERFICIAL INJURIES.....	3,171	3,218	7,501	1,746	12,948	4,711	8,237	2,689
OTHER CURRENT INJURIES.....	5,227	6,116	15,544	9,033	28,556	12,382	16,174	7,363
SELECTED OTHER ACUTE CONDITIONS.....	20,439	21,908	49,726	27,365	91,152	38,172	52,980	28,286
EYE CONDITIONS.....	-	-	919	103	663	146	516	359
ACUTE EAR INFECTIONS.....	3,184	4,078	7,011	8,144	17,355	7,092	10,262	5,062
OTHER EAR CONDITIONS.....	489	1,643	716	365	2,318	168	2,150	895
ACUTE URINARY CONDITIONS.....	2,219	1,897	7,215	3,158	10,505	3,405	7,100	3,983
DISORDERS OF MENSTRUATION.....	205	1,082	1,833	165	3,165	1,247	1,918	119
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	717	941	2,517	1,168	4,556	2,273	2,283	787
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	4,121	5,344	14,669	7,171	23,734	10,370	13,364	7,571
SKIN CONDITIONS.....	2,087	996	1,796	1,204	5,175	3,743	1,433	908
ACUTE MUSCULOSKELETAL CONDITIONS.....	5,040	2,886	9,424	3,685	13,609	6,147	7,463	7,425
HEADACHE, EXCLUDING MIGRAINE.....	553	2,044	2,176	1,012	5,590	1,315	4,275	195
FEVER, UNSPECIFIED.....	1,823	998	1,451	1,191	4,483	2,265	2,218	981
ALL OTHER ACUTE CONDITIONS.....	10,446	16,313	21,422	8,756	43,251	16,334	26,917	13,687

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



TABLE 36. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES 18 YEARS AND OVER	18-44 YEARS		45 YEARS AND OVER		
		TOTAL	18-24 YEARS	25-44 YEARS	TOTAL	45-64 YEARS
NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR						
ALL ACUTE CONDITIONS.....	336.5	364.3	392.7	356.6	271.9	254.7
INFECTIVE AND PARASITIC DISEASES.....	20.0	24.3	41.2	19.6	*10.0	*9.4
COMMON CHILDHOOD DISEASES.....	*1.6	*2.2	*5.6	*1.3	*	*
INTESTINAL VIRUS, UNSPECIFIED.....	3.9	*4.0	*6.0	*3.5	*3.7	*4.2
VIRAL INFECTIONS, UNSPECIFIED.....	5.8	6.4	*7.7	*6.1	*4.4	*3.5
OTHER.....	8.7	11.6	*21.9	8.8	*1.9	*1.7
RESPIRATORY CONDITIONS.....	126.3	135.1	139.3	134.0	105.8	100.3
COMMON COLD.....	22.7	24.0	*18.9	25.4	19.7	18.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8.9	10.8	*14.3	9.9	*4.5	*3.9
INFLUENZA.....	75.7	83.0	90.8	80.8	59.0	61.8
ACUTE BRONCHITIS.....	7.2	7.7	*11.7	6.6	*6.2	*6.9
PNEUMONIA.....	9.2	7.3	*2.3	8.6	13.9	*6.6
OTHER RESPIRATORY CONDITIONS.....	*2.5	*2.4	*1.3	*2.7	*2.6	*3.0
DIGESTIVE SYSTEM CONDITIONS.....	10.5	10.0	*10.7	9.8	11.8	13.2
DENTAL CONDITIONS.....	*2.7	*3.2	*4.3	*2.9	*1.6	*1.8
INDIGESTION, NAUSEA, AND VOMITING.....	*2.0	*2.2	*2.6	*2.1	*1.7	*1.9
OTHER DIGESTIVE CONDITIONS.....	5.8	*4.6	*3.8	*4.8	*8.5	*9.6
INJURIES.....	106.5	120.3	131.4	117.3	74.3	74.8
FRACTURES AND DISLOCATIONS.....	22.5	24.6	*20.8	25.7	17.5	19.5
SPRAINS AND STRAINS.....	33.3	40.9	43.6	40.2	15.6	16.5
OPEN WOUNDS AND LACERATIONS.....	13.7	17.5	*21.8	16.3	*4.9	*5.5
CONTUSIONS AND SUPERFICIAL INJURIES.....	14.3	14.5	24.8	11.6	13.9	13.3
OTHER CURRENT INJURIES.....	22.7	22.8	*20.4	23.5	22.4	19.9
SELECTED OTHER ACUTE CONDITIONS.....	53.6	59.6	50.5	62.1	39.6	31.7
EYE CONDITIONS.....	*0.4	*0.2	*0.3	*0.2	*0.8	*0.9
ACUTE EAR INFECTIONS.....	4.1	*4.1	*9.3	*2.7	*3.9	*4.4
OTHER EAR CONDITIONS.....	*2.0	*1.0	*0.3	*1.2	*4.4	*0.5
ACUTE URINARY CONDITIONS.....	*2.2	*2.2	*4.5	*1.5	*2.1	*2.2
DISORDERS OF MENSTRUATION.....	*0.8	*1.0	*4.2	*0.1	*0.3	*0.3
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*2.0	*2.8	*1.8	*3.0	*0.2	*0.2
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	19.4	27.8	*19.6	30.0	*	*
SKIN CONDITIONS.....	3.5	*3.5	*	*4.5	*3.4	*3.8
ACUTE MUSCULOSKELETAL CONDITIONS.....	16.1	14.8	*9.9	16.2	18.9	17.6
HEADACHE, EXCLUDING MIGRAINE.....	*2.6	*1.6	*0.3	*2.0	*5.0	*1.2
FEVER, UNSPECIFIED.....	*0.6	*0.6	*0.3	*0.7	*0.6	*0.6
ALL OTHER ACUTE CONDITIONS.....	19.6	15.1	*19.5	13.8	30.3	25.3

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

TABLE 37. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE			FEMALE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR					
ALL ACUTE CONDITIONS.....	291.7	309.1	252.3	391.0	430.6	296.6
INFECTIVE AND PARASITIC DISEASES.....	16.8	21.5	*6.1	23.8	27.6	*14.9
COMMON CHILDHOOD DISEASES.....	*2.1	*3.0	*-	*0.9	*1.3	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*2.4	*2.7	*1.9	*5.7	*5.6	*6.0
VIRAL INFECTIONS, UNSPECIFIED.....	*4.8	*6.0	*2.3	*7.0	*7.0	*7.0
OTHER.....	7.4	9.9	*1.9	10.2	13.7	*1.9
RESPIRATORY CONDITIONS.....	160.2	105.3	88.7	158.1	170.9	127.3
COMMON COLD.....	18.3	19.1	*16.4	28.0	29.9	*23.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*6.2	*7.5	*3.4	12.2	14.9	*5.9
INFLUENZA.....	61.4	66.7	49.4	93.2	102.5	71.1
ACUTE BRONCHITIS.....	*5.8	*6.8	*3.6	8.9	*8.7	*9.4
PNEUMONIA.....	7.2	*3.9	*14.5	11.8	11.2	*13.1
OTHER RESPIRATORY CONDITIONS.....	*1.3	*1.3	*1.4	*3.9	*3.8	*4.2
DIGESTIVE SYSTEM CONDITIONS.....	9.2	*7.1	*14.0	12.1	13.4	*9.0
DENTAL CONDITIONS.....	*2.2	*3.1	*0.3	*3.3	*3.4	*3.2
INDIGESTION, NAUSEA, AND VOMITING.....	*1.6	*1.7	*1.2	*2.6	*2.7	*2.3
OTHER DIGESTIVE CONDITIONS.....	*5.4	*2.3	*12.6	*6.2	*7.3	*3.4
INJURIES.....	126.2	143.9	85.9	82.5	92.1	59.8
FRACTURES AND DISLOCATIONS.....	28.1	33.9	*14.9	15.7	13.6	*20.8
SPRAINS AND STRAINS.....	40.2	47.3	24.0	25.0	33.3	*5.1
OPEN WOUNDS AND LACERATIONS.....	21.2	28.4	*4.8	*4.6	*4.3	*5.1
CONTUSIONS AND SUPERFICIAL INJURIES.....	15.4	13.7	*19.3	13.0	15.4	*7.1
OTHER CURRENT INJURIES.....	21.3	20.6	22.9	24.3	25.5	*21.7
SELECTED OTHER ACUTE CONDITIONS.....	24.0	21.9	28.7	89.6	104.8	53.3
EYE CONDITIONS.....	*-	*-	*-	*0.9	*0.5	*1.7
ACUTE EAR INFECTIONS.....	*1.2	*1.5	*0.5	7.6	*7.4	*8.1
OTHER EAR CONDITIONS.....	*3.5	*1.8	*7.4	*0.2	*-	*0.7
ACUTE URINARY CONDITIONS.....	*0.9	*1.3	*0.2	*3.6	*3.3	*4.5
DISORDERS OF MENSTRUATION.....	...	...	...	*1.7	*2.2	*0.7
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	*4.4	*6.1	*0.4
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	43.0	61.0	*-
SKIN CONDITIONS.....	*2.8	*3.3	*1.7	*4.2	*3.7	*5.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	12.0	12.8	*10.3	20.9	17.3	29.7
HEADACHE, EXCLUDING MIGRAINE.....	*2.7	*0.7	*7.4	*2.5	*2.7	*2.1
FEVER, UNSPECIFIED.....	*0.7	*0.5	*1.2	*0.5	*0.7	*-
ALL OTHER ACUTE CONDITIONS.....	15.3	9.4	28.8	24.9	21.8	32.2

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

TABLE 38. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE			BLACK		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR					
ALL ACUTE CONDITIONS.....	316.1	343.3	254.5	480.8	526.2	355.0
INFECTIVE AND PARASITIC DISEASES.....	19.0	23.6	*8.6	*24.6	*25.9	*20.8
COMMON CHILDHOOD DISEASES.....	*0.7	*1.0	*-	*6.3	*8.6	*-
INTESTINAL VIRUS, UNSPECIFIED.....	4.0	*4.2	*3.7	*4.4	*4.1	*5.2
VIRAL INFECTIONS, UNSPECIFIED.....	5.6	6.7	*3.2	*8.7	*6.3	*15.5
OTHER.....	8.7	11.8	*1.7	*5.1	*7.0	*-
RESPIRATORY CONDITIONS.....	125.5	136.5	100.5	130.2	126.8	139.6
COMMON COLD.....	22.6	23.9	19.4	*28.4	*29.2	*26.3
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.0	10.9	*4.7	*10.0	*13.4	*0.8
INFLUENZA.....	76.0	85.8	53.8	71.0	62.1	*95.9
ACUTE BRONCHITIS.....	7.4	7.8	*6.6	*5.3	*5.7	*4.3
PNEUMONIA.....	8.4	6.4	12.9	*15.2	*16.3	*12.3
OTHER RESPIRATORY CONDITIONS.....	*2.1	*1.7	*3.0	*0.2	*0.2	*-
DIGESTIVE SYSTEM CONDITIONS.....	8.2	8.4	*7.9	*18.8	*24.8	*2.2
DENTAL CONDITIONS.....	*2.5	*2.9	*1.6	*4.6	*6.2	*-
INDIGESTION, NAUSEA, AND VOMITING.....	*1.8	*1.9	*1.7	*4.1	*4.8	*2.2
OTHER DIGESTIVE CONDITIONS.....	*3.9	*3.6	*4.6	*10.1	*13.8	*-
INJURIES.....	94.4	105.3	69.9	210.0	245.3	*112.0
FRACTURES AND DISLOCATIONS.....	21.4	22.5	18.8	33.3	*41.2	*11.3
SPRAINS AND STRAINS.....	28.5	34.2	15.7	79.1	100.3	*20.4
OPEN WOUNDS AND LACERATIONS.....	11.9	14.7	*5.5	*30.8	*41.4	*1.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	11.4	11.0	*12.4	32.8	*33.1	*31.9
OTHER CURRENT INJURIES.....	21.3	22.9	17.5	34.0	*29.3	*47.1
SELECTED OTHER ACUTE CONDITIONS.....	49.2	53.6	39.5	76.1	89.3	*39.5
EYE CONDITIONS.....	*0.3	*0.1	*0.9	*1.2	*1.7	*-
ACUTE EAR INFECTIONS.....	4.6	*4.7	*4.4	*0.6	*0.9	*-
OTHER EAR CONDITIONS.....	*2.3	*1.1	*5.0	*0.5	*0.7	*-
ACUTE URINARY CONDITIONS.....	*2.3	*2.2	*2.4	*1.6	*2.2	*-
DISORDERS OF MENSTRUATION.....	*0.8	*1.1	*0.1	*1.2	*0.7	*2.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*1.5	*2.1	*0.2	*4.4	*6.0	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	15.9	23.0	*-	39.0	53.0	*-
SKIN CONDITIONS.....	*3.1	*3.2	*2.8	*7.9	*7.0	*10.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	15.2	14.4	17.2	*15.1	*11.0	*26.5
HEADACHE, EXCLUDING MIGRAINE.....	*2.6	*1.2	*5.7	*3.9	*5.2	*-
FEVER, UNSPECIFIED.....	*0.7	*0.6	*0.7	*0.6	*0.8	*-
ALL OTHER ACUTE CONDITIONS.....	19.6	15.8	28.3	*21.2	*14.1	*40.8

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

TABLE 39. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME								
	LESS THAN \$10,000			\$10,000-\$24,999			\$25,000 OR MORE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	513.3	592.2	*254.8	388.5	435.0	264.1	284.3	305.5	235.7
INFECTIVE AND PARASITIC DISEASES.....	*29.4	*33.0	*17.6	24.6	28.1	*15.3	18.9	23.2	*9.0
COMMON CHILDHOOD DISEASES.....	*-	*-	*-	*3.9	*5.3	*-	*1.2	*1.8	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*9.6	*7.2	*17.6	*2.8	*3.4	*1.4	*4.6	*4.5	*4.7
VIRAL INFECTIONS, UNSPECIFIED.....	*4.8	*6.3	*-	*7.9	*6.7	*11.0	*5.4	*6.4	*3.2
OTHER.....	*15.0	*19.5	*-	*10.0	*12.7	*2.9	7.6	10.5	*1.1
RESPIRATORY CONDITIONS.....	174.1	189.5	*123.6	124.2	136.7	91.0	119.5	126.3	103.9
COMMON COLD.....	*18.6	*19.0	*17.3	24.1	24.7	*22.4	23.6	25.6	*19.2
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*6.9	*7.9	*3.7	*6.6	*8.5	*1.6	9.6	11.5	*5.3
INFLUENZA.....	126.6	133.9	*102.6	76.9	88.9	*44.8	68.6	72.0	61.0
ACUTE BRONCHITIS.....	*3.8	*5.0	*-	*8.7	*7.0	*13.1	8.1	9.0	*6.2
PNEUMONIA.....	*3.4	*4.5	*-	*8.0	*7.6	*9.1	7.3	*7.0	*8.1
OTHER RESPIRATORY CONDITIONS.....	*14.7	*19.2	*-	*-	*-	*-	*2.1	*1.3	*4.1
DIGESTIVE SYSTEM CONDITIONS.....	*12.9	*14.6	*7.3	21.2	*14.8	*38.4	7.5	*8.2	*6.0
DENTAL CONDITIONS.....	*1.7	*-	*7.3	*3.5	*3.7	*3.1	*2.3	*2.9	*0.7
INDIGESTION, NAUSEA, AND VOMITING.....	*0.8	*1.1	*-	*3.1	*3.0	*3.4	*2.0	*2.3	*1.4
OTHER DIGESTIVE CONDITIONS.....	*10.3	*13.5	*-	*14.6	*8.1	*31.9	*3.3	*3.0	*3.9
INJURIES.....	193.8	226.1	*88.0	146.4	171.8	78.3	76.4	80.8	66.5
FRACTURES AND DISLOCATIONS.....	*47.2	*61.6	*-	26.0	32.8	*7.8	18.6	17.6	20.7
SPRAINS AND STRAINS.....	*44.9	*52.8	*18.8	56.8	69.9	*21.8	23.4	26.7	*15.8
OPEN WOUNDS AND LACERATIONS.....	*29.8	*23.7	*49.7	23.9	29.1	*10.0	9.7	13.7	*0.5
CONTUSIONS AND SUPERFICIAL INJURIES.....	*29.1	*32.0	*19.4	15.9	*17.0	*12.7	8.7	8.9	*8.3
OTHER CURRENT INJURIES.....	*42.9	*56.0	*-	23.8	23.0	*26.0	16.1	13.9	21.1
SELECTED OTHER ACUTE CONDITIONS.....	91.7	114.1	*18.3	45.7	55.7	*19.1	48.0	56.8	27.7
EYE CONDITIONS.....	*-	*-	*-	*0.8	*0.3	*2.3	*0.4	*0.3	*0.5
ACUTE EAR INFECTIONS.....	*3.8	*4.9	*-	*1.3	*1.8	*-	*4.7	*5.8	*2.1
OTHER EAR CONDITIONS.....	*5.8	*7.6	*-	*1.2	*1.7	*-	*0.3	*0.1	*0.8
ACUTE URINARY CONDITIONS.....	*6.8	*8.8	*-	*2.9	*1.4	*6.9	*1.5	*1.7	*1.1
DISORDERS OF MENSTRUATION.....	*2.7	*3.5	*-	*0.2	*0.3	*-	*0.2	*0.1	*0.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*3.4	*4.5	*-	*1.6	*2.2	*-	*2.1	*2.9	*0.3
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*52.3	*68.3	*-	16.5	22.6	*-	21.2	30.5	*-
SKIN CONDITIONS.....	*-	*-	*-	*2.1	*2.5	*1.1	*3.3	*2.3	*5.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	*11.3	*9.2	*18.3	15.9	*19.1	*7.3	12.8	11.7	*15.3
HEADACHE, EXCLUDING MIGRAINE.....	*2.9	*3.8	*-	*2.0	*2.4	*0.7	*1.2	*1.1	*1.6
FEVER, UNSPECIFIED.....	*2.7	*3.5	*-	*1.1	*1.3	*0.7	*0.2	*0.2	*-
ALL OTHER ACUTE CONDITIONS.....	*11.4	*14.9	*-	26.3	27.9	*22.0	14.0	10.2	22.6

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

TABLE 40. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	303.8	315.3	363.4	351.2	335.3	383.1	306.8	341.5
INFECTIVE AND PARASITIC DISEASES.....	19.1	19.4	23.8	*15.5	19.1	21.8	17.5	23.5
COMMON CHILDHOOD DISEASES.....	*2.0	*2.7	*0.5	*1.4	*2.0	*3.3	*1.2	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*4.6	*1.1	*7.8	*0.6	*3.3	*4.2	*2.8	*6.3
VIRAL INFECTIONS, UNSPECIFIED.....	*5.6	*2.5	10.5	*2.7	5.7	*6.4	*5.3	*6.3
OTHER.....	*7.0	*13.2	*5.0	*10.8	8.1	*7.9	8.2	*10.9
RESPIRATORY CONDITIONS.....	111.8	114.4	118.1	167.3	130.7	132.8	129.5	109.4
COMMON COLD.....	30.8	17.1	16.7	30.8	24.4	24.5	24.4	*16.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*9.7	*9.2	10.5	*5.4	8.9	*8.7	9.1	*8.8
INFLUENZA.....	56.3	72.4	64.2	116.6	78.1	87.2	72.7	66.6
ACUTE BRONCHITIS.....	*11.3	*2.6	*9.1	*5.7	7.1	*5.9	7.9	*7.5
PNEUMONIA.....	*1.4	*9.2	14.6	*8.5	9.9	*5.2	12.7	*6.6
OTHER RESPIRATORY CONDITIONS.....	*2.3	*3.8	*3.0	*0.4	*2.1	*1.3	*2.6	*3.9
DIGESTIVE SYSTEM CONDITIONS.....	*8.3	*7.8	11.1	*15.0	11.1	14.5	9.1	*8.2
DENTAL CONDITIONS.....	*1.8	*2.6	*3.8	*2.1	*2.4	*3.5	*1.8	*3.9
INDIGESTION, NAUSEA, AND VOMITING.....	*1.2	*1.7	*3.4	*1.0	*2.1	*2.4	*2.0	*1.5
OTHER DIGESTIVE CONDITIONS.....	*5.3	*3.4	*3.9	*11.9	6.5	*8.6	*5.3	*2.8
INJURIES.....	90.1	94.8	145.1	75.8	98.5	122.4	84.3	137.2
FRACTURES AND DISLOCATIONS.....	17.9	25.9	28.0	*14.3	21.9	29.0	17.7	24.7
SPRAINS AND STRAINS.....	24.6	29.3	46.0	26.7	31.8	44.1	24.5	39.3
OPEN WOUNDS AND LACERATIONS.....	19.7	*9.1	16.2	*9.3	12.0	12.0	12.0	20.1
CONTUSIONS AND SUPERFICIAL INJURIES.....	*8.2	*13.1	24.2	*6.1	13.7	17.2	11.5	16.6
OTHER CURRENT INJURIES.....	19.6	17.4	30.6	19.3	19.1	20.0	18.5	36.5
SELECTED OTHER ACUTE CONDITIONS.....	47.6	61.9	45.0	63.0	57.1	71.4	48.7	39.9
EYE CONDITIONS.....	*-	*0.5	*0.2	*1.0	*0.5	*0.8	*0.4	*-
ACUTE EAR INFECTIONS.....	*0.2	*6.1	*5.5	*3.0	4.6	*4.9	*4.4	*2.0
OTHER EAR CONDITIONS.....	*1.1	*4.8	*0.5	*2.1	*2.4	*1.5	*3.0	*0.4
ACUTE URINARY CONDITIONS.....	*0.2	*2.8	*1.7	*4.0	*2.1	*2.2	*2.0	*2.4
DISORDERS OF MENSTRUATION.....	*0.1	*2.1	*0.4	*0.5	*0.9	*0.8	*0.9	*0.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*1.3	*1.8	*3.1	*1.2	*2.2	*3.0	*1.7	*1.2
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*16.4	14.9	20.1	26.5	20.9	27.3	17.1	*13.6
SKIN CONDITIONS.....	*2.7	*4.2	*2.5	*4.9	*4.2	*6.9	*2.6	*0.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	25.4	17.8	*8.5	16.7	15.3	20.7	12.1	18.9
HEADACHE, EXCLUDING MIGRAINE.....	*0.2	*6.0	*2.0	*2.2	*3.3	*2.2	*3.9	*0.2
FEVER, UNSPECIFIED.....	*-	*1.0	*0.6	*0.8	*0.7	*1.0	*0.6	*0.2
ALL OTHER ACUTE CONDITIONS.....	26.9	17.0	20.2	*14.7	18.7	20.2	17.8	23.3

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

TABLE 41. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES 18 YEARS AND OVER	18-44 YEARS		45 YEARS AND OVER		
		TOTAL	18-24 YEARS	25-44 YEARS	TOTAL	45-64 YEARS
NUMBER OF WORK-LOSS DAYS IN THOUSANDS						
ALL ACUTE CONDITIONS.....	394,518	298,620	69,319	229,301	95,898	80,015
INFECTIVE AND PARASITIC DISEASES.....	23,416	19,876	7,276	12,600	3,539	2,962
COMMON CHILDHOOD DISEASES.....	1,819	1,819	986	833	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	4,611	3,293	1,060	2,233	1,317	1,317
VIRAL INFECTIONS, UNSPECIFIED.....	6,804	5,264	1,368	3,897	1,540	1,098
OTHER.....	10,182	9,500	3,862	5,638	682	546
RESPIRATORY CONDITIONS.....	148,092	110,765	24,588	86,177	37,328	31,490
COMMON COLD.....	26,603	19,671	3,334	16,336	6,932	5,672
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	10,463	8,876	2,518	6,358	1,587	1,220
INFLUENZA.....	88,797	67,991	16,033	51,958	20,806	19,402
ACUTE BRONCHITIS.....	8,459	6,279	2,059	4,221	2,180	2,180
PNEUMONIA.....	10,840	5,949	413	5,537	4,891	2,084
OTHER RESPIRATORY CONDITIONS.....	2,929	1,998	231	1,767	932	932
DIGESTIVE SYSTEM CONDITIONS.....	12,343	8,183	1,893	6,290	4,161	4,161
DENTAL CONDITIONS.....	3,198	2,637	764	1,873	562	562
INDIGESTION, NAUSEA, AND VOMITING.....	2,371	1,780	459	1,322	591	591
OTHER DIGESTIVE CONDITIONS.....	6,774	3,766	670	3,095	3,009	3,009
INJURIES.....	124,830	98,624	23,205	75,419	26,206	23,493
FRACTURES AND DISLOCATIONS.....	26,377	20,200	3,675	16,525	6,177	6,126
SPRAINS AND STRAINS.....	39,070	33,556	7,695	25,861	5,514	5,193
OPEN WOUNDS AND LACERATIONS.....	16,061	14,325	3,853	10,472	1,736	1,736
CONTUSIONS AND SUPERFICIAL INJURIES.....	16,740	11,849	4,387	7,462	4,890	4,173
OTHER CURRENT INJURIES.....	26,583	18,693	3,594	15,099	7,889	6,263
SELECTED OTHER ACUTE CONDITIONS.....	62,811	48,831	8,908	39,923	13,980	9,961
EYE CONDITIONS.....	468	199	48	151	269	269
ACUTE EAR INFECTIONS.....	4,759	3,392	1,639	1,753	1,367	1,367
OTHER EAR CONDITIONS.....	2,370	807	53	754	1,563	163
ACUTE URINARY CONDITIONS.....	2,526	1,774	791	982	753	704
DISORDERS OF MENSTRUATION.....	910	804	744	60	105	105
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	2,312	2,256	311	1,945	56	56
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	22,746	22,746	3,461	19,285	-	-
SKIN CONDITIONS.....	4,069	2,864	-	2,864	1,205	1,205
ACUTE MUSCULOSKELETAL CONDITIONS.....	18,824	12,165	1,750	10,415	6,660	5,539
HEADACHE, EXCLUDING MIGRAINE.....	3,092	1,317	51	1,265	1,775	375
FEVER, UNSPECIFIED.....	734	507	59	448	226	176
ALL OTHER ACUTE CONDITIONS.....	23,026	12,341	3,449	8,892	10,685	7,949

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

TABLE 42. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE			FEMALE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS					
ALL ACUTE CONDITIONS.....	187,645	138,150	49,495	206,873	160,470	46,403
INFECTIVE AND PARASITIC DISEASES.....	10,809	9,605	1,204	12,607	10,272	2,335
COMMON CHILDHOOD DISEASES.....	1,342	1,342	-	477	477	-
INTESTINAL VIRUS, UNSPECIFIED.....	1,574	1,200	375	3,037	2,094	943
VIRAL INFECTIONS, UNSPECIFIED.....	3,110	2,660	450	3,695	2,605	1,090
OTHER.....	4,783	4,404	379	5,398	5,096	303
RESPIRATORY CONDITIONS.....	64,465	47,064	17,401	83,627	63,701	19,926
COMMON COLD.....	11,766	8,540	3,226	14,837	11,131	3,706
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3,994	3,333	661	6,469	5,544	925
INFLUENZA.....	39,483	29,796	9,687	49,314	38,195	11,119
ACUTE BRONCHITIS.....	3,753	3,044	709	4,706	3,235	1,471
PNEUMONIA.....	4,601	1,759	2,842	6,239	4,190	2,048
OTHER RESPIRATORY CONDITIONS.....	867	592	275	2,062	1,405	657
DIGESTIVE SYSTEM CONDITIONS.....	5,936	3,185	2,751	6,407	4,997	1,410
DENTAL CONDITIONS.....	1,430	1,377	53	1,768	1,260	508
INDIGESTION, NAUSEA, AND VOMITING.....	1,004	776	228	1,367	1,005	363
OTHER DIGESTIVE CONDITIONS.....	3,503	1,033	2,469	3,272	2,733	539
INJURIES.....	81,157	64,304	16,853	43,673	34,320	9,353
FRACTURES AND DISLOCATIONS.....	18,067	15,137	2,929	8,310	5,063	3,247
SPRAINS AND STRAINS.....	25,855	21,146	4,709	13,215	12,411	805
OPEN WOUNDS AND LACERATIONS.....	13,652	12,709	942	2,409	1,615	794
CONTUSIONS AND SUPERFICIAL INJURIES.....	9,880	6,102	3,778	6,860	5,748	1,112
OTHER CURRENT INJURIES.....	13,704	9,209	4,495	12,878	9,484	3,394
SELECTED OTHER ACUTE CONDITIONS.....	15,410	9,778	5,632	47,401	39,054	8,347
EYE CONDITIONS.....	-	-	-	468	199	269
ACUTE EAR INFECTIONS.....	743	651	93	4,016	2,742	1,274
OTHER EAR CONDITIONS.....	2,266	807	1,459	104	-	104
ACUTE URINARY CONDITIONS.....	609	560	48	1,918	1,213	704
DISORDERS OF MENSTRUATION.....	...	...	...	910	804	105
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	2,312	2,256	56
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	22,746	22,746	-
SKIN CONDITIONS.....	1,827	1,487	339	2,242	1,377	865
ACUTE MUSCULOSKELETAL CONDITIONS.....	7,743	5,728	2,015	11,081	6,437	4,645
HEADACHE, EXCLUDING MIGRAINE.....	1,754	302	1,452	1,338	1,014	323
FEVER, UNSPECIFIED.....	468	242	226	266	266	-
ALL OTHER ACUTE CONDITIONS.....	9,868	4,214	5,654	13,158	8,127	5,031

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

TABLE 43. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE			BLACK		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS <sup>1</sup>					
ALL ACUTE CONDITIONS.....	319,399	240,535	78,864	58,901	47,384	11,517
INFECTIVE AND PARASITIC DISEASES.....	19,225	16,567	2,657	3,010	2,336	674
COMMON CHILDHOOD DISEASES.....	686	686	-	777	777	-
INTESTINAL VIRUS, UNSPECIFIED.....	4,076	2,929	1,147	535	365	170
VIRAL INFECTIONS, UNSPECIFIED.....	5,675	4,697	978	1,071	567	504
OTHER.....	8,787	8,255	532	627	627	-
RESPIRATORY CONDITIONS.....	126,802	95,671	31,131	15,949	11,419	4,530
COMMON COLD.....	22,793	16,768	6,024	3,480	2,627	852
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9,118	7,673	1,445	1,231	1,204	27
INFLUENZA.....	76,776	60,094	16,682	8,701	5,589	3,112
ACUTE BRONCHITIS.....	7,508	5,469	2,040	654	513	140
PNEUMONIA.....	8,493	4,485	4,008	1,861	1,464	398
OTHER RESPIRATORY CONDITIONS.....	2,114	1,182	932	21	21	-
DIGESTIVE SYSTEM CONDITIONS.....	8,336	5,895	2,441	2,302	2,230	72
DENTAL CONDITIONS.....	2,530	2,022	508	558	558	-
INDIGESTION, NAUSEA, AND VOMITING.....	1,866	1,348	518	505	433	72
OTHER DIGESTIVE CONDITIONS.....	3,940	2,526	1,414	1,239	1,239	-
INJURIES.....	95,438	73,796	21,643	25,722	22,089	3,633
FRACTURES AND DISLOCATIONS.....	21,595	15,784	5,810	4,079	3,713	366
SPRAINS AND STRAINS.....	28,825	23,974	4,851	9,693	9,030	663
OPEN WOUNDS AND LACERATIONS.....	11,986	10,291	1,694	3,772	3,730	42
CONTUSIONS AND SUPERFICIAL INJURIES.....	11,546	7,691	3,855	4,012	2,977	1,035
OTHER CURRENT INJURIES.....	21,487	16,055	5,432	4,165	2,639	1,527
SELECTED OTHER ACUTE CONDITIONS.....	49,763	37,537	12,226	9,319	8,037	1,283
EYE CONDITIONS.....	318	48	269	151	151	-
ACUTE EAR INFECTIONS.....	4,682	3,314	1,367	78	78	-
OTHER EAR CONDITIONS.....	2,305	742	1,563	65	65	-
ACUTE URINARY CONDITIONS.....	2,329	1,576	753	198	198	-
DISORDERS OF MENSTRUATION.....	764	740	24	146	64	82
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,496	1,440	56	537	537	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	16,087	16,087	-	4,776	4,776	-
SKIN CONDITIONS.....	3,098	2,234	864	971	630	341
ACUTE MUSCULOSKELETAL CONDITIONS.....	15,408	10,079	5,328	1,851	991	860
HEADACHE, EXCLUDING MIGRAINE.....	2,620	844	1,775	472	472	-
FEVER, UNSPECIFIED.....	658	431	226	76	76	-
ALL OTHER ACUTE CONDITIONS.....	19,836	11,068	8,767	2,598	1,273	1,325

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

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



TABLE 44. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME								
	LESS THAN \$10,000			\$10,000-\$24,999			\$25,000 OR MORE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS <sup>1</sup>								
ALL ACUTE CONDITIONS.....	31,719	28,034	3,684	99,068	80,741	18,327	191,748	143,349	48,400
INFECTIVE AND PARASITIC DISEASES.....	1,816	1,561	255	6,279	5,217	1,062	12,725	10,873	1,852
COMMON CHILDHOOD DISEASES.....	-	-	-	986	986	-	833	833	-
INTESTINAL VIRUS, UNSPECIFIED.....	594	339	255	720	623	97	3,089	2,124	965
VIRAL INFECTIONS, UNSPECIFIED.....	296	296	-	2,010	1,244	766	3,644	2,980	664
OTHER.....	925	925	-	2,563	2,363	200	5,160	4,937	223
RESPIRATORY CONDITIONS.....	10,757	8,970	1,787	31,687	25,369	6,318	80,599	59,269	21,329
COMMON COLD.....	1,152	901	250	6,143	4,588	1,555	15,935	11,997	3,938
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	427	374	53	1,682	1,571	112	6,500	5,406	1,094
INFLUENZA.....	7,823	6,340	1,483	19,615	16,507	3,109	46,294	33,761	12,533
ACUTE BRONCHITIS.....	237	237	-	2,208	1,296	911	5,489	4,220	1,269
PNEUMONIA.....	211	211	-	2,038	1,407	631	4,933	3,276	1,657
OTHER RESPIRATORY CONDITIONS.....	908	908	-	-	-	-	1,448	609	839
DIGESTIVE SYSTEM CONDITIONS.....	796	689	106	5,410	2,747	2,663	5,068	3,840	1,228
DENTAL CONDITIONS.....	106	-	106	893	680	213	1,518	1,374	144
INDIGESTION, NAUSEA, AND VOMITING.....	52	52	-	791	557	234	1,348	1,056	291
OTHER DIGESTIVE CONDITIONS.....	637	637	-	3,726	1,510	2,216	2,202	1,409	793
INJURIES.....	11,977	10,705	1,272	37,327	31,896	5,432	51,560	37,902	13,658
FRACTURES AND DISLOCATIONS.....	2,916	2,916	-	6,628	6,085	543	12,525	8,264	4,261
SPRAINS AND STRAINS.....	2,772	2,500	272	14,486	12,976	1,510	15,778	12,525	3,253
OPEN WOUNDS AND LACERATIONS.....	1,842	1,123	718	6,104	5,408	695	6,552	6,446	106
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,798	1,517	281	4,046	3,163	883	5,861	4,161	1,700
OTHER CURRENT INJURIES.....	2,649	2,649	-	6,064	4,263	1,801	10,843	6,506	4,337
SELECTED OTHER ACUTE CONDITIONS.....	5,667	5,403	264	11,658	10,332	1,326	32,355	26,670	5,685
EYE CONDITIONS.....	-	-	-	214	55	158	254	143	111
ACUTE EAR INFECTIONS.....	234	234	-	333	333	-	3,150	2,723	427
OTHER EAR CONDITIONS.....	360	360	-	314	314	-	231	68	163
ACUTE URINARY CONDITIONS.....	418	418	-	749	269	480	1,013	792	221
DISORDERS OF MENSTRUATION.....	166	166	-	54	54	-	166	60	105
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	213	213	-	412	412	-	1,428	1,372	56
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	3,231	3,231	-	4,204	4,204	-	14,299	14,299	-
SKIN CONDITIONS.....	-	-	-	540	462	77	2,223	1,096	1,127
ACUTE MUSCULOSKELETAL CONDITIONS.....	700	436	264	4,049	3,540	508	8,645	5,494	3,151
HEADACHE, EXCLUDING MIGRAINE.....	179	179	-	502	450	52	840	517	323
FEVER, UNSPECIFIED.....	164	164	-	287	237	50	106	106	-
ALL OTHER ACUTE CONDITIONS.....	706	706	-	6,707	5,181	1,526	9,442	4,795	4,646

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

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

TABLE 45. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
					MSA			
	NORTHEAST	MIDWEST	SOUTH	WEST	ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	73,428	92,098	141,556	87,436	311,919	132,912	179,007	82,599
INFECTIVE AND PARASITIC DISEASES.....	4,611	5,655	9,288	3,862	17,739	7,553	10,187	5,676
COMMON CHILDHOOD DISEASES.....	477	777	209	355	1,819	1,133	686	-
INTESTINAL VIRUS, UNSPECIFIED.....	1,111	311	3,037	152	3,086	1,454	1,632	1,525
VIRAL INFECTIONS, UNSPECIFIED.....	1,344	718	4,079	664	5,285	2,212	3,072	1,520
OTHER.....	1,680	3,849	1,962	2,690	7,550	2,754	4,796	2,631
RESPIRATORY CONDITIONS.....	27,022	33,412	46,009	41,650	121,642	46,078	75,564	26,450
COMMON COLD.....	7,449	5,000	6,491	7,663	22,745	8,505	14,240	3,858
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	2,342	2,697	4,076	1,348	8,327	3,030	5,297	2,137
INFLUENZA.....	13,597	21,161	25,012	29,027	72,693	30,248	42,444	16,104
ACUTE BRONCHITIS.....	2,741	768	3,544	1,407	6,648	2,038	4,610	1,811
PNEUMONIA.....	344	2,685	5,702	2,109	9,246	1,817	7,429	1,594
OTHER RESPIRATORY CONDITIONS.....	549	1,100	1,184	96	1,984	440	1,544	946
DIGESTIVE SYSTEM CONDITIONS.....	2,010	2,274	4,338	3,722	10,350	5,019	5,331	1,993
DENTAL CONDITIONS.....	435	767	1,473	522	2,259	1,211	1,048	939
INDIGESTION, NAUSEA, AND VOMITING.....	288	503	1,337	243	1,998	835	1,162	373
OTHER DIGESTIVE CONDITIONS.....	1,287	1,003	1,528	2,956	6,094	2,973	3,120	681
INJURIES.....	21,773	27,687	56,505	18,865	91,635	42,469	49,166	33,194
FRACTURES AND DISLOCATIONS.....	4,332	7,565	10,920	3,560	20,397	10,057	10,340	5,980
SPRAINS AND STRAINS.....	5,942	8,551	17,918	6,658	29,574	15,299	14,276	9,496
OPEN WOUNDS AND LACERATIONS.....	4,766	2,663	6,310	2,322	11,194	4,179	7,015	4,867
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,994	3,814	9,423	1,508	12,714	5,981	6,733	4,026
OTHER CURRENT INJURIES.....	4,738	5,095	11,934	4,816	17,757	6,954	10,802	8,826
SELECTED OTHER ACUTE CONDITIONS.....	11,507	18,092	17,535	15,678	53,171	24,785	28,386	9,640
EYE CONDITIONS.....	-	151	59	259	468	262	207	-
ACUTE EAR INFECTIONS.....	58	1,792	2,158	751	4,284	1,707	2,578	475
OTHER EAR CONDITIONS.....	262	1,400	186	522	2,266	536	1,730	105
ACUTE URINARY CONDITIONS.....	48	808	674	996	1,953	760	1,193	574
DISORDERS OF MENSTRUATION.....	24	605	166	115	791	267	523	119
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	309	515	1,190	298	2,022	1,053	969	290
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	3,959	4,356	7,823	6,608	19,463	9,482	9,981	3,283
SKIN CONDITIONS.....	646	1,219	975	1,229	3,942	2,403	1,539	126
ACUTE MUSCULOSKELETAL CONDITIONS.....	6,151	5,204	3,307	4,162	14,258	7,186	7,072	4,566
HEADACHE, EXCLUDING MIGRAINE.....	49	1,745	761	536	3,040	780	2,260	52
FEVER, UNSPECIFIED.....	-	296	236	202	683	349	334	51
ALL OTHER ACUTE CONDITIONS.....	6,506	4,979	7,881	3,660	17,381	7,008	10,374	5,644

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

TABLE 46. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 YOUTHS 5-17 YEARS OF AGE, BY SEX, RACE, FAMILY INCOME, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES 5-17 YEARS	SEX		RACE		FAMILY INCOME				
		MALE	FEMALE	WHITE	BLACK	LESS THAN \$10,000	\$10,000- \$19,999	\$20,000- \$34,999	\$35,000 OR MORE	
NUMBER OF SCHOOL-LOSS DAYS PER 100 YOUTHS PER YEAR										
ALL ACUTE CONDITIONS.....	463.5	460.1	467.0	489.4	373.5	516.6	466.0	484.0	413.0	
INFECTIVE AND PARASITIC DISEASES.....	95.7	95.0	96.4	102.6	71.3	86.4	100.7	108.9	95.8	
COMMON CHILDHOOD DISEASES.....	25.6	29.9	21.0	24.3	*30.8	*47.1	*13.2	*24.7	31.9	
INTESTINAL VIRUS, UNSPECIFIED.....	14.1	*15.1	*12.9	14.8	*13.7	*5.4	*14.0	*21.0	*12.2	
VIRAL INFECTIONS, UNSPECIFIED.....	16.4	*16.6	*16.2	17.2	*16.0	*8.4	*19.8	*14.0	*19.6	
OTHER.....	39.7	33.4	46.3	46.3	*10.7	*25.6	*53.7	49.2	32.1	
RESPIRATORY CONDITIONS.....	280.9	269.4	293.1	305.6	198.6	295.0	266.6	302.5	250.4	
COMMON COLD.....	49.6	45.3	54.1	50.0	*51.9	91.5	*43.3	51.6	32.6	
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	19.7	*13.5	26.2	23.3	*4.6	*14.7	*16.1	*11.5	*24.2	
INFLUENZA.....	184.4	188.6	179.9	201.1	128.3	166.7	194.3	218.6	156.6	
ACUTE BRONCHITIS.....	10.8	*10.7	*11.0	12.1	*6.9	*5.1	*10.1	*5.8	*12.2	
PNEUMONIA.....	*8.1	*3.9	*12.5	*8.9	*5.9	*15.9	*	*4.1	*14.0	
OTHER RESPIRATORY CONDITIONS.....	*8.3	*7.4	*9.4	*10.2	*1.1	*1.0	*2.8	*10.9	*10.8	
DIGESTIVE SYSTEM CONDITIONS.....	12.3	*12.6	*12.0	*10.6	*19.3	*21.8	*16.1	*16.6	*6.3	
DENTAL CONDITIONS.....	*2.1	*2.3	*1.9	*1.7	*1.4	*	*5.3	*2.2	*1.4	
INDIGESTION, NAUSEA, AND VOMITING.....	*5.7	*4.6	*6.9	*5.5	*7.1	*14.9	*4.9	*7.7	*3.4	
OTHER DIGESTIVE CONDITIONS.....	*4.5	*5.7	*3.2	*3.5	*10.7	*6.9	*5.9	*6.7	*1.4	
INJURIES.....	22.0	28.5	*15.1	21.9	*27.8	*58.6	*4.4	*14.1	*18.7	
FRACTURES AND DISLOCATIONS.....	*6.5	*10.0	*2.8	*5.7	*12.0	*27.9	*1.3	*2.1	*7.2	
SPRAINS AND STRAINS.....	*2.9	*3.3	*2.5	*2.9	*3.9	*7.9	*1.8	*1.8	*2.5	
OPEN WOUNDS AND LACERATIONS.....	*6.1	*8.7	*3.3	*6.5	*5.3	*11.2	*	*3.9	*3.7	
CONTUSIONS AND SUPERFICIAL INJURIES.....	*2.6	*1.9	*3.4	*2.1	*5.8	*7.0	*1.3	*1.3	*2.5	
OTHER CURRENT INJURIES.....	*3.9	*4.6	*3.1	*4.7	*0.8	*4.5	*	*5.0	*2.8	
SELECTED OTHER ACUTE CONDITIONS.....	37.4	37.9	36.8	34.2	*41.9	*43.7	*54.2	*30.1	27.9	
EYE CONDITIONS.....	*0.4	*0.7	*0.1	*0.4	*0.3	*	*	*	*1.0	
ACUTE EAR INFECTIONS.....	18.6	24.7	*12.3	18.3	*24.3	*14.2	*13.4	*16.7	*17.7	
OTHER EAR CONDITIONS.....	*2.3	*3.0	*1.6	*2.6	*	*4.0	*2.1	*5.1	*0.9	
ACUTE URINARY CONDITIONS.....	*2.6	*1.3	*4.1	*1.0	*5.1	*5.7	*11.5	*0.7	*	
DISORDERS OF MENSTRUATION.....	*1.4	...	*2.8	*1.1	*3.2	*2.8	*3.5	*0.6	*0.4	
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.6	...	*1.2	*0.1	*3.2	*4.6	*	*0.4	*	
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*2.1	...	*4.4	*1.1	*	*	*13.3	*	*	
SKIN CONDITIONS.....	*2.5	*2.1	*2.9	*3.1	*	*6.8	*3.9	*0.8	*1.2	
ACUTE MUSCULOSKELETAL CONDITIONS.....	*1.3	*0.4	*2.3	*1.1	*1.5	*	*1.6	*1.3	*0.9	
HEADACHE, EXCLUDING MIGRAINE.....	*2.3	*2.6	*2.0	*2.2	*0.5	*1.8	*2.0	*2.3	*3.2	
FEVER, UNSPECIFIED.....	*3.2	*3.2	*3.1	*3.2	*3.7	*3.8	*2.8	*2.1	*2.6	
ALL OTHER ACUTE CONDITIONS.....	15.2	*16.7	*13.6	14.6	*14.6	*11.1	*23.9	*11.8	*13.9	

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

TABLE 47. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 YOUTHS 5-17 YEARS OF AGE, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
NUMBER OF SCHOOL-LOSS DAYS PER 100 YOUTHS PER YEAR								
ALL ACUTE CONDITIONS.....	346.9	435.0	486.3	552.5	468.6	437.5	487.7	446.3
INFECTIVE AND PARASITIC DISEASES.....	96.1	77.5	114.4	86.2	94.3	84.5	100.3	100.3
COMMON CHILDHOOD DISEASES.....	*24.3	*24.8	*24.8	*28.7	26.5	*26.0	26.8	*22.4
INTESTINAL VIRUS, UNSPECIFIED.....	*14.0	*5.6	28.1	*1.4	15.0	*16.4	*14.1	*11.0
VIRAL INFECTIONS, UNSPECIFIED.....	*10.2	*12.7	27.5	*8.0	12.8	*4.9	*17.7	*28.2
OTHER.....	*47.6	*34.5	34.1	48.0	40.0	37.1	41.7	38.7
RESPIRATORY CONDITIONS.....	199.9	270.7	266.1	380.5	284.7	273.3	291.7	268.4
COMMON COLD.....	52.0	39.5	51.0	56.9	50.4	57.7	45.9	47.2
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*17.3	*22.7	*20.5	*17.0	20.2	*13.7	24.3	*17.9
INFLUENZA.....	110.0	172.2	166.4	285.7	183.7	179.7	186.1	186.7
ACUTE BRONCHITIS.....	*8.5	*15.5	*8.4	*11.1	*11.2	*5.4	*14.8	*9.4
PNEUMONIA.....	*2.5	*14.2	*7.2	*7.1	*9.8	*6.8	*11.7	*2.2
OTHER RESPIRATORY CONDITIONS.....	*9.5	*6.5	*12.6	*2.8	*9.3	*10.0	*8.9	*5.1
DIGESTIVE SYSTEM CONDITIONS.....	*6.3	*11.4	*13.3	*16.6	*11.4	*13.1	*10.3	*15.5
DENTAL CONDITIONS.....	*0.7	*1.3	*0.4	*6.8	*1.7	*2.2	*1.4	*3.4
INDIGESTION, NAUSEA, AND VOMITING.....	*3.5	*5.1	*5.0	*9.3	*5.5	*6.1	*5.1	*6.6
OTHER DIGESTIVE CONDITIONS.....	*2.0	*5.0	*7.9	*0.5	*4.1	*4.8	*3.8	*5.5
INJURIES.....	*15.8	*17.8	26.8	*24.0	24.6	31.3	20.6	*13.1
FRACTURES AND DISLOCATIONS.....	*1.9	*9.6	*9.7	*1.6	*8.2	*11.7	*6.0	*0.9
SPRAINS AND STRAINS.....	*6.8	*2.7	*1.8	*1.9	*3.0	*3.2	*2.8	*2.8
OPEN WOUNDS AND LACERATIONS.....	*5.8	*2.6	*7.9	*7.2	*6.7	*9.8	*4.8	*4.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	*-	*1.8	*3.7	*3.9	*2.7	*3.8	*2.0	*2.4
OTHER CURRENT INJURIES.....	*1.3	*1.2	*3.6	*9.4	*4.2	*2.7	*5.0	*2.9
SELECTED OTHER ACUTE CONDITIONS.....	*25.2	45.7	43.6	*28.0	37.9	*29.7	42.9	*35.8
EYE CONDITIONS.....	*-	*-	*0.2	*1.6	*0.5	*0.2	*0.7	*-
ACUTE EAR INFECTIONS.....	*9.4	*19.5	*22.5	*18.9	21.5	*12.7	26.9	*9.0
OTHER EAR CONDITIONS.....	*1.1	*3.0	*3.0	*1.4	*1.5	*0.4	*2.1	*5.2
ACUTE URINARY CONDITIONS.....	*-	*4.9	*3.4	*1.0	*1.8	*0.6	*2.5	*5.5
DISORDERS OF MENSTRUATION.....	*0.8	*2.1	*2.0	*-	*1.5	*1.9	*1.3	*0.9
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.6	*-	*1.4	*-	*0.8	*-	*1.3	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*-	*8.6	*-	*-	*1.6	*4.2	*-	*3.9
SKIN CONDITIONS.....	*7.1	*1.7	*2.3	*-	*2.1	*2.7	*1.8	*3.7
ACUTE MUSCULOSKELETAL CONDITIONS.....	*1.2	*0.4	*2.3	*1.0	*1.6	*1.5	*1.7	*0.4
HEADACHE, EXCLUDING MIGRAINE.....	*1.9	*4.3	*1.5	*1.7	*2.2	*1.4	*2.7	*2.6
FEVER, UNSPECIFIED.....	*3.1	*1.3	*5.0	*2.4	*2.7	*4.0	*2.0	*4.5
ALL OTHER ACUTE CONDITIONS.....	*3.6	*11.8	*22.0	*17.3	15.7	*5.7	21.9	*13.2

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

TABLE 48. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR YOUTHS 5-17 YEARS OF AGE, BY SEX, RACE, FAMILY INCOME, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES <sup>1</sup> 5-17 YEARS	SEX		RACE		FAMILY INCOME				
		MALE	FEMALE	WHITE	BLACK	LESS THAN \$10,000	\$10,000- \$19,999	\$20,000- \$34,999	\$35,000 OR MORE	
NUMBER OF SCHOOL-LOSS DAYS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	209,650	106,499	103,150	178,322	26,434	25,680	33,884	53,003	65,290	
INFECTIVE AND PARASITIC DISEASES.....	43,287	21,989	21,298	37,381	5,046	4,295	7,326	11,922	15,143	
COMMON CHILDHOOD DISEASES.....	11,565	6,930	4,635	8,842	2,183	2,339	962	2,709	5,048	
INTESTINAL VIRUS, UNSPECIFIED.....	6,358	3,503	2,855	5,384	973	266	1,021	2,295	1,922	
VIRAL INFECTIONS, UNSPECIFIED.....	7,414	3,837	3,577	6,282	1,132	416	1,438	1,535	3,095	
OTHER.....	17,951	7,719	10,232	16,874	758	1,274	3,905	5,384	9,078	
RESPIRATORY CONDITIONS.....	127,085	62,348	64,737	111,348	14,056	14,662	19,386	33,135	39,592	
COMMON COLD.....	22,455	10,495	11,961	18,231	3,675	4,550	3,149	5,655	5,156	
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8,911	3,128	5,783	8,505	323	730	1,169	1,256	3,824	
INFLUENZA.....	83,399	43,656	39,743	73,271	9,079	8,287	14,131	23,943	24,764	
ACUTE BRONCHITIS.....	4,892	2,471	2,421	4,405	487	255	734	638	1,925	
PNEUMONIA.....	3,651	893	2,758	3,237	415	790	-	449	2,209	
OTHER RESPIRATORY CONDITIONS.....	3,777	1,706	2,070	3,700	77	51	202	1,194	1,714	
DIGESTIVE SYSTEM CONDITIONS.....	5,566	2,919	2,647	3,864	1,363	1,083	1,170	1,818	909	
DENTAL CONDITIONS.....	954	532	422	611	102	-	386	243	223	
INDIGESTION, NAUSEA, AND VOMITING.....	2,595	1,073	1,523	1,994	503	742	355	843	545	
OTHER DIGESTIVE CONDITIONS.....	2,016	1,315	701	1,259	757	341	429	733	221	
INJURIES.....	9,937	6,606	3,331	7,969	1,967	2,914	322	1,540	2,957	
FRACTURES AND DISLOCATIONS.....	2,933	2,322	612	2,085	849	1,388	91	227	1,135	
SPRAINS AND STRAINS.....	1,323	773	550	1,047	276	395	134	197	400	
OPEN WOUNDS AND LACERATIONS.....	2,739	2,015	724	2,363	376	558	-	427	581	
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,185	435	750	774	411	347	97	143	392	
OTHER CURRENT INJURIES.....	1,756	1,061	695	1,700	56	226	-	545	449	
SELECTED OTHER ACUTE CONDITIONS.....	16,916	8,779	8,138	12,455	2,967	2,172	3,939	3,294	4,414	
EYE CONDITIONS.....	183	159	24	159	24	-	-	-	159	
ACUTE EAR INFECTIONS.....	8,425	5,707	2,718	6,668	1,721	706	976	1,831	2,800	
OTHER EAR CONDITIONS.....	1,056	703	352	945	-	201	153	560	142	
ACUTE URINARY CONDITIONS.....	1,193	295	898	357	359	282	834	77	-	
DISORDERS OF MENSTRUATION.....	616	...	616	388	228	141	258	64	57	
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	274	...	274	45	228	228	-	45	-	
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	967	...	967	411	-	-	967	-	-	
SKIN CONDITIONS.....	1,129	400	648	1,129	-	337	283	86	191	
ACUTE MUSCULOSKELETAL CONDITIONS.....	604	96	509	404	105	-	116	145	143	
HEADACHE, EXCLUDING MIGRAINE.....	1,041	605	436	784	38	90	144	284	507	
FEVER, UNSPECIFIED.....	1,429	734	695	1,164	265	187	207	233	415	
ALL OTHER ACUTE CONDITIONS.....	6,859	3,858	3,000	5,304	1,034	554	1,741	1,294	2,195	

<sup>1</sup> INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME

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

TABLE 49. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR YOUTHS 5-17 YEARS OF AGE, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
NUMBER OF SCHOOL-LOSS DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	27,914	48,981	77,082	55,673	162,848	57,654	105,194	46,802
INFECTIVE AND PARASITIC DISEASES.....	7,734	8,732	18,141	8,681	32,771	11,132	21,639	10,517
COMMON CHILDHOOD DISEASES.....	1,955	2,789	3,933	2,888	9,219	3,431	5,788	2,346
INTESTINAL VIRUS, UNSPECIFIED.....	1,128	630	4,454	146	5,203	2,165	3,038	1,155
VIRAL INFECTIONS, UNSPECIFIED.....	822	1,430	4,352	810	4,460	648	3,812	2,954
OTHER.....	3,829	3,883	5,402	4,837	13,889	4,887	9,002	4,062
RESPIRATORY CONDITIONS.....	16,086	30,477	42,184	38,339	98,936	36,015	62,922	28,149
COMMON COLD.....	4,186	4,453	8,082	5,735	17,507	7,606	9,901	4,949
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	1,391	2,558	3,246	1,715	7,033	1,759	5,233	1,878
INFLUENZA.....	8,848	19,387	26,382	28,783	63,821	23,681	40,140	19,578
ACUTE BRONCHITIS.....	688	1,750	1,339	1,114	3,907	710	3,198	985
PNEUMONIA.....	205	1,594	1,140	713	3,422	901	2,522	229
OTHER RESPIRATORY CONDITIONS.....	768	734	1,995	279	3,246	1,318	1,928	530
DIGESTIVE SYSTEM CONDITIONS.....	504	1,287	2,107	1,668	3,945	1,721	2,223	1,621
DENTAL CONDITIONS.....	58	147	63	685	599	287	312	356
INDIGESTION, NAUSEA, AND VOMITING.....	284	577	798	937	1,905	807	1,098	690
OTHER DIGESTIVE CONDITIONS.....	162	563	1,246	46	1,441	627	813	575
INJURIES.....	1,272	2,009	4,242	2,414	8,561	4,121	4,440	1,376
FRACTURES AND DISLOCATIONS.....	151	1,077	1,544	161	2,836	1,541	1,295	97
SPRAINS AND STRAINS.....	550	299	288	187	1,027	426	601	296
OPEN WOUNDS AND LACERATIONS.....	468	289	1,257	726	2,319	1,291	1,028	420
CONTUSIONS AND SUPERFICIAL INJURIES.....	-	206	588	392	932	503	429	253
OTHER CURRENT INJURIES.....	103	139	565	949	1,447	360	1,087	309
SELECTED OTHER ACUTE CONDITIONS.....	2,030	5,143	6,916	2,826	13,163	3,911	9,252	3,753
EYE CONDITIONS.....	-	-	24	159	183	24	159	-
ACUTE EAR INFECTIONS.....	755	2,192	3,572	1,906	7,484	1,674	5,810	941
OTHER EAR CONDITIONS.....	92	338	480	146	507	48	459	548
ACUTE URINARY CONDITIONS.....	-	553	539	100	616	77	539	577
DISORDERS OF MENSTRUATION.....	67	238	311	-	522	252	270	94
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	45	-	228	-	274	-	274	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	-	967	-	-	556	556	-	411
SKIN CONDITIONS.....	569	191	369	-	739	361	378	390
ACUTE MUSCULOSKELETAL CONDITIONS.....	96	44	368	96	560	200	360	44
HEADACHE, EXCLUDING MIGRAINE.....	154	479	233	176	768	190	578	273
FEVER, UNSPECIFIED.....	251	142	792	245	955	530	425	475
ALL OTHER ACUTE CONDITIONS.....	289	1,332	3,493	1,745	5,472	754	4,719	1,386

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

TABLE 50. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR AND NUMBER OF ACUTE CONDITIONS, BY QUARTER AND TYPE OF CONDITION: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	QUARTER							
	JAN.-MARCH	APRIL-JUNE	JULY-SEPT.	OCT.-DEC.	JAN.-MARCH	APRIL-JUNE	JULY-SEPT.	OCT.-DEC.
	NUMBER PER 100 PERSONS PER YEAR				NUMBER IN THOUSANDS			
ALL ACUTE CONDITIONS.....	65.9	33.3	31.0	51.1	159,954	80,913	75,605	124,990
INFECTIVE AND PARASITIC DISEASES.....	6.1	4.4	3.8	5.8	14,766	10,737	9,320	14,074
COMMON CHILDHOOD DISEASES.....	0.6	0.6	*0.1	*0.3	1,538	1,533	270	637
INTESTINAL VIRUS, UNSPECIFIED..	1.2	0.9	0.8	1.6	2,822	2,287	2,026	4,018
VIRAL INFECTIONS, UNSPECIFIED..	1.9	1.2	1.5	1.4	4,559	2,823	3,538	3,404
OTHER.....	2.4	1.7	1.4	2.5	5,846	4,093	3,486	6,016
RESPIRATORY CONDITIONS.....	41.0	12.4	12.2	29.6	99,412	30,201	29,831	72,411
COMMON COLD.....	10.9	3.7	3.9	10.5	26,514	9,094	9,491	25,710
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	2.7	1.6	1.8	2.8	6,665	3,776	4,487	6,796
INFLUENZA.....	25.2	6.0	5.5	13.7	61,256	14,592	13,424	33,385
ACUTE BRONCHITIS.....	0.9	0.4	0.5	1.7	2,193	1,055	1,336	4,204
PNEUMONIA.....	0.6	0.3	*0.2	0.4	1,337	775	427	1,028
OTHER RESPIRATORY CONDITIONS...	0.6	0.4	*0.3	0.5	1,447	908	666	1,287
DIGESTIVE SYSTEM CONDITIONS....	1.6	1.5	1.3	1.5	4,003	3,568	3,118	3,576
DENTAL CONDITIONS.....	*0.3	0.4	*0.2	0.4	721	903	548	1,018
INDIGESTION, NAUSEA, AND VOMITING.....	0.7	0.7	0.5	0.6	1,760	1,732	1,210	1,478
OTHER DIGESTIVE CONDITIONS.....	0.6	0.4	0.6	0.4	1,522	932	1,360	1,081
INJURIES.....	5.6	6.5	6.4	5.8	13,548	15,857	15,539	14,233
FRACTURES AND DISLOCATIONS.....	0.6	0.8	0.8	0.7	1,567	1,991	2,039	1,714
SPRAINS AND STRAINS.....	1.5	1.3	1.5	1.0	3,760	3,281	3,542	2,376
OPEN WOUNDS AND LACERATIONS....	1.0	1.9	1.3	1.3	2,522	4,570	3,197	3,159
CONTUSIONS AND SUPERFICIAL INJURIES.....	0.8	1.0	1.3	1.1	1,903	2,447	3,048	2,750
OTHER CURRENT INJURIES.....	1.6	1.5	1.5	1.7	3,796	3,567	3,713	4,234
SELECTED OTHER ACUTE CONDITIONS.....	8.4	6.1	5.1	6.4	20,328	14,713	12,318	15,554
EYE CONDITIONS.....	0.6	*0.2	*0.2	*0.2	1,433	529	577	457
ACUTE EAR INFECTIONS.....	3.0	2.1	1.5	2.2	7,257	5,067	3,590	5,324
OTHER EAR CONDITIONS.....	0.6	0.5	0.4	*0.3	1,390	1,260	951	659
ACUTE URINARY CONDITIONS.....	0.6	0.8	0.5	0.7	1,412	1,920	1,288	1,616
DISORDERS OF MENSTRUATION.....	*0.2	*0.1	*0.1	*0.1	558	314	128	355
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.2	*0.2	*0.2	*0.2	523	476	463	524
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	0.5	0.5	0.4	0.6	1,096	1,195	1,012	1,508
SKIN CONDITIONS.....	0.7	0.5	0.4	0.6	1,720	1,324	957	1,558
ACUTE MUSCULOSKELETAL CONDITIONS.....	0.9	0.5	0.7	0.6	2,279	1,311	1,648	1,375
HEADACHE, EXCLUDING MIGRAINE.....	0.4	0.4	0.4	0.4	1,050	916	1,036	1,047
FEVER, UNSPECIFIED.....	0.7	*0.2	*0.3	0.5	1,610	401	668	1,132
ALL OTHER ACUTE CONDITIONS.....	3.3	2.4	2.2	2.1	7,896	5,838	5,479	5,143

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

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

TABLE 51. NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO		AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR										
ALL PERSONS <sup>3</sup> .....	23.8	2.2	1.9	21.5	6.1	12.8	7.2	3.4	3.4	5.9
AGE										
UNDER 5 YEARS.....	22.2	*1.1	*1.1	20.8	...	...	11.7	*1.7	*0.3	*2.0
5-17 YEARS.....	28.4	2.2	1.9	26.2	...	...	7.6	4.7	*0.3	12.3
18-24 YEARS.....	27.3	4.8	4.6	22.0	5.8	18.6	3.7	5.3	5.5	10.1
25-44 YEARS.....	27.8	2.7	2.3	25.1	10.1	13.4	6.7	3.8	7.5	5.7
45-64 YEARS.....	15.9	*1.3	*0.8	14.7	3.0	9.3	7.1	1.5	1.6	2.2
65 YEARS AND OVER.....	16.5	*0.9	*0.9	15.6	*0.6	11.4	8.4	2.7	*0.2	*0.9
SEX AND AGE										
MALE										
ALL AGES.....	26.9	2.1	1.7	24.7	9.1	13.2	7.8	3.6	5.1	7.3
UNDER 18 YEARS.....	31.8	*1.8	*1.6	30.0	...	...	10.7	5.2	*0.3	11.3
18-44 YEARS.....	31.6	3.0	2.3	28.5	12.9	16.2	6.7	3.4	10.6	8.2
45 YEARS AND OVER.....	15.1	*1.3	*0.9	13.9	3.6	8.8	6.7	2.3	*1.5	*2.0
FEMALE										
ALL AGES.....	20.9	2.2	2.1	18.6	3.3	12.3	6.7	3.2	1.8	4.5
UNDER 18 YEARS.....	21.0	*1.9	*1.7	19.0	...	...	6.8	2.4	*0.3	7.2
18-44 YEARS.....	23.9	3.4	3.4	20.3	5.3	13.2	5.2	4.9	3.6	5.4
45 YEARS AND OVER.....	16.9	*1.0	*0.8	16.0	*0.8	11.2	8.4	1.7	*0.7	*1.4
RACE AND AGE										
WHITE										
ALL AGES.....	24.3	2.1	1.8	22.2	6.2	12.7	7.5	3.2	3.4	6.2
UNDER 18 YEARS.....	28.6	2.0	1.7	26.6	...	...	9.6	4.1	*0.4	10.4
18-44 YEARS.....	28.0	2.8	2.4	25.1	9.4	14.5	6.1	3.6	7.0	7.1
45 YEARS AND OVER.....	16.1	1.2	*0.9	15.0	2.1	10.4	7.8	2.1	*1.0	1.8
BLACK										
ALL AGES.....	23.2	3.4	3.1	19.7	6.3	15.2	6.1	4.8	4.0	4.3
UNDER 18 YEARS.....	18.1	*1.7	*1.7	16.4	...	...	*6.1	*3.4	*	*4.4
18-44 YEARS.....	31.5	6.3	5.7	25.0	9.1	18.2	5.6	7.6	8.5	6.2
45 YEARS AND OVER.....	15.5	*0.7	*0.4	14.8	*1.3	9.7	*6.9	*1.9	*1.5	*0.7

SEE FOOTNOTES AND NOTES AT END OF TABLE.



TABLE 51. NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIOGEOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO		AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR										
ALL AGES.....	28.4	3.3	3.3	24.8	*3.3	21.3	9.0	5.2	*2.3	7.3
UNDER 18 YEARS.....	24.1	*2.4	*2.4	21.7	...	...	*8.4	*5.3	*0.7	*6.5
18-44 YEARS.....	38.8	*5.9	*5.9	32.0	*5.9	26.1	*6.7	8.1	*4.7	13.2
45 YEARS AND OVER.....	20.7	*1.1	*1.1	19.6	*0.6	16.1	12.0	*1.9	*1.1	*1.6
\$10,000-\$19,999										
ALL AGES.....	23.2	*1.4	*1.4	21.8	7.8	11.5	7.3	2.4	4.0	5.7
UNDER 18 YEARS.....	19.8	*1.4	*1.4	18.3	...	...	6.6	*1.4	*	9.5
18-44 YEARS.....	31.7	*1.8	*1.8	29.9	14.0	11.5	6.9	*2.6	9.6	7.4
45 YEARS AND OVER.....	16.5	*0.9	*0.9	15.6	*1.1	11.5	8.2	*2.9	*0.7	*1.1
\$20,000-\$34,999										
ALL AGES.....	27.2	2.8	2.3	24.3	8.0	14.2	8.9	4.0	4.8	5.2
UNDER 18 YEARS.....	31.7	*2.8	*2.8	28.7	...	...	10.8	5.4	*	9.4
18-44 YEARS.....	30.6	3.3	*2.7	27.0	11.1	15.9	7.5	4.3	9.8	4.8
45 YEARS AND OVER.....	16.9	*1.8	*1.2	15.1	*2.7	11.2	9.2	*2.3	*1.3	*1.4
\$35,000 OR MORE										
ALL AGES.....	23.2	1.9	1.5	21.3	5.8	10.8	6.3	3.2	3.0	6.7
UNDER 18 YEARS.....	31.0	*1.7	*1.2	29.3	...	...	10.4	4.1	*0.6	10.7
18-44 YEARS.....	22.4	2.5	2.2	19.9	7.2	11.9	3.9	3.6	5.5	6.3
45 YEARS AND OVER.....	16.8	*0.9	*0.7	15.8	3.5	8.9	6.4	*1.5	*1.3	*3.2
GEOGRAPHIC REGION										
NORTHEAST.....	19.7	*1.4	*1.2	18.1	5.4	10.1	5.4	2.4	3.5	5.3
MIDWEST.....	26.2	2.2	1.9	23.9	6.7	12.8	7.7	3.8	3.5	6.7
SOUTH.....	24.2	2.7	2.5	21.5	5.3	14.8	8.0	3.8	3.4	5.0
WEST.....	24.3	2.1	1.6	22.2	7.4	12.2	7.1	3.2	3.1	6.8
PLACE OF RESIDENCE										
MSA.....	23.0	2.3	2.0	20.6	5.3	13.2	7.2	3.6	3.2	5.5
CENTRAL CITY.....	22.9	2.0	1.8	20.7	5.6	14.1	6.6	3.4	3.4	4.9
NOT CENTRAL CITY.....	23.0	2.4	2.2	20.5	5.1	12.6	7.6	3.7	3.0	5.8
NOT MSA.....	26.8	1.9	1.4	24.9	9.0	11.2	7.3	2.8	4.3	7.2

<sup>1</sup> INCLUDES UNKNOWN FOR EACH CHARACTERISTIC.

<sup>2</sup> FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

<sup>3</sup> INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

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

TABLE 52. NUMBER OF EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?				AT WORK? <sup>2</sup>		PLACE OF ACCIDENT			
		YES		NO			AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC		YES	NO					
NUMBER OF EPISODES OF PERSONS INJURED IN THOUSANDS											
ALL PERSONS <sup>3</sup> .....	57,999	5,353	4,648	52,445	10,947	22,932	17,569	8,258	8,283	14,247	
AGE											
UNDER 5 YEARS.....	4,166	208	208	3,908	...	...	2,204	313	48	382	
5-17 YEARS.....	12,827	974	854	11,853	...	...	3,425	2,127	139	5,543	
18-24 YEARS.....	6,929	1,215	1,156	5,594	1,471	4,721	933	1,348	1,402	2,561	
25-44 YEARS.....	21,929	2,125	1,790	19,773	7,930	10,588	5,274	2,971	5,895	4,475	
45-64 YEARS.....	7,339	581	390	6,758	1,381	4,284	3,286	713	749	1,017	
65 YEARS AND OVER.....	4,809	250	250	4,560	166	3,339	2,447	785	50	269	
SEX AND AGE											
MALE											
ALL AGES.....	31,743	2,537	1,989	29,142	7,794	11,295	9,220	4,201	6,019	8,573	
UNDER 18 YEARS.....	10,431	593	519	9,838	...	...	3,501	1,703	95	3,688	
18-44 YEARS.....	16,133	1,511	1,164	14,558	6,579	8,273	3,435	1,711	5,401	4,189	
45 YEARS AND OVER.....	5,179	433	307	4,746	1,215	3,022	2,284	788	524	695	
FEMALE											
ALL AGES.....	26,256	2,816	2,658	23,303	3,154	11,637	8,349	4,057	2,264	5,674	
UNDER 18 YEARS.....	6,562	590	544	5,923	...	...	2,128	738	92	2,236	
18-44 YEARS.....	12,725	1,829	1,782	10,808	2,822	7,037	2,771	2,608	1,896	2,847	
45 YEARS AND OVER.....	6,969	397	333	6,572	332	4,601	3,449	711	276	591	
RACE AND AGE											
WHITE											
ALL AGES.....	49,916	4,222	3,614	45,524	9,577	19,533	15,440	6,657	7,026	12,775	
UNDER 18 YEARS.....	14,762	1,015	895	13,697	...	...	4,928	2,101	187	5,348	
18-44 YEARS.....	24,453	2,426	2,106	21,907	8,177	12,659	5,325	3,191	6,150	6,246	
45 YEARS AND OVER.....	10,701	781	613	9,919	1,400	6,874	5,187	1,365	689	1,181	
BLACK											
ALL AGES.....	6,940	1,019	922	5,889	1,263	3,022	1,817	1,445	1,201	1,284	
UNDER 18 YEARS.....	1,804	167	167	1,636	...	...	609	340	-	440	
18-44 YEARS.....	4,025	803	728	3,191	1,168	2,326	714	971	1,091	790	
45 YEARS AND OVER.....	1,112	50	26	1,062	95	697	494	134	110	53	

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 52. NUMBER OF EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO			AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC		YES	NO				
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF EPISODES OF PERSONS INJURED IN THOUSANDS										
ALL AGES.....	7,439	853	853	6,499	624	3,995	2,354	1,352	614	1,915
UNDER 18 YEARS.....	1,798	180	180	1,617	...	...	626	397	51	483
18-44 YEARS.....	3,785	577	577	3,121	574	2,550	654	786	460	1,284
45 YEARS AND OVER.....	1,856	95	95	1,761	50	1,444	1,074	169	103	148
\$10,000-\$19,999										
ALL AGES.....	9,532	565	565	8,966	2,386	3,502	2,978	989	1,633	2,346
UNDER 18 YEARS.....	2,102	152	152	1,950	...	...	699	152	-	1,009
18-44 YEARS.....	5,039	284	284	4,755	2,233	1,830	1,095	420	1,531	1,171
45 YEARS AND OVER.....	2,390	130	130	2,260	153	1,672	1,184	418	102	166
\$20,000-\$34,999										
ALL AGES.....	15,452	1,560	1,310	13,779	3,271	5,801	5,038	2,291	2,722	2,923
UNDER 18 YEARS.....	5,008	435	435	4,523	...	...	1,706	851	-	1,479
18-44 YEARS.....	7,901	860	688	6,977	2,871	4,112	1,939	1,099	2,528	1,229
45 YEARS AND OVER.....	2,543	265	186	2,278	400	1,689	1,394	341	194	215
\$35,000 OR MORE										
ALL AGES.....	18,627	1,514	1,229	17,113	3,427	6,334	5,054	2,556	2,446	5,345
UNDER 18 YEARS.....	6,664	371	250	6,293	...	...	2,228	879	136	2,294
18-44 YEARS.....	8,375	947	830	7,428	2,679	4,428	1,464	1,352	2,035	2,359
45 YEARS AND OVER.....	3,588	196	148	3,392	747	1,906	1,362	325	275	692
GEOGRAPHIC REGION										
NORTHEAST.....	9,642	682	608	8,840	2,028	3,798	2,635	1,170	1,730	2,581
MIDWEST.....	15,583	1,329	1,145	14,254	2,943	5,612	4,611	2,275	2,083	4,005
SOUTH.....	20,153	2,229	2,053	17,844	3,225	8,969	6,626	3,166	2,836	4,132
WEST.....	12,621	1,114	842	11,507	2,752	4,552	3,697	1,648	1,634	3,529
PLACE OF RESIDENCE										
MSA.....	43,603	4,335	3,883	39,068	7,407	18,524	13,653	6,753	6,000	10,399
CENTRAL CITY.....	17,033	1,515	1,353	15,381	3,085	7,770	4,878	2,519	2,561	3,674
NOT CENTRAL CITY.....	26,570	2,819	2,530	23,687	4,322	10,754	8,775	4,233	3,439	6,725
NOT MSA.....	14,396	1,019	764	13,377	3,540	4,409	3,916	1,506	2,283	3,848

<sup>1</sup> INCLUDES UNKNOWNNS FOR EACH CHARACTERISTIC.

<sup>2</sup> FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

<sup>3</sup> INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

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

TABLE 53. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO		AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR										
ALL PERSONS <sup>3</sup> .....	258.7	50.4	43.3	207.2	106.7	174.4	66.1	56.8	61.7	51.0
AGE										
UNDER 5 YEARS.....	35.0	*3.5	*3.5	31.6	...	...	*16.5	*3.8	*-	*7.8
5-17 YEARS.....	93.5	18.9	17.1	74.6	...	...	23.9	22.5	*2.7	41.5
18-24 YEARS.....	212.4	65.1	57.1	146.5	62.1	109.6	22.2	62.4	59.9	50.8
25-44 YEARS.....	306.7	62.5	57.0	243.5	134.4	137.8	47.6	69.0	101.5	64.0
45-64 YEARS.....	345.6	72.0	53.5	271.2	134.8	172.1	80.3	77.5	102.7	56.9
65 YEARS AND OVER.....	431.6	50.0	44.4	379.3	26.4	333.0	228.5	73.7	22.0	49.2
SEX AND AGE										
MALE										
ALL AGES.....	276.4	49.5	36.5	226.3	163.0	142.2	57.0	47.9	89.6	60.1
UNDER 18 YEARS.....	85.5	*14.1	*11.7	71.4	...	...	25.9	17.5	*1.4	37.0
18-44 YEARS.....	352.9	55.3	43.5	296.3	171.7	135.2	46.7	57.3	133.5	85.8
45 YEARS AND OVER.....	344.9	74.7	50.0	270.2	150.2	152.6	102.3	62.9	108.7	43.8
FEMALE										
ALL AGES.....	242.0	51.3	49.7	189.2	55.7	203.5	74.6	65.2	35.4	42.4
UNDER 18 YEARS.....	66.8	*14.7	*14.7	52.1	...	...	17.4	*16.4	*2.4	25.9
18-44 YEARS.....	217.3	70.6	70.0	146.4	64.1	126.7	36.5	77.1	51.0	36.7
45 YEARS AND OVER.....	407.3	54.1	50.0	348.9	44.9	302.7	167.3	87.0	40.4	62.3
RACE AND AGE										
WHITE										
ALL AGES.....	258.9	47.2	41.9	210.9	103.5	175.3	68.4	55.1	59.5	53.0
UNDER 18 YEARS.....	82.3	14.0	12.5	68.3	...	...	23.7	17.3	*1.6	34.9
18-44 YEARS.....	281.6	59.6	54.7	221.0	116.1	131.3	41.8	65.1	88.4	61.6
45 YEARS AND OVER.....	366.1	56.5	47.9	308.6	86.8	233.3	138.1	71.5	66.4	55.8
BLACK										
ALL AGES.....	290.3	71.6	54.0	215.1	155.1	179.6	56.7	70.6	90.1	45.5
UNDER 18 YEARS.....	63.5	*19.8	*19.8	*43.8	...	...	*16.1	*19.8	*3.7	*22.2
18-44 YEARS.....	345.5	101.2	85.3	244.3	151.1	141.6	*38.0	92.9	133.9	64.4
45 YEARS AND OVER.....	507.3	90.8	*45.7	401.1	162.2	247.1	146.6	101.5	132.1	*44.1

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 53. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO			AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC		YES	NO				
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR										
ALL AGES.....	404.9	97.5	90.0	304.2	88.4	385.0	133.7	120.0	49.6	78.4
UNDER 18 YEARS.....	87.1	*20.3	*19.6	*66.8	...	...	*34.4	*21.4	*1.4	*27.2
18-44 YEARS.....	408.0	115.4	105.7	290.8	100.3	266.6	63.4	125.0	85.6	114.8
45 YEARS AND OVER.....	665.2	142.0	131.3	515.7	75.4	513.7	292.4	196.2	*50.4	81.3
\$10,000-\$19,999										
ALL AGES.....	343.1	72.9	61.8	268.7	169.0	221.2	92.4	70.1	103.0	55.4
UNDER 18 YEARS.....	54.2	*19.9	*19.9	*34.2	...	...	*18.1	*19.9	*-	*14.4
18-44 YEARS.....	429.8	92.2	90.7	333.7	192.5	184.7	64.7	101.0	148.2	88.4
45 YEARS AND OVER.....	460.1	90.5	60.8	369.6	143.2	261.3	177.4	72.9	129.1	49.2
\$20,000-\$34,999										
ALL AGES.....	250.8	49.3	41.7	200.6	131.8	157.4	48.8	56.6	69.8	49.5
UNDER 18 YEARS.....	58.3	*6.2	*6.2	52.2	...	...	*10.5	*8.5	*-	*32.7
18-44 YEARS.....	302.6	74.1	64.0	228.2	135.6	131.3	41.8	77.7	100.5	49.9
45 YEARS AND OVER.....	363.3	52.0	40.8	308.5	125.2	202.1	101.0	70.5	90.0	66.4
\$35,000 OR MORE										
ALL AGES.....	151.9	25.7	21.5	126.2	63.0	86.4	41.7	27.0	33.6	37.7
UNDER 18 YEARS.....	91.7	*12.4	*8.9	79.3	...	...	28.8	*13.3	*5.1	42.1
18-44 YEARS.....	157.3	28.3	23.4	129.1	69.1	70.2	28.7	28.3	48.5	43.6
45 YEARS AND OVER.....	202.9	34.4	30.7	168.5	52.5	114.7	77.1	38.6	36.2	*22.9
GEOGRAPHIC REGION										
NORTHEAST.....	228.1	25.3	19.8	202.3	92.8	156.7	63.3	43.2	66.4	42.7
MIDWEST.....	225.9	38.2	31.9	187.1	91.9	143.8	59.2	44.1	39.9	60.6
SOUTH.....	296.5	69.3	59.7	225.5	125.3	201.0	74.1	70.7	78.7	47.6
WEST.....	264.6	57.8	52.3	205.5	107.6	184.8	63.7	62.0	55.0	53.3
PLACE OF RESIDENCE										
MSA.....	260.0	49.1	41.8	209.5	105.9	176.7	66.4	57.1	65.1	49.5
CENTRAL CITY.....	286.0	57.5	48.1	225.9	117.2	197.3	74.4	66.7	72.6	50.8
NOT CENTRAL CITY.....	243.2	43.7	37.7	198.9	98.5	163.3	61.2	50.9	60.3	48.7
NOT MSA.....	254.0	55.0	48.6	199.0	109.7	166.2	64.9	55.8	49.5	56.2

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

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

TABLE 54. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO		AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS										
ALL PERSONS <sup>3</sup> .....	629,962	122,748	105,451	504,578	191,544	313,061	160,895	138,357	150,209	124,174
AGE										
UNDER 5 YEARS.....	6,575	651	651	5,924	...	...	3,092	707	-	1,458
5-17 YEARS.....	42,289	8,549	7,757	33,740	...	...	10,833	10,160	1,203	18,755
18-24 YEARS.....	53,959	16,525	14,509	37,202	15,767	27,829	5,648	15,853	15,216	12,907
25-44 YEARS.....	241,666	49,209	44,880	191,830	105,908	108,562	37,545	54,377	80,002	50,439
45-64 YEARS.....	159,368	33,206	24,690	125,059	62,154	79,360	37,017	35,734	47,360	26,248
65 YEARS AND OVER.....	126,104	14,607	12,965	110,822	7,715	97,311	66,760	21,527	6,428	14,368
SEX AND AGE										
MALE										
ALL AGES.....	326,146	58,402	43,121	267,053	139,003	121,222	67,290	56,491	105,780	70,946
UNDER 18 YEARS.....	27,997	4,617	3,824	23,381	...	...	8,473	5,745	466	12,132
18-44 YEARS.....	180,145	28,212	22,203	151,243	87,618	69,026	23,818	29,240	68,136	43,818
45 YEARS AND OVER.....	118,003	25,574	17,094	92,430	51,385	52,195	34,999	21,506	37,178	14,997
FEMALE										
ALL AGES.....	303,817	64,345	62,330	237,525	52,541	191,839	93,605	81,866	44,430	53,228
UNDER 18 YEARS.....	20,867	4,584	4,584	16,283	...	...	5,453	5,122	737	8,081
18-44 YEARS.....	115,480	37,522	37,185	77,790	34,057	67,364	19,374	40,989	27,082	19,528
45 YEARS AND OVER.....	167,469	22,239	20,561	143,452	18,483	124,475	68,778	35,754	16,610	25,619
RACE AND AGE										
WHITE										
ALL AGES.....	531,471	96,841	86,018	433,101	159,091	269,555	140,397	113,169	122,192	108,891
UNDER 18 YEARS.....	42,445	7,230	6,438	35,215	...	...	12,232	8,897	839	18,006
18-44 YEARS.....	246,173	52,111	47,791	193,203	101,483	114,829	36,540	56,875	77,304	53,894
45 YEARS AND OVER.....	242,852	37,499	31,789	204,682	57,608	154,726	91,626	47,397	44,048	36,990
BLACK										
ALL AGES.....	86,786	21,393	16,135	64,286	30,910	35,791	16,959	21,096	26,929	13,587
UNDER 18 YEARS.....	6,328	1,970	1,970	4,358	...	...	1,603	1,970	364	2,206
18-44 YEARS.....	44,105	12,918	10,892	31,188	19,284	18,083	4,848	11,856	17,099	8,222
45 YEARS AND OVER.....	36,353	6,505	3,273	28,740	11,626	17,708	10,508	7,270	9,465	3,159

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 54. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		NO	AT WORK? <sup>2</sup>		PLACE OF ACCIDENT			
		TOTAL	TRAFFIC		YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS										
ALL AGES.....	106,026	25,526	23,571	79,656	16,561	72,138	35,000	31,413	12,978	20,526
UNDER 18 YEARS.....	6,487	1,510	1,463	4,977	...	...	2,563	1,595	102	2,026
18-44 YEARS.....	39,832	11,269	10,323	28,395	9,791	26,030	6,193	12,204	8,354	11,208
45 YEARS AND OVER.....	59,706	12,747	11,786	46,284	6,771	46,107	26,244	17,613	4,522	7,293
\$10,000-\$19,999										
ALL AGES.....	140,813	29,902	25,364	110,284	51,389	67,234	37,921	28,761	42,286	22,737
UNDER 18 YEARS.....	5,763	2,120	2,120	3,643	...	...	1,923	2,120	-	1,534
18-44 YEARS.....	68,409	14,681	14,439	53,101	30,643	29,388	10,302	16,080	23,583	14,075
45 YEARS AND OVER.....	66,641	13,102	8,806	53,539	20,747	37,845	25,696	10,562	18,703	7,128
\$20,000-\$34,999										
ALL AGES.....	142,249	27,980	23,671	113,773	53,947	64,429	27,705	32,080	39,564	28,097
UNDER 18 YEARS.....	9,205	975	975	8,230	...	...	1,660	1,347	-	5,160
18-44 YEARS.....	78,233	19,160	16,547	59,009	35,067	33,947	10,808	20,102	25,987	12,914
45 YEARS AND OVER.....	54,811	7,845	6,148	46,533	18,880	30,482	15,237	10,631	13,577	10,023
\$35,000 OR MORE										
ALL AGES.....	121,830	20,579	17,209	101,250	37,000	50,747	33,407	21,670	26,953	30,207
UNDER 18 YEARS.....	19,695	2,665	1,920	17,030	...	...	6,197	2,854	1,101	9,046
18-44 YEARS.....	58,705	10,543	8,721	48,163	25,769	26,197	10,714	10,554	18,108	16,267
45 YEARS AND OVER.....	43,429	7,372	6,568	36,057	11,230	24,550	16,496	8,263	7,744	4,894
GEOGRAPHIC REGION										
NORTHEAST.....	111,604	12,374	9,671	98,998	34,900	58,915	30,980	21,140	32,479	20,877
MIDWEST.....	134,507	22,742	18,971	111,418	40,233	62,909	35,248	26,270	23,754	36,064
SOUTH.....	246,499	57,642	49,642	187,469	76,109	122,055	61,595	58,749	65,448	39,558
WEST.....	137,352	29,989	27,168	106,692	40,301	69,183	33,072	32,198	28,528	27,675
PLACE OF RESIDENCE										
MSA.....	493,656	93,238	79,373	397,782	148,491	247,831	126,041	108,413	123,629	94,021
CENTRAL CITY.....	212,842	42,817	35,824	168,122	64,702	108,935	55,344	49,600	54,037	37,815
NOT CENTRAL CITY.....	280,814	50,421	43,548	229,659	83,789	138,897	70,697	58,813	69,592	56,206
NOT MSA.....	136,306	29,510	26,079	106,796	43,052	65,229	34,854	29,944	26,580	30,153

<sup>1</sup> INCLUDES UNKNOWN FOR EACH CHARACTERISTIC.

<sup>2</sup> FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

<sup>3</sup> INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 55. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?			AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		TOTAL	YES		NO	YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
			TRAFFIC								
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR											
ALL PERSONS <sup>3</sup> .....	78.9	15.6	13.6	62.9	28.3	53.9	23.6	18.2	16.3	11.2	
AGE											
UNDER 5 YEARS.....	*20.7	*3.5	*3.5	*17.2	...	...	*7.1	*3.5	*-	*5.3	
5-17 YEARS.....	24.7	*7.6	*7.3	17.1	...	...	*7.8	*8.7	*0.4	*7.1	
18-24 YEARS.....	50.7	*20.5	*19.4	30.3	*12.2	26.0	*6.0	*19.8	*11.8	*8.3	
25-44 YEARS.....	84.4	16.8	15.1	67.2	34.2	38.8	15.6	18.7	24.9	17.0	
45-64 YEARS.....	115.6	21.7	18.1	93.9	42.6	56.2	30.4	29.1	32.7	*11.2	
65 YEARS AND OVER.....	151.9	18.5	*14.2	131.2	*4.0	115.0	84.8	22.5	*6.1	*8.3	
SEX AND AGE											
MALE											
ALL AGES.....	78.8	15.6	12.3	63.0	39.6	43.3	20.4	15.5	22.8	11.8	
UNDER 18 YEARS.....	26.7	*5.7	*5.3	21.0	...	...	*9.8	*6.9	*0.6	*7.4	
18-44 YEARS.....	84.2	15.2	12.3	68.4	37.3	32.4	13.9	15.6	29.5	15.8	
45 YEARS AND OVER.....	120.6	25.4	19.1	95.1	43.0	59.6	40.2	23.7	34.0	*9.9	
FEMALE											
ALL AGES.....	79.0	15.6	14.9	62.9	18.2	63.4	26.6	20.7	10.2	10.7	
UNDER 18 YEARS.....	20.1	*7.1	*7.1	*13.1	...	...	*5.3	*7.5	*-	*5.7	
18-44 YEARS.....	68.5	20.1	19.8	48.4	20.7	38.8	12.7	22.2	14.3	14.0	
45 YEARS AND OVER.....	137.3	16.3	14.5	119.4	14.9	95.2	60.8	28.9	*12.7	*10.2	
RACE AND AGE											
WHITE											
ALL AGES.....	75.4	14.9	13.4	60.4	28.1	52.1	23.5	16.9	16.0	10.4	
UNDER 18 YEARS.....	23.0	*5.0	*4.7	18.0	...	...	*8.0	*6.0	*-	*6.8	
18-44 YEARS.....	70.9	15.8	14.8	54.8	28.1	34.3	13.6	16.7	20.6	12.9	
45 YEARS AND OVER.....	122.0	21.3	18.2	100.7	28.1	75.5	48.5	25.7	22.3	10.0	
BLACK											
ALL AGES.....	109.4	19.9	*17.3	87.2	38.1	71.5	27.6	27.5	22.8	*16.0	
UNDER 18 YEARS.....	*31.9	*15.2	*15.2	*16.7	...	...	*7.3	*15.2	*1.8	*7.1	
18-44 YEARS.....	117.2	*33.0	*27.2	84.3	42.6	44.9	*12.8	*31.5	*36.0	*25.5	
45 YEARS AND OVER.....	203.0	*3.3	*2.6	190.3	*30.1	119.0	82.2	*37.6	*28.3	*11.6	

SEE FOOTNOTES AND NOTES AT END OF TABLE.



TABLE 55. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?			AT WORK? <sup>2</sup>		PLACE OF ACCIDENT			
		YES		NO			AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC		YES	NO				
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR										
ALL AGES.....	134.1	38.5	35.3	92.9	28.6	126.5	36.2	48.5	*14.4	26.6
UNDER 18 YEARS.....	*36.1	*19.1	*19.1	*17.1	...	...	*9.0	*19.1	*	*6.4
18-44 YEARS.....	116.4	*28.5	*27.0	87.9	*29.5	70.3	*16.6	*30.6	*15.5	*50.2
45 YEARS AND OVER.....	234.5	65.6	*57.8	161.4	*27.6	187.6	80.3	92.5	*25.1	*17.7
\$10,000-\$19,999										
ALL AGES.....	99.9	17.9	16.3	81.3	41.7	61.1	30.0	20.7	20.6	16.6
UNDER 18 YEARS.....	*16.7	*0.9	*0.9	*15.9	...	...	*4.2	*0.9	*	*9.9
18-44 YEARS.....	122.5	*26.9	*26.1	93.9	42.1	55.1	*27.5	*30.6	*24.9	*26.8
45 YEARS AND OVER.....	136.1	*20.7	*17.0	115.4	41.3	67.7	51.7	*24.6	*31.0	*10.2
\$20,000-\$34,999										
ALL AGES.....	73.3	15.3	13.3	58.0	31.0	51.6	19.9	17.7	20.3	*6.2
UNDER 18 YEARS.....	*15.2	*5.1	*5.1	*10.2	...	...	*1.9	*5.7	*	*6.4
18-44 YEARS.....	76.5	21.3	*19.0	55.2	28.4	37.8	*12.4	24.7	23.5	*6.2
45 YEARS AND OVER.....	128.4	*15.7	*12.1	112.7	35.5	75.4	51.5	*18.1	36.0	*6.0
\$35,000 OR MORE										
ALL AGES.....	43.1	*4.6	*4.0	38.5	19.9	22.4	15.3	*5.0	10.1	8.0
UNDER 18 YEARS.....	*21.9	*1.3	*0.6	*20.6	...	...	*11.2	*2.0	*0.8	*6.5
18-44 YEARS.....	41.0	*4.8	*4.5	36.3	18.7	16.7	*10.6	*5.3	14.5	*7.9
45 YEARS AND OVER.....	68.0	*7.7	*6.6	60.3	*21.8	32.3	27.5	*7.6	*11.8	*9.8
GEOGRAPHIC REGION										
NORTHEAST.....	65.7	*9.8	*6.6	55.9	20.4	49.5	23.3	13.2	13.9	*7.5
MIDWEST.....	57.6	10.8	9.6	46.8	24.9	32.6	16.3	11.9	11.0	11.7
SOUTH.....	102.5	21.8	19.4	79.6	37.3	71.1	30.1	23.7	22.1	15.0
WEST.....	77.9	16.5	15.8	61.4	25.7	55.2	21.9	21.2	15.3	*8.2
PLACE OF RESIDENCE										
MSA.....	78.6	14.7	12.8	63.4	28.0	54.3	23.8	18.4	17.2	10.3
CENTRAL CITY.....	95.5	17.3	15.1	77.0	33.7	66.5	29.6	22.9	17.9	14.4
NOT CENTRAL CITY.....	67.7	13.0	11.3	54.7	24.3	46.3	20.0	15.5	16.7	7.7
NOT MSA.....	79.9	18.8	16.7	61.2	29.3	52.5	23.0	17.6	13.1	14.3

<sup>1</sup>INCLUDES UNKNOWNNS FOR EACH CHARACTERISTIC.

<sup>2</sup>FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 56. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?			AT WORK <sup>2</sup>		PLACE OF ACCIDENT			
		TOTAL	TRAFFIC		YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
			YES	NO						
NUMBER OF BED DAYS IN THOUSANDS										
ALL PERSONS <sup>3</sup> .....	192,116	37,946	33,230	153,214	50,851	96,703	57,463	44,313	39,676	27,331
AGE										
UNDER 5 YEARS.....	3,876	651	651	3,225	...	...	1,339	651	-	1,001
5-17 YEARS.....	11,167	3,439	3,290	7,728	...	...	3,517	3,937	182	3,232
18-24 YEARS.....	12,888	5,197	4,925	7,691	3,087	6,595	1,513	5,022	3,004	2,116
25-44 YEARS.....	66,469	13,245	11,872	52,943	26,943	30,558	12,308	14,736	19,626	13,394
45-64 YEARS.....	53,324	10,020	8,339	43,304	19,665	25,939	14,008	13,402	15,076	5,156
65 YEARS AND OVER.....	44,393	5,394	4,153	38,324	1,156	33,611	24,777	6,564	1,788	2,432
SEX AND AGE										
MALE										
ALL AGES.....	92,955	18,363	14,530	74,312	33,729	36,908	24,073	18,305	26,865	13,880
UNDER 18 YEARS.....	8,747	1,880	1,731	6,867	...	...	3,213	2,245	182	2,437
18-44 YEARS.....	42,960	7,780	6,256	34,899	19,019	16,513	7,093	7,961	15,053	8,068
45 YEARS AND OVER.....	41,248	8,703	6,544	32,546	14,710	20,396	13,767	8,098	11,631	3,375
FEMALE										
ALL AGES.....	99,161	19,584	18,699	78,902	17,122	59,795	33,390	26,008	12,811	13,451
UNDER 18 YEARS.....	6,296	2,211	2,211	4,085	...	...	1,643	2,343	-	1,796
18-44 YEARS.....	36,397	10,662	10,541	25,735	11,010	20,641	6,729	11,797	7,577	7,442
45 YEARS AND OVER.....	56,469	6,711	5,948	49,082	6,111	39,154	25,018	11,868	5,233	4,213
RACE AND AGE										
WHITE										
ALL AGES.....	154,785	30,539	27,418	123,965	43,189	80,117	48,232	34,731	32,847	21,429
UNDER 18 YEARS.....	11,866	2,581	2,432	9,285	...	...	4,131	3,079	-	3,528
18-44 YEARS.....	61,973	13,806	12,905	47,887	24,542	30,015	11,904	14,602	18,028	11,253
45 YEARS AND OVER.....	80,946	14,153	12,082	66,793	18,646	50,102	32,197	17,050	14,819	6,648
BLACK										
ALL AGES.....	32,687	5,955	5,164	26,057	7,598	14,256	8,251	8,232	6,812	4,788
UNDER 18 YEARS.....	3,177	1,510	1,510	1,667	...	...	725	1,510	182	705
18-44 YEARS.....	14,967	4,210	3,466	10,756	5,440	5,729	1,637	4,027	4,602	3,250
45 YEARS AND OVER.....	14,544	235	188	13,634	2,158	8,527	5,890	2,695	2,028	834

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 56. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO		AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF BED DAYS IN THOUSANDS										
ALL AGES.....	35,102	10,090	9,240	24,337	5,357	23,697	9,491	12,710	3,774	6,969
UNDER 18 YEARS.....	2,690	1,419	1,419	1,271	...	...	670	1,419	-	473
18-44 YEARS.....	11,366	2,787	2,635	8,579	2,884	6,859	1,618	2,987	1,518	4,903
45 YEARS AND OVER.....	21,046	5,884	5,185	14,487	2,473	16,838	7,204	8,304	2,256	1,593
\$10,000-\$19,999										
ALL AGES.....	40,996	7,363	6,700	33,352	12,678	18,566	12,303	8,514	8,453	6,806
UNDER 18 YEARS.....	1,779	91	91	1,689	...	...	445	91	-	1,058
18-44 YEARS.....	19,497	4,274	4,153	14,942	6,696	8,764	4,376	4,863	3,963	4,270
45 YEARS AND OVER.....	19,720	2,999	2,456	16,721	5,982	9,802	7,482	3,561	4,490	1,478
\$20,000-\$34,999										
ALL AGES.....	41,555	8,677	7,553	32,878	12,693	21,128	11,265	10,011	11,491	3,510
UNDER 18 YEARS.....	2,402	801	801	1,602	...	...	293	899	-	1,003
18-44 YEARS.....	19,784	5,515	4,922	14,269	7,344	9,761	3,200	6,387	6,064	1,609
45 YEARS AND OVER.....	19,369	2,362	1,831	17,007	5,349	11,367	7,772	2,725	5,427	898
\$35,000 OR MORE										
ALL AGES.....	34,557	3,708	3,203	30,849	11,657	13,163	12,249	4,043	8,100	6,443
UNDER 18 YEARS.....	4,699	280	131	4,420	...	...	2,416	424	182	1,388
18-44 YEARS.....	15,307	1,776	1,661	13,531	6,992	6,249	3,942	1,994	5,393	2,954
45 YEARS AND OVER.....	14,550	1,652	1,411	12,898	4,665	6,914	5,892	1,625	2,524	2,100
GEOGRAPHIC REGION										
NORTHEAST.....	32,151	4,792	3,233	27,359	7,679	18,629	11,390	6,471	6,815	3,682
MIDWEST.....	34,268	6,422	5,727	27,846	10,884	14,247	9,725	7,115	6,520	6,937
SOUTH.....	85,267	18,166	16,093	66,145	22,657	43,162	24,986	19,727	18,397	12,445
WEST.....	40,430	8,566	8,177	31,864	9,632	20,664	11,362	10,999	7,943	4,267
PLACE OF RESIDENCE										
MSA.....	149,206	27,881	24,241	120,369	39,336	76,110	45,127	34,888	32,626	19,631
CENTRAL CITY.....	71,086	12,859	11,233	57,271	18,625	36,706	22,028	17,035	13,327	10,710
NOT CENTRAL CITY.....	78,120	15,022	13,008	63,098	20,710	39,403	23,099	17,853	19,299	8,920
NOT MSA.....	42,910	10,065	8,988	32,845	11,515	20,593	12,336	9,424	7,050	7,700

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

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

TABLE 57. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY AGE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS				65 YEARS AND OVER		
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
ARTHRITIS.....	127.3	30.8	*1.4	48.9	253.8	483.0	437.3	554.5
GOUT, INCLUDING GOUTY ARTHRITIS.....	8.5	1.6	*-	2.6	21.0	28.4	28.8	27.7
INTERVERTEBRAL DISC DISORDERS.....	18.0	11.7	*-	18.9	33.7	29.2	33.3	22.7
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	8.2	5.4	*0.5	8.4	15.4	12.5	13.2	*11.4
DISORDERS OF BONE OR CARTILAGE.....	5.3	2.5	*1.9	2.9	4.7	22.7	18.5	29.3
TROUBLE WITH BUNIONS.....	11.4	4.7	*0.2	7.4	17.9	40.0	37.1	44.5
BURSITIS, UNCLASSIFIED.....	18.1	9.8	*0.9	15.3	36.1	37.7	35.4	41.3
SEBACEOUS SKIN CYST.....	6.9	6.4	*2.0	9.0	9.2	6.2	7.9	*3.5
TROUBLE WITH ACNE.....	16.5	22.5	21.1	23.4	3.9	*1.7	*1.4	*2.2
PSORIASIS.....	9.2	7.5	3.6	9.8	13.0	13.0	14.4	*11.0
DERMATITIS.....	34.6	35.9	35.7	36.0	30.6	33.3	33.5	32.9
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	17.6	14.3	9.9	17.1	22.9	28.1	23.4	35.5
TROUBLE WITH INGROWN NAILS.....	23.5	18.1	9.1	23.7	28.1	47.3	36.1	64.8
TROUBLE WITH CORNS AND CALLUSES.....	17.8	9.1	*0.2	14.6	31.5	46.2	41.0	54.3
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	32.4	20.3	9.0	27.2	45.1	81.9	69.3	101.7
COLOR BLINDNESS.....	9.6	8.0	2.7	11.2	14.0	12.5	12.7	12.2
CATARACTS.....	23.4	2.2	*0.2	3.5	16.1	156.8	107.4	234.3
GLAUCOMA.....	9.4	1.2	*0.3	1.8	11.1	54.1	42.3	72.7
HEARING IMPAIRMENT.....	83.1	35.6	15.6	47.8	127.7	286.5	239.4	360.3
TINNITUS.....	24.1	9.6	*1.7	14.4	45.8	73.5	76.4	68.9
SPEECH IMPAIRMENT.....	9.3	9.9	17.1	5.5	6.2	10.7	7.6	15.5
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	6.3	3.4	*0.6	5.2	9.5	17.6	19.9	14.1
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	5.1	2.4	2.9	2.1	7.1	17.7	11.2	27.7
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	114.9	96.8	29.3	138.3	155.5	155.2	141.4	177.0
BACK.....	68.3	57.8	11.3	86.3	97.7	81.9	78.9	86.6
UPPER EXTREMITIES.....	14.4	9.9	*2.0	14.8	24.0	24.6	19.2	33.1
LOWER EXTREMITIES.....	45.4	38.2	16.9	51.3	55.6	71.0	68.8	74.4
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	17.1	12.5	*0.9	19.6	25.1	30.7	28.4	34.2
HERNIA OF ABDOMINAL CAVITY.....	18.8	7.5	4.1	9.6	36.9	55.2	57.3	52.0
GASTRITIS OR DUODENITIS.....	12.1	7.9	3.3	10.8	21.1	21.8	22.8	20.1
FREQUENT INDIGESTION.....	22.2	15.9	*1.9	24.5	35.5	38.0	34.9	42.8
ENTERITIS OR COLITIS.....	9.8	6.4	*2.0	9.1	15.4	20.9	21.1	20.5
SPASTIC COLON.....	5.6	3.1	*0.5	4.7	14.0	6.6	*6.3	*7.2
DIVERTICULA OF INTESTINES.....	8.2	0.8	*0.2	*1.2	16.9	36.9	33.8	41.9
FREQUENT CONSTIPATION.....	18.6	10.5	8.2	11.9	20.9	61.7	42.2	92.2

SEE NOTES AT END OF TABLE.

TABLE 57. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY AGE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS				65 YEARS AND OVER		
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	13.2	5.2	*0.5	8.1	31.2	31.1	33.2	27.8
DIABETES.....	26.6	7.3	*1.8	10.7	58.2	88.2	89.7	85.7
ANEMIAS.....	16.0	15.3	10.2	18.5	15.0	21.4	21.0	22.0
EPILEPSY.....	4.2	4.8	3.5	5.6	3.4	*1.8	*1.9	*1.8
MIGRAINE HEADACHE.....	41.0	41.3	15.5	57.2	51.2	22.8	29.8	*11.8
NEURALGIA OR NEURITIS, UNSPECIFIED.....	2.6	0.9	—	1.5	5.9	6.7	*6.6	*6.8
KIDNEY TROUBLE.....	13.9	10.3	*1.8	15.6	18.2	27.3	32.6	19.1
BLADDER DISORDERS.....	14.6	10.2	3.1	14.5	19.9	32.0	24.8	43.2
DISEASES OF PROSTATE.....	6.2	1.0	—	1.5	12.6	26.5	20.0	36.7
DISEASE OF FEMALE GENITAL ORGANS.....	19.2	20.8	3.2	31.6	19.1	10.3	9.7	*11.1
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	6.9	4.4	*0.7	6.6	13.3	11.6	12.8	*9.8
HEART DISEASE.....	75.9	28.9	17.1	36.1	118.9	278.9	231.6	353.0
ISCHEMIC HEART DISEASE.....	28.5	2.7	*0.4	4.1	54.5	136.2	112.7	173.0
HEART RHYTHM DISORDERS.....	30.4	20.2	11.9	25.3	40.1	73.7	63.8	89.1
TACHYCARDIA OR RAPID HEART.....	8.1	3.6	*0.9	5.3	14.9	22.9	19.5	28.1
HEART MURMURS.....	16.1	14.6	10.6	17.1	16.4	23.9	19.2	31.1
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	6.3	2.0	*0.4	2.9	8.8	26.9	25.1	29.9
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	17.0	6.0	4.9	6.7	24.3	69.0	55.1	90.9
HIGH BLOOD PRESSURE (HYPERTENSION).....	113.6	35.5	2.2	56.0	229.1	380.6	383.8	375.6
CEREBROVASCULAR DISEASE.....	10.8	1.5	*0.8	1.9	15.3	57.0	43.1	78.8
HARDENING OF THE ARTERIES.....	9.0	*0.6	—	*1.0	16.1	46.2	28.9	73.3
VARICOSE VEINS OF LOWER EXTREMITIES.....	30.9	15.4	—	24.8	57.8	78.1	72.6	86.6
HEMORRHOIDS.....	47.2	35.7	*0.7	57.2	74.9	69.6	77.4	57.5
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	49.2	46.8	50.5	44.5	53.7	55.5	54.2	57.6
ASTHMA.....	47.7	48.8	61.0	41.3	41.5	51.5	57.3	42.3
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	86.9	90.1	59.7	108.8	87.4	67.9	69.4	65.5
CHRONIC SINUSITIS.....	138.3	126.0	68.9	161.1	173.5	153.4	151.8	155.8
DEVIATED NASAL SEPTUM.....	5.4	4.1	*0.7	6.2	8.5	8.0	8.8	*6.8
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	12.6	16.5	28.0	9.4	5.7	*1.5	*1.8	*1.0
EMPHYSEMA.....	8.2	*0.8	*0.2	*1.2	17.2	36.3	32.4	42.5

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

TABLE 58. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY SEX AND AGE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	MALE						FEMALE			
			65 YEARS AND OVER					65 YEARS AND OVER		
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	24.7	202.5	392.4	337.1	496.7	36.9	300.9	547.4	517.6	588.5
GOUT, INCLUDING GOUTY ARTHRITIS.....	2.7	38.0	46.0	43.5	50.6	*0.6	*5.4	15.9	17.2	*14.2
INTERVERTEBRAL DISC DISORDERS.....	16.1	36.7	27.5	30.9	*20.9	7.4	31.0	30.5	35.2	23.8
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	4.8	12.3	13.3	*15.0	*10.0	6.0	18.3	12.1	*11.8	*12.3
DISORDERS OF BONE OR CARTILAGE.....	*1.2	*4.1	*5.8	*5.5	*6.2	3.8	*5.3	34.8	28.9	42.9
TROUBLE WITH BUNIONS.....	1.7	8.3	14.7	*15.2	*13.5	7.6	26.6	58.0	54.6	62.6
BURSITIS, UNCLASSIFIED.....	6.1	35.6	29.2	23.1	40.6	13.6	36.5	43.8	45.3	41.8
SEBACEOUS SKIN CYST.....	5.4	10.4	*4.1	*5.4	*1.7	7.3	8.1	*7.6	*9.8	*4.6
TROUBLE WITH ACNE.....	20.3	*3.4	*4.0	*3.2	*5.9	24.7	*4.3	*	*	*
PSORIASIS.....	8.5	14.6	15.3	*12.1	*21.4	6.4	11.5	11.4	16.2	*4.9
DERMATITIS.....	30.8	19.3	41.3	36.9	49.4	40.9	40.9	27.5	30.6	23.2
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	13.0	26.4	28.2	23.4	37.1	15.7	19.6	28.1	23.3	34.7
TROUBLE WITH INGROWN NAILS.....	15.7	17.3	38.5	21.0	71.8	20.6	37.9	53.5	48.1	60.7
TROUBLE WITH CORNS AND CALLUSES.....	6.9	20.0	32.6	29.2	39.0	11.4	42.1	55.9	50.4	63.3
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	27.1	63.2	92.2	74.9	124.8	13.5	28.5	74.5	64.7	88.0
COLOR BLINDNESS.....	15.0	22.7	18.0	17.8	*18.3	*1.0	5.9	8.6	*8.5	*8.8
CATARACTS.....	2.4	14.6	113.0	76.0	182.7	2.1	17.5	188.0	132.4	264.5
GLAUCOMA.....	*1.0	7.1	43.2	35.2	58.2	*1.4	14.9	62.0	48.0	81.0
HEARING IMPAIRMENT.....	44.8	168.7	341.1	308.6	402.1	26.4	90.2	247.7	183.8	335.8
TINNITUS.....	9.8	49.3	78.9	84.8	67.7	9.3	42.5	69.6	69.6	69.6
SPEECH IMPAIRMENT.....	12.6	9.2	13.2	*9.7	*19.7	7.2	*3.5	9.0	*6.0	*13.1
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	5.5	15.4	32.4	35.2	*27.3	*1.4	*4.2	*7.1	*7.7	*6.4
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	3.5	10.9	24.5	*12.0	48.0	*1.4	*3.6	12.8	*10.6	*15.9
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	98.3	159.5	136.5	139.9	130.5	95.4	151.7	168.5	142.5	204.4
BACK.....	50.4	89.5	61.4	67.4	50.4	65.1	105.3	96.5	88.1	107.9
UPPER EXTREMITIES.....	13.4	29.5	23.2	19.8	*29.7	6.5	19.0	25.7	18.8	35.1
LOWER EXTREMITIES.....	44.8	58.9	69.8	71.6	66.5	31.7	52.6	71.9	66.6	79.1
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	9.9	19.0	25.1	22.9	*29.2	15.0	30.7	34.6	32.8	37.2
HERNIA OF ABDOMINAL CAVITY.....	7.9	43.5	46.2	46.6	45.4	7.1	30.9	61.6	65.7	55.8
GASTRITIS OR DUODENITIS.....	6.1	11.4	13.3	17.8	*5.0	9.8	29.9	27.8	26.9	29.0
FREQUENT INDIGESTION.....	16.9	42.6	30.2	27.7	34.9	14.9	28.9	43.6	40.6	47.6
ENTERITIS OR COLITIS.....	3.2	10.1	17.6	17.3	*18.3	9.5	20.3	23.2	24.3	21.9
SPASTIC COLON.....	1.9	*5.3	*2.2	*1.6	*3.6	4.4	21.9	9.8	*10.1	*9.3
DIVERTICULA OF INTESTINES.....	*0.5	10.6	27.1	25.6	*29.9	*1.1	22.7	43.9	40.3	49.0
FREQUENT CONSTIPATION.....	5.7	8.3	38.2	29.9	54.2	15.3	32.4	78.4	52.1	114.6

SEE NOTES AT END OF TABLE.

TABLE 58. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY SEX AND AGE: UNITED STATES, 1989—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	MALE					FEMALE				
	45-64 YEARS		65 YEARS AND OVER			45-64 YEARS		65 YEARS AND OVER		
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	*1.6	9.0	19.4	19.9	*18.1	8.9	51.4	39.5	43.8	33.6
DIABETES.....	5.5	64.9	73.9	74.0	73.9	9.0	52.1	98.3	102.5	92.6
ANEMIAS.....	5.6	*3.7	17.6	19.2	*14.7	25.0	25.4	24.1	22.5	26.3
EPILEPSY.....	4.4	*2.7	*0.8	*	*2.4	5.2	*4.2	*2.6	*3.4	*1.5
MIGRAINE HEADACHE.....	23.6	24.8	17.5	20.2	*12.4	58.9	75.5	26.5	37.6	*11.4
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*0.5	*4.7	*3.0	*3.4	*2.1	*1.4	7.1	9.3	*9.1	*9.6
KIDNEY TROUBLE.....	6.0	21.3	24.9	25.5	*23.8	14.7	15.3	29.0	38.3	*16.3
BLADDER DISORDERS.....	*1.4	6.9	16.6	*7.1	34.7	18.9	31.9	42.9	39.1	48.2
DISEASES OF PROSTATE.....	1.9	26.3	63.7	44.9	99.3	...	...	...	...	...
DISEASE OF FEMALE GENITAL ORGANS.....	...	...	...	...	...	41.5	36.7	17.6	17.5	*17.7
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT										
HEART DISEASE.....	2.9	11.9	*3.3	*3.8	*2.4	5.8	14.6	17.6	20.0	*14.2
HEART DISEASE.....	24.0	139.8	298.3	259.7	371.0	33.8	99.7	265.2	209.1	342.5
ISCHEMIC HEART DISEASE.....	3.5	85.9	168.9	146.8	210.8	2.0	25.6	113.0	85.4	151.1
HEART RHYTHM DISORDERS.....	16.2	29.7	66.5	56.7	84.8	24.2	49.7	78.7	69.4	91.6
TACHYCARDIA OR RAPID HEART.....	2.9	11.0	12.0	*10.0	*15.9	4.3	18.5	30.6	27.2	35.2
HEART MURMURS.....	11.5	12.4	26.7	19.5	40.2	17.7	20.1	21.8	18.9	25.9
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	1.7	6.3	27.8	27.2	*28.8	2.2	11.2	26.4	23.2	30.5
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	4.4	24.3	62.8	56.2	75.3	7.6	24.3	73.5	54.3	99.8
HIGH BLOOD PRESSURE (HYPERTENSION).....	35.0	220.3	309.6	317.6	294.7	36.0	237.2	431.1	437.0	423.1
CEREBROVASCULAR DISEASE.....	*1.1	14.6	61.4	52.9	77.5	1.9	15.9	53.9	35.2	79.6
HARDENING OF THE ARTERIES.....	*0.8	22.8	50.4	42.3	65.6	*0.4	10.0	43.3	18.2	77.8
VARICOSE VEINS OF LOWER EXTREMITIES.....	4.6	21.1	51.4	51.9	50.6	26.1	91.5	97.1	89.3	107.8
HEMORRHOIDS.....	30.5	76.0	57.6	67.0	40.2	40.8	74.0	78.1	85.7	67.7
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	35.0	41.6	48.8	52.8	41.3	58.5	64.8	60.2	55.3	67.1
ASTHMA.....	51.2	34.9	43.6	47.3	36.8	46.3	47.6	57.0	65.4	45.5
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	89.5	82.8	61.4	62.3	59.9	90.6	91.7	72.6	75.2	68.9
CHRONIC SINUSITIS.....	109.1	156.7	132.9	150.9	99.1	142.8	189.0	167.9	152.4	189.1
DEVIATED NASAL SEPTUM.....	3.4	8.4	*10.5	*13.5	*5.0	4.8	8.5	*6.3	*5.0	*7.9
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	13.2	*4.6	*0.9	*1.4	*	19.8	6.7	*1.9	*2.0	*1.5
EMPHYSEMA.....	*0.7	22.6	56.7	44.1	80.6	*0.9	12.4	21.8	23.0	20.2

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

TABLE 59. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY RACE AND AGE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	WHITE					BLACK				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	32.1	247.7	483.2	431.7	562.8	26.2	320.7	522.6	520.4	525.3
GOUT, INCLUDING GOUTY ARTHRITIS.....	1.7	19.4	26.1	25.7	26.8	*1.5	35.4	57.9	*66.7	*43.0
INTERVERTEBRAL DISC DISORDERS.....	12.3	35.7	31.7	36.2	24.7	9.7	*24.4	*8.2	*9.7	*5.5
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	5.8	17.5	13.3	14.8	*11.0	*3.2	*1.9	*6.5	*-	*17.6
DISORDERS OF BONE OR CARTILAGE.....	2.7	5.1	24.9	20.6	31.4	*0.9	*-	*4.1	*-	*11.0
TROUBLE WITH BUNIONS.....	4.4	16.1	41.0	38.4	45.0	7.8	38.4	*31.0	*22.0	*46.3
BURSITIS, UNCLASSIFIED.....	11.1	36.8	39.7	37.3	43.3	*4.4	34.8	*23.2	*22.0	*26.4
SEBACEOUS SKIN CYST.....	6.9	9.6	6.8	8.8	*3.9	*3.7	*5.5	*-	*-	*-
TROUBLE WITH ACNE.....	24.2	4.1	*1.9	*1.6	*2.4	15.4	*3.2	*-	*-	*-
PSORIASIS.....	8.2	14.7	14.0	15.2	*12.1	*4.0	*2.5	*-	*-	*-
DERMATITIS.....	36.4	31.9	35.8	37.0	34.1	33.9	*19.7	*11.8	*3.9	*25.3
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	15.2	22.9	28.2	23.7	35.1	9.6	*22.3	*32.6	*24.6	*46.3
TROUBLE WITH INGROWN NAILS.....	20.0	29.9	47.2	35.3	65.7	11.9	*18.5	*44.8	*43.4	*47.4
TROUBLE WITH CORNS AND CALLUSES.....	8.3	29.9	42.9	37.5	51.1	14.3	54.5	81.5	*71.2	*100.2
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	21.8	45.5	81.1	66.7	103.4	14.8	54.5	77.0	*84.1	*65.0
COLOR BLINDNESS.....	9.1	15.4	13.8	14.0	13.5	*2.6	*5.1	*-	*-	*-
CATARACTS.....	2.3	16.6	160.7	107.7	242.8	*2.4	*14.6	139.8	117.8	177.3
GLAUCOMA.....	1.4	10.4	49.8	38.7	67.0	*0.7	*20.8	110.9	*88.0	*149.8
HEARING IMPAIRMENT.....	38.0	136.7	297.4	247.4	374.6	23.8	64.5	174.5	178.0	168.5
TINNITUS.....	9.6	47.2	77.0	80.0	72.4	9.2	32.7	*38.3	*45.3	*26.4
SPEECH IMPAIRMENT.....	8.4	6.3	9.8	*7.1	13.9	21.5	*7.2	*17.5	*14.2	*23.1
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	3.5	8.5	17.0	18.8	14.1	*4.2	*16.6	*27.7	*34.3	*16.5
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	2.6	6.6	16.4	10.9	24.8	*1.4	*13.2	*24.9	*16.2	*39.6
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	103.8	160.3	156.2	141.6	178.7	59.1	131.6	150.8	159.9	*135.5
BACK.....	62.8	102.0	84.6	81.6	89.2	28.1	77.7	59.1	*66.0	*47.4
UPPER EXTREMITIES.....	10.5	25.1	23.7	17.9	32.7	7.7	*15.9	*29.8	*37.5	*17.6
LOWER EXTREMITIES.....	41.2	55.8	68.8	67.6	70.7	24.5	56.5	88.5	88.7	*88.1
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	13.1	23.5	31.9	29.8	35.1	9.5	40.5	*22.8	*18.8	*29.7
HERNIA OF ABDOMINAL CAVITY.....	8.0	38.2	59.2	61.3	56.0	6.0	34.2	*17.5	*18.1	*16.5
GASTRITIS OR DUODENITIS.....	7.6	22.9	20.9	22.6	18.4	7.3	*9.3	*29.8	*21.4	*43.0
FREQUENT INDIGESTION.....	17.5	34.6	33.3	31.2	36.5	8.5	37.4	76.2	*68.6	*88.1
ENTERITIS OR COLITIS.....	7.4	16.3	22.7	22.6	22.7	*1.8	*7.0	*6.1	*9.7	*-
SPASTIC COLON.....	3.7	15.6	6.1	*5.9	*6.4	*-	*0.6	*9.0	*3.9	*17.6
DIVERTICULA OF INTESTINES.....	1.0	19.0	40.4	37.7	44.7	*-	*4.5	*6.5	*-	*17.6
FREQUENT CONSTIPATION.....	10.1	19.5	60.6	42.0	89.3	14.0	29.9	75.0	*42.7	*130.6

SEE NOTES AT END OF TABLE.



TABLE 59. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY RACE AND AGE: UNITED STATES, 1989—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	WHITE					BLACK				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	5.4	32.4	31.9	34.7	27.5	*4.7	*27.0	*28.5	*23.3	*37.4
DIABETES.....	7.0	52.6	80.2	82.0	77.3	8.3	100.2	165.9	148.2	196.0
ANEMIAS.....	14.1	13.4	20.5	19.4	22.4	20.5	30.1	*34.7	*42.1	*22.0
EPILEPSY.....	4.8	*3.1	*2.1	*2.1	*1.9	6.0	*6.4	*	*	*
MIGRAINE HEADACHE.....	42.9	52.3	21.9	28.5	*11.8	35.3	46.7	*22.8	*36.2	*
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*0.9	5.7	6.2	*5.3	*7.6	*1.3	*9.8	*7.3	*11.7	*
KIDNEY TROUBLE.....	10.8	20.4	25.6	31.0	17.1	6.2	*4.0	*40.8	*38.8	*44.1
BLADDER DISORDERS.....	10.5	22.2	34.1	26.7	45.5	9.0	*6.2	*15.9	*10.4	*24.2
DISEASES OF PROSTATE.....	*0.9	14.0	27.9	22.3	36.6	*1.7	*2.1	*16.3	*	*44.1
DISEASE OF FEMALE GENITAL ORGANS.....	20.9	19.3	10.3	9.3	*11.7	20.9	*18.0	*12.2	*16.2	*5.5
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	4.5	14.8	11.6	12.0	*10.8	*4.3	*4.7	*14.7	*23.3	*
HEART DISEASE.....	29.8	119.8	286.5	234.7	366.7	30.2	128.2	220.5	207.8	242.3
ISCHEMIC HEART DISEASE.....	2.7	57.1	141.5	115.4	182.0	*3.9	38.6	86.4	*78.3	*100.2
HEART RHYTHM DISORDERS.....	21.0	40.0	79.8	68.5	97.2	19.5	52.8	*16.7	*19.4	*12.1
TACHYCARDIA OR RAPID HEART.....	4.1	14.8	24.9	21.0	31.0	*1.1	*20.4	*5.3	*8.4	*
HEART MURMURS.....	14.6	15.3	26.2	21.4	33.6	18.0	30.6	*2.9	*	*7.7
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	2.3	10.0	28.7	26.2	32.6	*0.4	*1.7	*8.6	*11.0	*4.4
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	6.2	22.7	65.2	50.9	87.4	6.8	36.9	117.4	110.0	*128.9
HIGH BLOOD PRESSURE (HYPERTENSION).....	32.8	213.0	367.4	367.8	366.9	55.5	383.5	517.7	534.0	490.1
CEREBROVASCULAR DISEASE.....	1.7	13.6	56.3	42.0	78.4	*0.8	*27.8	70.9	*55.7	*96.9
HARDENING OF THE ARTERIES.....	*0.7	18.2	46.6	26.9	77.0	*0.4	*	*51.4	*55.7	*44.1
VARICOSE VEINS OF LOWER EXTREMITIES.....	16.9	61.2	80.3	72.9	91.8	9.2	43.5	64.0	*76.4	*41.9
HEMORRHOIDS.....	36.7	79.7	70.6	78.3	58.8	33.2	49.9	62.0	*68.0	*52.9
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	49.6	56.8	58.5	56.9	60.9	33.4	32.5	*33.8	*36.2	*29.7
ASTHMA.....	47.6	43.6	49.9	53.0	45.1	57.4	*23.8	69.3	106.8	*5.5
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	95.1	92.2	68.8	70.6	66.0	60.7	48.2	*51.8	*48.5	*57.3
CHRONIC SINUSITIS.....	131.0	178.3	157.1	155.4	159.6	119.4	163.4	125.2	124.3	*127.8
DEVIATED NASAL SEPTUM.....	4.7	9.5	8.6	9.2	*7.6	*	*2.1	*4.1	*6.5	*
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	17.8	5.5	*1.6	*2.0	*1.1	7.9	*6.4	*	*	*
EMPHYSEMA.....	*0.9	18.6	38.8	35.4	44.1	*0.2	*11.0	*16.7	*7.8	*33.0

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

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	40.8	375.3	606.7	558.0	658.2	31.5	331.0	434.8	418.4	461.4
GOUT, INCLUDING GOUTY ARTHRITIS.....	*3.4	*22.3	33.3	*37.3	*29.2	*1.9	31.8	31.6	*27.0	*38.7
INTERVERTEBRAL DISC DISORDERS.....	12.4	53.2	31.7	*38.7	*24.4	11.3	25.0	27.6	27.9	*27.2
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	*3.1	*13.4	*21.9	*31.7	*11.7	7.9	*15.9	*5.5	*2.2	*10.8
DISORDERS OF BONE OR CARTILAGE.....	*4.4	*6.5	25.8	*15.0	*37.2	*2.7	*7.1	*14.6	*15.9	*12.5
TROUBLE WITH BUNIONS.....	*2.4	*26.2	47.8	*37.3	59.1	8.3	*16.4	39.5	39.6	*39.4
BURSIITIS, UNCLASSIFIED.....	12.7	42.8	46.7	*46.3	*47.1	7.8	28.2	23.5	*26.0	*19.4
SEBACEOUS SKIN CYST.....	12.4	*19.0	*5.0	*9.8	*-	5.2	*6.9	*3.5	*4.2	*2.3
TROUBLE WITH ACNE.....	18.2	*-	*2.0	*3.8	*-	20.2	*7.4	*1.4	*-	*3.6
PSORIASIS.....	*4.4	*5.4	*19.4	*23.7	*15.0	5.3	*13.1	*15.7	*15.5	*16.1
DERMATITIS.....	36.0	*32.7	25.1	*33.1	*16.8	35.8	*17.4	26.9	30.5	*20.7
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	15.2	*29.1	30.5	*23.0	*37.9	14.3	37.0	33.9	33.5	*34.5
TROUBLE WITH INGROWN NAILS.....	23.1	64.2	69.1	56.8	82.1	21.2	42.1	46.2	40.4	55.5
TROUBLE WITH CORNS AND CALLUSES.....	13.5	80.3	56.7	51.9	61.7	11.7	33.2	42.0	41.2	*43.3
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	19.1	92.8	123.3	106.2	141.2	25.8	48.7	90.7	73.9	118.1
COLOR BLINDNESS.....	*4.0	*8.0	*8.2	*7.7	*8.8	7.8	*11.4	*14.7	*12.5	*18.4
CATARACTS.....	*2.1	*28.8	175.3	107.6	246.3	*2.9	33.3	163.6	134.6	211.0
GLAUCOMA.....	*-	*23.8	54.7	*34.8	75.5	*1.7	*11.3	51.1	48.8	54.5
HEARING IMPAIRMENT.....	42.4	190.0	275.5	225.0	328.3	42.4	141.9	342.3	294.0	421.1
TINNITUS.....	10.7	81.8	69.5	60.6	78.8	14.8	70.3	96.0	97.5	93.5
SPEECH IMPAIRMENT.....	21.9	*21.4	*14.1	*15.0	*13.1	17.4	*10.6	*8.9	*5.0	*15.4
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	*2.2	*12.8	*15.3	*21.2	*9.1	*4.3	*13.7	30.0	29.3	*31.2
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	*1.3	*19.0	*19.2	*16.7	*21.5	6.0	*9.7	*16.1	*11.9	*22.6
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	104.9	263.2	207.8	183.2	233.5	104.9	202.2	160.7	149.9	178.2
BACK.....	63.0	148.7	119.0	123.3	114.6	62.8	125.9	85.1	90.4	76.5
UPPER EXTREMITIES.....	10.1	42.8	38.7	*24.0	54.0	16.2	26.7	23.0	*21.8	*24.9
LOWER EXTREMITIES.....	39.9	113.9	76.1	65.5	87.2	42.0	79.4	71.5	58.5	92.6
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	17.4	69.0	39.4	*36.2	*42.7	14.9	42.3	35.5	32.7	*39.7
HERNIA OF ABDOMINAL CAVITY.....	13.0	70.5	69.7	73.5	65.7	6.3	47.7	49.0	43.4	58.1
GASTRITIS OR DUODENITIS.....	10.2	41.3	25.3	*28.9	*21.5	8.7	27.8	*14.0	*18.0	*7.2
FREQUENT INDIGESTION.....	26.1	74.9	67.7	77.3	57.6	18.1	46.6	37.2	41.0	*31.2
ENTERITIS OR COLITIS.....	*4.6	*29.4	*18.4	*27.9	*8.4	8.0	*16.7	21.0	*21.2	*20.7
SPASTIC COLON.....	*2.7	*22.3	*3.7	*7.3	*-	*1.4	*11.4	*6.4	*7.5	*4.9
DIVERTICULA OF INTESTINES.....	*-	*23.5	40.3	*35.2	*45.6	*-	*16.4	44.4	48.2	*37.7
FREQUENT CONSTIPATION.....	12.5	52.0	105.7	89.5	122.6	10.6	26.4	48.2	*25.6	85.0

SEE NOTES AT END OF TABLE.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	*4.5	*37.2	52.4	66.5	*37.6	*3.6	29.9	23.9	*19.2	*31.5
DIABETES.....	8.9	135.9	136.1	171.4	99.2	8.6	73.1	63.2	60.5	67.6
ANEMIAS.....	26.0	54.7	39.4	*41.1	*37.6	17.0	*16.2	*13.2	*16.3	*8.2
EPILEPSY.....	10.5	*13.7	*3.6	*7.0	—	6.8	*5.1	—	—	—
MIGRAINE HEADACHE.....	43.5	108.5	41.5	58.9	*23.3	43.1	38.9	22.1	32.9	*4.3
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*1.6	*4.2	*5.7	*3.8	*7.7	*2.1	*9.7	*12.4	*15.9	*6.6
KIDNEY TROUBLE.....	20.2	48.8	44.0	68.3	*18.6	8.5	*20.2	26.4	33.3	*15.1
BLADDER DISORDERS.....	11.6	*39.8	33.7	*18.8	*49.3	7.6	*15.3	30.1	29.9	*30.5
DISEASES OF PROSTATE.....	—	*24.4	*23.5	*8.7	*39.0	*1.4	*11.6	29.4	*23.4	*39.4
DISEASE OF FEMALE GENITAL ORGANS.....	22.6	*29.7	*12.7	*16.4	*8.8	26.4	25.1	*14.2	*14.3	*14.4
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	*0.7	*21.1	25.3	*19.9	*31.0	7.4	*11.1	*9.1	*11.3	*5.6
HEART DISEASE.....	30.2	263.5	344.3	281.4	410.1	36.3	129.7	300.8	276.5	340.3
ISCHEMIC HEART DISEASE.....	*3.0	84.4	150.9	124.7	178.4	*4.2	67.1	167.8	151.2	194.9
HEART RHYTHM DISORDERS.....	20.5	114.2	77.5	52.9	103.2	27.1	38.9	78.1	80.3	74.8
TACHYCARDIA OR RAPID HEART.....	*2.8	47.0	28.7	*25.1	*32.5	*4.4	*17.6	23.1	*20.0	*27.9
HEART MURMURS.....	14.9	43.7	*14.4	*3.5	*25.9	20.3	*7.4	27.9	*23.0	*35.8
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	*2.7	*23.2	34.4	*24.4	*44.9	*2.4	*13.9	27.2	37.1	*11.2
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	*6.7	65.1	115.8	103.8	128.4	*5.0	23.8	54.9	45.2	70.6
HIGH BLOOD PRESSURE (HYPERTENSION).....	50.1	370.5	418.7	394.6	444.0	35.5	258.1	416.1	441.6	374.8
CEREBROVASCULAR DISEASE.....	*3.6	61.8	62.9	*42.8	84.3	*2.0	33.8	49.9	44.6	58.4
HARDENING OF THE ARTERIES.....	*1.2	*29.1	59.7	*33.1	87.2	*1.5	*19.3	63.9	41.0	101.4
VARICOSE VEINS OF LOWER EXTREMITIES.....	13.0	148.4	113.3	105.2	121.9	21.6	71.7	92.2	92.4	92.2
HEMORRHOIDS.....	29.9	158.8	93.7	92.3	95.6	29.4	75.4	93.9	107.4	72.2
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	58.9	83.0	85.2	102.8	66.8	43.0	72.0	54.6	57.7	49.6
ASTHMA.....	59.2	83.0	71.1	70.4	71.9	52.5	43.7	49.4	59.5	*32.8
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	72.3	68.7	48.6	*45.3	52.2	77.4	65.4	82.6	84.4	79.8
CHRONIC SINUSITIS.....	141.5	213.5	213.6	226.8	200.3	120.2	163.5	183.2	165.1	212.7
DEVIATED NASAL SEPTUM.....	*2.6	*8.0	*5.9	*4.2	*7.7	*3.7	*3.5	*7.1	*9.7	*3.0
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	19.6	*23.2	*3.7	*3.5	*4.0	20.2	*3.7	*2.7	*4.4	—
EMPHYSEMA.....	*0.9	65.7	51.9	57.5	*46.0	*2.1	34.1	44.1	37.3	55.1

SEE NOTES AT END OF TABLE.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1989—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	30.9	266.1	423.3	385.3	508.9	31.0	207.6	456.7	391.1	622.2
GOUT, INCLUDING GOUTY ARTHRITIS.....	*0.6	19.8	26.7	*29.8	*19.7	*1.8	19.0	*27.6	*28.5	*24.2
INTERVERTEBRAL DISC DISORDERS.....	12.7	38.7	25.9	*34.2	*7.4	11.6	31.2	*18.9	*22.1	*11.1
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	4.3	*11.4	*4.8	*3.0	*8.6	6.5	18.4	*29.0	*29.3	*28.3
DISORDERS OF BONE OR CARTILAGE.....	*3.3	*4.8	*25.8	*19.3	*39.5	*1.8	*4.1	*23.2	*22.1	*26.3
TROUBLE WITH BUNIONS.....	3.5	*13.5	27.1	*22.4	*37.0	5.3	19.7	*31.3	*24.1	*49.5
BURSITIS, UNCLASSIFIED.....	9.6	44.1	48.5	46.7	*52.4	9.5	34.7	53.1	*29.3	*113.1
SEBACEOUS SKIN CYST.....	6.6	16.5	*4.8	*3.6	*7.4	5.9	*6.1	*12.9	*18.1	*-
TROUBLE WITH ACNE.....	22.1	*3.8	*-	*-	*-	29.0	*2.8	*8.0	*5.2	*14.1
PSORIASIS.....	6.3	*8.7	*13.9	*13.8	*14.2	9.5	17.4	*-	*-	*-
DERMATITIS.....	38.1	31.0	50.9	*30.4	96.9	39.2	35.7	49.9	*51.7	*45.5
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	15.4	19.0	32.6	*31.8	*34.5	15.6	21.5	*16.6	*9.2	*35.4
TROUBLE WITH INGROWN NAILS.....	17.8	38.7	42.4	39.8	*48.1	17.8	15.5	52.5	*24.1	*124.2
TROUBLE WITH CORNS AND CALLUSES.....	8.3	41.1	46.4	37.8	*65.4	8.5	26.4	42.8	*38.5	*53.5
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	24.9	46.4	66.2	57.7	85.7	15.5	37.8	60.6	*43.7	*103.0
COLOR BLINDNESS.....	8.1	15.7	*11.3	*13.0	*8.0	10.4	18.9	*20.4	*24.1	*11.1
CATARACTS.....	3.4	15.2	126.7	99.4	187.5	*1.7	*6.4	120.3	*44.5	311.1
GLAUCOMA.....	*1.4	*7.0	55.3	41.7	85.7	*1.5	12.2	51.4	*28.1	*110.1
HEARING IMPAIRMENT.....	43.0	146.8	286.7	232.0	409.0	30.6	110.7	246.0	216.2	321.2
TINNITUS.....	11.2	47.5	86.8	87.5	85.1	7.4	38.1	58.8	68.6	*34.3
SPEECH IMPAIRMENT.....	8.2	*6.0	*12.6	*8.3	*22.2	5.7	*2.6	*8.3	*-	*29.3
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	4.9	*12.7	*18.9	*21.8	*12.3	2.6	*5.2	*2.9	*4.0	*-
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	*1.4	*5.5	*17.4	*6.9	*40.7	*2.1	*2.2	*23.0	*4.4	*69.7
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	104.7	159.3	158.5	163.8	146.8	95.3	120.5	127.7	107.1	179.8
BACK.....	62.0	90.6	78.0	85.3	*61.7	55.4	79.0	73.2	*43.7	147.5
UPPER EXTREMITIES.....	10.8	27.7	*15.6	*13.8	*19.7	7.2	16.1	*12.3	*13.6	*10.1
LOWER EXTREMITIES.....	40.8	62.1	91.8	94.7	85.7	41.0	39.2	71.8	83.0	*44.4
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	12.6	21.3	*16.6	*14.1	*22.2	9.6	14.7	*28.4	*26.5	*33.3
HERNIA OF ABDOMINAL CAVITY.....	6.5	35.3	59.7	65.7	*46.3	6.9	28.6	42.5	*37.7	*54.5
GASTRITIS OR DUODENITIS.....	8.6	19.5	*19.3	*16.8	*24.1	6.5	17.8	*21.2	*20.5	*22.2
FREQUENT INDIGESTION.....	15.1	31.1	31.1	*27.3	*39.5	14.9	28.3	*6.9	*-	*24.2
ENTERITIS OR COLITIS.....	5.2	*12.8	34.9	*30.4	*45.0	7.5	16.7	*16.4	*10.8	*30.3
SPASTIC COLON.....	4.2	21.8	*5.2	*-	*16.7	4.0	12.8	*7.2	*-	*25.3
DIVERTICULA OF INTESTINES.....	*0.6	17.1	*15.6	*12.4	*23.4	*1.4	19.1	39.3	*22.5	*81.8
FREQUENT CONSTIPATION.....	9.6	20.2	54.9	47.2	*72.2	10.9	15.7	*23.0	*16.4	*39.4

SEE NOTES AT END OF TABLE.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	6.5	24.8	40.4	46.4	*27.1	5.3	36.5	*29.0	*25.7	*37.4
DIABETES.....	8.4	48.8	87.9	72.6	122.1	5.8	44.6	68.9	81.8	*36.4
ANEMIAS.....	16.3	*13.3	*12.6	*6.9	*25.3	11.4	8.6	*22.4	*26.1	*14.1
EPILEPSY.....	5.8	*4.6	*2.1	*-	*6.8	*1.8	*2.0	*4.0	*5.6	*-
MIGRAINE HEADACHE.....	43.5	53.6	*9.0	*13.0	*-	40.7	51.9	*29.0	*30.1	*26.3
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*0.3	*4.8	*4.4	*3.3	*6.8	*0.6	*6.7	*11.8	*6.0	*26.3
KIDNEY TROUBLE.....	13.6	21.2	*18.5	*20.7	*13.6	7.5	15.2	*18.9	*20.5	*15.2
BLADDER DISORDERS.....	10.9	16.5	31.9	*25.7	*45.0	10.3	21.9	*25.5	*24.1	*30.3
DISEASES OF PROSTATE.....	*1.0	*7.0	35.9	*25.4	*59.2	*1.4	16.6	*29.0	*34.5	*15.2
DISEASE OF FEMALE GENITAL ORGANS.....	17.4	16.8	*4.4	*6.4	*-	21.6	16.3	*19.2	*10.4	*41.4
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	4.5	*11.7	*4.6	*6.6	*-	4.8	9.9	*10.0	*14.0	*-
HEART DISEASE.....	29.6	104.0	229.7	204.9	284.4	28.5	101.0	202.1	142.4	351.5
ISCHEMIC HEART DISEASE.....	3.7	50.0	114.5	106.0	133.3	*2.2	47.1	85.0	55.0	160.6
HEART RHYTHM DISORDERS.....	22.0	34.4	67.3	48.3	109.2	18.3	32.1	64.6	58.2	*80.8
TACHYCARDIA OR RAPID HEART.....	4.1	14.2	*21.4	*6.9	*53.7	3.8	12.2	*7.5	*10.4	*-
HEART MURMURS.....	16.2	*13.8	*25.8	*23.2	*31.5	12.5	14.7	*25.8	*15.2	*52.5
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	*1.7	*6.5	*20.0	*18.2	*24.1	*1.9	*5.3	*31.3	*32.5	*28.3
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	4.0	19.5	47.9	50.3	*41.9	8.1	21.7	52.5	*29.7	*110.1
HIGH BLOOD PRESSURE (HYPERTENSION).....	45.1	261.4	360.4	361.0	359.0	28.4	179.5	267.5	249.1	315.2
CEREBROVASCULAR DISEASE.....	*1.2	*6.3	56.7	43.1	87.6	*0.7	*5.1	39.3	*27.3	*69.7
HARDENING OF THE ARTERIES.....	*0.3	19.0	39.3	*35.3	*48.1	*0.4	13.8	*21.0	*19.3	*25.3
VARIKOSE VEINS OF LOWER EXTREMITIES.....	17.8	46.9	54.6	59.1	*44.4	14.9	48.4	41.9	*49.3	*23.2
HEMORRHOIDS.....	45.6	69.1	64.9	82.9	*24.7	38.9	73.1	61.1	75.8	*23.2
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	49.0	52.6	46.2	*37.0	*66.6	46.8	43.5	65.4	69.4	*55.6
ASTHMA.....	44.6	38.5	53.4	70.4	*16.0	48.2	40.6	45.9	54.6	*23.2
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	91.8	89.8	77.1	89.2	*50.0	112.0	103.5	82.1	87.0	*68.7
CHRONIC SINUSITIS.....	134.4	191.2	138.3	144.7	124.0	124.5	172.8	88.4	109.5	*35.4
DEVIATED NASAL SEPTUM.....	*2.3	*6.3	*6.3	*6.1	*6.8	6.2	11.9	*11.8	*9.6	*17.2
CHRONIC DISEASE OF TONSILS OR ADENOID.....	18.0	*1.3	*-	*-	*-	14.3	*5.7	*-	*-	*-
EMPHYSEMA.....	*0.4	*12.9	28.6	*26.8	*32.7	*0.6	*5.7	*20.4	*12.4	*40.4

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

TABLE 61. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
ARTHRITIS.....	125.8	135.8	132.9	110.0	118.7	120.4	117.6	157.7
GOUT, INCLUDING GOUTY ARTHRITIS.....	6.5	10.1	9.5	7.0	8.2	6.3	9.4	9.6
INTERVERTEBRAL DISC DISORDERS.....	17.8	19.9	17.5	16.8	17.7	12.4	21.1	19.1
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	6.2	9.3	8.5	8.2	7.6	7.4	7.7	10.2
DISORDERS OF BONE OR CARTILAGE.....	4.7	6.7	4.8	5.2	4.6	4.0	4.9	8.0
TROUBLE WITH BUNIONS.....	16.1	9.7	10.8	9.9	11.8	13.2	11.0	9.8
BURSITIS, UNCLASSIFIED.....	18.9	17.2	19.2	16.8	17.0	16.1	17.6	22.2
SEBACEOUS SKIN CYST.....	4.7	7.3	7.3	7.6	7.1	6.8	7.3	6.1
TROUBLE WITH ACNE.....	15.0	17.2	16.4	17.3	17.5	16.7	17.9	13.1
PSORIASIS.....	11.0	9.1	8.5	8.7	9.3	8.5	9.8	8.8
DERMATITIS.....	33.4	39.5	28.7	39.6	35.4	35.1	35.5	31.8
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	18.1	17.3	16.8	18.9	17.4	16.2	18.2	18.3
TROUBLE WITH INGROWN NAILS.....	19.1	21.8	28.3	21.9	21.9	21.1	22.3	29.4
TROUBLE WITH CORNS AND CALLUSES.....	20.6	16.8	17.5	16.9	17.6	19.2	16.5	18.8
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	30.8	32.5	35.1	29.3	30.1	28.9	30.9	40.4
COLOR BLINDNESS.....	9.4	9.2	9.1	11.4	9.5	5.8	11.9	10.2
CATARACTS.....	21.0	24.7	26.4	19.4	20.6	24.1	18.3	33.4
GLAUCOMA.....	13.5	7.2	9.8	7.6	9.4	12.1	7.6	9.7
HEARING IMPAIRMENT.....	77.1	86.7	81.0	88.2	74.8	72.7	76.2	112.6
TINNITUS.....	20.5	28.9	22.1	25.1	21.8	19.6	23.2	32.2
SPEECH IMPAIRMENT.....	7.6	8.0	11.5	8.8	8.3	10.4	6.9	12.9
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	6.0	6.0	7.8	4.6	5.6	5.9	5.5	8.6
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	4.5	5.3	5.9	4.4	4.9	4.9	4.9	6.0
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	104.5	115.7	105.7	138.9	111.7	110.5	112.5	126.5
BACK.....	56.4	69.2	59.4	92.5	66.4	63.5	68.2	75.0
UPPER EXTREMITIES.....	14.5	15.6	12.2	15.1	14.3	14.1	14.5	14.4
LOWER EXTREMITIES.....	45.5	45.4	44.1	47.6	44.4	47.5	42.4	49.2
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	15.7	18.2	19.8	12.7	16.2	20.1	13.7	20.0
HEPATOMEGALY.....	16.0	18.5	21.7	17.1	17.0	16.1	17.5	25.2
GASTRITIS OR DUODENITIS.....	11.3	12.9	13.2	10.2	12.6	16.7	10.0	10.3
FREQUENT INDIGESTION.....	20.2	20.7	27.8	17.0	20.9	21.8	20.3	27.1
ENTERITIS OR COLITIS.....	7.3	10.3	11.4	9.1	9.6	9.0	9.9	10.8
SPASTIC COLON.....	3.6	5.2	7.0	5.7	5.5	5.1	5.8	5.9
DIVERTICULA OF INTESTINES.....	7.1	9.3	10.3	4.7	7.6	6.8	8.1	10.3
FREQUENT CONSTIPATION.....	13.7	17.5	24.3	15.3	17.4	20.3	15.5	23.0

SEE NOTES AT END OF TABLE.

TABLE 61. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	15.1	10.6	15.7	10.6	13.5	13.1	13.7	12.4
DIABETES.....	25.2	25.9	29.8	23.9	23.9	28.3	21.1	36.2
ANEMIAS.....	15.8	14.9	17.3	15.4	16.3	18.3	15.1	14.8
EPILEPSY.....	4.4	4.6	4.3	3.3	3.7	4.0	3.5	6.0
MIGRAINE HEADACHE.....	36.9	40.4	41.0	45.4	42.4	42.4	42.3	36.1
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*1.5	*1.6	3.2	3.6	2.5	*1.8	2.9	2.9
KIDNEY TROUBLE.....	11.1	10.8	19.7	10.6	12.3	11.7	12.7	19.5
BLADDER DISORDERS.....	8.7	17.4	15.5	15.6	14.0	14.9	13.4	16.8
DISEASES OF PROSTATE.....	4.7	5.2	9.0	4.4	4.6	4.1	4.9	11.9
DISEASE OF FEMALE GENITAL ORGANS.....	15.6	16.1	21.1	23.3	18.7	17.7	19.3	21.2
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	5.7	10.0	6.1	5.9	6.8	7.2	6.5	7.6
HEART DISEASE.....	72.2	82.0	79.9	66.2	71.2	73.6	69.7	92.6
ISCHEMIC HEART DISEASE.....	31.3	28.4	29.9	23.9	26.2	23.6	27.9	36.7
HEART RHYTHM DISORDERS.....	28.8	35.3	30.4	26.2	28.8	31.5	27.1	35.9
TACHYCARDIA OR RAPID HEART.....	8.1	9.9	8.2	5.7	7.3	7.7	7.1	10.6
HEART MURMURS.....	16.8	19.7	14.7	13.3	15.8	17.8	14.4	17.1
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	3.9	5.7	7.5	7.2	5.7	6.0	5.5	8.2
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	12.1	18.3	19.5	16.2	16.2	18.5	14.7	19.9
HIGH BLOOD PRESSURE (HYPERTENSION).....	102.1	113.9	133.5	92.2	109.2	119.7	102.5	129.0
CEREBROVASCULAR DISEASE.....	12.4	9.9	10.6	10.6	11.2	13.4	9.8	9.1
HARDENING OF THE ARTERIES.....	6.0	8.4	10.6	10.1	8.7	8.2	9.1	10.1
VARICOSE VEINS OF LOWER EXTREMITIES.....	29.3	35.1	29.0	30.9	30.4	29.6	30.8	33.0
HEMORRHOIDS.....	44.1	50.0	50.0	42.2	46.8	46.0	47.3	48.6
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	44.8	51.4	52.9	44.7	47.5	40.8	51.8	55.2
ASTHMA.....	41.8	41.7	57.0	45.3	47.7	50.4	45.9	48.0
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	71.3	83.0	91.3	99.1	87.0	81.9	90.3	86.6
CHRONIC SINUSITIS.....	92.8	159.7	179.0	91.5	129.7	123.9	133.4	168.9
DEVIATED NASAL SEPTUM.....	10.5	4.3	4.6	3.1	5.8	4.2	6.9	3.9
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	8.3	12.0	14.5	14.4	12.4	12.0	12.7	13.3
EMPHYSEMA.....	8.8	5.7	10.4	6.9	6.7	6.4	6.9	13.5

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

TABLE 62. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY AGE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS			65 YEARS AND OVER			
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
ARTHRITIS.....	30,999	5,182	88	5,094	11,703	14,113	7,797	6,316
GOUT, INCLUDING GOUTY ARTHRITIS.....	2,069	271	-	271	969	830	514	315
INTERVERTEBRAL DISC DISORDERS.....	4,381	1,972	-	1,972	1,556	853	594	259
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	1,988	910	33	878	711	366	236	130
DISORDERS OF BONE OR CARTILAGE.....	1,300	418	119	299	218	664	330	334
TROUBLE WITH BUNIONS.....	2,776	785	10	774	824	1,168	661	507
BURSITIS, UNCLASSIFIED.....	4,420	1,655	59	1,596	1,663	1,102	631	471
SEBACEOUS SKIN CYST.....	1,673	1,070	131	939	423	180	140	40
TROUBLE WITH ACNE.....	4,019	3,790	1,348	2,442	179	49	25	25
PSORIASIS.....	2,235	1,254	228	1,026	600	381	256	125
DERMATITIS.....	8,420	6,038	2,284	3,753	1,411	972	597	375
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	4,289	2,413	632	1,782	1,054	821	417	404
TROUBLE WITH INGROWN NAILS.....	5,726	3,051	581	2,470	1,294	1,381	643	738
TROUBLE WITH CORNS AND CALLUSES.....	4,342	1,538	14	1,524	1,454	1,350	731	619
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	7,881	3,409	573	2,836	2,080	2,392	1,235	1,158
COLOR BLINDNESS.....	2,350	1,340	172	1,168	645	365	226	139
CATARACTS.....	5,698	372	12	360	743	4,583	1,914	2,669
GLAUCOMA.....	2,299	204	21	183	513	1,582	755	828
HEARING IMPAIRMENT.....	20,246	5,982	1,001	4,982	5,891	8,372	4,268	4,104
TINNITUS.....	5,867	1,610	107	1,503	2,110	2,147	1,362	785
SPEECH IMPAIRMENT.....	2,261	1,663	1,093	570	285	313	136	177
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	1,535	579	40	539	440	515	354	161
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	1,254	412	188	224	326	516	200	316
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	27,993	16,288	1,873	14,415	7,169	4,536	2,520	2,016
BACK.....	16,623	9,723	725	8,997	4,506	2,394	1,407	987
UPPER EXTREMITIES.....	3,496	1,668	125	1,543	1,108	720	343	377
LOWER EXTREMITIES.....	11,066	6,425	1,082	5,342	2,566	2,075	1,227	848
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	4,154	2,101	59	2,042	1,157	896	506	390
HERNIA OF ABDOMINAL CAVITY.....	4,576	1,261	260	1,001	1,702	1,613	1,021	592
GASTRITIS OR DUODENITIS.....	2,943	1,335	213	1,122	972	636	407	229
FREQUENT INDIGESTION.....	5,418	2,673	122	2,550	1,635	1,110	622	488
ENTERITIS OR COLITIS.....	2,394	1,073	130	943	710	611	377	234
SPASTIC COLON.....	1,362	524	34	490	644	194	112	82
DIVERTICULA OF INTESTINES.....	1,996	137	12	124	780	1,079	602	477
FREQUENT CONSTIPATION.....	4,529	1,762	523	1,240	964	1,802	752	1,050

SEE NOTES AT END OF TABLE.



TABLE 62. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY AGE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS				65 YEARS AND OVER		
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	3,223	878	31	847	1,437	908	591	317
DIABETES.....	6,489	1,228	118	1,110	2,586	2,576	1,600	976
ANEMIAS.....	3,896	2,578	656	1,923	692	625	375	251
EPILEPSY.....	1,019	806	225	581	159	54	34	20
MIGRAINE HEADACHE.....	9,978	6,949	994	5,955	2,363	666	532	134
NEURALGIA OR NEURITIS, UNSPECIFIED.....	625	156	-	156	274	195	117	78
KIDNEY TROUBLE.....	3,375	1,740	118	1,622	837	798	581	217
BLADDER DISORDERS.....	3,563	1,709	198	1,511	919	935	443	492
DISEASES OF PROSTATE.....	1,515	161	-	161	580	773	356	418
DISEASE OF FEMALE GENITAL ORGANS.....	4,686	3,503	208	3,295	883	300	173	127
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	1,689	734	43	691	615	340	228	112
HEART DISEASE.....	18,493	4,861	1,097	3,764	5,482	8,150	4,129	4,021
ISCHEMIC HEART DISEASE.....	6,949	457	25	432	2,511	3,981	2,009	1,971
HEART RHYTHM DISORDERS.....	7,397	3,395	759	2,636	1,850	2,152	1,137	1,015
TACHYCARDIA OR RAPID HEART.....	1,962	607	55	552	687	668	348	320
HEART MURMURS.....	3,913	2,459	677	1,782	756	697	342	354
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	1,523	328	27	301	407	787	447	341
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	4,147	1,010	314	696	1,120	2,017	983	1,035
HIGH BLOOD PRESSURE (HYPERTENSION).....	27,664	5,977	138	5,838	10,565	11,122	6,843	4,279
CEREBROVASCULAR DISEASE.....	2,626	254	53	200	706	1,666	768	898
HARDENING OF THE ARTERIES.....	2,200	105	-	105	744	1,351	516	835
VARICOSE VEINS OF LOWER EXTREMITIES.....	7,536	2,588	-	2,588	2,666	2,282	1,295	987
HEMORRHOIDS.....	11,489	5,998	43	5,956	3,456	2,034	1,380	655
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	11,974	7,876	3,235	4,641	2,476	1,622	966	656
ASTHMA.....	11,621	8,203	3,901	4,302	1,914	1,504	1,022	482
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	21,166	15,150	3,818	11,332	4,032	1,984	1,238	746
CHRONIC SINUSITIS.....	33,683	21,199	4,409	16,790	8,003	4,481	2,706	1,775
DEVIATED NASAL SEPTUM.....	1,316	690	47	643	391	235	157	78
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	3,076	2,771	1,795	976	262	43	32	11
EMPHYSEMA.....	1,993	136	13	123	795	1,062	577	484

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

TABLE 63. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY SEX AND AGE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	MALE					FEMALE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS										
ARTHRITIS.....	2,069	4,469	4,765	2,675	2,090	3,113	7,235	9,348	5,121	4,227
GOUT, INCLUDING GOUTY ARTHRITIS.....	224	838	558	345	213	47	131	272	170	102
INTERVERTEBRAL DISC DISORDERS.....	1,349	811	334	245	88	622	746	520	348	171
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	401	272	161	119	42	509	440	206	117	88
DISORDERS OF BONE OR CARTILAGE.....	100	91	70	44	26	318	127	594	286	308
TROUBLE WITH BUNIONS.....	140	184	178	121	57	645	640	990	540	450
BURSITIS, UNCLASSIFIED.....	507	786	354	183	171	1,148	878	748	448	300
SEBACEOUS SKIN CYST.....	456	229	50	43	7	614	194	130	97	33
TROUBLE WITH ACNE.....	1,703	76	49	25	25	2,087	103	-	-	-
PSORIASIS.....	710	323	186	96	90	544	277	195	160	35
DERMATITIS.....	2,585	427	502	293	208	3,453	984	470	303	167
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	1,092	583	342	186	156	1,321	471	479	231	249
TROUBLE WITH INGROWN NAILS.....	1,312	382	468	167	302	1,739	912	913	476	436
TROUBLE WITH CORNS AND CALLUSES.....	577	442	396	232	164	961	1,012	954	499	455
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	2,273	1,395	1,120	594	525	1,136	685	1,273	640	632
COLOR BLINDNESS.....	1,257	502	218	141	77	83	143	147	84	63
CATARACTS.....	197	323	1,372	603	769	175	420	3,211	1,310	1,900
GLAUCOMA.....	83	156	524	279	245	121	358	1,058	475	582
HEARING IMPAIRMENT.....	3,753	3,723	4,142	2,449	1,692	2,230	2,169	4,230	1,818	2,412
TINNITUS.....	824	1,089	958	673	285	786	1,021	1,189	689	500
SPEECH IMPAIRMENT.....	1,055	202	160	77	83	608	83	154	59	94
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	459	340	394	279	115	120	100	121	76	46
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	296	240	297	95	202	116	86	219	105	114
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	8,239	3,520	1,658	1,110	549	8,049	3,648	2,878	1,410	1,468
BACK.....	4,225	1,975	746	535	212	5,497	2,531	1,648	872	775
UPPER EXTREMITIES.....	1,119	652	282	157	125	548	456	438	186	252
LOWER EXTREMITIES.....	3,752	1,301	848	568	280	2,672	1,265	1,228	659	568
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	832	419	305	182	123	1,270	738	591	324	267
HERNIA OF ABDOMINAL CAVITY.....	660	960	561	370	191	601	742	1,052	650	401
GASTRITIS OR DUODENITIS.....	508	252	162	141	21	827	720	474	266	208
FREQUENT INDIGESTION.....	1,415	941	367	220	147	1,258	694	744	402	342
ENTERITIS OR COLITIS.....	267	223	214	137	77	806	487	397	240	157
SPASTIC COLON.....	156	117	27	13	15	368	527	167	100	67
DIVERTICULA OF INTESTINES.....	40	234	329	203	126	97	546	750	399	352
FREQUENT CONSTIPATION.....	474	184	464	237	228	1,289	780	1,338	515	823

SEE NOTES AT END OF TABLE.

TABLE 63. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY SEX AND AGE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	MALE					FEMALE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	130	199	235	158	76	748	1,237	674	433	241
DIABETES.....	465	1,433	897	587	311	762	1,252	1,679	1,014	665
ANEMIAS.....	472	82	214	152	62	2,107	610	411	223	189
EPILEPSY.....	366	59	10	-	10	440	100	44	34	11
MIGRAINE HEADACHE.....	1,976	547	213	160	52	4,973	1,816	453	372	82
NEURALGIA OR NEURITIS, UNSPECIFIED.....	40	104	36	27	9	117	170	159	90	69
KIDNEY TROUBLE.....	501	469	302	202	100	1,239	368	496	379	117
BLADDER DISORDERS.....	117	153	202	56	146	1,592	766	733	387	346
DISEASES OF PROSTATE.....	161	580	773	356	418	...	...	...	...	...
DISEASE OF FEMALE GENITAL ORGANS.....	...	...	...	...	...	3,503	883	300	173	127
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	245	263	40	30	10	488	352	300	198	102
HEART DISEASE.....	2,012	3,086	3,622	2,061	1,561	2,849	2,396	4,528	2,069	2,460
ISCHEMIC HEART DISEASE.....	290	1,896	2,051	1,165	887	167	615	1,929	845	1,085
HEART RHYTHM DISORDERS.....	1,356	655	808	450	357	2,039	1,196	1,344	687	658
TACHYCARDIA OR RAPID HEART.....	247	243	146	79	67	360	444	522	269	253
HEART MURMURS.....	967	274	324	155	169	1,492	483	373	187	186
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	142	138	338	216	121	186	269	450	230	219
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	366	536	763	446	317	644	585	1,255	537	717
HIGH BLOOD PRESSURE (HYPERTENSION).....	2,936	4,861	3,760	2,520	1,240	3,041	5,704	7,362	4,323	3,039
CEREBROVASCULAR DISEASE.....	90	323	746	420	326	164	383	920	348	572
HARDENING OF THE ARTERIES.....	68	504	612	336	276	37	241	740	180	559
VARICOSE VEINS OF LOWER EXTREMITIES.....	385	465	624	412	213	2,203	2,201	1,658	883	774
HEMORRHOIDS.....	2,558	1,677	700	532	169	3,440	1,780	1,334	848	486
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	2,935	918	593	419	174	4,941	1,559	1,028	547	482
ASTHMA.....	4,293	770	530	375	155	3,910	1,144	974	647	327
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	7,500	1,828	745	494	252	7,650	2,204	1,239	744	495
CHRONIC SINUSITIS.....	9,144	3,458	1,614	1,197	417	12,054	4,545	2,867	1,508	1,358
DEVIATED NASAL SEPTUM.....	281	186	128	107	21	408	205	107	49	57
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	1,102	101	11	11	-	1,669	161	32	20	11
EMPHYSEMA.....	57	498	689	350	339	79	297	373	228	145

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

TABLE 64. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY RACE AND AGE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS	75 YEARS AND OVER			TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
ARTHRITIS.....	4,459	9,913	12,714	6,901	5,813	595	1,511	1,282	804	477
GOUT, INCLUDING GOUTY ARTHRITIS.....	236	778	688	411	277	34	167	142	103	39
INTERVERTEBRAL DISC DISORDERS.....	1,715	1,430	833	578	255	220	115	20	15	5
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	809	702	350	236	114	72	9	16	-	16
DISORDERS OF BONE OR CARTILAGE.....	381	206	654	330	324	21	-	10	-	10
TROUBLE WITH BUNIONS.....	607	643	1,078	614	465	178	181	76	34	42
BURSITIS, UNCLASSIFIED.....	1,545	1,474	1,045	597	447	99	164	57	34	24
SEBACEOUS SKIN CYST.....	963	385	180	140	40	83	26	-	-	-
TROUBLE WITH ACNE.....	3,369	164	49	25	25	350	15	-	-	-
PSORIASIS.....	1,139	588	368	243	125	92	12	-	-	-
DERMATITIS.....	5,054	1,276	943	591	352	770	93	29	6	23
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	2,106	918	741	379	362	218	105	80	38	42
TROUBLE WITH INGROWN NAILS.....	2,781	1,195	1,243	564	679	270	87	110	67	43
TROUBLE WITH CORNS AND CALLUSES.....	1,156	1,197	1,129	600	528	326	257	200	110	91
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	3,024	1,821	2,134	1,066	1,068	336	257	189	130	59
COLOR BLINDNESS.....	1,265	618	362	223	139	59	24	-	-	-
CATARACTS.....	318	664	4,229	1,721	2,508	54	69	343	182	161
GLAUCOMA.....	188	415	1,311	619	692	15	98	272	136	136
HEARING IMPAIRMENT.....	5,285	5,473	7,824	3,955	3,869	540	304	428	275	153
TINNITUS.....	1,341	1,891	2,025	1,278	748	210	154	94	70	24
SPEECH IMPAIRMENT.....	1,166	251	258	114	144	489	34	43	22	21
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	484	339	447	301	146	95	78	68	53	15
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	357	264	431	174	256	32	62	61	25	36
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	14,432	6,417	4,109	2,263	1,846	1,344	620	370	247	123
BACK.....	8,733	4,084	2,226	1,305	921	639	366	145	102	43
UPPER EXTREMITIES.....	1,466	1,004	624	286	338	176	75	73	58	16
LOWER EXTREMITIES.....	5,719	2,234	1,810	1,080	730	556	266	217	137	80
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	1,826	939	840	477	363	215	191	56	29	27
HERNIA OF ABDOMINAL CAVITY.....	1,114	1,530	1,558	980	578	136	161	43	28	15
GASTRITIS OR DUODENITIS.....	1,060	918	551	361	190	165	44	73	33	39
FREQUENT INDIGESTION.....	2,430	1,383	875	498	377	194	176	187	106	80
ENTERITIS OR COLITIS.....	1,031	654	596	362	234	41	33	15	15	-
SPASTIC COLON.....	512	625	160	94	66	-	3	22	6	16
DIVERTICULA OF INTESTINES.....	137	760	1,063	602	462	-	21	16	-	16
FREQUENT CONSTIPATION.....	1,404	782	1,594	672	922	319	141	184	66	118

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 64. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY RACE AND AGE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS	75 YEARS AND OVER			TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
GOITER OR OTHER DISORDERS OF THE THYROID.....	749	1,297	839	555	284	107	127	70	36	34
DIABETES.....	972	2,106	2,109	1,311	798	188	472	407	229	178
ANEMIAS.....	1,964	538	540	310	231	465	142	85	65	20
EPILEPSY.....	669	124	54	34	20	137	30	-	-	-
MIGRAINE HEADACHE.....	5,962	2,095	577	455	122	803	220	56	56	-
NEURALGIA OR NEURITIS, UNSPECIFIED.....	127	228	163	85	78	29	46	18	18	-
KIDNEY TROUBLE.....	1,503	818	673	496	177	141	19	100	60	40
BLADDER DISORDERS.....	1,466	890	896	426	470	204	29	39	16	22
DISEASES OF PROSTATE.....	123	559	734	356	378	38	10	40	-	40
DISEASE OF FEMALE GENITAL ORGANS.....	2,911	773	270	148	121	475	85	30	25	5
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	624	593	304	192	112	98	22	36	36	-
HEART DISEASE.....	4,136	4,794	7,539	3,752	3,787	686	604	541	321	220
ISCHEMIC HEART DISEASE.....	369	2,285	3,724	1,844	1,880	88	182	212	121	91
HEART RHYTHM DISORDERS.....	2,913	1,602	2,099	1,095	1,004	443	249	41	30	11
TACHYCARDIA OR RAPID HEART.....	570	591	655	335	320	24	96	13	13	-
HEART MURMURS.....	2,024	612	689	342	347	409	144	7	-	7
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	318	399	755	418	337	10	8	21	17	4
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	855	907	1,716	813	903	155	174	288	170	117
HIGH BLOOD PRESSURE (HYPERTENSION).....	4,561	8,524	9,668	5,879	3,789	1,262	1,807	1,270	825	445
CEREBROVASCULAR DISEASE.....	236	545	1,482	672	810	18	131	174	86	88
HARDENING OF THE ARTERIES.....	96	728	1,225	430	795	9	-	126	86	40
VARICOSE VEINS OF LOWER EXTREMITIES.....	2,352	2,449	2,113	1,165	948	209	205	157	118	38
HEMORRHOIDS.....	5,104	3,191	1,858	1,251	607	755	235	152	105	48
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	6,891	2,275	1,539	910	629	760	153	83	56	27
ASTHMA.....	6,619	1,743	1,313	847	466	1,304	112	170	165	5
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	13,215	3,689	1,811	1,129	682	1,379	227	127	75	52
CHRONIC SINUSITIS.....	18,212	7,134	4,133	2,484	1,648	2,714	770	307	192	116
DEVIATED NASAL SEPTUM.....	653	382	225	147	78	-	10	10	10	-
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	2,471	219	43	32	11	180	30	-	-	-
EMPHYSEMA.....	132	743	1,021	566	455	4	52	41	12	30

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

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

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
ARTHRITIS.....	702	1,262	3,405	1,602	1,804	836	2,146	3,479	2,073	1,406
GOUT, INCLUDING GOUTY ARTHRITIS.....	59	75	187	107	80	51	206	253	134	118
INTERVERTEBRAL DISC DISORDERS.....	214	179	178	111	67	299	162	221	138	83
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	53	45	123	91	32	211	103	44	11	33
DISORDERS OF BONE OR CARTILAGE.....	76	22	145	43	102	73	46	117	79	38
TROUBLE WITH BUNIONS.....	42	88	268	107	162	221	106	316	196	120
BURSITIS, UNCLASSIFIED.....	219	144	262	133	129	207	183	188	129	59
SEBACEOUS SKIN CYST.....	213	64	28	28	-	137	45	28	21	7
TROUBLE WITH ACNE.....	314	-	11	11	-	537	48	11	-	11
PSORIASIS.....	75	18	109	68	41	141	85	126	77	49
DERMATITIS.....	619	110	141	95	46	950	113	215	151	63
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	261	98	171	66	104	381	240	271	166	105
TROUBLE WITH INGROWN NAILS.....	398	216	388	163	225	562	273	370	200	169
TROUBLE WITH CORNS AND CALLUSES.....	233	270	318	149	169	311	215	336	204	132
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	329	312	692	305	387	686	316	726	366	360
COLOR BLINDNESS.....	68	27	46	22	24	207	74	118	62	56
CATARACTS.....	37	97	984	309	675	77	216	1,309	667	643
GLAUCOMA.....	-	80	307	100	207	45	73	409	242	166
HEARING IMPAIRMENT.....	729	639	1,546	646	900	1,127	920	2,739	1,457	1,283
TINNITUS.....	185	275	390	174	216	392	456	768	483	285
SPEECH IMPAIRMENT.....	377	72	79	43	36	461	69	71	25	47
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	38	43	86	61	25	115	89	240	145	95
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	22	64	108	48	59	160	63	129	59	69
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	1,805	885	1,166	526	640	2,786	1,311	1,286	743	543
BACK.....	1,085	500	668	354	314	1,667	816	681	448	233
UPPER EXTREMITIES.....	174	144	217	69	148	429	173	184	108	76
LOWER EXTREMITIES.....	687	383	427	188	239	1,114	515	572	290	282
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	300	232	221	104	117	396	274	284	162	121
HERNIA OF ABDOMINAL CAVITY.....	223	237	391	211	180	166	309	392	215	177
GASTRITIS OR DUODENITIS.....	175	139	142	83	59	232	180	112	89	22
FREQUENT INDIGESTION.....	450	252	380	222	158	480	302	298	203	95
ENTERITIS OR COLITIS.....	79	99	103	80	23	213	108	168	105	63
SPASTIC COLON.....	47	75	21	21	-	36	74	51	37	15
DIVERTICULA OF INTESTINES.....	-	79	226	101	125	-	106	355	239	115
FREQUENT CONSTIPATION.....	215	175	593	257	336	281	171	386	127	259

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
GOITER OR OTHER DISORDERS OF THE										
THYROID.....	77	125	294	191	103	96	194	191	95	96
DIABETES.....	153	457	764	492	272	229	474	506	300	206
ANEMIAS.....	448	184	221	118	103	452	105	106	81	25
EPILEPSY.....	180	46	20	20	-	181	33	-	-	-
MIGRAINE HEADACHE.....	749	365	233	169	64	1,145	252	177	163	13
NEURALGIA OR NEURITIS, UNSPECIFIED.....	27	14	32	11	21	55	63	99	79	20
KIDNEY TROUBLE.....	347	164	247	196	51	226	131	211	165	46
BLADDER DISORDERS.....	200	134	189	54	135	202	99	241	148	93
DISEASES OF PROSTATE.....	-	82	132	25	107	37	75	235	116	120
DISEASE OF FEMALE GENITAL ORGANS.....	389	100	71	47	24	700	163	114	71	44
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT										
HEART DISEASE.....	12	71	142	57	85	197	72	73	56	17
HEART DISEASE.....	519	886	1,932	808	1,124	964	841	2,407	1,370	1,037
ISCHEMIC HEART DISEASE.....	51	284	847	358	489	112	435	1,343	749	594
HEART RHYTHM DISORDERS.....	352	384	435	152	283	720	252	625	398	228
TACHYCARDIA OR RAPID HEART.....	48	158	161	72	89	116	114	185	99	85
HEART MURMURS.....	257	147	81	10	71	540	48	223	114	109
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	47	78	193	70	123	63	90	218	184	34
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	116	219	650	298	352	132	154	439	224	215
HIGH BLOOD PRESSURE (HYPERTENSION).....	862	1,246	2,350	1,133	1,217	944	1,673	3,330	2,188	1,142
CEREBROVASCULAR DISEASE.....	62	208	353	123	231	52	219	399	221	178
HARDENING OF THE ARTERIES.....	20	98	335	95	239	39	125	511	203	309
VARICOSE VEINS OF LOWER EXTREMITIES.....	223	499	636	302	334	574	465	738	458	281
HEMORRHOIDS.....	515	534	526	265	262	780	489	751	532	220
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	1,013	279	478	295	183	1,143	467	437	286	151
ASTHMA.....	1,019	279	399	202	197	1,395	283	395	295	100
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	1,245	231	273	130	143	2,056	424	661	418	243
CHRONIC SINUSITIS.....	2,436	718	1,199	651	549	3,192	1,060	1,466	818	648
DEVIATED NASAL SEPTUM.....	45	27	33	12	21	99	23	57	48	9
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	337	78	21	10	11	537	24	22	22	-
EMPHYSEMA.....	15	221	291	165	126	56	221	353	185	168

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
ARTHRITIS.....	1,288	2,619	2,219	1,395	825	1,824	3,721	1,591	975	616
GOUT, INCLUDING GOUTY ARTHRITIS.....	23	195	140	108	32	107	340	96	71	24
INTERVERTEBRAL DISC DISORDERS.....	529	381	136	124	12	683	559	66	55	11
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	178	112	25	11	14	383	329	101	73	28
DISORDERS OF BONE OR CARTILAGE.....	136	47	135	70	64	104	73	81	55	26
TROUBLE WITH BUNIONS.....	145	133	142	81	60	310	353	109	60	49
BURSITIS, UNCLASSIFIED.....	401	434	254	169	85	561	621	185	73	112
SEBACEOUS SKIN CYST.....	273	162	25	13	12	347	109	45	45	-
TROUBLE WITH ACNE.....	921	37	-	-	-	1,707	50	28	13	14
PSORIASIS.....	263	86	73	50	23	560	312	-	-	-
DERMATITIS.....	1,587	305	267	110	157	2,307	639	174	129	45
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	641	187	171	115	56	919	385	58	23	35
TROUBLE WITH INGROWN NAILS.....	740	381	222	144	78	1,047	278	183	60	123
TROUBLE WITH CORNS AND CALLUSES.....	347	405	243	137	106	498	474	149	96	53
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	1,037	457	347	209	139	912	678	211	109	102
COLOR BLINDNESS.....	339	155	59	47	13	611	338	71	60	11
CATARACTS.....	142	150	664	360	304	98	114	419	111	308
GLAUCOMA.....	58	69	290	151	139	87	218	179	70	109
HEARING IMPAIRMENT.....	1,789	1,445	1,503	840	663	1,802	1,984	857	539	318
TINNITUS.....	465	468	455	317	138	436	683	205	171	34
SPEECH IMPAIRMENT.....	343	59	66	30	36	338	47	29	-	29
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	202	125	99	79	20	155	94	10	10	-
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	58	54	91	25	66	123	39	80	11	69
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	4,358	1,568	831	593	238	5,604	2,160	445	267	178
BACK.....	2,582	892	409	309	100	3,256	1,415	255	109	146
UPPER EXTREMITIES.....	448	273	82	50	32	423	288	43	34	10
LOWER EXTREMITIES.....	1,698	611	481	343	139	2,408	702	250	207	44
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	524	210	87	51	36	565	264	99	66	33
HERNIA OF ABDOMINAL CAVITY.....	272	347	313	238	75	407	513	148	94	54
GASTRITIS OR DUODENITIS.....	357	192	101	61	39	385	319	74	51	22
FREQUENT INDIGESTION.....	628	306	163	99	64	877	507	24	-	24
ENTERITIS OR COLITIS.....	217	126	183	110	73	440	300	57	27	30
SPASTIC COLON.....	175	215	27	-	27	233	229	25	-	25
DIVERTICULA OF INTESTINES.....	26	168	82	45	38	83	343	137	56	81
FREQUENT CONSTIPATION.....	400	199	288	171	117	640	282	80	41	39

SEE FOOTNOTE AND NOTES AT END OF TABLE.



TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX 1)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER			65 YEARS AND OVER			65 YEARS AND OVER			
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	270	244	212	168	44	311	655	101	64	37
DIABETES.....	349	480	461	263	198	341	800	240	204	36
ANEMIAS.....	678	131	66	25	41	672	154	78	65	14
EPILEPSY.....	240	45	11	-	11	107	35	14	14	-
MIGRAINE HEADACHE.....	1,809	528	47	47	-	2,396	930	101	75	26
NEURALGIA OR NEURITIS, UNSPECIFIED.....	13	47	23	12	11	34	120	41	15	26
KIDNEY TROUBLE.....	568	209	97	75	22	441	272	66	51	15
BLADDER DISORDERS.....	454	162	167	93	73	606	392	89	60	30
DISEASES OF PROSTATE.....	41	69	188	92	96	84	297	101	86	15
DISEASE OF FEMALE GENITAL ORGANS.....	723	165	23	23	-	1,268	292	67	26	41
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	187	115	24	24	-	281	178	35	35	-
HEART DISEASE.....	1,234	1,024	1,204	742	461	1,678	1,810	704	355	348
ISCHEMIC HEART DISEASE.....	152	492	600	384	216	128	844	296	137	159
HEART RHYTHM DISORDERS.....	915	339	353	175	177	1,074	576	225	145	80
TACHYCARDIA OR RAPID HEART.....	171	140	112	25	87	225	219	26	26	-
HEART MURMURS.....	675	136	135	84	51	736	263	90	38	52
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	69	64	105	66	39	114	95	109	81	28
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	167	192	251	182	68	475	389	183	74	109
HIGH BLOOD PRESSURE (HYPERTENSION).....	1,879	2,573	1,889	1,307	582	1,672	3,217	932	621	312
CEREBROVASCULAR DISEASE.....	49	62	297	156	142	42	91	137	68	69
HARDENING OF THE ARTERIES.....	11	187	206	128	78	23	247	73	48	25
VARICOSE VEINS OF LOWER EXTREMITIES.....	739	462	286	214	72	875	868	146	123	23
HEMORRHOIDS.....	1,899	680	340	300	40	2,285	1,310	213	189	23
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	2,041	518	242	134	108	2,753	780	228	173	55
ASTHMA.....	1,857	379	280	255	26	2,834	727	160	136	23
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	3,822	884	404	323	81	6,585	1,854	286	217	68
CHRONIC SINUSITIS.....	5,597	1,882	725	524	201	7,321	3,097	308	273	35
DEVIATED NASAL SEPTUM.....	95	62	33	22	11	363	214	41	24	17
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	748	13	-	-	-	839	103	-	-	-
EMPHYSEMA.....	17	127	150	97	53	37	102	71	31	40

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

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

TABLE 66. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
					MSA			
	NORTHEAST	MIDWEST	SOUTH	WEST	ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
	NUMBER OF CHRONIC CONDITIONS IN THOUSANDS							
ARTHRITIS.....	6,153	8,084	11,053	5,709	22,535	8,957	13,578	8,464
GOUT, INCLUDING GOUTY ARTHRITIS.....	318	601	787	363	1,555	468	1,086	515
INTERVERTEBRAL DISC DISORDERS.....	872	1,187	1,451	873	3,357	923	2,435	1,024
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	304	553	705	426	1,441	548	893	547
DISORDERS OF BONE OR CARTILAGE.....	230	401	399	270	868	301	567	432
TROUBLE WITH BUNIONS.....	787	579	895	515	2,248	980	1,268	528
BURSITIS, UNCLASSIFIED.....	926	1,024	1,600	870	3,230	1,198	2,033	1,190
SEBACEOUS SKIN CYST.....	232	437	611	393	1,347	507	840	326
TROUBLE WITH ACNE.....	734	1,022	1,366	897	3,317	1,245	2,072	701
PSORIASIS.....	538	539	707	452	1,766	630	1,136	470
DERMATITIS.....	1,633	2,349	2,383	2,056	6,713	2,613	4,100	1,707
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	884	1,030	1,394	980	3,306	1,208	2,097	983
TROUBLE WITH INGROWN NAILS.....	936	1,300	2,354	1,137	4,150	1,573	2,577	1,577
TROUBLE WITH CORNS AND CALLUSES.....	1,006	1,002	1,456	879	3,334	1,430	1,904	1,008
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	1,506	1,938	2,915	1,521	5,715	2,147	3,568	2,166
COLOR BLINDNESS.....	460	545	754	590	1,803	434	1,369	547
CATARACTS.....	1,028	1,472	2,193	1,005	3,905	1,790	2,115	1,793
GLAUCOMA.....	660	426	819	394	1,776	897	879	523
HEARING IMPAIRMENT.....	3,772	5,165	6,732	4,577	14,200	5,406	8,794	6,045
TINNITUS.....	1,001	1,722	1,840	1,304	4,140	1,460	2,681	1,726
SPEECH IMPAIRMENT.....	370	479	957	455	1,569	772	797	693
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	295	358	645	237	1,071	436	635	464
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	219	313	493	229	934	366	568	320
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	5,111	6,886	8,787	7,209	21,206	8,220	12,986	6,787
BACK.....	2,759	4,121	4,941	4,801	12,599	4,723	7,876	4,023
UPPER EXTREMITIES.....	711	930	1,018	838	2,723	1,046	1,678	772
LOWER EXTREMITIES.....	2,224	2,702	3,666	2,473	8,425	3,535	4,890	2,641
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	768	1,082	1,647	658	3,080	1,494	1,585	1,075
HERNIA OF ABDOMINAL CAVITY.....	781	1,100	1,808	886	3,224	1,199	2,024	1,352
GASTRITIS OR DUODENITIS.....	555	767	1,094	528	2,389	1,239	1,150	554
FREQUENT INDIGESTION.....	989	1,234	2,314	882	3,964	1,625	2,339	1,454
ENTERITIS OR COLITIS.....	357	615	949	473	1,814	673	1,142	580
SPASTIC COLON.....	176	308	582	296	1,046	379	667	316
DIVERTICULA OF INTESTINES.....	347	551	853	245	1,445	506	940	551
FREQUENT CONSTIPATION.....	672	1,039	2,023	795	3,295	1,509	1,786	1,233

SEE NOTES AT END OF TABLE.

TABLE 66. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1989—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
					MSA			
	NORTHEAST	MIDWEST	SOUTH	WEST	ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	740	630	1,302	551	2,559	974	1,585	663
DIABETES.....	1,231	1,544	2,474	1,241	4,544	2,109	2,435	1,945
ANEMIAS.....	771	887	1,441	798	3,102	1,364	1,738	794
EPILEPSY.....	215	274	359	171	698	296	402	322
MIGRAINE HEADACHE.....	1,807	2,408	3,405	2,358	8,043	3,155	4,887	1,936
NEURALGIA OR NEURITIS, UNSPECIFIED.....	72	95	270	189	471	133	338	154
KIDNEY TROUBLE.....	545	641	1,641	548	2,327	867	1,461	1,047
BLADDER DISORDERS.....	427	1,036	1,288	812	2,659	1,110	1,549	904
DISEASES OF PROSTATE.....	228	310	749	227	874	308	566	641
DISEASE OF FEMALE GENITAL ORGANS.....	761	958	1,755	1,212	3,546	1,315	2,231	1,140
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	281	597	505	306	1,283	533	750	407
HEART DISEASE.....	3,531	4,882	6,641	3,439	13,525	5,475	8,050	4,969
ISCHEMIC HEART DISEASE.....	1,530	1,691	2,489	1,239	4,979	1,756	3,223	1,970
HEART RHYTHM DISORDERS.....	1,410	2,102	2,528	1,358	5,469	2,342	3,126	1,928
TACHYCARDIA OR RAPID HEART.....	396	588	683	295	1,391	571	820	571
HEART MURMURS.....	823	1,175	1,223	691	2,994	1,327	1,667	919
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	191	339	621	372	1,084	445	639	439
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	592	1,088	1,624	843	3,077	1,376	1,701	1,070
HIGH BLOOD PRESSURE (HYPERTENSION).....	4,997	6,779	11,102	4,787	20,740	8,910	11,829	6,924
CEREBROVASCULAR DISEASE.....	609	588	881	548	2,135	997	1,137	491
HARDENING OF THE ARTERIES.....	292	501	883	525	1,658	611	1,046	543
VARICOSE VEINS OF LOWER EXTREMITIES.....	1,433	2,089	2,410	1,604	5,765	2,205	3,560	1,771
HEMORRHOIDS.....	2,160	2,978	4,159	2,193	8,883	3,424	5,459	2,607
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	2,194	3,059	4,399	2,322	9,013	3,037	5,976	2,961
ASTHMA.....	2,043	2,481	4,743	2,354	9,047	3,753	5,294	2,574
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	3,487	4,944	7,590	5,146	16,518	6,096	10,423	4,648
CHRONIC SINUSITIS.....	4,542	9,508	14,882	4,751	24,619	9,223	15,396	9,064
DEVIATED NASAL SEPTUM.....	513	257	384	162	1,107	310	798	208
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	408	716	1,204	748	2,360	895	1,465	716
EMPHYSEMA.....	430	339	866	357	1,267	477	791	725

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

TABLE 67. PERCENT DISTRIBUTION OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
	PERCENT DISTRIBUTION						
ALL PERSONS <sup>1</sup> .....	100.0	85.9	14.1	9.6	4.1	5.4	4.5
AGE							
UNDER 18 YEARS.....	100.0	94.7	5.3	3.8	0.6	3.2	1.5
18-44 YEARS.....	100.0	91.0	9.0	6.3	2.6	3.7	2.7
45-64 YEARS.....	100.0	77.8	22.2	16.5	8.8	7.7	5.6
65 YEARS AND OVER.....	100.0	61.7	38.3	22.8	10.1	12.7	15.5
65-69 YEARS.....	100.0	63.1	36.9	29.2	15.7	13.4	7.7
70 YEARS AND OVER.....	100.0	61.0	39.0	19.5	7.2	12.3	19.4
SEX AND AGE							
MALE							
ALL AGES.....	100.0	86.3	13.7	9.7	4.6	5.0	4.0
UNDER 18 YEARS.....	100.0	93.7	6.3	4.6	0.6	4.0	1.7
18-44 YEARS.....	100.0	90.9	9.1	6.7	2.9	3.8	2.4
45-64 YEARS.....	100.0	78.6	21.4	16.9	10.4	6.5	4.5
65-69 YEARS.....	100.0	61.7	38.3	33.4	20.8	12.6	4.9
70 YEARS AND OVER.....	100.0	61.3	38.7	16.2	7.2	9.0	22.5
FEMALE							
ALL AGES.....	100.0	85.6	14.4	9.5	3.6	5.8	4.9
UNDER 18 YEARS.....	100.0	95.7	4.3	3.0	0.5	2.5	1.3
18-44 YEARS.....	100.0	91.0	9.0	6.0	2.3	3.7	3.0
45-64 YEARS.....	100.0	77.2	22.8	16.1	7.3	8.9	6.7
65-69 YEARS.....	100.0	64.3	35.7	25.5	11.4	14.1	10.1
70 YEARS AND OVER.....	100.0	60.9	39.1	21.7	7.2	14.5	17.4
RACE AND AGE							
WHITE							
ALL AGES.....	100.0	85.8	14.2	9.5	3.9	5.5	4.7
UNDER 18 YEARS.....	100.0	94.6	5.4	3.8	0.5	3.3	1.6
18-44 YEARS.....	100.0	91.0	9.0	6.2	2.4	3.8	2.8
45-64 YEARS.....	100.0	78.5	21.5	15.8	8.0	7.8	5.7
65-69 YEARS.....	100.0	64.4	35.6	28.0	14.7	13.2	7.7
70 YEARS AND OVER.....	100.0	61.8	38.2	18.6	6.9	11.7	19.6
BLACK							
ALL AGES.....	100.0	85.1	14.9	11.3	5.9	5.3	3.6
UNDER 18 YEARS.....	100.0	94.4	5.6	4.1	0.8	3.2	1.6
18-44 YEARS.....	100.0	89.8	10.2	7.9	4.2	3.7	2.3
45-64 YEARS.....	100.0	70.5	29.5	23.7	15.8	7.9	5.8
65-69 YEARS.....	100.0	51.2	48.8	40.1	25.6	14.6	8.6
70 YEARS AND OVER.....	100.0	51.9	48.2	29.8	11.2	18.6	18.3

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 67. PERCENT DISTRIBUTION OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
FAMILY INCOME AND AGE							
UNDER \$10,000							
ALL AGES.....	100.0	73.2	26.8	19.4	9.7	9.6	7.4
UNDER 18 YEARS.....	100.0	91.5	8.5	6.5	0.9	5.6	2.0
18-44 YEARS.....	100.0	82.4	17.6	13.3	7.3	6.0	4.2
45-64 YEARS.....	100.0	44.4	55.6	46.3	31.6	14.7	9.4
65-69 YEARS.....	100.0	43.0	57.0	44.4	26.1	18.2	12.6
70 YEARS AND OVER.....	100.0	52.7	47.3	26.2	8.0	18.3	21.1
\$10,000-\$19,999							
ALL AGES.....	100.0	80.6	19.4	13.4	6.1	7.3	6.0
UNDER 18 YEARS.....	100.0	93.2	6.8	5.2	0.6	4.5	1.6
18-44 YEARS.....	100.0	87.6	12.4	9.0	4.0	5.0	3.4
45-64 YEARS.....	100.0	67.3	32.7	26.0	15.2	10.8	6.7
65-69 YEARS.....	100.0	60.4	39.6	32.8	17.6	15.2	6.8
70 YEARS AND OVER.....	100.0	60.5	39.5	18.3	6.6	11.7	21.1
\$20,000-\$34,999							
ALL AGES.....	100.0	88.1	11.9	7.9	3.0	4.9	3.9
UNDER 18 YEARS.....	100.0	95.2	4.8	3.3	0.5	2.8	1.5
18-44 YEARS.....	100.0	91.7	8.3	5.7	1.8	3.9	2.6
45-64 YEARS.....	100.0	78.7	21.3	15.7	7.2	8.6	5.6
65-69 YEARS.....	100.0	68.1	31.9	25.1	12.0	13.2	6.8
70 YEARS AND OVER.....	100.0	66.6	33.4	13.1	5.5	7.6	20.3
\$35,000 OR MORE							
ALL AGES.....	100.0	91.8	8.2	5.1	1.7	3.4	3.0
UNDER 18 YEARS.....	100.0	96.0	4.0	2.6	0.4	2.2	1.5
18-44 YEARS.....	100.0	93.8	6.2	3.8	1.1	2.7	2.4
45-64 YEARS.....	100.0	87.0	13.0	8.4	3.2	5.2	4.6
65-69 YEARS.....	100.0	72.5	27.5	20.8	9.7	11.1	6.7
70 YEARS AND OVER.....	100.0	67.8	32.2	15.3	7.4	8.0	16.8
GEOGRAPHIC REGION							
NORTHEAST.....	100.0	86.9	13.1	8.6	3.7	4.9	4.5
MIDWEST.....	100.0	86.3	13.7	9.3	3.8	5.6	4.4
SOUTH.....	100.0	84.8	15.2	10.5	4.7	5.9	4.7
WEST.....	100.0	86.5	13.5	9.2	4.0	5.2	4.3
PLACE OF RESIDENCE							
MSA.....	100.0	86.7	13.3	9.0	3.9	5.2	4.3
CENTRAL CITY.....	100.0	85.4	14.6	10.1	4.7	5.4	4.5
NOT CENTRAL CITY.....	100.0	87.5	12.5	8.4	3.4	5.0	4.1
NOT MSA.....	100.0	83.4	16.6	11.4	5.0	6.4	5.2

<sup>1</sup> INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 68. NUMBER OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
	NUMBER IN THOUSANDS						
ALL PERSONS <sup>1</sup> .....	243,532	209,314	34,218	23,298	10,052	13,246	10,920
AGE							
UNDER 18 YEARS.....	64,003	60,598	3,405	2,427	353	2,075	978
18-44 YEARS.....	104,196	94,778	9,418	6,595	2,696	3,899	2,823
45-64 YEARS.....	46,114	35,899	10,215	7,615	4,051	3,564	2,600
65 YEARS AND OVER.....	29,219	18,039	11,180	6,661	2,952	3,708	4,519
65-69 YEARS.....	9,903	6,250	3,653	2,887	1,557	1,330	766
70 YEARS AND OVER.....	19,316	11,789	7,527	3,774	1,395	2,378	3,753
SEX AND AGE							
MALE							
ALL AGES.....	118,009	101,892	16,117	11,397	5,480	5,917	4,720
UNDER 18 YEARS.....	32,752	30,677	2,075	1,506	204	1,302	569
18-44 YEARS.....	51,044	46,420	4,624	3,405	1,477	1,929	1,218
45-64 YEARS.....	22,070	17,337	4,733	3,734	2,303	1,431	999
65-69 YEARS.....	4,553	2,808	1,745	1,521	946	575	224
70 YEARS AND OVER.....	7,590	4,650	2,940	1,230	550	681	1,709
FEMALE							
ALL AGES.....	125,523	107,422	18,101	11,901	4,572	7,329	6,200
UNDER 18 YEARS.....	31,251	29,921	1,330	922	149	773	408
18-44 YEARS.....	53,152	48,358	4,794	3,190	1,219	1,970	1,604
45-64 YEARS.....	24,044	18,562	5,482	3,881	1,747	2,133	1,601
65-69 YEARS.....	5,350	3,442	1,908	1,366	611	755	542
70 YEARS AND OVER.....	11,726	7,139	4,587	2,543	846	1,698	2,044
RACE AND AGE							
WHITE							
ALL AGES.....	205,312	176,228	29,084	19,429	8,063	11,366	9,655
UNDER 18 YEARS.....	51,549	48,778	2,771	1,966	264	1,703	805
18-44 YEARS.....	87,429	79,561	7,869	5,402	2,083	3,319	2,466
45-64 YEARS.....	40,022	31,402	8,620	6,340	3,213	3,127	2,280
65-69 YEARS.....	8,814	5,672	3,142	2,464	1,300	1,163	678
70 YEARS AND OVER.....	17,498	10,815	6,682	3,256	1,202	2,054	3,426
BLACK							
ALL AGES.....	29,891	25,449	4,441	3,364	1,770	1,594	1,077
UNDER 18 YEARS.....	9,959	9,397	561	406	84	323	155
18-44 YEARS.....	12,766	11,463	1,303	1,014	536	478	289
45-64 YEARS.....	4,712	3,322	1,390	1,119	745	374	271
65-69 YEARS.....	905	463	442	363	232	132	78
70 YEARS AND OVER.....	1,548	803	746	461	173	288	284

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 68. NUMBER OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
FAMILY INCOME AND AGE							
UNDER \$10,000							
ALL AGES.....	26,185	19,171	7,014	5,073	2,550	2,523	1,941
UNDER 18 YEARS.....	7,447	6,812	635	485	68	417	150
18-44 YEARS.....	9,763	8,046	1,717	1,303	715	589	414
45-64 YEARS.....	3,363	1,492	1,870	1,556	1,062	494	315
65-69 YEARS.....	1,427	614	813	633	373	260	180
70 YEARS AND OVER.....	4,185	2,206	1,979	1,097	333	764	882
\$10,000-\$19,999							
ALL AGES.....	41,040	33,069	7,972	5,511	2,498	3,013	2,461
UNDER 18 YEARS.....	10,640	9,920	720	551	68	483	169
18-44 YEARS.....	15,915	13,943	1,972	1,432	629	803	540
45-64 YEARS.....	6,483	4,365	2,118	1,686	987	699	432
65-69 YEARS.....	2,586	1,561	1,025	849	456	393	176
70 YEARS AND OVER.....	5,416	3,279	2,137	993	357	636	1,144
\$20,000-\$34,999							
ALL AGES.....	56,718	49,990	6,728	4,496	1,692	2,804	2,232
UNDER 18 YEARS.....	15,776	15,020	756	521	84	437	235
18-44 YEARS.....	25,856	23,705	2,151	1,485	477	1,009	665
45-64 YEARS.....	9,843	7,743	2,100	1,550	708	842	550
65-69 YEARS.....	2,096	1,427	669	527	251	276	143
70 YEARS AND OVER.....	3,146	2,094	1,052	413	173	240	638
\$35,000 OR MORE							
ALL AGES.....	80,203	73,644	6,559	4,119	1,378	2,740	2,440
UNDER 18 YEARS.....	21,488	20,621	867	550	82	468	317
18-44 YEARS.....	37,310	34,997	2,314	1,436	429	1,008	877
45-64 YEARS.....	17,921	15,586	2,335	1,507	571	936	829
65-69 YEARS.....	1,652	1,198	454	344	161	184	110
70 YEARS AND OVER.....	1,831	1,242	589	281	136	146	308
GEOGRAPHIC REGION							
NORTHEAST.....	48,930	42,505	6,425	4,213	1,834	2,379	2,212
MIDWEST.....	59,540	51,399	8,141	5,550	2,242	3,308	2,591
SOUTH.....	83,148	70,487	12,661	8,761	3,885	4,877	3,900
WEST.....	51,913	44,923	6,991	4,773	2,091	2,682	2,218
PLACE OF RESIDENCE							
MSA.....	189,860	164,559	25,301	17,160	7,353	9,807	8,141
CENTRAL CITY.....	74,410	63,527	10,883	7,515	3,465	4,049	3,368
NOT CENTRAL CITY.....	115,450	101,032	14,418	9,645	3,888	5,758	4,773
NOT MSA.....	53,672	44,755	8,917	6,138	2,699	3,439	2,779

<sup>1</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 69. NUMBER OF DAYS PER PERSON PER YEAR AND NUMBER OF DAYS OF ACTIVITY RESTRICTION DUE TO ACUTE AND CHRONIC CONDITIONS, BY TYPE OF RESTRICTION AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	TYPE OF RESTRICTION					
	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS <sup>1</sup>	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS <sup>1</sup>
	NUMBER OF DAYS PER PERSON			NUMBER OF DAYS IN THOUSANDS		
ALL PERSONS <sup>2</sup> .....	15.2	6.5	5.7	3,693,063	1,579,015	918,687
AGE						
UNDER 5 YEARS .....	10.6	5.1	...	198,844	96,358	...
5-17 YEARS .....	10.0	4.9	5.7	452,579	221,476	259,967
18 YEARS AND OVER .....	16.9	7.0	5.6	3,041,640	1,261,181	658,720
18-24 YEARS .....	9.9	4.1	4.7	250,856	103,686	83,430
25-44 YEARS .....	12.7	4.9	5.6	1,000,770	388,463	359,910
45-64 YEARS .....	18.9	7.7	6.0	871,017	353,898	187,857
65 YEARS AND OVER .....	31.5	14.2	7.1	918,996	415,134	27,523
SEX AND AGE						
MALE						
ALL AGES .....	13.2	5.5	5.2	1,558,251	652,452	451,466
UNDER 5 YEARS .....	11.4	5.0	...	109,576	48,308	...
5-17 YEARS .....	9.9	4.6	5.6	228,090	105,351	129,345
18 YEARS AND OVER .....	14.3	5.9	5.0	1,220,585	498,792	322,121
18-24 YEARS .....	7.5	3.1	4.2	93,392	38,123	38,780
25-44 YEARS .....	10.7	3.8	4.8	411,654	147,713	169,925
45-64 YEARS .....	16.0	6.4	5.6	352,404	142,250	97,453
65 YEARS AND OVER .....	29.9	14.1	7.2	363,136	170,706	15,963
FEMALE						
ALL AGES .....	17.0	7.4	6.2	2,134,812	926,563	467,222
UNDER 5 YEARS .....	9.7	5.2	...	89,268	48,050	...
5-17 YEARS .....	10.2	5.3	5.9	224,489	116,125	130,623
18 YEARS AND OVER .....	19.3	8.1	6.4	1,821,055	762,388	336,599
18-24 YEARS .....	12.1	5.0	5.3	157,465	65,563	44,650
25-44 YEARS .....	14.7	6.0	6.6	589,116	240,749	189,985
45-64 YEARS .....	21.6	8.8	6.5	518,614	211,648	90,404
65 YEARS AND OVER .....	32.6	14.3	7.0	555,861	244,428	11,560
RACE AND AGE						
WHITE						
ALL AGES .....	15.0	6.3	5.5	3,086,574	1,296,498	762,092
UNDER 5 YEARS .....	10.9	5.0	...	164,857	75,714	...
5-17 YEARS .....	10.5	5.2	6.0	383,866	188,573	219,825
18 YEARS AND OVER .....	16.5	6.7	5.4	2,537,851	1,032,211	542,267
18-24 YEARS .....	9.7	3.8	4.6	201,636	80,386	70,067
25-44 YEARS .....	12.3	4.6	5.3	817,093	309,294	291,834
45-64 YEARS .....	17.9	7.2	5.7	717,409	288,395	155,508
65 YEARS AND OVER .....	30.5	13.5	7.2	801,713	354,136	24,859
BLACK						
ALL AGES .....	17.1	8.0	6.7	511,335	239,252	129,543
UNDER 5 YEARS .....	9.3	5.6	...	26,896	16,141	...
5-17 YEARS .....	8.5	3.9	4.9	60,228	27,855	34,850
18 YEARS AND OVER .....	21.3	9.8	7.7	424,210	195,256	94,693
18-24 YEARS .....	12.2	5.6	6.0	43,543	19,820	12,197
25-44 YEARS .....	16.2	7.1	7.8	149,131	65,730	54,322
45-64 YEARS .....	27.8	12.3	8.8	130,794	58,146	25,773
65 YEARS AND OVER .....	41.1	21.0	*7.5	100,743	51,560	2,402

SEE FOOTNOTES AND NOTES AT END OF TABLE.



TABLE 69. NUMBER OF DAYS PER PERSON PER YEAR AND NUMBER OF DAYS OF ACTIVITY RESTRICTION DUE TO ACUTE AND CHRONIC CONDITIONS, BY TYPE OF RESTRICTION AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	TYPE OF RESTRICTION					
	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS <sup>1</sup>	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS <sup>1</sup>
FAMILY INCOME AND AGE						
LESS THAN \$10,000						
	NUMBER OF DAYS PER PERSON			NUMBER OF DAYS IN THOUSANDS		
ALL AGES .....	26.5	12.2	7.2	693,856	318,556	80,368
UNDER 5 YEARS .....	10.4	6.0	...	25,806	14,851	...
5-17 YEARS .....	11.5	5.9	6.6	57,104	29,084	32,616
18 YEARS AND OVER .....	32.6	14.7	7.7	610,946	274,621	47,752
18-24 YEARS .....	12.4	5.3	4.0	54,635	23,369	8,882
25-44 YEARS .....	27.3	11.6	10.3	146,341	62,267	26,209
45-64 YEARS .....	52.8	24.1	10.2	177,658	80,983	10,533
65 YEARS AND OVER .....	41.4	19.2	*5.2	232,311	108,003	2,128
\$10,000-\$19,999						
ALL AGES .....	18.7	8.2	6.6	768,149	334,501	153,831
UNDER 5 YEARS .....	11.6	5.4	...	38,928	18,155	...
5-17 YEARS .....	9.5	4.6	5.9	69,355	33,788	43,082
18 YEARS AND OVER .....	21.7	9.3	6.9	659,867	282,558	110,749
18-24 YEARS .....	12.5	5.0	5.6	58,966	23,345	17,727
25-44 YEARS .....	16.3	6.5	7.4	183,272	72,753	63,008
45-64 YEARS .....	26.2	11.6	7.2	169,860	75,276	25,836
65 YEARS AND OVER .....	31.0	13.9	*4.9	247,769	111,184	4,178
\$20,000-\$34,999						
ALL AGES .....	13.3	5.2	6.1	751,965	296,046	245,804
UNDER 5 YEARS .....	10.2	5.0	...	49,418	24,317	...
5-17 YEARS .....	10.2	5.2	6.1	111,790	57,006	66,313
18 YEARS AND OVER .....	14.4	5.2	6.1	590,757	214,722	179,491
18-24 YEARS .....	10.7	3.9	5.4	55,855	20,559	21,969
25-44 YEARS .....	12.6	4.3	5.9	258,861	80,075	104,200
45-64 YEARS .....	16.9	6.6	6.8	165,926	64,723	46,253
65 YEARS AND OVER .....	21.0	7.9	*8.4	110,115	41,364	7,070
\$35,000 OR MORE						
ALL AGES .....	9.9	4.0	4.6	797,505	321,029	293,669
UNDER 5 YEARS .....	10.6	4.5	...	60,406	25,766	...
5-17 YEARS .....	9.3	4.3	5.1	147,473	68,211	80,525
18 YEARS AND OVER .....	10.0	3.9	4.5	589,626	227,052	213,144
18-24 YEARS .....	6.9	2.9	4.0	48,201	20,342	21,982
25-44 YEARS .....	8.7	3.5	4.3	263,339	105,126	114,294
45-64 YEARS .....	11.0	3.8	5.0	197,788	67,899	72,364
65 YEARS AND OVER .....	23.0	9.7	*5.3	80,298	33,685	4,503
GEOGRAPHIC REGION						
NORTHEAST .....	13.7	5.6	5.3	668,797	276,263	170,839
MIDWEST .....	13.6	5.5	5.3	812,380	324,592	214,474
SOUTH .....	16.7	7.3	5.9	1,391,864	609,216	324,145
WEST .....	15.8	7.1	6.0	820,021	368,943	209,229
PLACE OF RESIDENCE						
MSA .....	15.0	6.4	5.6	2,842,965	1,215,023	718,258
CENTRAL CITY .....	16.3	7.4	6.2	1,210,177	552,422	294,519
NOT CENTRAL CITY .....	14.1	5.7	5.3	1,632,788	662,600	423,739
NOT MSA .....	15.8	6.8	5.8	850,098	363,992	200,429

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

<sup>2</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 70. NUMBER OF PERSONS AND PERCENT DISTRIBUTION BY RESPONDENT-ASSESSED HEALTH STATUS, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	RESPONDENT-ASSESSED HEALTH STATUS						
	ALL PERSONS <sup>1</sup>	ALL HEALTH STATUSES <sup>2</sup>	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION					
ALL PERSONS <sup>3</sup> .....	243,532	100.0	39.7	28.1	22.6	7.0	2.6
AGE							
UNDER 5 YEARS.....	18,768	100.0	54.8	26.9	15.7	2.4	0.3
5-17 YEARS.....	45,235	100.0	52.6	26.9	17.9	2.3	0.3
18-24 YEARS.....	25,401	100.0	44.6	30.7	20.5	3.7	0.5
25-44 YEARS.....	78,795	100.0	42.0	30.7	20.9	5.1	1.3
45-64 YEARS.....	46,114	100.0	28.9	26.9	28.0	11.0	5.2
65 YEARS AND OVER.....	29,219	100.0	16.4	23.1	31.9	19.3	9.2
SEX AND AGE							
MALE							
ALL AGES.....	118,009	100.0	42.8	27.7	20.8	6.0	2.7
UNDER 5 YEARS.....	9,606	100.0	53.7	27.5	15.9	2.7	*0.3
5-17 YEARS.....	23,145	100.0	54.1	26.0	17.6	2.1	0.3
18-24 YEARS.....	12,396	100.0	50.5	28.6	17.8	2.7	0.4
25-44 YEARS.....	38,648	100.0	45.7	30.2	18.7	4.1	1.3
45-64 YEARS.....	22,070	100.0	31.4	27.0	26.3	10.0	5.4
65 YEARS AND OVER.....	12,143	100.0	16.9	23.2	30.8	18.4	10.7
FEMALE							
ALL AGES.....	125,523	100.0	36.7	28.5	24.3	8.0	2.6
UNDER 5 YEARS.....	9,162	100.0	55.9	26.3	15.5	2.1	*0.3
5-17 YEARS.....	22,089	100.0	51.1	27.9	18.2	2.5	0.3
18-24 YEARS.....	13,005	100.0	38.9	32.8	23.0	4.7	0.5
25-44 YEARS.....	40,147	100.0	38.4	31.2	23.1	6.0	1.3
45-64 YEARS.....	24,044	100.0	26.6	26.9	29.6	11.9	4.9
65 YEARS AND OVER.....	17,076	100.0	16.1	23.0	32.8	20.0	8.1
RACE AND AGE							
WHITE							
ALL AGES.....	205,312	100.0	41.0	28.5	21.5	6.5	2.5
UNDER 5 YEARS.....	15,109	100.0	56.9	27.1	13.7	2.1	*0.2
5-17 YEARS.....	36,440	100.0	55.4	27.2	15.4	1.9	0.3
18-24 YEARS.....	20,886	100.0	46.2	31.2	18.8	3.3	0.5
25-44 YEARS.....	66,543	100.0	43.7	31.3	19.5	4.4	1.2
45-64 YEARS.....	40,022	100.0	30.5	27.6	27.5	9.8	4.7
65 YEARS AND OVER.....	26,312	100.0	17.0	23.6	32.4	18.5	8.5
BLACK							
ALL AGES.....	29,891	100.0	31.3	25.3	28.8	10.7	3.8
UNDER 5 YEARS.....	2,881	100.0	45.8	25.8	23.9	4.0	*0.5
5-17 YEARS.....	7,077	100.0	40.8	25.0	29.5	4.2	0.6
18-24 YEARS.....	3,562	100.0	35.3	29.2	29.2	5.8	*0.5
25-44 YEARS.....	9,204	100.0	31.2	27.3	29.0	9.9	2.5
45-64 YEARS.....	4,712	100.0	16.5	22.0	31.9	20.7	8.9
65 YEARS AND OVER.....	2,453	100.0	10.8	18.8	25.5	28.3	16.6

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 70. NUMBER OF PERSONS AND PERCENT DISTRIBUTION BY RESPONDENT-ASSESSED HEALTH STATUS, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	RESPONDENT-ASSESSED HEALTH STATUS						
	ALL PERSONS <sup>1</sup>	ALL HEALTH STATUSES <sup>2</sup>	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
FAMILY INCOME AND AGE							
UNDER \$10,000							
ALL AGES.....	26,185	100.0	24.3	23.4	29.7	14.8	7.8
UNDER 5 YEARS.....	2,476	100.0	38.9	25.6	29.9	5.1	*0.5
5-17 YEARS.....	4,971	100.0	35.4	24.5	32.9	6.0	1.2
18-24 YEARS.....	4,413	100.0	33.3	33.8	26.3	5.7	*0.9
25-44 YEARS.....	5,351	100.0	22.8	23.2	31.8	15.8	6.3
45-64 YEARS.....	3,363	100.0	11.3	13.4	25.8	28.1	21.4
65 YEARS AND OVER.....	5,612	100.0	10.3	19.4	29.7	25.0	15.6
\$10,000-\$19,999							
ALL AGES.....	41,040	100.0	30.9	26.7	28.0	10.5	3.8
UNDER 5 YEARS.....	3,368	100.0	47.7	28.8	20.2	2.9	*0.4
5-17 YEARS.....	7,272	100.0	43.2	28.4	24.1	3.8	*0.4
18-24 YEARS.....	4,699	100.0	37.5	30.9	25.4	5.6	*0.6
25-44 YEARS.....	11,216	100.0	33.5	29.7	26.8	7.9	2.1
45-64 YEARS.....	6,483	100.0	19.2	21.9	33.3	16.9	8.6
65 YEARS AND OVER.....	8,002	100.0	14.8	21.7	33.9	21.1	8.5
\$20,000-\$34,999							
ALL AGES.....	56,718	100.0	40.7	30.2	21.7	5.7	1.6
UNDER 5 YEARS.....	4,824	100.0	58.3	27.6	12.0	1.9	*0.1
5-17 YEARS.....	10,952	100.0	51.7	30.5	15.9	1.8	*0.2
18-24 YEARS.....	5,239	100.0	48.0	30.5	18.2	3.0	*0.3
25-44 YEARS.....	20,617	100.0	40.8	32.8	21.1	4.3	1.0
45-64 YEARS.....	9,843	100.0	26.9	28.1	30.2	11.1	3.7
65 YEARS AND OVER.....	5,242	100.0	20.2	25.7	32.5	15.7	5.9
\$35,000 OR MORE							
ALL AGES.....	80,203	100.0	50.5	29.0	16.8	3.0	0.8
UNDER 5 YEARS.....	5,678	100.0	63.8	25.3	9.6	1.1	*0.2
5-17 YEARS.....	15,810	100.0	64.1	24.1	10.8	0.9	*0.1
18-24 YEARS.....	7,032	100.0	55.2	28.1	14.7	1.7	*0.3
25-44 YEARS.....	30,279	100.0	49.7	31.5	16.0	2.4	0.3
45-64 YEARS.....	17,921	100.0	38.4	30.8	24.0	5.2	1.6
65 YEARS AND OVER.....	3,484	100.0	26.0	26.8	30.3	11.7	5.1
GEOGRAPHIC REGION							
NORTHEAST.....	48,930	100.0	40.5	29.4	21.9	6.2	2.0
MIDWEST.....	59,540	100.0	40.6	29.0	21.6	6.6	2.1
SOUTH.....	83,148	100.0	37.5	26.7	24.0	8.3	3.5
WEST.....	51,913	100.0	41.3	28.0	22.0	6.2	2.4
PLACE OF RESIDENCE							
MSA.....	189,860	100.0	40.8	28.2	22.0	6.6	2.4
CENTRAL CITY.....	74,410	100.0	37.3	27.4	24.3	8.2	2.8
NOT CENTRAL CITY.....	115,450	100.0	43.1	28.8	20.5	5.6	2.1
NOT MSA.....	53,672	100.0	35.5	27.6	24.8	8.5	3.6

<sup>1</sup> INCLUDES UNKNOWN HEALTH STATUS.

<sup>2</sup> EXCLUDES UNKNOWN HEALTH STATUS.

<sup>3</sup> INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 71. NUMBER PER PERSON PER YEAR AND NUMBER OF PHYSICIAN CONTACTS, BY PLACE OF CONTACT AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	PLACE OF CONTACT									
	ALL PLACES <sup>1</sup>	TELEPHONE	OFFICE	HOSPITAL	OTHER	ALL PLACES <sup>1</sup>	TELEPHONE	OFFICE	HOSPITAL	OTHER
	NUMBER PER PERSON PER YEAR <sup>2</sup>					NUMBER IN THOUSANDS <sup>2</sup>				
ALL PERSONS <sup>3</sup> .....	5.4	0.6	3.2	0.7	0.8	1,322,890	155,431	780,153	175,067	203,433
AGE										
UNDER 5 YEARS.....	6.7	1.0	4.1	0.7	0.9	126,309	19,441	76,992	12,248	16,685
5-17 YEARS.....	3.5	0.4	2.2	0.5	0.4	157,698	19,356	99,007	20,420	17,967
18-24 YEARS.....	3.9	0.4	2.1	0.6	0.8	98,233	10,685	52,641	15,102	19,426
25-44 YEARS.....	5.1	0.6	3.0	0.7	0.8	398,368	46,735	232,550	52,719	64,030
45-64 YEARS.....	6.1	0.8	3.6	0.9	0.9	283,351	35,032	165,682	40,399	39,602
65-74 YEARS.....	8.2	0.8	4.8	1.3	1.3	145,949	14,467	84,725	22,527	23,368
75 YEARS AND OVER.....	9.9	0.9	6.0	1.0	2.0	112,982	9,715	68,557	11,652	22,355
SEX AND AGE										
MALE										
ALL AGES.....	4.7	0.5	2.7	0.7	0.7	551,771	60,657	318,509	82,856	86,220
UNDER 18 YEARS.....	4.7	0.7	2.9	0.5	0.6	155,533	22,241	95,454	17,939	18,747
18-44 YEARS.....	3.4	0.3	1.8	0.6	0.6	171,895	15,440	93,576	29,334	32,583
45-64 YEARS.....	5.2	0.6	3.1	0.8	0.8	115,404	12,616	67,441	17,876	16,679
65 YEARS AND OVER.....	9.0	0.9	5.1	1.5	1.5	108,940	10,361	62,039	17,708	18,211
FEMALE										
ALL AGES.....	6.1	0.8	3.7	0.7	0.9	771,119	94,773	461,644	92,211	117,213
UNDER 18 YEARS.....	4.1	0.5	2.6	0.5	0.5	128,474	16,556	80,545	14,730	15,905
18-44 YEARS.....	6.1	0.8	3.6	0.7	1.0	324,706	41,980	191,615	38,487	50,873
45-64 YEARS.....	7.0	0.9	4.1	0.9	1.0	167,948	22,417	98,241	22,523	22,924
65 YEARS AND OVER.....	8.8	0.8	5.3	1.0	1.6	149,991	13,821	91,243	16,470	27,512
RACE AND AGE										
WHITE										
ALL AGES.....	5.6	0.7	3.4	0.7	0.8	1,148,076	140,796	690,961	141,195	167,771
UNDER 18 YEARS.....	4.7	0.7	3.0	0.5	0.5	243,768	35,070	154,836	25,454	26,885
18-44 YEARS.....	4.9	0.6	2.9	0.6	0.8	429,272	51,847	250,836	53,895	70,557
45-64 YEARS.....	6.2	0.8	3.7	0.8	0.8	246,864	31,637	146,865	33,154	32,902
65 YEARS AND OVER.....	8.7	0.8	5.3	1.1	1.4	228,172	22,243	138,424	28,692	37,427
BLACK										
ALL AGES.....	4.7	0.4	2.3	0.9	1.0	140,144	12,369	69,624	27,952	28,834
UNDER 18 YEARS.....	3.1	0.3	1.6	0.6	0.6	31,194	2,935	16,035	6,130	5,815
18-44 YEARS.....	4.1	0.4	2.0	0.9	0.8	52,553	4,691	25,856	11,309	10,122
45-64 YEARS.....	6.3	0.6	3.3	1.2	1.1	29,512	2,931	15,430	5,797	5,024
65 YEARS AND OVER.....	11.0	0.7	5.0	1.9	3.2	26,885	1,812	12,304	4,716	7,873
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	6.8	0.7	3.4	1.2	1.5	178,685	17,376	88,911	31,401	39,899
UNDER 18 YEARS.....	4.5	0.4	2.3	0.9	0.8	33,348	3,019	17,004	6,985	5,979
18-44 YEARS.....	5.9	0.6	2.6	1.0	1.7	57,360	5,504	25,423	10,103	16,140
45-64 YEARS.....	8.4	0.9	4.0	1.9	1.5	28,371	3,181	13,492	6,473	4,948
65 YEARS AND OVER.....	10.6	1.0	5.9	1.4	2.3	59,605	5,672	32,993	7,842	12,832
\$10,000-\$19,999										
ALL AGES.....	5.8	0.7	3.2	0.8	1.1	239,204	26,978	131,838	33,651	45,378
UNDER 18 YEARS.....	4.0	0.6	2.1	0.6	0.7	42,348	6,148	22,848	6,130	7,002
18-44 YEARS.....	5.1	0.6	2.5	0.7	1.1	80,806	10,148	40,457	11,934	17,743
45-64 YEARS.....	7.3	0.7	4.0	1.2	1.3	47,303	4,814	26,240	7,538	8,468
65 YEARS AND OVER.....	8.6	0.7	5.3	1.0	1.5	68,747	5,868	42,293	8,048	12,165

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 71. NUMBER PER PERSON PER YEAR AND NUMBER OF PHYSICIAN CONTACTS, BY PLACE OF CONTACT AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	PLACE OF CONTACT									
	ALL PLACES <sup>1</sup>	TELEPHONE	OFFICE	HOSPITAL	OTHER	ALL PLACES <sup>1</sup>	TELEPHONE	OFFICE	HOSPITAL	OTHER
FAMILY INCOME AND AGE--CON.										
\$20,000-\$34,999	NUMBER PER PERSON PER YEAR <sup>2</sup>					NUMBER IN THOUSANDS <sup>2</sup>				
ALL AGES.....	5.3	0.7	3.2	0.7	0.7	302,987	37,628	182,743	39,920	41,823
UNDER 18 YEARS.....	4.4	0.6	2.9	0.5	0.4	69,329	9,630	44,976	7,371	6,916
18-44 YEARS.....	5.1	0.6	3.0	0.7	0.8	132,002	15,349	77,441	19,110	19,933
45-64 YEARS.....	6.0	0.8	3.7	0.8	0.8	59,544	7,486	36,137	7,977	7,817
65 YEARS AND OVER.....	8.0	1.0	4.6	1.0	1.4	42,112	5,162	24,188	5,462	7,158
\$35,000 OR MORE	NUMBER PER PERSON PER YEAR <sup>2</sup>					NUMBER IN THOUSANDS <sup>2</sup>				
ALL AGES.....	5.2	0.7	3.3	0.6	0.6	420,121	54,936	262,000	47,580	51,935
UNDER 18 YEARS.....	5.1	0.7	3.4	0.4	0.5	109,814	15,880	72,532	9,662	11,050
18-44 YEARS.....	4.5	0.6	2.8	0.5	0.6	169,045	20,776	106,178	19,760	21,106
45-64 YEARS.....	6.0	0.8	3.5	0.7	0.8	106,660	14,720	63,486	12,761	14,191
65 YEARS AND OVER.....	9.9	1.0	5.7	1.5	1.6	34,601	3,561	19,803	5,396	5,587
GEOGRAPHIC REGION										
NORTHEAST.....	5.4	0.6	3.2	0.9	0.7	262,920	31,007	155,154	43,017	32,118
MIDWEST.....	5.4	0.7	3.1	0.7	0.9	322,967	41,070	183,781	43,092	53,184
SOUTH.....	5.4	0.6	3.4	0.6	0.8	453,069	52,318	280,119	49,055	68,586
WEST.....	5.5	0.6	3.1	0.8	1.0	283,934	31,036	161,099	39,903	49,545
PLACE OF RESIDENCE										
MSA.....	5.5	0.7	3.2	0.7	0.8	1,036,053	125,578	604,898	139,702	159,211
CENTRAL CITY.....	5.6	0.6	3.0	0.9	1.0	413,035	46,912	220,454	69,365	73,924
NOT CENTRAL CITY.....	5.4	0.7	3.3	0.6	0.7	623,017	78,666	384,444	70,337	85,288
NOT MSA.....	5.3	0.6	3.3	0.7	0.8	286,837	29,853	175,255	35,365	44,221

<sup>1</sup> INCLUDES UNKNOWN PLACE OF CONTACT.

<sup>2</sup> DOES NOT INCLUDE PHYSICIAN CONTACTS WHILE AN OVERNIGHT PATIENT IN A HOSPITAL.

<sup>3</sup> INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 72. PERCENT DISTRIBUTION AND NUMBER OF PERSONS BY INTERVAL SINCE LAST PHYSICIAN CONTACT, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	INTERVAL SINCE LAST CONTACT									
	1 YEAR TO 2 YEARS TO					1 YEAR TO 2 YEARS TO				
	ALL INTERVALS <sup>1</sup>	LESS THAN 1 YEAR	LESS THAN 2 YEARS	LESS THAN 5 YEARS	5 YEARS OR MORE	ALL INTERVALS <sup>2</sup>	LESS THAN 1 YEAR	LESS THAN 2 YEARS	LESS THAN 5 YEARS	5 YEARS OR MORE
	PERCENT DISTRIBUTION <sup>3</sup>					NUMBER IN THOUSANDS <sup>3</sup>				
ALL PERSONS <sup>4</sup> .....	100.0	77.4	10.2	8.7	3.8	243,532	185,581	24,463	20,770	9,102
AGE										
UNDER 5 YEARS.....	100.0	93.3	5.0	1.2	*0.4	18,768	17,183	930	223	*80
5-17 YEARS.....	100.0	76.3	13.4	8.1	2.3	45,235	34,039	5,986	3,598	1,006
18-24 YEARS.....	100.0	72.2	13.0	11.2	3.6	25,401	17,905	3,228	2,772	893
25-44 YEARS.....	100.0	72.8	11.3	11.2	4.7	78,795	56,586	8,755	8,671	3,668
45-64 YEARS.....	100.0	76.5	9.2	9.0	5.3	46,114	34,776	4,180	4,073	2,418
65-74 YEARS.....	100.0	85.1	5.3	5.6	4.0	17,828	15,039	937	983	705
75 YEARS AND OVER.....	100.0	89.1	4.0	4.0	2.9	11,391	10,052	446	451	332
SEX AND AGE										
MALE										
ALL AGES.....	100.0	71.9	11.7	11.2	5.2	118,009	83,461	13,524	13,032	6,047
UNDER 18 YEARS.....	100.0	81.2	10.9	6.3	1.7	32,752	26,191	3,517	2,023	539
18-44 YEARS.....	100.0	62.8	14.2	16.0	7.0	51,044	31,463	7,109	8,005	3,500
45-64 YEARS.....	100.0	72.0	10.4	10.8	6.7	22,070	15,623	2,254	2,351	1,460
65 YEARS AND OVER.....	100.0	84.7	5.4	5.4	4.6	12,143	10,183	644	653	548
FEMALE										
ALL AGES.....	100.0	82.5	8.8	6.2	2.5	125,523	102,120	10,939	7,738	3,055
UNDER 18 YEARS.....	100.0	81.3	11.0	5.8	1.8	31,251	25,031	3,399	1,797	547
18-44 YEARS.....	100.0	82.1	9.3	6.6	2.0	53,152	43,028	4,875	3,438	1,061
45-64 YEARS.....	100.0	80.6	8.1	7.2	4.0	24,044	19,153	1,926	1,721	958
65 YEARS AND OVER.....	100.0	88.1	4.4	4.6	2.9	17,076	14,908	739	781	489
RACE AND AGE										
WHITE										
ALL AGES.....	100.0	77.8	10.0	8.6	3.7	205,312	157,605	20,163	17,335	7,493
UNDER 18 YEARS.....	100.0	82.1	10.6	5.7	1.6	51,549	41,781	5,372	2,923	790
18-44 YEARS.....	100.0	73.1	11.5	11.0	4.3	87,429	63,013	9,929	9,513	3,691
45-64 YEARS.....	100.0	76.4	9.2	9.2	5.3	40,022	30,180	3,620	3,618	2,086
65 YEARS AND OVER.....	100.0	86.8	4.8	4.9	3.5	26,312	22,631	1,242	1,281	925
BLACK										
ALL AGES.....	100.0	76.3	11.7	8.6	3.4	29,891	22,271	3,403	2,508	997
UNDER 18 YEARS.....	100.0	77.3	13.0	7.4	2.2	9,959	7,527	1,269	723	213
18-44 YEARS.....	100.0	72.2	12.9	11.0	3.9	12,766	8,972	1,608	1,364	489
45-64 YEARS.....	100.0	80.0	8.7	6.8	4.5	4,712	3,677	402	313	205
65 YEARS AND OVER.....	100.0	86.7	5.1	4.5	3.7	2,453	2,095	123	108	90
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	100.0	78.3	9.4	7.9	4.5	26,185	20,184	2,417	2,026	1,149
UNDER 18 YEARS.....	100.0	79.7	10.8	6.3	3.2	7,447	5,802	786	456	235
18-44 YEARS.....	100.0	73.8	11.4	10.4	4.4	9,763	7,093	1,100	998	421
45-64 YEARS.....	100.0	76.1	7.9	8.7	7.3	3,363	2,531	263	288	243
65 YEARS AND OVER.....	100.0	85.6	4.8	5.1	4.5	5,612	4,759	267	283	251
\$10,000-\$19,999										
ALL AGES.....	100.0	75.8	10.6	9.2	4.4	41,040	30,728	4,279	3,731	1,780
UNDER 18 YEARS.....	100.0	76.1	13.6	7.7	2.6	10,640	7,979	1,430	803	274
18-44 YEARS.....	100.0	70.3	12.5	11.8	5.4	15,915	11,042	1,956	1,859	841
45-64 YEARS.....	100.0	74.4	8.6	10.7	6.3	6,483	4,759	549	684	406
65 YEARS AND OVER.....	100.0	87.5	4.3	4.9	3.3	8,002	6,947	345	385	260

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 72. PERCENT DISTRIBUTION AND NUMBER OF PERSONS BY INTERVAL SINCE LAST PHYSICIAN CONTACT, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	INTERVAL SINCE LAST CONTACT									
	ALL INTERVALS <sup>1</sup>	LESS THAN 1 YEAR	1 YEAR TO 2 YEARS	2 YEARS TO 5 YEARS	5 YEARS OR MORE	ALL INTERVALS <sup>2</sup>	LESS THAN 1 YEAR	1 YEAR TO 2 YEARS	2 YEARS TO 5 YEARS	5 YEARS OR MORE
FAMILY INCOME AND AGE--CON.										
\$20,000-\$34,999										
	PERCENT DISTRIBUTION <sup>3</sup>					NUMBER IN THOUSANDS <sup>3</sup>				
ALL AGES.....	100.0	77.1	10.3	8.8	3.8	56,718	43,286	5,788	4,932	2,132
UNDER 18 YEARS.....	100.0	80.8	11.2	6.3	1.6	15,776	12,619	1,755	987	257
18-44 YEARS.....	100.0	73.2	11.1	11.0	4.6	25,856	18,711	2,848	2,815	1,174
45-64 YEARS.....	100.0	76.5	9.1	8.9	5.5	9,843	7,466	884	871	535
65 YEARS AND OVER.....	100.0	86.1	5.8	5.0	3.2	5,242	4,490	301	259	166
\$35,000 OR MORE										
ALL AGES.....	100.0	79.1	10.0	8.2	2.8	80,203	62,733	7,896	6,473	2,251
UNDER 18 YEARS.....	100.0	85.8	8.8	4.7	0.8	21,488	18,267	1,873	992	165
18-44 YEARS.....	100.0	74.9	11.3	10.3	3.4	37,310	27,593	4,166	3,807	1,264
45-64 YEARS.....	100.0	77.8	9.6	8.5	4.1	17,921	13,814	1,703	1,518	730
65 YEARS AND OVER.....	100.0	88.4	4.5	4.5	2.7	3,484	3,059	154	155	92
GEOGRAPHIC REGION										
NORTHEAST.....	100.0	79.7	9.7	7.3	3.3	48,930	38,335	4,648	3,512	1,589
MIDWEST.....	100.0	78.2	9.9	8.5	3.4	59,540	45,901	5,836	4,975	1,994
SOUTH.....	100.0	76.2	10.6	9.3	3.9	83,148	62,461	8,680	7,616	3,233
WEST.....	100.0	76.0	10.4	9.1	4.5	51,913	38,884	5,299	4,668	2,286
PLACE OF RESIDENCE										
MSA.....	100.0	77.7	10.1	8.5	3.8	189,860	145,243	18,819	15,866	7,062
CENTRAL CITY.....	100.0	77.6	9.8	8.5	4.1	74,410	56,689	7,160	6,205	3,014
NOT CENTRAL CITY.....	100.0	77.7	10.2	8.5	3.6	115,450	88,554	11,660	9,661	4,048
NOT MSA.....	100.0	76.2	10.7	9.3	3.9	53,672	40,338	5,643	4,905	2,040

<sup>1</sup> EXCLUDES UNKNOWN INTERVAL.

<sup>2</sup> INCLUDES UNKNOWN INTERVAL.

<sup>3</sup> INCLUDES PHYSICIAN CONTACTS WHILE AN OVERNIGHT PATIENT IN A HOSPITAL.

<sup>4</sup> INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 73. PERCENT DISTRIBUTION OF LIVING PERSONS BY NUMBER OF SHORT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES <sup>1</sup>				
	ALL STATUSES	NUMBER OF EPISODES				ALL STATUSES	NUMBER OF EPISODES			
		NONE	1	2	3 OR MORE		NONE	1	2	3 OR MORE
PERCENT DISTRIBUTION										
ALL PERSONS <sup>2</sup> .....	100.0	91.9	6.6	1.1	0.4	100.0	93.2	5.3	1.0	0.4
AGE										
UNDER 5 YEARS.....	100.0	94.7	4.6	0.6	*0.2	100.0	94.7	4.6	0.6	*0.2
5-17 YEARS.....	100.0	97.3	2.4	0.2	*0.1	100.0	97.5	2.2	0.2	*0.1
18-24 YEARS.....	100.0	91.0	7.8	0.8	0.4	100.0	95.4	3.8	0.6	0.2
25-44 YEARS.....	100.0	92.1	6.9	0.8	0.3	100.0	94.7	4.4	0.6	0.3
45-64 YEARS.....	100.0	91.1	6.8	1.4	0.6	100.0	91.1	6.8	1.4	0.6
65-74 YEARS.....	100.0	84.7	11.2	2.9	1.2	100.0	84.7	11.2	2.9	1.2
75 YEARS AND OVER.....	100.0	80.3	14.1	4.1	1.4	100.0	80.3	14.1	4.1	1.4
SEX AND AGE										
MALE										
ALL AGES.....	100.0	93.5	5.0	1.0	0.4	100.0	93.5	5.0	1.0	0.4
UNDER 18 YEARS.....	100.0	96.4	3.1	0.3	*0.1	100.0	96.4	3.1	0.3	*0.1
18-44 YEARS.....	100.0	95.7	3.6	0.5	0.2	100.0	95.7	3.6	0.5	0.2
45-64 YEARS.....	100.0	90.9	6.8	1.6	0.7	100.0	90.9	6.8	1.6	0.7
65 YEARS AND OVER.....	100.0	81.4	13.1	3.9	1.6	100.0	81.4	13.1	3.9	1.6
FEMALE										
ALL AGES.....	100.0	90.3	8.1	1.2	0.5	100.0	92.9	5.6	1.0	0.4
UNDER 18 YEARS.....	100.0	96.6	3.0	0.3	*0.1	100.0	96.8	2.7	0.3	*0.1
18-44 YEARS.....	100.0	88.1	10.4	1.0	0.4	100.0	94.2	4.8	0.7	0.3
45-64 YEARS.....	100.0	91.3	6.9	1.3	0.6	100.0	91.3	6.9	1.3	0.6
65 YEARS AND OVER.....	100.0	84.1	11.8	3.1	1.1	100.0	84.1	11.8	3.1	1.1
RACE AND AGE										
WHITE										
ALL AGES.....	100.0	91.8	6.7	1.1	0.4	100.0	93.1	5.5	1.1	0.4
UNDER 18 YEARS.....	100.0	96.4	3.1	0.3	0.1	100.0	96.5	3.0	0.3	0.1
18-44 YEARS.....	100.0	91.9	7.0	0.8	0.3	100.0	94.9	4.3	0.6	0.2
45-64 YEARS.....	100.0	91.1	6.8	1.4	0.6	100.0	91.2	6.8	1.4	0.6
65 YEARS AND OVER.....	100.0	83.1	12.3	3.4	1.2	100.0	83.1	12.3	3.4	1.2
BLACK										
ALL AGES.....	100.0	92.0	6.4	1.1	0.5	100.0	93.6	4.9	1.0	0.5
UNDER 18 YEARS.....	100.0	96.6	3.0	*0.3	*0.1	100.0	96.9	2.6	*0.3	*0.1
18-44 YEARS.....	100.0	90.9	7.8	0.9	0.4	100.0	94.4	4.5	0.7	0.4
45-64 YEARS.....	100.0	90.6	7.0	1.7	*0.7	100.0	90.6	7.0	1.7	*0.7
65 YEARS AND OVER.....	100.0	82.1	12.4	3.7	1.8	100.0	82.1	12.4	3.7	1.8
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	100.0	87.5	9.7	1.9	0.9	100.0	89.3	8.0	1.9	0.8
UNDER 18 YEARS.....	100.0	94.5	4.8	*0.4	*0.2	100.0	95.1	4.3	*0.4	*0.2
18-44 YEARS.....	100.0	87.2	10.4	1.4	0.9	100.0	91.8	6.2	1.3	0.7
45-64 YEARS.....	100.0	85.5	9.8	3.1	1.5	100.0	85.6	9.8	3.1	1.5
65 YEARS AND OVER.....	100.0	79.7	14.8	4.2	1.3	100.0	79.7	14.8	4.2	1.3
\$10,000-\$19,999										
ALL AGES.....	100.0	90.2	7.8	1.4	0.6	100.0	91.7	6.4	1.3	0.6
UNDER 18 YEARS.....	100.0	96.2	3.2	0.4	*0.1	100.0	96.4	3.1	0.4	*0.1
18-44 YEARS.....	100.0	90.3	8.4	0.9	0.4	100.0	94.1	4.9	0.6	0.4
45-64 YEARS.....	100.0	89.7	7.9	1.5	0.9	100.0	89.7	7.9	1.5	0.9
65 YEARS AND OVER.....	100.0	82.5	12.6	3.6	1.4	100.0	82.5	12.6	3.6	1.4

SEE FOOTNOTES AND NOTES AT END OF TABLE.



TABLE 73. PERCENT DISTRIBUTION OF LIVING PERSONS BY NUMBER OF SHORT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES <sup>1</sup>				
	ALL STATUSES	NUMBER OF EPISODES				ALL STATUSES	NUMBER OF EPISODES			
		NONE	1	2	3 OR MORE		NONE	1	2	3 OR MORE
FAMILY INCOME AND AGE--CON.										
\$20,000-\$34,999										
PERCENT DISTRIBUTION										
ALL AGES.....	100.0	92.2	6.4	1.1	0.3	100.0	93.7	5.0	1.0	0.3
UNDER 18 YEARS.....	100.0	96.6	2.9	0.4	*0.1	100.0	96.7	2.9	0.4	*0.1
18-44 YEARS.....	100.0	91.8	7.2	0.8	0.2	100.0	94.9	4.2	0.7	0.2
45-64 YEARS.....	100.0	90.3	7.5	1.7	0.5	100.0	90.3	7.5	1.7	0.5
65 YEARS AND OVER.....	100.0	84.8	10.9	3.3	1.1	100.0	84.8	10.9	3.3	1.1
\$35,000 OR MORE										
ALL AGES.....	100.0	93.9	5.2	0.7	0.2	100.0	95.0	4.1	0.6	0.2
UNDER 18 YEARS.....	100.0	97.0	2.6	0.3	*0.1	100.0	97.0	2.6	0.3	*0.1
18-44 YEARS.....	100.0	93.2	6.0	0.6	0.2	100.0	95.7	3.8	0.4	0.1
45-64 YEARS.....	100.0	93.3	5.3	1.0	0.4	100.0	93.3	5.3	1.0	0.4
65 YEARS AND OVER.....	100.0	85.1	11.8	2.4	*0.7	100.0	85.1	11.8	2.4	*0.7
GEOGRAPHIC REGION										
NORTHEAST.....	100.0	92.7	5.9	1.0	0.4	100.0	93.8	4.9	1.0	0.4
MIDWEST.....	100.0	91.5	6.9	1.2	0.5	100.0	92.8	5.6	1.1	0.5
SOUTH.....	100.0	90.9	7.4	1.2	0.5	100.0	92.3	6.1	1.1	0.4
WEST.....	100.0	93.1	5.7	0.9	0.3	100.0	94.6	4.3	0.8	0.3
PLACE OF RESIDENCE										
MSA.....	100.0	92.2	6.4	1.0	0.4	100.0	93.5	5.1	1.0	0.4
CENTRAL CITY.....	100.0	91.9	6.6	1.1	0.4	100.0	93.4	5.2	1.0	0.4
NOT CENTRAL CITY.....	100.0	92.4	6.3	1.0	0.4	100.0	93.7	5.1	0.9	0.3
NOT MSA.....	100.0	90.8	7.3	1.3	0.6	100.0	92.1	6.1	1.2	0.6

<sup>1</sup> BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

<sup>2</sup> INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 74. NUMBER OF LIVING PERSONS, BY NUMBER OF SHORT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES AND BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES <sup>1</sup>				
	NUMBER OF EPISODES					NUMBER OF EPISODES				
	ALL STATUSES	NONE	1	2	3 OR MORE	ALL STATUSES	NONE	1	2	3 OR MORE
NUMBER OF PERSONS IN THOUSANDS										
ALL PERSONS <sup>2</sup> .....	243,532	223,713	16,094	2,687	1,037	243,532	227,005	13,019	2,520	988
AGE										
UNDER 5 YEARS.....	18,768	17,764	859	107	38	18,768	17,764	859	107	38
5-17 YEARS.....	45,235	44,006	1,090	109	29	45,235	44,090	1,008	108	25
18-24 YEARS.....	25,401	23,126	1,993	193	90	25,401	24,235	956	146	63
25-44 YEARS.....	78,795	72,545	5,407	621	222	78,795	74,642	3,453	501	200
45-64 YEARS.....	46,114	42,018	3,146	665	286	46,114	42,020	3,144	665	286
65-74 YEARS.....	17,828	15,106	1,994	520	208	17,828	15,106	1,994	520	208
75 YEARS AND OVER.....	11,391	9,149	1,604	472	165	11,391	9,149	1,604	472	165
SEX AND AGE										
MALE										
ALL AGES.....	118,009	110,374	5,957	1,206	472	118,009	110,374	5,957	1,206	472
UNDER 18 YEARS.....	32,752	31,589	1,016	111	36	32,752	31,589	1,016	111	36
18-44 YEARS.....	51,044	48,829	1,856	262	97	51,044	48,829	1,856	262	97
45-64 YEARS.....	22,070	20,066	1,496	361	147	22,070	20,066	1,496	361	147
65 YEARS AND OVER.....	12,143	9,890	1,589	472	191	12,143	9,890	1,589	472	191
FEMALE										
ALL AGES.....	125,523	113,339	10,137	1,482	565	125,523	116,631	7,062	1,314	516
UNDER 18 YEARS.....	31,251	30,181	934	106	30	31,251	30,265	851	104	30
18-44 YEARS.....	53,152	46,842	5,544	552	214	53,152	50,048	2,553	385	165
45-64 YEARS.....	24,044	21,952	1,650	304	139	24,044	21,954	1,648	304	139
65 YEARS AND OVER.....	17,076	14,364	2,009	521	182	17,076	14,364	2,009	521	182
RACE AND AGE										
WHITE										
ALL AGES.....	205,312	188,403	13,722	2,310	877	205,312	191,052	11,255	2,173	832
UNDER 18 YEARS.....	51,549	49,707	1,609	180	53	51,549	49,752	1,565	179	53
18-44 YEARS.....	87,429	80,356	6,145	676	253	87,429	82,958	3,725	539	207
45-64 YEARS.....	40,022	36,479	2,735	561	246	40,022	36,481	2,733	561	246
65 YEARS AND OVER.....	26,312	21,861	3,232	893	325	26,312	21,861	3,232	893	325
BLACK										
ALL AGES.....	29,891	27,503	1,922	323	143	29,891	27,988	1,469	295	139
UNDER 18 YEARS.....	9,959	9,618	294	34	12	9,959	9,652	260	34	12
18-44 YEARS.....	12,766	11,599	993	119	55	12,766	12,050	575	91	51
45-64 YEARS.....	4,712	4,271	330	80	32	4,712	4,271	330	80	32
65 YEARS AND OVER.....	2,453	2,015	305	90	44	2,453	2,015	305	90	44
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	26,185	22,907	2,544	505	228	26,185	23,394	2,087	497	207
UNDER 18 YEARS.....	7,447	7,040	361	32	13	7,447	7,080	323	30	13
18-44 YEARS.....	9,763	8,517	1,020	138	89	9,763	8,962	603	131	68
45-64 YEARS.....	3,363	2,877	331	103	52	3,363	2,879	329	103	52
65 YEARS AND OVER.....	5,612	4,473	832	233	74	5,612	4,473	832	233	74
\$10,000-\$19,999										
ALL AGES.....	41,040	37,021	3,204	577	239	41,040	37,640	2,633	533	234
UNDER 18 YEARS.....	10,640	10,239	342	46	12	10,640	10,252	330	46	12
18-44 YEARS.....	15,915	14,367	1,342	143	62	15,915	14,975	783	99	57
45-64 YEARS.....	6,483	5,813	515	100	56	6,483	5,813	515	100	56
65 YEARS AND OVER.....	8,002	6,602	1,005	287	109	8,002	6,602	1,005	287	109

SEE FOOTNOTES AND NOTES AT END OF TABLE.



TABLE 75. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW PER LIVING PERSON HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES <sup>1</sup>			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
DAYS PER PERSON HOSPITALIZED								
ALL PERSONS <sup>2</sup> .....	8.0	5.6	14.8	28.1	9.0	6.3	15.4	28.9
AGE								
UNDER 5 YEARS.....	7.8	6.0	15.3	26.8	7.8	6.0	15.3	26.8
5-17 YEARS.....	5.6	4.2	15.4	21.4	5.8	4.3	15.5	21.4
18-24 YEARS.....	5.1	3.7	11.6	22.2	7.2	4.8	13.9	27.6
25-44 YEARS.....	5.8	4.3	11.7	25.2	7.1	5.1	13.1	26.7
45-64 YEARS.....	9.6	6.6	14.5	30.9	9.6	6.6	14.5	30.9
65-74 YEARS.....	11.3	7.7	16.6	32.6	11.3	7.7	16.6	32.6
75 YEARS AND OVER.....	12.1	8.8	18.4	25.7	12.1	8.8	18.4	25.7
SEX AND AGE								
MALE								
ALL AGES.....	9.4	6.5	15.5	29.3	9.4	6.5	15.5	29.3
UNDER 18 YEARS.....	6.6	5.0	16.8	20.8	6.6	5.0	16.8	20.8
18-44 YEARS.....	7.6	5.4	15.8	26.5	7.6	5.4	15.8	26.5
45-64 YEARS.....	9.6	6.8	13.7	28.6	9.6	6.8	13.7	28.6
65 YEARS AND OVER.....	12.3	8.6	16.3	33.0	12.3	8.6	16.3	33.0
FEMALE								
ALL AGES.....	7.2	5.1	14.3	27.1	8.8	6.1	15.4	28.6
UNDER 18 YEARS.....	6.6	5.0	13.7	29.7	6.9	5.2	13.9	29.7
18-44 YEARS.....	4.9	3.7	9.8	23.5	6.8	4.8	11.5	27.3
45-64 YEARS.....	9.5	6.4	15.4	33.5	9.5	6.4	15.4	33.5
65 YEARS AND OVER.....	11.1	7.8	18.5	26.0	11.1	7.8	18.5	26.0
RACE AND AGE								
WHITE								
ALL AGES.....	8.0	5.5	14.6	28.7	8.9	6.2	15.2	29.7
UNDER 18 YEARS.....	6.6	4.9	16.2	24.8	6.7	5.0	16.3	24.8
18-44 YEARS.....	5.5	4.1	11.5	23.3	7.0	5.0	13.1	26.7
45-64 YEARS.....	9.4	6.3	14.1	32.7	9.4	6.4	14.1	32.7
65 YEARS AND OVER.....	11.4	7.9	17.0	30.1	11.4	7.9	17.0	30.1
BLACK								
ALL AGES.....	8.7	6.1	16.9	24.5	10.0	7.1	17.8	24.9
UNDER 18 YEARS.....	7.0	5.7	*11.4	*25.0	7.4	6.0	*11.4	*25.0
18-44 YEARS.....	6.3	4.5	13.0	24.9	8.2	5.6	14.5	26.0
45-64 YEARS.....	10.9	8.0	18.6	21.1	10.9	8.0	18.6	21.1
65 YEARS AND OVER.....	14.1	9.8	22.4	26.3	14.1	9.8	22.6	26.3
FAMILY INCOME AND AGE								
UNDER \$10,000								
ALL AGES.....	9.3	6.5	15.7	26.5	10.5	7.4	15.9	28.2
UNDER 18 YEARS.....	7.0	5.6	*11.3	*34.5	7.4	5.9	*11.8	*34.5
18-44 YEARS.....	6.3	4.0	13.6	21.3	8.2	5.1	13.9	25.0
45-64 YEARS.....	14.2	9.8	15.6	38.9	14.2	9.9	15.6	38.9
65 YEARS AND OVER.....	11.4	8.7	17.6	22.6	11.4	8.7	17.6	22.6
\$10,000-\$19,999								
ALL AGES.....	8.6	5.8	15.7	29.4	9.7	6.5	16.6	29.7
UNDER 18 YEARS.....	6.6	4.7	15.0	*30.1	6.8	4.8	15.0	*30.1
18-44 YEARS.....	5.5	4.1	9.5	27.5	7.3	5.2	11.2	28.6
45-64 YEARS.....	9.8	6.3	18.2	26.0	9.8	6.3	18.2	26.0
65 YEARS AND OVER.....	12.1	8.2	18.2	32.2	12.1	8.2	18.2	32.2

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 75. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW PER LIVING PERSON HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES <sup>1</sup>			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
FAMILY INCOME AND AGE—CON.								
\$20,000-\$34,999								
DAYS PER PERSON HOSPITALIZED								
ALL AGES.....	7.4	5.1	13.9	30.5	8.3	5.7	14.6	32.6
UNDER 18 YEARS.....	6.6	5.1	17.8	*14.8	6.7	5.1	17.8	*14.8
18-44 YEARS.....	5.4	4.1	10.8	22.6	6.7	5.0	12.3	26.7
45-64 YEARS.....	8.3	5.8	12.8	30.3	8.3	5.8	12.8	30.3
65 YEARS AND OVER.....	12.1	7.2	17.7	42.1	12.1	7.2	17.7	42.1
\$35,000 OR MORE								
ALL AGES.....	6.7	5.1	13.2	24.5	7.5	5.7	14.1	24.7
UNDER 18 YEARS.....	6.7	5.1	15.4	*23.4	6.7	5.2	15.4	*23.4
18-44 YEARS.....	5.4	4.1	12.4	27.2	6.7	4.9	14.9	28.0
45-64 YEARS.....	7.8	5.6	12.8	23.9	7.8	5.6	12.8	23.9
65 YEARS AND OVER.....	10.5	9.0	14.2	*21.9	10.5	9.0	14.2	*21.9
GEOGRAPHIC REGION								
NORTHEAST.....	9.0	6.4	18.0	25.6	10.0	7.1	18.6	26.1
MIDWEST.....	8.0	5.6	13.6	28.9	8.9	6.2	14.2	29.7
SOUTH.....	7.8	5.4	14.6	27.2	8.6	6.0	15.0	28.2
WEST.....	7.6	5.3	13.9	31.1	9.1	6.2	14.7	32.2
PLACE OF RESIDENCE								
MSA.....	8.1	5.2	15.2	29.2	9.3	6.5	16.0	30.2
CENTRAL CITY.....	8.5	5.9	15.8	29.4	9.7	6.8	16.4	30.7
NOT CENTRAL CITY.....	7.9	5.6	14.8	29.0	8.9	6.3	15.7	29.8
NOT MSA.....	7.7	5.2	13.7	25.5	8.4	5.7	13.9	26.1

<sup>1</sup>BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

<sup>2</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 76. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES <sup>1</sup>			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
NUMBER OF DAYS IN THOUSANDS								
ALL PERSONS <sup>2</sup> .....	159,230	90,280	39,837	29,112	149,384	81,908	38,881	28,595
AGE								
UNDER 5 YEARS.....	7,798	5,148	1,632	1,019	7,798	5,148	1,632	1,019
5-17 YEARS.....	6,907	4,602	1,684	622	6,657	4,357	1,679	622
18-24 YEARS.....	11,518	7,287	2,235	1,996	8,355	4,595	2,024	1,736
25-44 YEARS.....	36,050	23,154	7,292	5,603	29,619	17,721	6,552	5,346
45-64 YEARS.....	39,182	20,698	9,636	8,849	39,180	20,696	9,636	8,849
65-74 YEARS.....	30,719	15,286	8,653	6,779	30,719	15,286	8,653	6,779
75 YEARS AND OVER.....	27,056	14,106	8,705	4,245	27,056	14,106	8,705	4,245
SEX AND AGE								
MALE								
ALL AGES.....	71,435	38,945	18,671	13,819	71,435	38,945	18,671	13,819
UNDER 18 YEARS.....	7,686	5,073	1,863	750	7,686	5,073	1,863	750
18-44 YEARS.....	16,731	10,023	4,136	2,573	16,731	10,023	4,136	2,573
45-64 YEARS.....	19,288	10,133	4,956	4,199	19,288	10,133	4,956	4,199
65 YEARS AND OVER.....	27,730	13,716	7,716	6,298	27,730	13,716	7,716	6,298
FEMALE								
ALL AGES.....	87,795	51,335	21,166	15,293	77,949	42,963	20,210	14,776
UNDER 18 YEARS.....	7,019	4,676	1,452	890	6,769	4,431	1,448	890
18-44 YEARS.....	30,836	20,417	5,392	5,026	21,243	12,293	4,441	4,509
45-64 YEARS.....	19,894	10,565	4,679	4,650	19,892	10,563	4,679	4,650
65 YEARS AND OVER.....	30,045	15,677	9,642	4,727	30,045	15,677	9,642	4,727
RACE AND AGE								
WHITE								
ALL AGES.....	134,983	76,019	33,808	25,155	127,214	69,447	33,085	24,681
UNDER 18 YEARS.....	12,178	7,944	2,917	1,317	12,057	7,828	2,912	1,317
18-44 YEARS.....	38,858	25,065	7,784	6,010	31,212	18,611	7,065	5,536
45-64 YEARS.....	33,302	17,363	7,904	8,035	33,300	17,361	7,904	8,035
65 YEARS AND OVER.....	50,645	25,647	15,204	9,794	50,645	25,647	15,204	9,794
BLACK								
ALL AGES.....	20,726	11,763	5,464	3,499	19,095	10,398	5,241	3,456
UNDER 18 YEARS.....	2,366	1,677	389	300	2,254	1,565	389	300
18-44 YEARS.....	7,378	4,461	1,546	1,371	5,859	3,208	1,323	1,328
45-64 YEARS.....	4,812	2,647	1,491	674	4,812	2,647	1,491	674
65 YEARS AND OVER.....	6,170	2,978	2,038	1,155	6,170	2,978	2,038	1,155
FAMILY INCOME AND AGE								
UNDER \$10,000								
ALL AGES.....	30,613	16,634	7,936	6,043	29,185	15,460	7,879	5,846
UNDER 18 YEARS.....	2,840	2,033	360	448	2,705	1,902	355	448
18-44 YEARS.....	7,876	4,106	1,870	1,900	6,586	3,064	1,818	1,703
45-64 YEARS.....	6,881	3,251	1,605	2,025	6,879	3,249	1,605	2,025
65 YEARS AND OVER.....	13,016	7,245	4,101	1,671	13,016	7,245	4,101	1,671
\$10,000-\$19,999								
ALL AGES.....	34,698	18,584	9,081	7,034	32,976	17,184	8,832	6,960
UNDER 18 YEARS.....	2,658	1,607	690	361	2,631	1,580	690	361
18-44 YEARS.....	8,514	5,458	1,353	1,704	6,819	4,086	1,104	1,629
45-64 YEARS.....	6,537	3,258	1,821	1,458	6,537	3,258	1,821	1,458
65 YEARS AND OVER.....	16,989	8,260	5,217	3,512	16,989	8,260	5,217	3,512

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 76. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES <sup>1</sup>			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
FAMILY INCOME AND AGE--CON.								
\$20,000-\$34,999								
NUMBER OF DAYS IN THOUSANDS								
ALL AGES.....	32,468	18,423	8,467	5,578	29,852	16,184	8,260	5,407
UNDER 18 YEARS.....	3,498	2,324	996	177	3,476	2,302	996	177
18-44 YEARS.....	11,392	7,664	2,328	1,400	8,798	5,447	2,122	1,229
45-64 YEARS.....	7,945	4,318	2,110	1,517	7,945	4,318	2,110	1,517
65 YEARS AND OVER.....	9,633	4,117	3,032	2,484	9,633	4,117	3,032	2,484
\$35,000 OR MORE								
ALL AGES.....	32,739	21,195	7,203	4,341	29,947	18,813	6,856	4,279
UNDER 18 YEARS.....	4,308	2,896	1,015	397	4,291	2,879	1,015	397
18-44 YEARS.....	13,568	9,209	2,755	1,604	10,794	6,845	2,408	1,541
45-64 YEARS.....	9,448	5,386	2,269	1,793	9,448	5,386	2,269	1,793
65 YEARS AND OVER.....	5,415	3,703	1,164	548	5,415	3,703	1,164	548
GEOGRAPHIC REGION								
NORTHEAST.....	32,306	18,580	9,117	4,609	30,572	17,096	8,932	4,544
MIDWEST.....	40,857	22,797	9,490	8,371	38,252	20,806	9,226	8,220
SOUTH.....	58,791	33,366	14,649	10,775	55,122	30,260	14,315	10,548
WEST.....	27,475	15,537	6,581	5,356	25,438	13,747	6,408	5,284
PLACE OF RESIDENCE								
MSA.....	121,195	69,646	30,323	21,226	113,464	63,118	29,570	20,775
CENTRAL CITY.....	51,486	28,985	13,124	9,376	48,137	26,216	12,756	9,165
NOT CENTRAL CITY.....	69,710	40,660	17,199	11,851	65,326	36,902	16,814	11,610
NOT MSA.....	38,034	20,634	9,514	7,886	35,921	18,790	9,311	7,820

<sup>1</sup>BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

<sup>2</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 77. NUMBER PER 100 PERSONS PER YEAR AND ANNUAL NUMBER OF SHORT-STAY HOSPITAL DISCHARGES, AVERAGE LENGTH OF STAY AND ANNUAL NUMBER OF HOSPITAL DAYS FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES <sup>1</sup>				EXCLUDING DELIVERIES <sup>2</sup>			
	HOSPITAL DISCHARGES		HOSPITAL DAYS		HOSPITAL DISCHARGES		HOSPITAL DAYS	
	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS
ALL PERSONS <sup>3</sup> .....	11.3	27,423	6.5	179,332	9.8	23,821	7.1	168,533
AGE								
UNDER 5 YEARS.....	7.7	1,438	6.6	9,501	7.7	1,438	6.6	9,501
5-17 YEARS.....	3.4	1,531	5.6	8,561	3.1	1,412	5.8	8,231
18-24 YEARS.....	11.5	2,926	4.1	12,036	6.4	1,637	5.1	8,297
25-44 YEARS.....	9.8	7,746	4.8	37,022	7.0	5,551	5.5	30,292
45-64 YEARS.....	13.1	6,020	7.2	43,233	13.1	6,020	7.2	43,233
65-74 YEARS.....	23.7	4,219	8.5	35,733	23.7	4,219	8.5	35,733
75 YEARS AND OVER.....	31.1	3,543	9.4	33,246	31.1	3,543	9.4	33,246
SEX AND AGE								
MALE								
ALL AGES.....	9.6	11,298	7.3	82,595	9.6	11,298	7.3	82,595
UNDER 18 YEARS.....	4.7	1,543	6.0	9,200	4.7	1,543	6.0	9,200
18-44 YEARS.....	6.0	3,044	5.8	17,526	6.0	3,044	5.8	17,526
45-64 YEARS.....	13.9	3,076	7.2	22,284	13.9	3,076	7.2	22,284
65 YEARS AND OVER.....	29.9	3,635	9.2	33,585	29.9	3,635	9.2	33,585
FEMALE								
ALL AGES.....	12.8	16,125	6.0	96,737	10.0	12,523	6.9	85,938
UNDER 18 YEARS.....	4.6	1,426	6.2	8,862	4.2	1,308	6.5	8,532
18-44 YEARS.....	14.4	7,628	4.1	31,531	7.8	4,144	5.1	21,063
45-64 YEARS.....	12.2	2,944	7.1	20,949	12.2	2,944	7.1	20,949
65 YEARS AND OVER.....	24.2	4,127	8.6	35,394	24.2	4,127	8.6	35,394
RACE AND AGE								
WHITE								
ALL AGES.....	11.4	23,311	6.5	152,323	9.9	20,386	7.0	143,627
UNDER 18 YEARS.....	4.7	2,403	6.3	15,091	4.5	2,331	6.4	14,890
18-44 YEARS.....	10.2	8,882	4.6	40,499	6.9	6,028	5.3	32,003
45-64 YEARS.....	12.9	5,154	7.1	36,669	12.9	5,154	7.1	36,669
65 YEARS AND OVER.....	26.1	6,873	8.7	60,065	26.1	6,873	8.7	60,065
BLACK								
ALL AGES.....	11.5	3,442	6.8	23,260	9.8	2,937	7.4	21,622
UNDER 18 YEARS.....	5.1	504	5.5	2,795	4.6	460	5.8	2,672
18-44 YEARS.....	11.5	1,468	5.0	7,294	7.9	1,007	5.7	5,780
45-64 YEARS.....	15.2	715	8.2	5,841	15.2	715	8.2	5,841
65 YEARS AND OVER.....	30.8	755	9.7	7,329	30.8	755	9.7	7,329
FAMILY INCOME AND AGE								
UNDER \$10,000								
ALL AGES.....	18.0	4,704	7.3	34,432	15.9	4,163	7.9	32,767
UNDER 18 YEARS.....	7.4	550	6.0	3,273	6.7	500	6.3	3,128
18-44 YEARS.....	16.9	1,654	4.8	7,958	11.9	1,163	5.5	6,438
45-64 YEARS.....	24.2	814	9.5	7,767	24.2	814	9.5	7,767
65 YEARS AND OVER.....	30.0	1,686	9.2	15,434	30.0	1,686	9.2	15,434
\$10,000-\$19,999								
ALL AGES.....	13.7	5,641	6.9	38,672	12.0	4,943	7.4	36,731
UNDER 18 YEARS.....	4.7	504	6.3	3,154	4.6	487	6.4	3,115
18-44 YEARS.....	12.4	1,967	4.6	8,951	8.1	1,287	5.5	7,049
45-64 YEARS.....	15.6	1,011	6.9	6,944	15.6	1,011	6.9	6,944
65 YEARS AND OVER.....	27.0	2,158	9.1	19,624	27.0	2,158	9.1	19,624

SEE FOOTNOTES AND NOTES AT END OF TABLE.



TABLE 77. NUMBER PER 100 PERSONS PER YEAR AND ANNUAL NUMBER OF SHORT-STAY HOSPITAL DISCHARGES, AVERAGE LENGTH OF STAY AND ANNUAL NUMBER OF HOSPITAL DAYS FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES <sup>1</sup>				EXCLUDING DELIVERIES <sup>2</sup>			
	HOSPITAL DISCHARGES		HOSPITAL DAYS		HOSPITAL DISCHARGES		HOSPITAL DAYS	
FAMILY INCOME AND AGE--CON.	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS
<b>\$20,000-\$34,999</b>								
ALL AGES.....	10.3	5,848	6.2	35,966	8.7	4,910	6.7	32,975
UNDER 18 YEARS.....	4.3	679	6.6	4,461	4.2	664	6.7	4,423
18-44 YEARS.....	10.4	2,700	4.6	12,548	6.9	1,777	5.4	9,594
45-64 YEARS.....	13.3	1,313	6.3	8,242	13.3	1,313	6.3	8,242
65 YEARS AND OVER.....	22.1	1,156	9.3	10,715	22.1	1,156	9.3	10,715
<b>\$35,000 OR MORE</b>								
ALL AGES.....	7.8	6,264	5.7	35,686	6.6	5,320	6.2	32,868
UNDER 18 YEARS.....	3.9	829	6.6	5,430	3.8	818	6.6	5,402
18-44 YEARS.....	7.8	2,910	4.5	13,150	5.3	1,977	5.2	10,360
45-64 YEARS.....	9.8	1,756	5.8	10,242	9.8	1,756	5.8	10,242
65 YEARS AND OVER.....	22.1	769	8.9	6,864	22.1	769	8.9	6,864
<b>GEOGRAPHIC REGION</b>								
NORTHEAST.....	10.1	4,936	7.3	35,876	9.0	4,401	7.7	34,044
MIDWEST.....	11.7	6,956	6.6	45,799	10.3	6,107	7.1	43,216
SOUTH.....	12.8	10,627	6.4	67,571	11.2	9,314	6.8	63,492
WEST.....	9.4	4,904	6.1	30,086	7.7	4,000	6.9	27,780
<b>PLACE OF RESIDENCE</b>								
MSA.....	10.8	20,493	6.7	138,007	9.3	17,593	7.4	129,314
CENTRAL CITY.....	11.4	8,465	6.9	58,743	9.7	7,243	7.6	54,936
NOT CENTRAL CITY.....	10.4	12,028	6.6	79,263	9.0	10,350	7.2	74,377
NOT MSA.....	12.9	6,930	6.0	41,325	11.6	6,228	6.3	39,219

<sup>1</sup>INCLUDES UNKNOWN CAUSE; BASED ON 6-MONTH REFERENCE PERIOD.

<sup>2</sup>BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

TABLE 78. NUMBER OF PERSONS OF ALL AGES AND NUMBER OF CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS	CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS
NUMBER IN THOUSANDS			FAMILY INCOME AND AGE		
ALL PERSONS <sup>1</sup> .....	243,532	117,227	UNDER \$10,000		
AGE			NUMBER IN THOUSANDS		
UNDER 18 YEARS.....	64,003	...	ALL AGES.....	26,185	6,180
UNDER 5 YEARS.....	18,768	...	UNDER 18 YEARS.....	7,447	...
5-17 YEARS.....	45,235	...	UNDER 5 YEARS.....	4,476	...
18-44 YEARS.....	104,196	81,961	5-17 YEARS.....	4,971	...
18-24 YEARS.....	25,401	17,654	18-44 YEARS.....	9,763	4,734
25-44 YEARS.....	78,795	64,307	18-24 YEARS.....	4,413	2,201
45 YEARS AND OVER.....	75,333	35,266	45 YEARS AND OVER.....	8,975	1,446
45-64 YEARS.....	46,114	31,411	45-64 YEARS.....	3,363	1,033
65 YEARS AND OVER.....	29,219	3,855	65 YEARS AND OVER.....	5,612	413
65-69 YEARS.....	9,903	2,268	65-69 YEARS.....	1,427	188
70-74 YEARS.....	7,925	988	70-74 YEARS.....	1,444	131
75 YEARS AND OVER.....	11,391	600	75 YEARS AND OVER.....	2,741	94
SEX AND AGE			\$10,000-\$19,999		
MALE			ALL AGES.....	41,040	16,100
ALL AGES.....	118,009	64,318	UNDER 18 YEARS.....	10,640	...
UNDER 18 YEARS.....	32,752	...	UNDER 5 YEARS.....	3,368	...
UNDER 5 YEARS.....	9,606	...	5-17 YEARS.....	7,272	...
5-17 YEARS.....	23,145	...	18-44 YEARS.....	15,915	11,678
18-44 YEARS.....	51,044	44,698	18-24 YEARS.....	4,699	3,172
18-24 YEARS.....	12,396	9,210	45 YEARS AND OVER.....	14,485	4,422
45 YEARS AND OVER.....	34,213	19,619	45-64 YEARS.....	6,483	3,571
45-64 YEARS.....	22,070	17,414	65 YEARS AND OVER.....	8,002	851
65 YEARS AND OVER.....	12,143	2,205	65-69 YEARS.....	2,586	475
65-69 YEARS.....	4,553	1,314	70-74 YEARS.....	2,369	210
70-74 YEARS.....	3,382	542	75 YEARS AND OVER.....	3,047	166
75 YEARS AND OVER.....	4,208	350	\$20,000-\$24,999		
FEMALE			ALL AGES.....	19,176	9,403
ALL AGES.....	125,523	52,909	UNDER 18 YEARS.....	5,044	...
UNDER 18 YEARS.....	31,251	...	UNDER 5 YEARS.....	1,508	...
UNDER 5 YEARS.....	9,162	...	5-17 YEARS.....	3,536	...
5-17 YEARS.....	22,089	...	18-44 YEARS.....	8,419	6,884
18-44 YEARS.....	53,152	37,263	18-24 YEARS.....	1,986	1,537
18-24 YEARS.....	13,005	8,444	45 YEARS AND OVER.....	5,713	2,519
45 YEARS AND OVER.....	41,120	15,647	45-64 YEARS.....	3,305	2,159
45-64 YEARS.....	24,044	13,997	65 YEARS AND OVER.....	2,408	360
65 YEARS AND OVER.....	17,076	1,650	65-69 YEARS.....	898	210
65-69 YEARS.....	5,350	954	70-74 YEARS.....	698	97
70-74 YEARS.....	4,543	446	75 YEARS AND OVER.....	812	53
75 YEARS AND OVER.....	7,183	250	\$25,000-\$34,999		
RACE AND AGE			ALL AGES.....	37,542	19,875
WHITE			UNDER 18 YEARS.....	10,732	...
ALL AGES.....	205,312	101,059	UNDER 5 YEARS.....	3,316	...
UNDER 18 YEARS.....	51,549	...	5-17 YEARS.....	7,416	...
UNDER 5 YEARS.....	15,109	...	18-44 YEARS.....	17,438	14,761
5-17 YEARS.....	36,440	...	18-24 YEARS.....	3,253	2,555
18-44 YEARS.....	87,429	70,074	45 YEARS AND OVER.....	9,372	5,114
18-24 YEARS.....	20,886	15,092	45-64 YEARS.....	6,538	4,636
45 YEARS AND OVER.....	66,333	30,984	65 YEARS AND OVER.....	2,835	478
45-64 YEARS.....	40,022	27,516	65-69 YEARS.....	1,198	308
65 YEARS AND OVER.....	26,312	3,468	70-74 YEARS.....	827	114
65-69 YEARS.....	8,814	2,025	75 YEARS AND OVER.....	809	55
70-74 YEARS.....	7,170	898	\$35,000 OR MORE		
75 YEARS AND OVER.....	10,328	546	ALL AGES.....	80,203	47,577
BLACK			UNDER 18 YEARS.....	21,488	...
ALL AGES.....	29,891	12,250	UNDER 5 YEARS.....	5,678	...
UNDER 18 YEARS.....	9,959	...	5-17 YEARS.....	15,810	...
UNDER 5 YEARS.....	2,881	...	18-44 YEARS.....	37,310	32,155
5-17 YEARS.....	7,077	...	18-24 YEARS.....	7,032	5,522
18-44 YEARS.....	12,766	9,005	45 YEARS AND OVER.....	21,405	15,422
18-24 YEARS.....	3,562	2,031	45-64 YEARS.....	17,921	14,564
45 YEARS AND OVER.....	7,166	3,244	65 YEARS AND OVER.....	3,484	857
45-64 YEARS.....	4,712	2,924	65-69 YEARS.....	1,652	596
65 YEARS AND OVER.....	2,453	320	70-74 YEARS.....	841	181
65-69 YEARS.....	905	200	75 YEARS AND OVER.....	990	80
70-74 YEARS.....	640	71			
75 YEARS AND OVER.....	908	48			

SEE FOOTNOTE AND NOTE AT END OF TABLE.

TABLE 78. NUMBER OF PERSONS OF ALL AGES AND NUMBER OF CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1989--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS	CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS
GEOGRAPHIC REGION AND AGE			PLACE OF RESIDENCE AND AGE		
NUMBER IN THOUSANDS			NUMBER IN THOUSANDS		
NORTHEAST			MSA		
ALL AGES.....	48,930	24,170	ALL AGES.....	189,860	93,040
UNDER 5 YEARS.....	3,285	...	UNDER 5 YEARS.....	14,839	...
5-17 YEARS.....	8,047	...	5-17 YEARS.....	34,749	...
18 YEARS AND OVER.....	37,598	24,170	18 YEARS AND OVER.....	140,272	93,040
MIDWEST			CENTRAL CITY		
ALL AGES.....	59,540	29,212	ALL AGES.....	74,410	34,694
UNDER 5 YEARS.....	4,524	...	UNDER 5 YEARS.....	6,032	...
5-17 YEARS.....	11,260	...	5-17 YEARS.....	13,178	...
18 YEARS AND OVER.....	43,756	29,212	18 YEARS AND OVER.....	55,201	34,694
SOUTH			NOT CENTRAL CITY		
ALL AGES.....	83,148	38,951	ALL AGES.....	115,450	58,346
UNDER 5 YEARS.....	6,564	...	UNDER 5 YEARS.....	8,808	...
5-17 YEARS.....	15,852	...	5-17 YEARS.....	21,571	...
18 YEARS AND OVER.....	60,733	38,951	18 YEARS AND OVER.....	85,071	58,346
WEST			NOT MSA		
ALL AGES.....	51,913	24,893	ALL AGES.....	53,672	24,187
UNDER 5 YEARS.....	4,396	...	UNDER 5 YEARS.....	3,929	...
5-17 YEARS.....	10,076	...	5-17 YEARS.....	10,486	...
18 YEARS AND OVER.....	37,442	24,893	18 YEARS AND OVER.....	39,257	24,187

<sup>1</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

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

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# Appendix I

## Technical notes on methods

### Background

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

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

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

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

### Statistical design of NHIS

#### General design

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

The sample design plan of the NHIS follows a multi-stage probability design that permits a continuous

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

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

#### Sample selection

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

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

Within each segment all occupied households are targeted for interview. On occasion, a sample segment

may contain a large number of households. In this situation the households are subsampled to provide a manageable interviewer workload.

The sample was designed so that a typical NHIS sample for the data collection years 1985 to 1995 will consist of approximately 7,500 segments containing about 59,000 assigned households. Of these households, an expected 10,000 will be vacant, demolished, or occupied by persons not in the target population of the survey. The expected sample of 49,000 occupied households will yield a probability sample of about 127,000 persons.

### Features of the NHIS sample redesign

Starting in 1985, the NHIS design incorporated several new design features (9). The major changes include the following:

1. *The use of an all-area frame.* The NHIS sample is now designed so that it can serve as a sample frame for other NCHS population-based surveys. In previous NHIS designs about two-thirds of the sample was obtained from lists of addresses compiled at the time of the decennial census; that is, a list frame. Due to U.S. Bureau of the Census confidentiality restrictions, these sample addresses could be used for only those surveys being conducted by the U.S. Bureau of the Census. The methodology used to obtain addresses in the 1985 NHIS area frame does not use the census address lists. The sample addresses thus obtained can be used as a sampling frame for other NCHS surveys.
2. *The NHIS as four panels.* Four national subdesigns, or panels, constitute the full NHIS. Each panel contains a representative sample of the U.S. civilian noninstitutionalized population. Each of the four panels has the same sampling properties, and any combination of panels defines a national design. Panels were constructed to facilitate the linkage of NHIS to other surveys, and also to efficiently make large reductions in the size of the sample by eliminating panels from the survey.  
In 1989 the sample consisted of 7,933 segments containing 59,660 assigned households. Of the 48,054 households eligible for interview, 45,711 households were actually interviewed, resulting in a sample of 116,929 persons.
3. *The oversampling of black persons.* One of the goals in designing the current NHIS was to improve the precision of estimates for black persons. This was accomplished by the use of differential sampling rates in PSU's with between about 5 and 50 percent black population. Sampling rates for selection of segments were increased in areas known to have the highest concentrations of black persons. Segment sampling rates were decreased in other areas within the PSU to ensure that the total sample in each PSU was the same size as it would have been without oversampling black persons.

4. *The reduction of the number of sampled PSU's.* Interviewer travel to sample PSU's constitutes a large component of the total field costs for the NHIS. The previous NHIS design included 376 PSU's. Research showed that reducing the number of sample PSU's while increasing the sample size within PSU's would reduce travel costs and also maintain the reliability of health estimates. The design now contains 198 PSU's.
5. *The selection of two PSU's per non-self-representing stratum.* In the previous design, one PSU was selected from each non-self-representing stratum. This feature necessitated the use of less efficient variance estimation procedures; the selection of two PSU's allows more efficient variance estimation methodology.

### Collection and processing of data

The NHIS questionnaire contains two major parts: The first consists of topics that remain relatively the same from year to year. Among these topics are the incidence of acute conditions, the prevalence of chronic conditions, persons limited in activity due to chronic conditions, restriction in activity due to impairment or health problems, and utilization of health care services involving physician care and short-stay hospitalization. Occasionally new questions are incorporated into the main questionnaire. Since 1985, questions that ask the household members' city and state of birth, social security number, and father's last name, have been included. In 1989, questions were added that ask the location (city, county, and state) of any physician contact whether by telephone or in person; and for household members born in the United States, how many years they have lived in the state of residence, and for household members born in a foreign country, how many years they have lived in the United States. The second part consists of special topics added as supplements to each year's questionnaire. Beginning in August 1987, a special set of supplemental questions on the adult population's knowledge and attitudes about acquired immunodeficiency syndrome (AIDS) was added to the National Health Interview Survey using Computer Assisted Personal Interview (CAPI). A copy of the most recent questionnaire, not previously included in Current Estimates, is shown in Appendix III.

Careful procedures are followed to assure the quality of data collected in the interview. Most households in the sample are contacted by mail before the interviewers arrive. Potential respondents are informed of the importance of the survey and assured that all information obtained in the interview will be held in strict confidence. Interviewers make repeated trips to a household when a respondent is not immediately found. The success of these procedures is indicated by the response rate for the survey, which has been between 95 and 98 percent over the years.

When contact is made, the interviewer attempts to have all family members of the household 19 years of age

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

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

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

The interview, fieldwork, and data processing procedures summarized above are described in detail in Series 1, No. 18 (10).

## Estimation procedures

Because the design of NHIS is a complex multistage probability sample, it is necessary to reflect these complex procedures in the derivation of estimates (9). The estimates presented in this report are based upon 1989 sample person counts weighted to produce national estimates. The weight for each sample person is the product of four component weights:

1. *Probability of selection.* The basic weight for each person is obtained by multiplying the reciprocals of the probabilities of selection at each step in the design: PSU, segment, and household.
2. *Household nonresponse adjustment within segment.* In NHIS, interviews are completed in about 95 percent of all eligible households. Because of household nonresponse, a weighting adjustment is required. The nonresponse adjustment weight is a ratio with the number of households in a sample segment as the numerator and the number of households actually interviewed in that segment as the denominator. This adjustment reduces bias in an estimate to the extent that persons in the noninterviewed households have the same characteristics as the persons in the interviewed households in the same segment.
3. *First-stage ratio adjustment.* The weight for persons in the non-self-representing PSU's is ratio adjusted to the 1980 population within four race-residence classes of the non-self-representing strata within each geographic region.
4. *Poststratification by age-sex-race.* Within each of 60 age-sex-race cells (table I), a weight is constructed

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

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

each quarter to ratio adjust the first-stage population estimate based on the NHIS to an independent estimate of the population of each cell. These independent estimates are prepared by the U.S. Bureau of the Census and are updated quarterly.

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

## Types of estimates

As noted, NHIS data were collected on a weekly basis, with each week's sample representing the resident, civilian noninstitutionalized population of the United States living during that week. The weekly samples are consolidated to produce quarterly files (each consisting of data for 13 weeks). Weights to adjust the data to represent the U.S. population are assigned to each of the four quarterly files. These quarterly files are later consolidated to produce the annual file, which is the basis of most tabulations of NHIS data.

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

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

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

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

## Reliability of the estimates

Because NHIS estimates are based on a sample, they may differ somewhat from the figures that would have been obtained if a complete census had been taken using the same survey and processing procedures. There are two types of errors possible in an estimate based on a sample survey: Sampling and non-sampling errors. To the extent possible, these types of errors are kept to a minimum by methods built into the survey procedures described earlier (11). Although it is very difficult to measure the extent of bias in NHIS, several studies have been conducted to examine this problem. The results have been published in several reports (12–15).

### Nonsampling errors

*Interviewing process*—Information, such as the number of days of restricted activity caused by the condition, can

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

*Reference period bias*—NHIS estimates do not represent a complete measure of any given topic during the specified calendar period because data are not collected in the interview for persons who died or became institutionalized during the reference period. For many types of statistics collected in the survey, the reference period is the 2 weeks prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (such as 1 year) might be significant, especially for older persons.

Underreporting associated with a long reference period is most germane to data on hospitalization. Analysis has shown that there is an increase in underreporting of hospitalizations with an increase in the time interval between the discharge and the interview. Exclusive of the hospital experience of decedents, the net underreporting using a 12-month recall period is in the neighborhood of 10 percent (16). The underreporting of discharges within 6 months of the week of interview is estimated to be about 5 percent (16). For this reason, hospital discharge data are based on hospital discharges reported to have occurred within 6 months of the week of interview.

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

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

*Population estimates*—Some of the published tables include population figures for specified categories. Except for overall totals for the 60 age, sex, and race groups, which are adjusted to independent estimates, these figures



are based on the sample of households in NHIS. They are given primarily to provide denominators for rate computation, and for this purpose they are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. With the exception of the overall totals by age, sex, and race mentioned above, the population figures may differ from figures (which are derived from different sources) published in reports of the U.S. Bureau of the Census. Official population estimates are presented in U.S. Bureau of the Census reports in Series P-20, P-25, and P-60.

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

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

### Sampling errors

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

Individual standard errors were not computed for each estimate in this report. Instead, standard errors were computed for a broad spectrum of estimates. Regression techniques were then applied to produce equations from which a standard error for any estimate can be

approximated. The regression equations, represented by parameters *a* and *b*, are presented in table II. Also shown are the cutoff values, the estimated number of persons or events below which the relative standard error is greater than 30 percent, and estimates do not meet NHIS standards of statistical reliability. Rules explaining their use are presented in the section below.

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

### General rules for determining standard errors

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

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

**Table II. Estimated standard error parameters and 30 percent relative standard error (RSE) cutoff points for the National Health Interview Survey, 1989**

Parameter set	Characteristic	Estimated parameters		30 percent RSE cutoff points <sup>1</sup>
		a	b	
I	Number of acute conditions . . . . .	0.000225	67,800	755,000
II	Days of restricted activity or bed days . . . . .	0.000363	475,000	5,300,000
III	Days lost from work or school . . . . .	0.000217	355,000	4,000,000
IV	Number of episodes of persons injured . . . . .	0.000769	62,100	696,000
V	Prevalence of chronic conditions . . . . .	0.0000893	12,200	136,000
VI	Number of physician contacts based on a 2-week reference period . . . . .	0.0000282	166,000	1,800,000
VII	Hospital days based on a 12-month reference period . . . . .	0.000320	54,300	606,000
VIII	Hospital discharges based on a 6-month reference period . . . . .	0.000187	6,220	69,000
IX	Hospital discharge days based on a 6-month reference period . . . . .	0.00194	82,300	935,000
X	Population estimates for demographic, socioeconomic, and health characteristics . . . . .	0.0000307	3,640	41,000
XI	Age-sex-race population based on combining the poststratification cells of table I . . . . .	0.0	0.0	41,000

<sup>1</sup>Estimates below the cutoff points have an RSE of more than 30 percent and are considered to be statistically unreliable.

NOTE: The 1989 NHIS was based on a full sample. Therefore, 45,711 households were interviewed, resulting in a sample of 116,929 persons.

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

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

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

*Example of rule 1.* As shown in table 7, the estimated number of acute conditions for males is 200,958,000. From table II, parameter set I, the  $a$  and  $b$  parameters for the numbers of acute conditions are 0.000225 and 67,800, respectively. Using formula 1, the estimated standard error is

$$\begin{aligned} &\sqrt{(0.000225)(200,958,000)^2 + (67,800)(200,958,000)} \\ &= 4,765,646 \end{aligned}$$

An approximate 95-percent confidence interval for the number of acute conditions for males is from 191,617,334 to 210,298,666 (200,958,000  $\pm$  1.96(4,765,646)).

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

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

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

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

$$x = \begin{cases} pY & \text{if } p \text{ is a proportion or rate per unit or} \\ \frac{pY}{100} & \text{if } p \text{ is a percent or rate per 100 units or} \\ \frac{pY}{1,000} & \text{if } p \text{ is a rate per 1,000 units} \end{cases}$$

*Example of rule 2.* From table 18, the rate of restricted-activity days associated with acute conditions for black persons in the 18–44 year age group is estimated to be 838.6 days per 100 persons per year. Here,  $p = 838.6$  and can be expressed as  $(100)x/Y$ . From table 23,  $x = 107,054,000$  restricted-activity days, and from table 78,  $Y = 12,766,000$  persons. From table II, parameter set II, the parameters  $a$  and  $b$  for restricted-activity days are 0.000363 and 475,000, respectively. Using formula 2, the estimated standard error for the rate is

$$838.6 \sqrt{0.000363 + \frac{475,000}{107,054,000}} = 58.1 \text{ days}$$

An approximate 95-percent confidence interval for the number of restricted-activity days associated with acute conditions per 100 persons per year for black persons aged 18–44 years is from 724.7 to 952.5 days. If the value of  $x$  had not been published, it could have been obtained by the computation

$$x = 838.6 \frac{12,766,000}{100} = 107,055,676$$

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

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

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

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

*Example of rule 3.* In table 70, it is estimated that 40.5 percent of persons in the Northeast have excellent health status. This percent is based upon the denominator estimate of 48,930,000 persons living in the Northeast. From table II, parameter set X, parameter  $b$  associated with health status is 3,640. Using formula 3, the standard error for the percent is

$$\sqrt{\frac{3,640(40.5)(100.0 - 40.5)}{48,930,000}} = 0.4 \text{ percent}$$

An approximate 95-percent confidence interval for the percent of persons in the Northeast

having excellent health status as perceived by the respondent is from 39.7 to 41.3 percent.

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

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

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

*Example of rule 4.* Table 75 shows an estimate of 9.4 hospital days per male person hospitalized. From table 76 and 74 it can be seen that this estimated rate is the ratio of 71,435,000 hospital days for males to 7,635,000 males having one or more hospital episodes. From table II, parameter set VII, the numerator  $a$  and  $b$  parameters are 0.000320 and 54,300, respectively. From parameter set X, the denominator  $a$  and  $b$  values are 0.0000307 and 3,640, respectively. Using rule 1, the standard error for the numerator is approximately 2,347,737 days and the standard error for the denominator is approximately 171,991 persons.

Using formula 4 with  $r = 0.0$ , the standard error of the rate is estimated by

$$9.4 \sqrt{\frac{2,347,737^2}{71,435,000^2} + \frac{171,991^2}{7,635,000^2}}$$

= 0.4 days per person

An approximate 95-percent confidence interval for the number of hospital days per hospitalized male is from 8.6 to 10.2 days.

Rule 5. *Difference between two statistics (mean, rate, total, and proportion)*—If  $x_1$  and  $x_2$  are two estimates,

then the standard error of the difference ( $x_1 - x_2$ ) can be computed as follows:

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

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

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

*Example of rule 5.* Table 70 shows estimates of 40.5 percent of persons in the Northeast and 40.6 percent of persons in the Midwest having excellent health status. In the example of rule 3, it was shown that the standard error of the Northeast percent is approximately 0.4 percent. The standard error for the Midwest percent, computed similarly, is also 0.4 percent. From formula 5, with  $r = 0.0$ , the standard error estimated for the difference ( $40.6 - 40.5$ ) = 0.1 is

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

An approximate 95-percent confidence interval for this difference is from -1.1 to 1.3 percent. Thus the difference in percent of persons in excellent health between the Northeast and the Midwest is not significant at the 0.05 level.

### Relative standard errors

Prior to 1985, relative standard error (RSE) curves were present in *Current estimates* for approximating relative standard errors. For readers who wish to continue using them, the following provides guidance. The RSE of an estimate is obtained by dividing the standard error (SE) of the estimate by the estimate  $x$  itself. This quantity is expressed as a percent of the estimate:

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

*Example of a relative standard error.* In the example from rule 2, it was shown that the estimated rate of 838.6 restricted-activity days associated with acute conditions per 100 persons per year for black persons aged 18–44 years had an estimated standard error of 58.1 days. The relative standard error for the rate is

$$100 \frac{58.1}{838.6} = 6.9 \text{ percent}$$

# Appendix II

## Definitions of certain terms used in this report

### Terms relating to conditions

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

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

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

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

*Acute condition*—A condition is considered acute if (a) it was first noticed no longer than 3 months before the reference date of the interview and (b) it is not one of the conditions considered chronic regardless of the time of

onset. (See definition of chronic condition.) However, any acute condition not associated with either at least one doctor visit or at least one day of restricted activity during the reference period is considered to be of minor consequence and is excluded from the final data produced by the survey.

*Onset of condition*—A condition is considered to have had its onset when it was first noticed. This could be the time the person first felt sick or became injured, or it could be the time the person or family was first told by a physician that the person had a condition of which he or she had been previously unaware.

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

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

### Terms relating to disability

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

### *Limitation of activity because of chronic conditions—*

Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for the age groups are (a) ordinary play for children under 5 years of age, (b) attending school for those 5–17 years of age, (c) working or keeping house for persons 18–69 years of age, and (d) capacity for independent living (e.g., the ability to bathe, shop, dress, eat, and so forth, without needing the help of another person) for those 70 years of age and over. People aged 18–69 years who are classified as keeping house are also classified by their ability to work at a job or business. (In this report, the major activity of persons 65–69 years is assumed to be working or keeping house; however, questions were also asked about the capacity for independent living in this age group, which would permit an alternative definition of limitation.)

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

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

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

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

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

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

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

The number of restricted-activity days is the number of days a person experienced at least one of the four types of activity restriction just described. It is the most inclusive measure of disability days and the least descriptive; 4 days

of restricted activity may mean 4 bed days associated with serious illness or 4 days during which a person merely cut down on his or her activities due to a mild illness.

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

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

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

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

## **Terms relating to persons injured**

*Injury condition*—An injury condition, or simply an injury, is a condition of the type that is classified according to the nature-of-injury code numbers (800–999) in the ninth revision of the International Classification of Diseases (b). In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes includes poisonings and impairments caused by accidents or nonaccidental violence. Unless otherwise specified, the term injury is used to cover all of these.

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

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

*Episodes of persons injured*—Each time a person is involved in an accident or nonaccidental violence causing

injury that results in medical attention or at least a half day of restricted activity, it is counted as a separate episode of a person injured. Therefore, one person may account for more than one episode of a person injured.

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

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

## Terms relating to accidents

*Motor vehicle*—A motor vehicle is any mechanically or electrically powered device, not operated on rails, on which or by which a person or property can be transported or drawn on a land highway. Any object being towed by a motor vehicle (such as a trailer, coaster, sled, or wagon) is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

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

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

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

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

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

*Accident while at work*—An accident is classified as "while at work" if the injured person was 18 years of age

or over and was at work at a job or business at the time the accident happened.

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

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

*Other accident*—This category includes injuries in public places (such as tripping and falling in a store or on a public sidewalk) and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury that occurred while the person was in the armed forces is covered and is included in this class.

## Terms relating to physician contacts

*Physician contact*—A physician contact is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. (Physician contacts with hospital inpatients are not included.) The contact is considered to be a physician contact if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition, "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview rather than "physician" because of popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician contacts for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (such as a test for diabetes) or a single procedure (such as a measles inoculation) when this single service is administered identically to all persons who are at the place for this purpose. Hence obtaining a chest x ray in a tuberculosis chest x ray trailer is not included as a physician contact. However, a special chest x ray given in a physician's office or in an outpatient clinic is considered a physician contact.

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

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

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

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

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

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

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

*Interval since last physician contact*—The interval since the last physician contact is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatever. A physician contact with a hospital inpatient can be counted as the last time a physician was seen even though it is not included in the "physician contact" category.

## Terms relating to hospitalization

*Hospital*—For this survey, a hospital is defined as any institution either (a) named in the listing of hospitals in the current *American Hospital Association Guide to the Health Care Field* or (b) found on the Master Facility Inventory List maintained by the National Center for Health Statistics.

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

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

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

*Hospital episode*—A hospital episode is any continuous period of stay of 1 night or more in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital episode is recorded for a family member whenever any part of his hospital stay is included in the 12-month period prior to the interview week.

*Hospital discharge*—A hospital discharge is the completion of any continuous period of stay of 1 night or more in a hospital as an inpatient except the period of stay of a

well newborn infant. A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12-month period prior to the interview week. (Estimates were based on discharges that occurred during the 6-month period prior to the interview.)

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

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

## Demographic terms

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

*Geographic region*—For the purpose of classifying the population by geographic area, the States are grouped into four regions. These regions, which correspond to those used by the U.S. Bureau of the Census, are as follows:

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

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

*Metropolitan statistical area*—The definition and titles of MSA's are established by the U.S. Office of Management and Budget with the advice of the Federal Committee on Metropolitan Statistical Areas. Generally speaking, an MSA consists of a county or group of counties containing at least one city (or twin cities) having a population of 50,000 or more plus adjacent counties that are metropolitan in character and are economically and socially



integrated with the central city. In New England, towns and cities rather than counties are the units used in defining MSA's. There is no limit to the number of adjacent counties included in the MSA as long as they are integrated with the central city, nor is an MSA limited to a single State; boundaries may cross State lines. The metropolitan population in this report is based on MSA's as defined in the 1980 census and does not include any subsequent additions or changes.

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

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

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

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

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

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

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

*Currently employed*—Persons 18 years of age and over who reported that at any time during the 2-week period

covered by the interview they either worked at or had a job or business are currently employed. Current employment includes paid work as an employee of someone else; self-employment in business, farming, or professional practice; and unpaid work in a family business or farm. Persons who were temporarily absent from a job or business because of a temporary illness, vacation, strike, or bad weather are considered as currently employed if they expected to work as soon as the particular event causing the absence no longer existed.

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

Excluded from the currently employed population are persons who have no definite employment schedule but work only when their services are needed. Also excluded from the currently employed population are (a) persons receiving revenue from an enterprise but not participating in its operation, (b) persons doing housework or charity work for which they received no pay, (c) seasonal workers during the portion of the year they were not working, and (d) persons who were not working, even though having a job or business, but were on layoff and looking for work.

The number of currently employed persons estimated from the NHIS will differ from the estimates prepared from the Current Population Survey (CPS) of the U.S. Bureau of the Census for several reasons. In addition to sampling variability they include three primary conceptual differences, namely:

1. NHIS estimates are for persons 18 years of age and over; CPS estimates are for persons 16 years of age and over.
2. NHIS uses a 2-week reference period, while CPS uses a 1-week reference period.
3. NHIS is a continuing survey with separate samples taken weekly; CPS is a monthly sample taken for the survey week which includes the 12th of the month.

The most detailed operational definitions of all of these terms are found in the *NHIS Interviewer's Manual* (17). Instructions are given in the manual on how problem cases associated with each concept are to be handled.



# Appendix III Questionnaires and flashcards

OMB No. 0920-0214 Approval Expires March 31, 1980

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242n). Public reporting burden for this collection of information is estimated to average 15 average minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PPA, Humphrey Building, Room 721 H, 200 Independence Avenue, SW, Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214), Washington, DC 20503

Form **HIS-1 (1989)**  
U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ADMINISTRATIVE CENTER FOR THE  
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW SURVEY**

1. Book \_\_\_ of \_\_\_ books  
2. R.O. number  
3. Sample  
4. Segment type  
 Area  Permit  Block  
5. Control number  
PSU Segment Serial

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

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_

c. Special place name \_\_\_\_\_ Sample unit number \_\_\_\_\_ Type code \_\_\_\_\_

**7. YEAR BUILT**  
 Ask  
 Do not ask  
When was this structure originally built?  
 Before 4 1 80 (Continue interview)  
 After 4 1 80 (Complete item 8c when required, and interview)

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

a.  Are there any occupied or vacant living quarters besides your own in this building?  Yes (Fill Table X)  No  
b.  Are there any occupied or vacant living quarters besides your own on this floor?  Yes (Fill Table X)  No  
c.  Is there any other building on this property for people to live in, either occupied or vacant?  Yes (Fill Table X)  No

**9a. LAND USE**  
1  URBAN (10)  
2  RURAL  
- Reg. units and SP, PL units coded 85, BB in 8c - Ask item 9b  
SP, PL units not coded 85, BB in 8c Mark "No" in item 9b without asking

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

**10. CLASSIFICATION OF LIVING QUARTERS - Mark by observation**

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

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

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

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

**14. Noninterview reason**

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

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

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

**15. Record of calls**

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

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

Col. No.	SS No.	Diabetic	Sample Person
		Diabetic	Sample Person
		Diabetic	Sample Person
		Diabetic	Sample Person

**17. Record of additional contacts**

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

**GO TO HOUSEHOLD COMPOSITION PAGE**

11. What is the telephone number here?  None Area code/number \_\_\_\_\_ 12. Interview observed?  Yes  No

13a. Interviewer's name \_\_\_\_\_ Code \_\_\_\_\_ b. Language of interview  
1  English 3  Both English and Spanish  
2  Spanish 8  Other

**A. HOUSEHOLD COMPOSITION PAGE**

1

**1a.** What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.

**b.** What are the names of all other persons living or staying here? Enter names in columns

**c.** I have listed (read names). Have I missed:  
 - any babies or small children?  
 - any lodgers, boarders, or persons you employ who live here?  
 - anyone who USUALLY lives here but is now away from home traveling or in a hospital?  
 - anyone else staying here?

**d.** Do all of the persons you have named usually live here?  
 Probe if necessary:  
 Does --- usually live somewhere else?

If "Yes," enter names in columns	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1. First name \_\_\_\_\_ Mid init \_\_\_\_\_ Age \_\_\_\_\_  
 Last name \_\_\_\_\_ Sex  M  F

2. Relationship REFERENCE PERSON \_\_\_\_\_

3. Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**C1** IOSP. WORK RD 2 WK. DV  
 no  None  Wb  Yes  No  None  
 Number 2  Wb  No Number

Ask for all persons beginning with column 2:  
**2.** What is --- relationship to (reference person)?  
**3.** What is --- date of birth? (Enter date and age and mark sex.)

REFERENCE PERIODS	
<b>A1</b>	2-WEEK PERIOD _____ 12-MONTH DATE _____ 13-MONTH HOSPITAL DATE _____
<b>A2</b>	ASK CONDITION LIST _____

**C2**

LA	IN	IA	IB	IN	IC	IL	IR	IS	IC	ON
LA	IN	IA	IB	IN	IC	IL	IR	IS	IC	ON
LA	IN	IA	IB	IN	IC	IL	IR	IS	IC	ON
LA	IN	IA	IB	IN	IC	IL	IR	IS	IC	ON
LA	IN	IA	IB	IN	IC	IL	IR	IS	IC	ON

**A3** Refer to ages of all related HH members

**A3**  All persons 65 and over (5)  
 Other (4)

**4a.** Are any of the persons in this family now on full-time active duty with the armed forces?  Yes  No (5)  
**b.** Who is this? Delete column number(s) \_\_\_\_\_ by an "X" from 1 - C2.  
**c.** Anyone else?  Yes (Reask 4b and c)  No  
 Ask for each person in armed forces:  
**d.** Where does --- usually live and sleep, here or somewhere else?  
 Mark box in person's column.

**4d.**  Living at home  
 Not living at home

**5.** We would like to have all adult family members who are at home take part in the interview. Are (names of persons 17 and over) at home now? If "Yes," ask: Could they join us? (Allow time)  
 Read to respondent(s):  
 This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.

**HOSPITAL PROBE**  
**6a.** Since (13 month hospital date) a year ago, was --- a patient in a hospital OVERNIGHT?  
**b.** How many different times did --- stay in any hospital overnight or longer since (13-month hospital date) a year ago?

**6a.** 1  Yes  
 2  No (Mark "IOSP" box, THEN NP)  
**b.** \_\_\_\_\_ } (Make entry in "IOSP" box THEN NP)  
 Number of times

Ask for each child under one:  
**7a.** Was --- born in a hospital?  
 Ask for mother and child:  
**b.** Have you included this hospitalization in the number you gave me for ---?

**7a.** 1  Yes  
 2  No (NP)  
**b.**  Yes (NP)  
 No (Correct 6 and "IOSP" box)

**FOOTNOTES**

**B. LIMITATION OF ACTIVITIES PAGE**

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

**B. LIMITATION OF ACTIVITIES PAGE, Continued**

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

**B. LIMITATION OF ACTIVITIES PAGE, Continued**

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

**D. RESTRICTED ACTIVITY PAGE PERSON 1**

Hand calendar.

{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).}

**D1**

Refer to age.

- Under 5 (4)     5-17 (3)     18 and over (1)

**1a. DURING THOSE 2 WEEKS, did --- work at any time at a job or business not counting work around the house? (Include unpaid work in the family (farm/business).)**

- 1  Yes (Mark "Wa" box, THEN 2)    2  No

**b. Even though --- did not work during those 2 weeks, did --- have a job or business?**

- 1  Yes (Mark "Wb" box, THEN 2)    2  No (4)

**2a. During those 2 weeks, did --- miss any time from a job or business because of illness or injury?**

- Yes    00  No (4)

**b. During that 2-week period, how many days did --- miss more than half of the day from --- job or business because of illness or injury?**

- 00  None (4)     (4)

**3a. During those 2 weeks, did --- miss any time from school because of illness or injury?**

- Yes    00  No (4)

**b. During that 2-week period, how many days did --- miss more than half of the day from school because of illness or injury?**

- 00  None

**4a. During those 2 weeks, did --- stay in bed because of illness or injury?**

- Yes    00  No (6)

**b. During that 2-week period, how many days did --- stay in bed more than half of the day because of illness or injury?**

- 00  None (6)     (D2)

**D2**

Refer to 2b and 3b.

- No days in 2b or 3b (6)  
 1 or more days in 2b or 3b (5)

**5. On how many of the (number in 2b or 3b) days missed from [work/school] did --- stay in bed more than half of the day because of illness or injury?**

- 00  None

Refer to 2b, 3b, and 4b.

**6a. (Not counting the day(s) [missed from work missed from school (and) in bed] ),**

**Was there any (OTHER) time during those 2 weeks that --- cut down on the things --- usually does because of illness or injury?**

- Yes    00  No (D3)

**b. (Again, not counting the day(s) [missed from work missed from school (and) in bed] ),**

**During that period, how many (OTHER) days did --- cut down for more than half of the day because of illness or injury?**

- 00  None

**D3**

Refer to 2-6.

- No days in 2-6 (Mark "No" in RD, THEN NP)  
 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)

Refer to 2b, 3b, 4b, and 6b.

**7a. What (other) condition caused --- to [miss work miss school (or) stay in bed (or) cut down] during those 2 weeks?**

(Enter condition in C2, THEN 7b)

**b. Did any other condition cause --- to [miss work miss school (or) stay in bed (or) cut down] during that period?**

- 1  Yes, (Reask 7a and b)    2  No

FOOTNOTES

**E. 2-WEEK DOCTOR VISITS PROBE PAGE**

Read to respondent(s):

These next questions are about health care received during the 2 weeks outlined in red on that calendar.

**E1**

Refer to age.

**E1**

- Under 14 (1b)
- 14 and over (1a)

**1 a. During those 2 weeks, how many times did — see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)**

**b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about —? (Do not count times while an overnight patient in a hospital.)**

**1 a. and b.**

00  None

} (NP)

Number of times

**2 a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital.**

- Yes
- No (3a)

**b. Who received this care? Mark "DR Visit" box in person's column.**

**2b.**  DR Visit

**c. Anyone else?**

- Yes (Reask 2b and c)
- No

Ask for each person with "DR Visit" in 2b:

**d. How many times did — receive this care during that period?**

**d.**

Number of times

**3 a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor?**

- Yes
- No (E2)

**b. Who was the phone call about? Mark "Phone call" box in person's column.**

**3b.**  Phone call

**c. Were there any calls about anyone else?**

- Yes (Reask 3b and c)
- No

Ask for each person with "Phone call" in 3b:

**d. How many telephone calls were made about —?**

**d.**

Number of calls

**E2**

Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.

FOOTNOTES

F. 2-WEEK DOCTOR VISITS PAGE

DR VISIT 1

Refer to C1, "2-WK. DV" box.

PERSON NUMBER \_\_\_\_\_

**F1** Refer to age.

**F1**  Under 14 (1b)  
 14 and over (1a)

**1 a.** On what (other) date(s) during those 2 weeks did --- see or talk to a medical doctor, nurse, or doctor's assistant?  
**b.** On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about ---?  
*Ask after last DR visit column for this person:*  
**c.** Were there any other visits or calls for --- during that period? Make necessary correction to 2-Wk. DV box in C1.

**1 a. and b.** Month \_\_\_\_\_ Date \_\_\_\_\_ OR { 7777  Last week  
8888  Week before  
**c.** 1  Yes (Reask 1a or b and c)  
2  No (Ask 2-6 for each visit)

**2.** Where did --- receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call?  
*If doctor's office: Was this office in a hospital?*  
*If hospital: Was it the outpatient clinic or the emergency room?*  
*If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?*  
*If lab: Was this lab in a hospital?*  
What was done during this visit? (Footnote)

**2.** 01  Telephone  
Not in hospital: 02  Home  
03  Doctor's office  
04  Co or ind. clinic  
05  Other clinic  
06  Lab  
07  Other (Specify)  Hospital:  
08  O.P. clinic  
09  Emergency room  
10  Doctor's office  
11  Lab  
12  Overnight patient (B)  
88  Other (Specify)

*Ask 3b if under 14.*  
**3 a.** Did --- actually talk to a medical doctor?  
**b.** Did anyone actually talk to a medical doctor about ---?  
**c.** What type of medical person or assistant was talked to?  
**d.** Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?  
**e.** For this (visit/call) what kind of doctor was the (entry in 3c) working with or for — a general practitioner or a specialist?  
**f.** Is that doctor a general practitioner or a specialist?  
**g.** What kind of specialist?

**3 a. and b.** 1  Yes (3f) 8  DK if M D (3c)  
2  No (3c) 9  DK who was seen (3f)  
**c.** Type 98  DK  
**d.** 1  One (3f) 2  More 3  None (4) 9  DK  
**e. and f.** 1  GP (4) 2  Specialist (3g) 9  DK (4)  
**g.** Kind of specialist \_\_\_\_\_

*Ask 4b if under 14.*  
**4 a.** For what condition did --- see or talk to the [doctor/(entry in 3c)] on (date in 1)? Mark first appropriate box.  
**b.** For what condition did anyone see or talk to the [doctor/(entry in 3c)] about --- on (date in 1)? Mark first appropriate box.  
**c.** Was a condition found as a result of the [test(s)/examination]?  
**d.** Was this [test/examination] because of a specific condition --- had?  
**e.** During the past 2 weeks was --- sick because of her pregnancy?  
**f.** What was the matter?  
**g.** During this (visit/call) was the [doctor/(entry in 3c)] talked to about any (other) condition?  
**h.** What was the condition?

**4 a. and b.** 1  Condition (Item C2, THEN 4g)  
2  Pregnancy (4e)  
3  Test(s) or examination (4c)  
8  Other (Specify)  (4g)  
**c.**  Yes (4h)  No  
**d.**  Yes (4h)  No (4g)  
**e.**  Yes  No (4g)  
**f.** Condition \_\_\_\_\_ (Item C2, THEN 4g)  
**g.**  Yes  No (B)  
**h.**  Pregnancy (4e)  
Condition \_\_\_\_\_ (Item C2, THEN 4g)

*Mark box if "Telephone" in 2.*  
**5 a.** Did --- have any kind of surgery or operation during this visit, including bone settings and stitches?  
**b.** What was the name of the surgery or operation? If name of operation not known, describe what was done.  
**c.** Was there any other surgery or operation during this visit?  
*Go to next DV if "Home" in 2.*

**5 a.** 0  Telephone in 2 (Next Dr visit) 1  Yes 2  No (B)  
**b.** (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
**c.**  Yes (Reask 5b and c)  No

**6.** In what city (town), county, and State is the (place in 2) located?

**6.** City/Country \_\_\_\_\_  
State/ZIP Code \_\_\_\_\_



**G. HEALTH INDICATOR PAGE**

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

### H. CONDITION LISTS 1 AND 2

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

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

1	2				
<p><b>1a. Does anyone in the family {read names} NOW HAVE —</b> If "Yes," ask 1b and c.</p> <p><b>b. Who is this?</b></p> <p><b>c. Does anyone else NOW have —</b> Enter condition and letter in appropriate person's column.</p> <hr/> <p><b>A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness — joints will not move at all.)</b></p> <hr/> <p><b>B. Paralysis of any kind?</b></p> <hr/> <p><b>1d. DURING THE PAST 12 MONTHS, did anyone in the family have —</b> If "Yes," ask 1e and f.</p> <p><b>e. Who was this?</b></p> <p><b>f. DURING THE PAST 12 MONTHS, did anyone else have —</b> Enter condition and letter in appropriate person's column. C—L are conditions affecting the bone and muscle. M—W are conditions affecting the skin.</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; vertical-align: top;"> <p><b>C. Arthritis of any kind or rheumatism?</b></p> <hr/> <p><b>D. Gout?</b></p> <hr/> <p><b>E. Lumbago?</b></p> <hr/> <p><b>F. Sciatica?</b></p> <hr/> <p><b>G. A bone cyst or bone spur?</b></p> <hr/> <p><b>H. Any other disease of the bone or cartilage?</b></p> <hr/> <p><b>I. A slipped or ruptured disc?</b></p> <hr/> <p><b>J. REPEATED trouble with neck, back, or spine?</b></p> <hr/> <p><b>K. Bursitis?</b></p> <hr/> <p><b>L. Any disease of the muscles or tendons?</b></p> </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;"><i>Reask 1d</i></p> <p><b>M. A tumor, cyst, or growth of the skin?</b></p> <hr/> <p><b>N. Skin cancer?</b></p> <hr/> <p><b>O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)</b></p> <hr/> <p><b>P. TROUBLE with dry or itching skin?</b></p> <hr/> <p><b>Q. TROUBLE with acne?</b></p> <hr/> <p><b>R. A skin ulcer?</b></p> <hr/> <p><b>S. Any kind of skin allergy?</b></p> <hr/> <p><b>T. Dermatitis or any other skin trouble?</b></p> <hr/> <p><b>U. 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**H. CONDITION LISTS 3 AND 4**

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

<b>3</b>	<p><b>3a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have —</b>                  If "Yes," ask 3b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have —</b>                  Enter condition and letter in appropriate person's column.                  Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.                  Conditions affecting the digestive system.</p>	<b>4</b>	<p><b>4a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have —</b>                  If "Yes," ask 4b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have —</b>                  Enter condition and letter in appropriate person's column.                  A—B are conditions affecting the glandular system.                  C is a blood condition.                  D—I are conditions affecting the nervous system.                  J—Y are conditions affecting the genito-urinary system.</p>				
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## H. CONDITION LISTS 5 AND 6

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

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

<p><b>5</b></p> <p><b>5a. Has anyone in the family (<u>read names</u>) EVER had —</b> If "Yes," ask 5b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. Has anyone else EVER had —</b> Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">A. Rheumatic fever?</td> <td style="width: 50%; padding: 2px;">G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)</td> </tr> <tr> <td style="padding: 2px;">B. Rheumatic heart disease?</td> <td style="padding: 2px;">H. A hemorrhage of the brain?</td> </tr> <tr> <td style="padding: 2px;">C. Hardening of the arteries or arteriosclerosis?</td> <td style="padding: 2px;">I. Angina pectoris? (pek'to-ris)</td> </tr> <tr> <td style="padding: 2px;">D. Congenital heart disease?</td> <td style="padding: 2px;">J. 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(an yoo-rizm)	U. Any other condition affecting blood circulation?	<p><b>6</b></p> <p><b>6a. DURING THE PAST 12 MONTHS, did anyone in the family (<u>read names</u>) have —</b> If "Yes," ask 6b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have —</b> Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list. Conditions affecting the respiratory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">A. Bronchitis?</td> <td style="width: 50%; padding: 2px;">Reask 6a. K. A missing lung?</td> </tr> <tr> <td style="padding: 2px;">B. Asthma?</td> <td style="padding: 2px;">L. Lung cancer?</td> </tr> <tr> <td style="padding: 2px;">C. Hay fever?</td> <td style="padding: 2px;">M. Emphysema?</td> </tr> <tr> <td style="padding: 2px;">D. 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A tumor or growth of the bronchial tube or lung?</td> <td></td> </tr> </table> <p style="margin-top: 10px;"><i>*If reported in this list only, ask:</i></p> <p><b>1. How many times did — have (<u>condition</u>) in the past 12 months?</b> If 2 or more times, enter condition in item C2. If only 1 time, ask:</p> <p><b>2. How long did it last? If 1 month or longer, enter in item C2.</b> If less than 1 month, do not record. If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.</p>	A. Bronchitis?	Reask 6a. K. A missing lung?	B. Asthma?	L. Lung cancer?	C. Hay fever?	M. Emphysema?	D. Sinus trouble?	N. Pleurisy?	E. A nasal polyp?	O. Tuberculosis?	F. A deflected or deviated nasal septum?	P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?	G. *Tonsillitis or enlargement of the tonsils or adenoids?	Q. 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J. HOSPITAL PAGE		HOSPITAL STAY 1		
1. Refer to C1, "HOSP." box.		1. PERSON NUMBER _____		
2. You said earlier that -- was a patient in the hospital since (13-month hospital date) a year ago. On what date did -- enter the hospital ((the last time/the time before that))? Record each entry date in a separate Hospital Stay column.		Month	Date	Year 19 ____
3. How many nights was -- in the hospital?		3. 0000 <input type="checkbox"/> None (Next HS) ____ Nights		
4. For what condition did -- enter the hospital? <ul style="list-style-type: none"> <li>• For delivery ask: Was this a normal delivery? If "No," ask: What was the matter?</li> <li>• For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter?</li> <li>• For initial "No condition" ask: Why did -- enter the hospital?</li> <li>• For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed?</li> </ul>		4. 1 <input type="checkbox"/> Normal delivery } (5) 2 <input type="checkbox"/> Normal at birth } 3 <input type="checkbox"/> No condition } <input type="checkbox"/> Condition $\bar{v}$		
J1	Refer to questions 2, 3, and 2-week reference period.	J1 <input type="checkbox"/> At least one night in 2-week reference period (Enter condition in C2, THEN 5) <input type="checkbox"/> No nights in 2-week reference period (5)		
5a. Did -- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?		5a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)		
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.		b. (1) _____ (2) _____ (3) _____		
c. Was there any other surgery or operation during this stay?		c. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No		
6. What is the name and address of this hospital?		6. Name _____ Number and street _____ City or County _____ State _____		
FOOTNOTES				

**CONDITION 1**

**PERSON NO.** \_\_\_\_\_

**1. Name of condition**

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

**2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?**

- |   |   |
|---|---|
| <input type="checkbox"/> Interview week (Reask 2)       | <input type="checkbox"/> 2 yrs., less than 5 yrs. |
| <input type="checkbox"/> 2-wk. ref. pd.                 | <input type="checkbox"/> 5 yrs. or more           |
| <input type="checkbox"/> Over 2 weeks, less than 6 mos. | <input type="checkbox"/> Dr. seen, DK when        |
| <input type="checkbox"/> 6 mos., less than 1 yr.        | <input type="checkbox"/> DK if Dr. seen } (3b)    |
| <input type="checkbox"/> 1 yr., less than 2 yrs.        | <input type="checkbox"/> Dr. never seen }         |

**3a. (Earlier you told me about --- (condition) Did the doctor or assistant call the (condition) by a more technical or specific name?**

- Yes       No       DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

**b. What did he or she call it?** \_\_\_\_\_ (Specify)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Color Blindness (NC)                               | <input type="checkbox"/> Cancer (3a)  |
| <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5) | <input type="checkbox"/> Old age (NC) |
|   | <input type="checkbox"/> Other (3c)   |

**c. What was the cause of --- (condition in 3b)? (Specify) ▾**

Mark box if accident or injury.       Accident/injury (5)

**d. Did the (condition in 3b) result from an accident or injury?**

- Yes (5)       No

Ask 3e if the condition name in 3b includes any of the following words:

Allment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			Ulcer

**e. What kind of (condition in 3b) is it?** \_\_\_\_\_ (Specify)

Ask 3f only if allergy or stroke in 3b—e:

**f. How does the [allergy/stroke] NOW affect ---? (Specify) ▾**

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

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

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

**g. What part of the body is affected?** \_\_\_\_\_ (Specify)

Show the following detail:

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

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

Infection	Sore	Soreness
-----------	------	----------

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

(Specify) \_\_\_\_\_

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

Tumor	Cyst	Growth
-------	------	--------

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

- Malignant       Benign       DK

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

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

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

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)

(Was it less than 3 months or more than 3 months ago?)

(Was it less than 1 year or more than 1 year ago?)

(Was it less than 5 years or more than 5 years ago?)

**K1** Refer to RD and C2  
1  "Yes" in "RD" box AND more than 1 condition in C2 (6)  
8  Other (K2)

**6a.** During the 2 weeks outlined in red on that calendar, did --- (condition) cause --- to cut down on the things --- usually does?  
 Yes  No (K2)

**b.** During that period, how many days did --- cut down for more than half of the day?  
00  None (K2) \_\_\_\_\_ Days

**7.** During those 2 weeks, how many days did --- stay in bed for more than half of the day because of this condition?  
00  None \_\_\_\_\_ Days

Ask if "Wa/Wb" box marked in C1:

**8.** During those 2 weeks, how many days did --- miss more than half of the day from --- job or business because of this condition?  
00  None \_\_\_\_\_ Days

Ask if age 5-17:

**9.** During those 2 weeks, how many days did --- miss more than half of the day from school because of this condition?  
00  None \_\_\_\_\_ Days

**K2**  
 Condition has "CL LTR" in C2 as source (10)  
 Condition does not have "CL LTR" in C2 as source (K4)

**10.** About how many days since (12-month date) a year ago, has this condition kept --- in bed more than half of the day? (Include days while an overnight patient in a hospital.)  
000  None \_\_\_\_\_ Days

**11.** Was --- ever hospitalized for --- (condition in 3b)?  
1  Yes 2  No

**K3**  
 Missing extremity or organ (K4)  
 Other (12)

**12a.** Does --- still have this condition?  
1  Yes (K4)  No

**b.** Is this condition completely cured or is it under control?  
2  Cured 8  Other (Specify) \_\_\_\_\_ (K4)  
3  Under control (K4)

**c.** About how long did --- have this condition before it was cured?  
000  Less than 1 month OR Number { 1  Months  
2  Years

**d.** Was this condition present at any time during the past 12 months?  
1  Yes 2  No

**K4**  
0  Not an accident/injury (NC)  
1  First accident/injury for this person (14)  
8  Other (13)

**13.** Is this (condition in 3b) the result of the same accident you already told me about?  
 Yes (Record condition page number where accident questions first completed.) → \_\_\_\_\_ (NC) Page No.  
 No

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

Mark box if under 18.  Under 18 (16)

**15a.** Was --- under 18 when the accident happened?  
1  Yes (16)  No

**b.** Was --- in the Armed Forces when the accident happened?  
2  Yes (16)  No

**c.** Was --- at work at --- job or business when the accident happened?  
3  Yes 4  No

**16a.** Was a car, truck, bus, or other motor vehicle involved in the accident in any way?  
1  Yes 2  No (17)

**b.** Was more than one vehicle involved?  
1  Yes 2  No

**c.** Was [it/either one] moving at the time?  
1  Yes 2  No

**17a.** At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q. 5:

**b.** What part of the body is affected now? How is --- (part of body) affected? Is --- affected in any other way?

Part(s) of body *	Present effects **

\* Enter part of body in same detail as for 3g.  
\*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

**L. DEMOGRAPHIC BACKGROUND PAGE**

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



**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

<b>L2</b>	Refer to "Age" and "Wa/Wb" boxes in C1.	<b>L2</b>	<input type="checkbox"/> Under 18 (NP) <input type="checkbox"/> Wa box marked (6a) <input type="checkbox"/> Wb box marked (5a) <input type="checkbox"/> Neither box marked (5b)				
	<p><b>5a. Earlier you said that — has a job or business but did not work last week or the week before. Was — looking for work or on layoff from a job during those 2 weeks?</b></p> <p><b>b. Earlier you said that — didn't have a job or business last week or the week before. Was — looking for work or on layoff from a job during those 2 weeks?</b></p> <p><b>c. Which, looking for work or on layoff from a job?</b></p>	<b>5a.</b>	<p>1 <input type="checkbox"/> Yes (5c)      2 <input type="checkbox"/> No (6b)</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (NP)</p> <p><b>c.</b></p> <p>1 <input type="checkbox"/> Looking (6c)      3 <input type="checkbox"/> Both (6b)                  2 <input type="checkbox"/> Layoff (6b)</p>				
	<p><b>6a. Earlier you said that — worked last week or the week before. Ask 6b.</b></p> <p><b>b. For whom did — work? Enter name of company, business, organization, or other employer.</b></p> <p><b>c. For whom did — work at — last full-time job or business lasting 2 consecutive weeks or more? Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person's column.</b></p> <p><b>d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b></p> <p><i>If "AF" in 6b/c, mark "AF" box in person's column without asking.</i></p> <p><b>e. What kind of work was — doing? For example, electrical engineer, stock clerk, typist, farmer.</b></p> <p><b>f. What were — most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b></p> <p><i>Complete from entries in 6b—f. If not clear, ask:</i></p> <p><b>g. Was —</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">                     An employee of a PRIVATE company, business or individual for wages, salary, or commission . . . . . P                      A FEDERAL government employee? . . . . . F                      A STATE government employee? . . . . . S                      A LOCAL government employee? . . . . . L                 </td> <td style="width:50%; border: none;">                     Self-employed in OWN business, professional practice, or farm?                      Ask: Is the business incorporated?                      Yes . . . . . I                      No . . . . . SE                      Working WITHOUT PAY in family business or farm? . . . . . WP                      — NEVER WORKED or never worked at a full-time job lasting 2 weeks or more . . . . . NEV                 </td> </tr> </table>	An employee of a PRIVATE company, business or individual for wages, salary, or commission . . . . . P A FEDERAL government employee? . . . . . F A STATE government employee? . . . . . S A LOCAL government employee? . . . . . L	Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes . . . . . I No . . . . . SE Working WITHOUT PAY in family business or farm? . . . . . WP — NEVER WORKED or never worked at a full-time job lasting 2 weeks or more . . . . . NEV	<b>6b. and c.</b>	<p>Employer <input type="checkbox"/> NEV (6g)  <input type="checkbox"/> AF (6e)</p> <p><b>d.</b> Industry</p> <p><b>e.</b> Occupation <input type="checkbox"/> AF (NP)</p> <p><b>f.</b> Duties</p> <p><b>g.</b> Class of worker</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">                     1 <input type="checkbox"/> P                      2 <input type="checkbox"/> F                      3 <input type="checkbox"/> S                      4 <input type="checkbox"/> L                 </td> <td style="width:50%; border: none;">                     5 <input type="checkbox"/> I                      6 <input type="checkbox"/> SE                      7 <input type="checkbox"/> WP                      8 <input type="checkbox"/> NEV                 </td> </tr> </table>	1 <input type="checkbox"/> P 2 <input type="checkbox"/> F 3 <input type="checkbox"/> S 4 <input type="checkbox"/> L	5 <input type="checkbox"/> I 6 <input type="checkbox"/> SE 7 <input type="checkbox"/> WP 8 <input type="checkbox"/> NEV
An employee of a PRIVATE company, business or individual for wages, salary, or commission . . . . . P A FEDERAL government employee? . . . . . F A STATE government employee? . . . . . S A LOCAL government employee? . . . . . L	Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes . . . . . I No . . . . . SE Working WITHOUT PAY in family business or farm? . . . . . WP — NEVER WORKED or never worked at a full-time job lasting 2 weeks or more . . . . . NEV						
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FOOTNOTES							

**L.DEMOGRAPHIC BACKGROUND PAGE, Continued**

<p>Mark box if under 14. If "Married" refer to household composition and mark accordingly.</p> <p><b>7. Is — now married, widowed, divorced, separated, or has — never been married?</b></p>	<p><b>7.</b></p> <p>0 <input type="checkbox"/> Under 14          1 <input type="checkbox"/> Married — spouse in HH          2 <input type="checkbox"/> Married — spouse not in HH          3 <input type="checkbox"/> Widowed          4 <input type="checkbox"/> Divorced          5 <input type="checkbox"/> Separated          6 <input type="checkbox"/> Never married</p>
--	--

<p><b>8a. Was the total combined FAMILY income during the past 12 months — that is, yours, (read names, including Armed Forces members living at home) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.</b></p> <p><i>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</i></p> <p><i>Read parenthetical phrase if Armed Forces member living at home or if necessary.</i></p> <p><b>b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (read names, including Armed Forces members living at home))? Include wages, salaries, and other items we just talked about.</b></p> <p><i>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</i></p>	<p><b>8a.</b></p> <p>1 <input type="checkbox"/> \$20,000 or more (Hand Card I)          2 <input type="checkbox"/> Less than \$20,000 (Hand Card J)</p> <p><b>b.</b></p> <table border="0"> <tr> <td>00 <input type="checkbox"/> A</td> <td>10 <input type="checkbox"/> K</td> <td>20 <input type="checkbox"/> U</td> </tr> <tr> <td>01 <input type="checkbox"/> B</td> <td>11 <input type="checkbox"/> L</td> <td>21 <input type="checkbox"/> V</td> </tr> <tr> <td>02 <input type="checkbox"/> C</td> <td>12 <input type="checkbox"/> M</td> <td>22 <input type="checkbox"/> W</td> </tr> <tr> <td>03 <input type="checkbox"/> D</td> <td>13 <input type="checkbox"/> N</td> <td>23 <input type="checkbox"/> X</td> </tr> <tr> <td>04 <input type="checkbox"/> E</td> <td>14 <input type="checkbox"/> O</td> <td>24 <input type="checkbox"/> Y</td> </tr> <tr> <td>05 <input type="checkbox"/> F</td> <td>15 <input type="checkbox"/> P</td> <td>25 <input type="checkbox"/> Z</td> </tr> <tr> <td>06 <input type="checkbox"/> G</td> <td>16 <input type="checkbox"/> Q</td> <td>26 <input type="checkbox"/> ZZ</td> </tr> <tr> <td>07 <input type="checkbox"/> H</td> <td>17 <input type="checkbox"/> R</td> <td></td> </tr> <tr> <td>08 <input type="checkbox"/> I</td> <td>18 <input type="checkbox"/> S</td> <td></td> </tr> <tr> <td>09 <input type="checkbox"/> J</td> <td>19 <input type="checkbox"/> T</td> <td></td> </tr> </table>	00 <input type="checkbox"/> A	10 <input type="checkbox"/> K	20 <input type="checkbox"/> U	01 <input type="checkbox"/> B	11 <input type="checkbox"/> L	21 <input type="checkbox"/> V	02 <input type="checkbox"/> C	12 <input type="checkbox"/> M	22 <input type="checkbox"/> W	03 <input type="checkbox"/> D	13 <input type="checkbox"/> N	23 <input type="checkbox"/> X	04 <input type="checkbox"/> E	14 <input type="checkbox"/> O	24 <input type="checkbox"/> Y	05 <input type="checkbox"/> F	15 <input type="checkbox"/> P	25 <input type="checkbox"/> Z	06 <input type="checkbox"/> G	16 <input type="checkbox"/> Q	26 <input type="checkbox"/> ZZ	07 <input type="checkbox"/> H	17 <input type="checkbox"/> R		08 <input type="checkbox"/> I	18 <input type="checkbox"/> S		09 <input type="checkbox"/> J	19 <input type="checkbox"/> T	
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<p><b>R</b></p> <p><b>a. Mark first appropriate box.</b></p> <p>-----</p> <p><b>b. Enter person number of respondent.</b></p>	<p><b>Ra.</b></p> <p>0 <input type="checkbox"/> Under 17          1 <input type="checkbox"/> Present for all questions          2 <input type="checkbox"/> Present for some questions          3 <input type="checkbox"/> Not present</p> <p><b>b.</b></p> <p>_____</p> <p>Person number(s) of respondent(s)</p>
---	--

<p><b>L3</b></p> <p>Enter person number of first parent listed or mark box.</p>	<p><b>L3</b></p> <p>_____</p> <p>Person number of parent</p> <p>00 <input type="checkbox"/> None in household</p>
---	---

<p><b>L4</b></p> <p>Enter person number of spouse or mark box.</p>	<p><b>L4</b></p> <p>_____</p> <p>Person number of spouse</p> <p>00 <input type="checkbox"/> None in household</p>
--	---

FOOTNOTES

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

RT81  
3-4

<b>L5</b>	Refer to age. Complete a separate column for each nondelated person aged 18 and over.	<b>L5 PERSON NUMBER</b> _____									
<p>Read to respondent(s): In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.</p>											
<b>L6</b>	Enter date of birth from question 3 on Household Composition page.	<p>Date of birth <span style="float: right;">5-11</span></p> <table border="1" style="width: 100%;"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> </tr> </table>	Month	Date	Year						
Month	Date	Year									
<p><b>9a. In what State or country was -- born?</b></p> <p>Print the full name of the State or mark the appropriate box if the person was not born in the United States.</p> <p>-----</p> <p>If born in U.S., ask 9b; if born in foreign country, ask 9c.</p> <p><b>b. Altogether, how many years has -- lived in (State of present residence)?</b></p> <p>-----</p> <p><b>c. Altogether, how many years has -- lived in the United States?</b></p> <p>-----</p>	<p><b>9a.</b> 99 <input type="checkbox"/> DK <span style="float: right;">12-13</span></p> <p style="text-align: right;">State</p> <p>01 <input type="checkbox"/> Puerto Rico    05 <input type="checkbox"/> Cuba          02 <input type="checkbox"/> Virgin Islands    06 <input type="checkbox"/> Mexico          03 <input type="checkbox"/> Guam    08 <input type="checkbox"/> All other countries          04 <input type="checkbox"/> Canada</p> <p style="text-align: right;">14</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Less than 1 yr.    4 <input type="checkbox"/> 10 yrs., less than 15          2 <input type="checkbox"/> 1 yr., less than 5    5 <input type="checkbox"/> 15 yrs. or more          3 <input type="checkbox"/> 5 yrs., less than 10    8 <input type="checkbox"/> DK</p> <p style="text-align: right;">15</p> <p><b>c.</b></p> <p>1 <input type="checkbox"/> Less than 1 yr.    4 <input type="checkbox"/> 10 yrs., less than 15          2 <input type="checkbox"/> 1 yr., less than 5    5 <input type="checkbox"/> 15 yrs. or more          3 <input type="checkbox"/> 5 yrs., less than 10    8 <input type="checkbox"/> DK</p>										
<b>L7</b>	Print full name, including middle initial, from question 1 on Household Composition page.	<p>Last <span style="float: right;">16-35</span></p> <p>First <span style="float: right;">36-50</span></p> <p>Middle initial <span style="float: right;">51</span></p>									
<p>Verify for males; ask for females.</p> <p><b>10. What is -- father's LAST name?</b></p> <p>Verify spelling. DO NOT write "Same."</p>											
<p>Read to respondent(s): We also need -- Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on -- benefits and no information will be given to any other government or nongovernment agency.</p> <p>Read if necessary: The Public Health Service Act is title 42, United States Code, section 242k.</p> <p><b>11. What is -- Social Security Number?</b></p> <p>-----</p>	<p>999999999 <input type="checkbox"/> DK <span style="float: right;">72-80</span></p> <p>11. <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table></p> <p>Social Security Number</p> <p>Mark if number obtained from → 1 <input type="checkbox"/> Memory <span style="float: right;">81</span>          2 <input type="checkbox"/> Records</p>										
<b>L8</b>	Mark box to indicate how Social Security number was or was not obtained.	<p><b>L8</b></p> <p>1 <input type="checkbox"/> Self-personal          2 <input type="checkbox"/> Self-telephone          3 <input type="checkbox"/> Proxy-personal          4 <input type="checkbox"/> Proxy-telephone <span style="float: right;">82</span></p>									

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

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

RT62

<b>12. Contact Person name</b> Last	3-4 5-24 First	25-38 Middle initial	. 40	<b>14. Area code/telephone number</b> [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]	97-106
<b>13a. Address (Number and street)</b>				41-65  1 <input type="checkbox"/> None 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> DK	107
<b>b. City</b>	66-85 State	86-87 ZIP Code	88-96	<b>15. Relationship to household respondent</b>	108-109

FOOTNOTES

FORM 52 | 11/88 | 1.31.18

**E** If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit \_\_\_\_\_

If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property \_\_\_\_\_

**LISTING SHEET**

Sheet number \_\_\_\_\_ Line number \_\_\_\_\_

**TABLE X — LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS**

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

**NOTE:** Be sure to continue interview for original unit after completing Table X for all lines.

FOOTNOTES

FORM **HIS-1A (1989)**  
(3 10 89) (Revised)

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

**NATIONAL HEALTH INTERVIEW  
SURVEY**

**1989 CURRENT HEALTH TOPICS**

**NOTICE** — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 20 to 75 minutes per response, with an average of 41 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 65  
3-7  
8

1. Book \_\_\_\_\_ of  
\_\_\_\_\_ books

2. R.O. Number **9-10** 3. Sample **11-13**

4. Control number  
PSU **14-16** Segment **17-23** Serial **24-25**

5. Beginning time **26-29** **30**  
1  a.m.  
2  p.m.

**ADULT FAMILY ROSTER**

6. Are there any nondeleted persons 18+ years old in this family? 1  Yes (List by age, oldest to youngest) **31**  
2  No (Section M)

SP <b>32</b>	<b>33-34</b>	<b>35-36</b>	<b>37</b>	Name
Line No.	Person No.	Age	Sex	
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	

Refer to the sample person selection label and circle as applicable. THEN circle Person Number in item 6 and mark the "SP" box on the HIS-1 for the selected sample person. THEN go to Section M.

**7. FINAL STATUS**

**a. Household respondent**

Section	Mark as appropriate (1)	Complete interview (2)	Partial interview (Explain in notes) (3)	Noninterview	
				Refusal (Explain in notes) (4)	Other (Explain in notes) (5)
M. Health Insurance		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/> <b>38</b>
N. Immunization	0 <input type="checkbox"/> No person 18+ in this family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/> <b>39</b>
O. Mental Health		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/> <b>40</b>
P. Dental		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/> <b>41</b>
Q1. Diabetes Screening	0 <input type="checkbox"/> No person 18+ in this family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/> <b>42</b>

**b. Household diabetic(s)**

Section Q2 (page 32)  
(Diabetes Followup) **43**

- 0  No diabetics  
7  Q1 Noninterview

**Interview**

- 1  Complete interview (all persons with diabetes interviewed)  
2  Partial interview (some but not all persons with diabetes interviewed) (Explain in notes)

**Noninterview**

- 3  Refusal } (Explain in notes)  
8  Other }

**c. Sample person**

1. Section R (page 48)  
(Orofacial Pain) **44**

- 0  No person 18+ in this family

**Interview**

- 1  Complete interview (all appropriate questions completed)  
2  Partial interview (some but not all appropriate questions completed) (Explain in notes)

**Noninterview**

- 3  Refusal (Explain in notes)  
4  SP temporarily absent  
5  SP mentally or physically incapable  
8  Other (Explain in notes)

2. Section S (page 50)  
(Digestive Disorders) **45**

- 0  No person 18+ in this family

**Interview**

- 1  Complete interview (all appropriate sections completed)  
2  Partial interview (some but not all appropriate sections completed) (Explain in notes)

**Noninterview**

- 3  Refusal (Explain in notes)  
4  SP temporarily absent  
5  SP mentally or physically incapable  
8  Other (Explain in notes)

3. Section T (page 56)  
(Diabetes Risk Factors) **46**

- 9  Not required  
0  No person 18+ in this family  
7  Q1 Noninterview

**Interview**

- 1  Complete interview (all appropriate questions completed)  
2  Partial interview (some but not all appropriate questions completed) (Explain in notes)

**Noninterview**

- 3  Refusal (Explain in notes)  
4  SP temporarily absent  
5  SP mentally or physically incapable  
8  Other (Explain in notes)

8. Ending time  
1  a.m. **47-50** **51**  
2  p.m.

9. Interviewer identification  
Name \_\_\_\_\_ Code **52-53**

Notes

Section M - HEALTH INSURANCE		PERSON 1	RT 86 3-4																											
<p>Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. <i>Show Medicare Card.</i></p> <p>1 a. Is anyone in this family, that is <u>(read names)</u>, now covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) <input type="checkbox"/> DK (4)</p>			5																											
<p>b. Is --- now covered?</p>		1 b.	<input type="checkbox"/> Covered <input type="checkbox"/> DK <input type="checkbox"/> Not covered																											
<p><i>Ask for each person with "Covered" or "DK" in 1b</i></p> <p>2. May I please see the Social Security Medicare card(s) for --- (and ---) to determine the type of coverage and to record the Health Insurance Claim Number. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on --- benefits and no information will be given to any other government or non-government agency.</p> <p><i>Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242k.</i></p> <p><i>Transcribe the number, then mark the appropriate box(es)</i></p>		2.	H. I. C. Number <span style="float: right;">Z-17</span>  <input type="checkbox"/> Hospital <span style="float: right;">18</span> <input type="checkbox"/> Medical <input type="checkbox"/> Card N A																											
<p><i>Ask for each person with "Card NA" in 2</i></p> <p>3 a. Is --- now covered by the part of Social Security Medicare which pays for hospital bills?</p>		3 a.	<input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No																											
<p>b. Is --- now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which --- or some agency must pay a certain amount each month.</p>		b.	<input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No																											
<p>4 a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of hospital, doctor, or dental bills? Do NOT include plans that pay for ONLY ONE type of service, such as nursing home care or accidents. <input type="checkbox"/> Yes <input type="checkbox"/> No (8) <input type="checkbox"/> DK (8)</p> <p>b. It's important that we have the complete and accurate name of your health insurance plan. What is the COMPLETE name of the plan? <i>Record in Table H. I. If "DK", probe: Do you have something with the plan name on it?</i></p> <p>c. Is anyone in the family now covered by any OTHER health insurance plan? Again, do NOT include plans that pay for ONLY ONE service. <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No <input type="checkbox"/> DK</p>																														
<p><b>TABLE H. I.</b></p> <p>(Now I am going to ask some questions about the plan(s) you just told me about.)</p> <p><i>Read if necessary: Health Maintenance Organizations, or HMO's, sometimes called Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for the HMO or IPA. Also, members do not have to submit claims for costs of medical care services.</i></p>																														
<p><b>PLAN 1 NAME</b></p>		21-22																												
<p>5 a. Is this (name) plan a Health Maintenance Organization or HMO?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">23</td> </tr> </table>	Yes	No	DK		1	2	3	23	<p>6 a. Does this (name) plan pay any part of hospital expenses?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">26</td> </tr> </table>	Yes	No	DK		1	2	3	26	<p>7. Is --- covered under this (name) plan?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">27</td> </tr> </table>	1	2	3		1	2	3	27	<p>7. <input type="checkbox"/> Covered <input type="checkbox"/> Not covered <input type="checkbox"/> DK (NP)</p>
Yes	No	DK																												
1	2	3	23																											
Yes	No	DK																												
1	2	3	26																											
1	2	3																												
1	2	3	27																											
<p>b. Was this plan obtained through an employer or union?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">24</td> </tr> </table>	1	2	3	4	1	2	3	24	<p>c. Does it pay for any DENTAL services other than oral surgery?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">28</td> </tr> </table>	1	2	3		1	2	3	28	<p>d. Does it pay for any prescription drugs other than those administered during a hospital stay?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">29</td> </tr> </table>	1	2	3		1	2	3	29	
1	2	3	4																											
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1	2	3	28																											
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1	2	3																												
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1	2	3																												
1	2	3	30																											
<p><b>PLAN 2 NAME</b></p>		32-33																												
<p>5 a. Is this (name) plan a Health Maintenance Organization or HMO?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">34</td> </tr> </table>	Yes	No	DK		1	2	3	34	<p>6 a. Does this (name) plan pay any part of hospital expenses?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">37</td> </tr> </table>	Yes	No	DK		1	2	3	37	<p>7. Is --- covered under this (name) plan?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">38</td> </tr> </table>	1	2	3		1	2	3	38	<p>7. <input type="checkbox"/> Covered <input type="checkbox"/> Not covered <input type="checkbox"/> DK (NP)</p>
Yes	No	DK																												
1	2	3	34																											
Yes	No	DK																												
1	2	3	37																											
1	2	3																												
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1	2	3	4																											
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1	2	3																												
1	2	3	36																											
1	2	3																												
1	2	3	41																											

**Section M — HEALTH INSURANCE — Continued**

**PERSON 1**

**PLAN 3 NAME** 43-44

53

**5a.** Is this (name) plan a Health Maintenance Organization or HMO?

Yes	No	DK	
1	2	9	45
1	2 (6a)	9 (6a)	

**b.** Was this plan obtained through an employer or union?

Yes	No	DK	
1	2	9	46

**c.** Is it now carried through an employer or union?

Yes	No	DK	
1	2	9	47

**6a.** Does this (name) plan pay any part of hospital expenses?

Yes	No	DK	
1	2	9	48

**b.** Does this plan pay any part of doctor's or surgeon's bills for operations?

Yes	No	DK	
1	2	9	49

**c.** Does it pay for any DENTAL services other than oral surgery?

Yes	No	DK	
1	2	9	50

**d.** Does it pay for any prescription drugs other than those administered during a hospital stay?

Yes	No	DK	
1	2	9	51

**e.** Does it pay for any mental health, alcoholism, or drug abuse services?

Yes	No	DK	
1	2	9	52

**7. Is -- covered under this (name) plan?**

**7.**

1  Covered .. } (NP)  
 2  Not covered }  
 9  DK .....

**PLAN 4 NAME** 54-55

64

**5a.** Is this (name) plan a Health Maintenance Organization or HMO?

Yes	No	DK	
1	2	9	56
1	2 (6a)	9 (6a)	

**b.** Was this plan obtained through an employer or union?

Yes	No	DK	
1	2	9	57

**c.** Is it now carried through an employer or union?

Yes	No	DK	
1	2	9	58

**6a.** Does this (name) plan pay any part of hospital expenses?

Yes	No	DK	
1	2	9	59

**b.** Does this plan pay any part of doctor's or surgeon's bills for operations?

Yes	No	DK	
1	2	9	60

**c.** Does it pay for any DENTAL services other than oral surgery?

Yes	No	DK	
1	2	9	61

**d.** Does it pay for any prescription drugs other than those administered during a hospital stay?

Yes	No	DK	
1	2	9	62

**e.** Does it pay for any mental health, alcoholism, or drug abuse services?

Yes	No	DK	
1	2	9	63

**7. Is -- covered under this (name) plan?**

**7.**

1  Covered .. } (NP)  
 2  Not covered }  
 9  DK .....

**PLAN 5 NAME** 65-66

75

**5a.** Is this (name) plan a Health Maintenance Organization or HMO?

Yes	No	DK	
1	2	9	67
1	2 (6a)	9 (6a)	

**b.** Was this plan obtained through an employer or union?

Yes	No	DK	
1	2	9	68

**c.** Is it now carried through an employer or union?

Yes	No	DK	
1	2	9	69

**6a.** Does this (name) plan pay any part of hospital expenses?

Yes	No	DK	
1	2	9	70

**b.** Does this plan pay any part of doctor's or surgeon's bills for operations?

Yes	No	DK	
1	2	9	71

**c.** Does it pay for any DENTAL services other than oral surgery?

Yes	No	DK	
1	2	9	72

**d.** Does it pay for any prescription drugs other than those administered during a hospital stay?

Yes	No	DK	
1	2	9	73

**e.** Does it pay for any mental health, alcoholism, or drug abuse services?

Yes	No	DK	
1	2	9	74

**7. Is -- covered under this (name) plan?**

**7.**

1  Covered .. } (NP)  
 2  Not covered }  
 9  DK .....

**8a.** [In addition to the plan(s) you just mentioned] Is anyone in the family now covered by an insurance plan that pays for ONLY ONE type of health care service, such as nursing home care, eye care, or prescriptions?

Yes     No (Check Item 2)     DK (Check Item 2)

**b.** Is -- covered by this type of plan?

**8b.**

1  Covered    9  DK  
 2  Not covered

*Ask for each person "Covered" in 8b:*

**c.** What type of service does -- plan pay for?

**d.** Is -- now covered by any OTHER insurance plan that pays for ONLY ONE service?

**c.**

1 <input type="checkbox"/> Prescriptions	77
2 <input type="checkbox"/> Eyecare	78
3 <input type="checkbox"/> Cancer treatment	79
4 <input type="checkbox"/> Catastrophic	80
5 <input type="checkbox"/> Nursing home care	81
6 <input type="checkbox"/> Accidents	82
7 <input type="checkbox"/> Dental care	83
8 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>	84

**d.**

Yes (Reask 8c-d)  
 No (NP with "Covered" in 8b)



<p>FORM <b>HIS-1A (1989) (Addendum)</b> (3-16 89) (Revised)</p> <p style="text-align: center;">U. S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U. S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;"><b>NATIONAL HEALTH INTERVIEW SURVEY</b> <b>SECTION M — HEALTH INSURANCE</b> (Addendum)</p>	<p><b>1.</b> Book _____ of _____ books</p> <p><b>2.</b> R. O. Number _____</p> <p><b>3.</b> Sample _____</p> <p><b>4.</b> Control number PSU _____ Segment _____ Serial _____</p>
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**Table H.I. (Continued)** RT 67

No plan listed in Table H.I.

*Transcribe each plan name from Table H.I.*

<b>PLAN 1 NAME</b>	<b>PLAN 4 NAME</b>
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<p><b>CHECK ITEM 1</b> <span style="float: right;">37</span></p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p><b>5d. Does the employer or union pay for any part of the cost for this (name) plan?</b> <span style="float: right;">38</span></p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p><b>5e. Does the employer or union pay for all or just part of the cost?</b> <span style="float: right;">39</span></p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p><b>5f. In whose name is the (name) plan? Enter person number.</b> <span style="float: right;">40-41</span></p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>	<p><b>CHECK ITEM 1</b> <span style="float: right;">52</span></p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p><b>5d. Does the employer or union pay for any part of the cost for this (name) plan?</b> <span style="float: right;">53</span></p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p><b>5e. Does the employer or union pay for all or just part of the cost?</b> <span style="float: right;">54</span></p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p><b>5f. In whose name is the (name) plan? Enter person number.</b> <span style="float: right;">55-56</span></p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>
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<b>PLAN 2 NAME</b>	<b>PLAN 5 NAME</b>
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<p><b>CHECK ITEM 1</b> <span style="float: right;">42</span></p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p><b>5d. Does the employer or union pay for any part of the cost for this (name) plan?</b> <span style="float: right;">43</span></p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p><b>5e. Does the employer or union pay for all or just part of the cost?</b> <span style="float: right;">44</span></p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p><b>5f. In whose name is the (name) plan? Enter person number.</b> <span style="float: right;">45-46</span></p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>	<p><b>CHECK ITEM 1</b> <span style="float: right;">57</span></p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p><b>5d. Does the employer or union pay for any part of the cost for this (name) plan?</b> <span style="float: right;">58</span></p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p><b>5e. Does the employer or union pay for all or just part of the cost?</b> <span style="float: right;">59</span></p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p><b>5f. In whose name is the (name) plan? Enter person number.</b> <span style="float: right;">60-61</span></p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>
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<b>PLAN 3 NAME</b>	<b>Notes</b>
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<p><b>CHECK ITEM 1</b> <span style="float: right;">47</span></p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p><b>5d. Does the employer or union pay for any part of the cost for this (name) plan?</b> <span style="float: right;">48</span></p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p><b>5e. Does the employer or union pay for all or just part of the cost?</b> <span style="float: right;">49</span></p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p><b>5f. In whose name is the (name) plan? Enter person number.</b> <span style="float: right;">50-51</span></p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>	<p><b>Notes</b></p>
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Section M — HEALTH INSURANCE — Continued		PERSON 1															
<b>CHECK ITEM 2</b>	<p>Review 1b and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."</p>	<b>CK 2</b>	<div style="text-align: right;">85</div> <table style="width: 100%; border: none;"> <tr> <td style="width: 10px;">1</td><td><input type="checkbox"/> Covered</td><td style="width: 10px;">.....</td><td rowspan="4" style="font-size: 3em; vertical-align: middle;">}</td><td rowspan="4" style="vertical-align: middle;">(NP)</td> </tr> <tr> <td>2</td><td><input type="checkbox"/> Not covered under 65</td><td>.....</td> </tr> <tr> <td>3</td><td><input type="checkbox"/> Not covered 65 and over</td><td>.....</td> </tr> <tr> <td>9</td><td><input type="checkbox"/> DK</td><td>.....</td> </tr> </table>	1	<input type="checkbox"/> Covered	.....	}	(NP)	2	<input type="checkbox"/> Not covered under 65	.....	3	<input type="checkbox"/> Not covered 65 and over	.....	9	<input type="checkbox"/> DK	.....
1	<input type="checkbox"/> Covered	.....	}	(NP)													
2	<input type="checkbox"/> Not covered under 65	.....															
3	<input type="checkbox"/> Not covered 65 and over	.....															
9	<input type="checkbox"/> DK	.....															
<p>Ask for each person "Not covered" in Check Item 2. If "Not covered 65 and over," in Check Item 2, include "or Medicare."</p> <p><b>9a.</b> (Many people do not carry health insurance for various reasons.) Hand Card M. Which of those statements describes why — is not covered by any health insurance (or Medicare)? Any other reason? <span style="float: right;">Circle all reasons given.</span></p> <p>----- Mark box if only one reason.</p> <p>If "Not covered 65 and over," in Check Item 2, include "or Medicare."</p> <p><b>b.</b> What is the MAIN reason — is not covered by any health insurance (or Medicare)?</p>		<div style="text-align: right;">86-87</div> <p><b>9a.</b> 1 2 3 4 5 6 7 8 <input checked="" type="checkbox"/></p> <p style="text-align: center;">----- (Specify)</p> <div style="text-align: right;">88-89 90-91 92-93</div> <p><b>b.</b> 00 <input type="checkbox"/> Only one reason</p> <p>1 2 3 4 5 6 7 8 <input checked="" type="checkbox"/></p> <p style="text-align: center;">----- (Specify)</p>															
<p>Ask only if persons under age 20 in family; otherwise skip to 11.</p> <p><b>10a.</b> Does anyone in the family now receive assistance through the "Aid to Families with Dependent Children" program, sometimes called "AFDC" or "ADC"? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK (11)</span></p> <p><b>b.</b> Does — now receive AFDC or ADC?</p>		<div style="text-align: right;">94</div> <p><b>10b.</b> 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p>															
<p><b>11a.</b> Does anyone in the family now receive the "Supplemental Security Income" or "SSI" check? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No (12) <input type="checkbox"/> DK (12)</span></p> <p><b>b.</b> Does — now receive this check?</p>		<div style="text-align: right;">95</div> <p><b>11b.</b> 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p>															
<p><b>12a.</b> There is a program called Medicaid that pays for health care for persons in need. (In this State it is also called (name).) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (name))? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No (13) <input type="checkbox"/> DK (13)</span></p> <p><b>b.</b> Has — received this care in the past 12 months?</p>		<div style="text-align: right;">96</div> <p><b>12b.</b> 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p>															
<p><b>13a.</b> Does anyone in the family now have a Medicaid (or (name)) card? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No (14) <input type="checkbox"/> DK (14)</span></p> <p><b>b.</b> Does — now have this card?</p> <p>----- Ask for each person with "Yes" in 13b.</p> <p><b>c.</b> May I please see — (and —) card(s)? Mark appropriate box(es) in person's column.</p>		<div style="text-align: right;">97</div> <p><b>13b.</b> 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p> <div style="text-align: right;">98</div> <p><b>c.</b> <input type="checkbox"/> Medicaid card seen</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 10px;">1</td><td><input type="checkbox"/> Current</td><td style="width: 10px;">.....</td><td rowspan="4" style="font-size: 3em; vertical-align: middle;">}</td><td rowspan="4" style="vertical-align: middle;">(Specify)</td> </tr> <tr> <td>2</td><td><input type="checkbox"/> Expired</td><td>.....</td> </tr> <tr> <td>3</td><td><input type="checkbox"/> No card seen</td><td>.....</td> </tr> <tr> <td>8</td><td><input type="checkbox"/> Other card seen</td><td>.....</td> </tr> </table>	1	<input type="checkbox"/> Current	.....	}	(Specify)	2	<input type="checkbox"/> Expired	.....	3	<input type="checkbox"/> No card seen	.....	8	<input type="checkbox"/> Other card seen	.....	
1	<input type="checkbox"/> Current	.....	}	(Specify)													
2	<input type="checkbox"/> Expired	.....															
3	<input type="checkbox"/> No card seen	.....															
8	<input type="checkbox"/> Other card seen	.....															
<p><b>14a.</b> Is anyone in the family now covered by any other public assistance program that pays for health care? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No (15) <input type="checkbox"/> DK (15)</span></p> <p><b>b.</b> Is — now covered?</p>		<div style="text-align: right;">99</div> <p><b>14b.</b> 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p>															
<p><b>15.</b> Is anyone in this family now covered by health care benefits from the Armed Forces or Veterans' Administration? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No (Check Item 3) <input type="checkbox"/> DK (Check Item 3)</span></p>																	
<p><b>16a.</b> Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans' Administration? Do not include VA disability compensation. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No (17) <input type="checkbox"/> DK (17)</span></p> <p><b>b.</b> Does — now receive military retirement or a VA pension?</p> <p>----- Ask for each person with "Yes" in 16b.</p> <p><b>c.</b> Which does — receive — the Armed Forces retirement, the VA pension, or both?</p>		<div style="text-align: right;">100</div> <p><b>16b.</b> 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p> <div style="text-align: right;">101</div> <p><b>c.</b> 1 <input type="checkbox"/> Armed Forces 2 <input type="checkbox"/> VA 3 <input type="checkbox"/> Both</p>															

**Section M — HEALTH INSURANCE — Continued**

**PERSON 1**

<p><b>17a.</b> Is anyone in the family now covered by CHAMPUS, which is a program of medical care for dependents of military personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No (17c) <input type="checkbox"/> DK (17c)</p> <p><b>b.</b> Is --- now covered by CHAMPUS? <span style="float:right"><b>17b.</b></span></p> <p><b>c.</b> Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No (18) <input type="checkbox"/> DK (18)</p> <p><b>d.</b> Is --- now covered by CHAMP-VA? <span style="float:right"><b>d.</b></span></p>	<p style="text-align: right;">5</p> <p style="text-align: right;">6</p> <p style="text-align: right;">7</p> <p style="text-align: right;">8</p> <p style="text-align: right;">9</p> <p style="text-align: right;">10</p> <p style="text-align: right;">11</p> <p style="text-align: right;">12</p> <p style="text-align: right;">13</p> <p style="text-align: right;">14</p> <p style="text-align: right;">15-18</p> <p style="text-align: right;">19-22</p> <p style="text-align: right;">23-26</p> <p style="text-align: right;">27</p> <p style="text-align: right;">28</p> <p style="text-align: right;">29</p> <p style="text-align: right;">30</p> <p style="text-align: right;">31</p> <p style="text-align: right;">32-33</p> <p style="text-align: right;">34</p> <p style="text-align: right;">35-36</p>
<p><b>18a.</b> Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check Item 3) <input type="checkbox"/> DK (Check Item 3)</p> <p><b>b.</b> Is --- now covered? <span style="float:right"><b>18b.</b></span></p>	<p style="text-align: right;">7</p> <p style="text-align: right;">8</p>
<p><b>CHECK ITEM 3</b>      Refer to "AF" box above person's column in HIS-1.</p>	
<p><b>19a.</b> Does --- have a disability related to --- service in the Armed Forces of the United States?</p> <p><b>b.</b> Does --- now receive compensation for this disability from the Veterans' Administration?</p> <p><b>c.</b> Has --- ever applied for a service-connected disability rating from the Veterans' Administration?</p> <p><b>d.</b> Was it approved or denied?</p>	<p><b>19a.</b></p> <p><b>b.</b></p> <p><b>c.</b></p> <p><b>d.</b></p>
<p><b>20a.</b> During the past 12 months, that is since (12-month date) a year ago, have (read names of related HH members 18 or over) been laid off from a job or lost a job? <input type="checkbox"/> Yes <input type="checkbox"/> No (Section N) <input type="checkbox"/> DK (Section N)</p> <p><b>b.</b> Who was this? Mark "Laid off/lost job" box in person's column.</p> <p><b>c.</b> Anyone else? <input type="checkbox"/> Yes (Reask 20b and c) <input type="checkbox"/> No Ask 20d, e, and f for each person with "Laid off/lost job" in 20b.</p> <p><b>d.</b> How many times has --- been laid off or lost a job during the past 12 months?</p> <p><b>e.</b> In what month and year was --- laid off or did --- lose a job [(the last time/the time before that)]?</p> <p><b>f.</b> For ANYTIME during [that/those] job layoff(s) or job loss(es), did --- receive unemployment insurance benefits?</p>	<p><b>20b.</b></p> <p><b>d.</b></p> <p><b>e.</b></p> <p><b>f.</b></p>
<p><b>21a.</b> Because of (names of persons in 20b) job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through [that/those] job(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Section N) <input type="checkbox"/> DK (Section N)</p> <p><b>b.</b> Who was this? Mark "Lost coverage" box in person's column.</p> <p><b>c.</b> Anyone else? <input type="checkbox"/> Yes (Reask 21b and c) <input type="checkbox"/> No</p>	<p><b>21b.</b></p>
<p><b>CHECK ITEM 4</b>      Refer to 21b and mark appropriate box.</p>	
<p><b>22a.</b> Was --- covered by some OTHER health insurance plan at any time during [that/those] job layoff(s) or job loss(es)? Do not count military insurance or health programs such as Medicaid or AFDC.</p> <p><b>b.</b> Was --- covered by another plan for the entire time (names of persons in 20b) [was/were] off work?</p> <p><b>c.</b> For how long was --- not covered by any kind of health insurance plan?</p>	<p><b>22a.</b></p> <p><b>b.</b></p> <p><b>c.</b></p>
<p><b>23a.</b> At ANYTIME during [that/those] job layoff(s) or job loss(es), was --- covered by a military program or by a health program such as Medicaid or AFDC?</p> <p><b>b.</b> For how long was --- covered by this kind of program?</p>	<p><b>23a.</b></p> <p><b>b.</b></p>

**Section N – IMMUNIZATION**

PERSON 1

**CHECK  
ITEM 1**

Refer to ages of all family members.

- 1  Persons 18 and over in family (1)  
2  No person 18 and over (Section O)

The following questions are about immunizations to prevent influenza, pneumonia, and tetanus. In this family, they refer to (read names of all persons 18+).

**1a.** During the past 12 months, that is, since (12-month date) a year ago, have any adults in the family received a flu shot?

Read if necessary: This vaccination is usually given in the fall and protects against influenza for about one year.  Yes  No (2)  DK (2)

**b.** Who was this?

Mark "Influenza immunization" box in person's column.

**1b.**

1  Influenza immunization

**c.** Anyone else?

Yes (Reask 1b and c)  No

**2a.** Have any adults in the family ever received a pneumonia vaccination?

Read if necessary: This shot first became available in 1979, and is given only once in a person's lifetime.  Yes  No (3)  DK (3)

**b.** Who was this?

Mark "Pneumonia vaccination" box in person's column.

**2b.**

1  Pneumonia vaccination

**c.** Anyone else?

Yes (Reask 2b and c)  No

Ask for each person with "Pneumonia vaccination" in 2b.

**d.** Did — — receive the pneumonia shot within the past 12 months?

**d.**

- 1  Yes  
2  No  
9  DK

**3a.** During the past 5 years, have any adults in the family had a tetanus shot?

Read if necessary: Tetanus is sometimes called lockjaw.  Yes  No (Section O)  DK (Section O)

**b.** Who was this?

Mark "Tetanus immunization" box in person's column.

**3b.**

1  Tetanus immunization

**c.** Anyone else?

Yes (Reask 3b and c)  No

Ask for each person with "Tetanus immunization" in 3b.

**d.** About how long ago did — — have the LAST tetanus shot?

**d.**

- 1  Less than 1 year  
2  1 year, but less than 3 years  
3  3 or more years ago  
9  DK

Notes

**Section O – MENTAL HEALTH**

**PERSON 1**

Enter person number(s) of respondent(s).

Person number(s) of respondent(s)

These questions are about mental and emotional disorders.

**1a. DURING THE PAST 12 MONTHS, did anyone in the family have –**

If "Yes," ask 1b and c.

**b. Who is this?**

Mark box in appropriate person's column.

**c. DURING THE PAST 12 MONTHS, did anyone else have –**

**A. Schizophrenia** (skit-suh-free'-nee-uh)?  Yes  No

**A.** 1  Schizophrenia **9**

**B. Paranoid or delusional disorder, other than schizophrenia?**  Yes  No

**B.** 1  Paranoid disorder **10**

**C. Manic episodes or manic depression, also called bipolar disorder?**  Yes (Specify)  No

**C.** 1  Manic episodes  
1  Manic depression **11**  
**12**

**D. Major depression?**

Read if necessary: **A depressed mood and loss of interest in almost all activities FOR AT LEAST TWO WEEKS.**  Yes  No

**D.** 1  Major depression **13**

**E. Anti-social personality, obsessive-compulsive personality, or any other SEVERE personality disorder?**  Yes  No

**E.** 1  Personality disorder **14**

**F. Alzheimer's** (alitz' hi-merz) **disease or another type of senile disorder?**  Yes  No

**F.** 1  Senility **15**

**G. Alcohol abuse disorder?**  Yes  No

**G.** 1  Alcohol abuse **16**

**H. Drug abuse disorder?**  Yes  No

**H.** 1  Drug abuse **17**

**I. Does anyone in the family NOW have mental retardation?**  Yes  No

**I.** 1  Mental retardation **18**

**2a. DURING THE PAST 12 MONTHS, did anyone in the family have any OTHER mental or emotional disorders? Include ONLY those disorders which SERIOUSLY interfere with a person's ability to work or attend school, or to manage their day-to-day activities.**  Yes  No (Check Item 1)

**b. Who is this? Anyone else? Mark box in appropriate person's column.**

**2b.** 1  Other **19**

Ask for each person with "Other" in 2b:

**c. What would you call the disorder – has?**

**c.** **20-22**

**CHECK ITEM 1**

Refer to 1A–F and 2b/c.

**CK 1**

1  One or more entries in 1A–F or 2b/c (Check Item 2)  
8  All others (NP or Section P) **23**

**CHECK ITEM 2**

Enter disorder(s) from 1A–F and 2c. DO NOT RECORD G, H, OR I.

**CK 2**

(Check Item 3)

Notes

Section O — MENTAL HEALTH — Continued		PERSON 1	
<b>CHECK ITEM 3</b>	Refer to Age.	<b>CK 3</b>	<input type="checkbox"/> Under 5 (8) <span style="float:right">24</span> <input type="checkbox"/> 5-17 (4) <input type="checkbox"/> 70 or over (5) <input type="checkbox"/> All others (3)
Ask questions 3-8 about ALL disorders reported in 1 and 2. <b>3a. Does — — (disorder(s) in questions 1 and 2) NOW entirely prevent — — from working at a paid job or business?</b>		<b>3a.</b>	<input type="checkbox"/> Yes (3d) <span style="float:right">25</span> <input type="checkbox"/> No <input type="checkbox"/> Doesn't work — Other reasons <input type="checkbox"/> DK
<b>b. Because of [this disorder/any of these disorders], is — — limited in the kind or amount of work — — can do?</b>		<b>b.</b>	<input type="checkbox"/> Yes (3d) <span style="float:right">26</span> <input type="checkbox"/> No <input type="checkbox"/> DK
Mark "Doesn't work" if marked in 3a; otherwise ask: <b>c. Because of [this disorder/any of these disorders], does — — have trouble finding or keeping a job or doing job tasks?</b>		<b>c.</b>	<input type="checkbox"/> Yes <span style="float:right">27</span> <input type="checkbox"/> No ..... <input type="checkbox"/> Doesn't work } (Check Item 4) <input type="checkbox"/> DK .....
<b>d. For how long has — — [been unable to work/ been limited in work/ had trouble with work] because of [this disorder/any of these disorders]?</b>		<b>d.</b>	<input type="checkbox"/> less than 3 months <span style="float:right">28</span> <input type="checkbox"/> 3 months, less than 1 year <input type="checkbox"/> 1 year, less than 5 years <input type="checkbox"/> 5 years or more <input type="checkbox"/> DK
<b>CHECK ITEM 4</b>	Refer to Age AND HIS-1, C1.	<b>CK 4</b>	<input type="checkbox"/> 18-24 AND neither Wa/Wb box marked (4) <span style="float:right">29</span> <input type="checkbox"/> All others (Check Item 5)
<b>4a. Does — — (disorder(s) in questions 1 and 2) NOW entirely prevent — — from attending regular school (or college)?</b>		<b>4a.</b>	<input type="checkbox"/> Yes (4c) <span style="float:right">30</span> <input type="checkbox"/> No <input type="checkbox"/> Not in school — Other reasons (CK. Item 5) <input type="checkbox"/> DK
<b>b. Because of [this disorder/any of these disorders], does — — have trouble with school attendance or school work?</b>		<b>b.</b>	<input type="checkbox"/> Yes <span style="float:right">31</span> <input type="checkbox"/> No ..... <input type="checkbox"/> Not in school — Other reasons ..... } (Check Item 5) <input type="checkbox"/> DK .....
<b>c. For how long has — — [been unable to attend school/had trouble with school] because of [this disorder/any of these disorders]?</b>		<b>c.</b>	<input type="checkbox"/> less than 3 months <span style="float:right">32</span> <input type="checkbox"/> 3 months, less than 1 year <input type="checkbox"/> 1 year, less than 5 years <input type="checkbox"/> 5 years or more <input type="checkbox"/> DK
<b>CHECK ITEM 5</b>	Refer to age, then questions 3d and 4c and mark first appropriate box.	<b>CK 5</b>	<input type="checkbox"/> Under age 10 (7) <span style="float:right">33</span> <input type="checkbox"/> Entry in 3d or 4c (5) <input type="checkbox"/> All others (6)
<b>5a. ON — — OWN AND WITHOUT HELP, does — — appropriately take care of — — own personal care needs, such as eating, dressing, bathing, and going to the toilet?</b>		<b>5a.</b>	<input type="checkbox"/> Yes (6) <span style="float:right">34</span> <input type="checkbox"/> No <input type="checkbox"/> DK (6)
<b>b. Is this because of [ — — (disorder)/any of these mental disorders]?</b>		<b>b.</b>	<input type="checkbox"/> Yes <span style="float:right">35</span> <input type="checkbox"/> No } (6) <input type="checkbox"/> DK
<b>c. For how long has — — had trouble taking care of any of these needs?</b>		<b>c.</b>	<input type="checkbox"/> less than 3 months <span style="float:right">36</span> <input type="checkbox"/> 3 months, less than 1 year <input type="checkbox"/> 1 year, less than 5 years } (6) <input type="checkbox"/> 5 years or more <input type="checkbox"/> DK
Notes			

**Section O – MENTAL HEALTH – Continued**

**PERSON 1**

<p><b>6a. ON – – OWN AND WITHOUT HELP, does – – adequately handle routine matters such as –</b></p> <p><b>(1) Managing money?</b></p>	<p><b>6a.</b> <span style="float: right;">37</span></p> <p>1 <input type="checkbox"/> Yes (2)</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do</p>
<p><b>b. Is this because of [ – – (disorder)/any of these mental disorders]?</b></p>	<p><b>(1)</b> <span style="float: right;">38</span></p> <p><b>b.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><b>(ON – – OWN AND WITHOUT HELP, does – – adequately handle)</b></p> <p><b>(2) Doing everyday household chores?</b></p>	<p><b>(2)</b> <span style="float: right;">39</span></p> <p>1 <input type="checkbox"/> Yes (3)</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do</p>
<p><b>b. Is this because of [ – – (disorder)/any of these mental disorders]?</b></p>	<p><b>b.</b> <span style="float: right;">40</span></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><b>(ON – – OWN AND WITHOUT HELP, does – – adequately handle)</b></p> <p><b>(3) Shopping?</b></p>	<p><b>(3)</b> <span style="float: right;">41</span></p> <p>1 <input type="checkbox"/> Yes (4)</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do</p>
<p><b>b. Is this because of [ – – (disorder)/any of these mental disorders]?</b></p>	<p><b>b.</b> <span style="float: right;">42</span></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><b>(ON – – OWN AND WITHOUT HELP, does – – adequately handle)</b></p> <p><b>(4) Getting around outside the home?</b></p>	<p><b>(4)</b> <span style="float: right;">43</span></p> <p>1 <input type="checkbox"/> Yes (6c)</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do</p>
<p><b>b. Is this because of [ – – (disorder)/any of these mental disorders]?</b></p>	<p><b>b.</b> <span style="float: right;">44</span></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><i>Ask if "Yes" in any 6b; otherwise, skip to 7.</i></p> <p><b>6c. For how long has – – had trouble taking care of any of these things?</b></p>	<p><b>c.</b> <span style="float: right;">45</span></p> <p>1 <input type="checkbox"/> Less than 3 months</p> <p>2 <input type="checkbox"/> 3 months, less than 1 year</p> <p>3 <input type="checkbox"/> 1 year, less than 5 years</p> <p>4 <input type="checkbox"/> 5 years or more</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (7)</p>

Notes

Section O — MENTAL HEALTH — Continued		PERSON 1	
<i>Hand Card 01. Read answer categories if telephone interview.</i>			
<b>7. Because of — — (disorder(s) in questions 1 and 2), how much difficulty does — — NOW have —</b>		<b>7a.</b>	1 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> Some difficulty 3 <input type="checkbox"/> A lot of difficulty 4 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK <span style="float: right;">46</span>
<b>a. Forming friendships?</b>			
-----			
<b>b. Keeping friendships?</b>		<b>b.</b>	1 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> Some difficulty 3 <input type="checkbox"/> A lot of difficulty 4 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK <span style="float: right;">47</span>
-----			
<b>c. Concentrating long enough to complete tasks?</b>		<b>c.</b>	1 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> Some difficulty 3 <input type="checkbox"/> A lot of difficulty 4 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK <span style="float: right;">48</span>
-----			
<b>d. Coping with day-to-day stresses?</b>		<b>d.</b>	1 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> Some difficulty 3 <input type="checkbox"/> A lot of difficulty 4 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK <span style="float: right;">49</span>
-----			
<i>If all "No difficulty" and/or "DK" in 7a-d, skip to 8; otherwise ask:</i>			
<b>e. For how long has — — had any of these difficulties?</b>		<b>e.</b>	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months, less than 1 year 3 <input type="checkbox"/> 1 year, less than 5 years 4 <input type="checkbox"/> 5 years or more 9 <input type="checkbox"/> DK <span style="float: right;">50</span>
<b>8a. When did — — LAST see or talk to a MENTAL HEALTH PROFESSIONAL about — — (disorder(s) in questions 1 and 2)? Include psychiatrists, psychologists, social workers, psychiatric nurses, and any other type of mental health professional.</b>		<b>8a.</b>	1 <input type="checkbox"/> Less than 2 weeks 2 <input type="checkbox"/> 2 weeks, less than 1 month 3 <input type="checkbox"/> 1 month, less than 3 months 4 <input type="checkbox"/> 3 months, less than 1 year 5 <input type="checkbox"/> 1 year, less than 5 years 6 <input type="checkbox"/> 5 years or more 7 <input type="checkbox"/> Never (8c) 9 <input type="checkbox"/> DK <span style="float: right;">51</span>
-----			
<b>b. What type of mental health professional was last seen?</b>		<b>b.</b>	<span style="float: right;">52-53</span>  Mental health professional
-----			
<b>c. (Besides mental health professionals) When did — — LAST see or talk to a doctor or other health professional about — — (disorder(s) in questions 1 and 2)?</b>		<b>c.</b>	1 <input type="checkbox"/> Less than 2 weeks 2 <input type="checkbox"/> 2 weeks, less than 1 month 3 <input type="checkbox"/> 1 month, less than 3 months 4 <input type="checkbox"/> 3 months, less than 1 year 5 <input type="checkbox"/> 1 year, less than 5 years 6 <input type="checkbox"/> 5 years or more 7 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK <span style="float: right;">54</span>
<b>CHECK ITEM 7</b>		<b>CK 7</b>	1 <input type="checkbox"/> Never in 8a AND c (12) 8 <input type="checkbox"/> Other (9) <span style="float: right;">55</span>
<i>Refer to 8a and c.</i>			
Notes			



**Section O – MENTAL HEALTH – Continued**

**PERSON 1**

Ask 9 for the first 4 disorders recorded in Check Item 2.

**FIRST DISORDER IN CHECK ITEM 2:**

**9a.** When did a doctor or other health professional **FIRST** give a diagnosis of *(first disorder in Check Item 2)* for -- ?

**9a.** \_\_\_\_\_ 56  
57  
 1  Less than 1 year  
 2  1 yr., less than 5 yrs. } (9b)  
 3  5 years or more  
 4  Never (9d)  
 9  DK

**b.** Did the doctor call the *(first disorder in Check Item 2)* by a more technical or specific name?

**b.** \_\_\_\_\_ 58  
 1  Yes  
 2  No } (Next disorder or 10)  
 9  DK

**c.** What did he or she call it?

**c.** \_\_\_\_\_ 59-61  
 \_\_\_\_\_ } (Next disorder or 10)  
 \_\_\_\_\_

**d.** Has a **DOCTOR OR OTHER HEALTH PROFESSIONAL** ever given this disorder a technical or specific name?

**d.** \_\_\_\_\_ 62  
 1  Yes  
 2  No } (Next disorder or 10)  
 9  DK

**e.** What did he or she call it?

**e.** \_\_\_\_\_ 63-65  
 \_\_\_\_\_

**f.** When did a doctor first call this disorder *(entry in 9e)?*

**f.** \_\_\_\_\_ 66  
 1  Less than 1 year  
 2  1 yr., less than 5 yrs. } (Next disorder or 10)  
 3  5 years or more  
 9  DK

**SECOND DISORDER IN CHECK ITEM 2:**

**9a.** When did a doctor or other health professional **FIRST** give a diagnosis of *(second disorder in Check Item 2)* for -- ?

**9a.** \_\_\_\_\_ 67  
68  
 1  Less than 1 year  
 2  1 yr., less than 5 yrs. } (9b)  
 3  5 years or more  
 4  Never (9d)  
 9  DK

**b.** Did the doctor call the *(second disorder in Check Item 2)* by a more technical or specific name?

**b.** \_\_\_\_\_ 69  
 1  Yes  
 2  No } (Next disorder or 10)  
 9  DK

**c.** What did he or she call it?

**c.** \_\_\_\_\_ 70-72  
 \_\_\_\_\_ } (Next disorder or 10)  
 \_\_\_\_\_

**d.** Has a **DOCTOR OR OTHER HEALTH PROFESSIONAL** ever given this disorder a technical or specific name?

**d.** \_\_\_\_\_ 73  
 1  Yes  
 2  No } (Next disorder or 10)  
 9  DK

**e.** What did he or she call it?

**e.** \_\_\_\_\_ 74-76  
 \_\_\_\_\_

**f.** When did a doctor first call this disorder *(entry in 9e)?*

**f.** \_\_\_\_\_ 77  
 1  Less than 1 year  
 2  1 yr., less than 5 yrs. } (Next disorder or 10)  
 3  5 years or more  
 9  DK

**Section O — MENTAL HEALTH — Continued**

**PERSON 1**

		78
		79
<p><b>▶ THIRD DISORDER IN CHECK ITEM 2:</b></p> <p><b>9a. When did a doctor or other health professional FIRST give a diagnosis of (third disorder in Check Item 2) for — — ?</b></p>		<p><b>9a.</b></p> <p>1 <input type="checkbox"/> Less than 1 year                  2 <input type="checkbox"/> 1 yr., less than 5 yrs. } (9b)                  3 <input type="checkbox"/> 5 years or more                  4 <input type="checkbox"/> Never (9d)                  9 <input type="checkbox"/> DK</p>
<p><b>b. Did the doctor call the (third disorder in Check Item 2) by a more technical or specific name?</b></p>		<p><b>b.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } (Next disorder or 10)                  9 <input type="checkbox"/> DK</p>
<p><b>c. What did he or she call it?</b></p>		<p><b>c.</b></p> <p>_____ } (81-83)                  _____ }                  _____ } (Next disorder or 10)                  _____ }</p>
<p><b>d. Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name?</b></p>		<p><b>d.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } (Next disorder or 10)                  9 <input type="checkbox"/> DK</p>
<p><b>e. What did he or she call it?</b></p>		<p><b>e.</b></p> <p>_____ } (85-87)                  _____ }                  _____ }</p>
<p><b>f. When did a doctor first call this disorder (entry in 9e)?</b></p>		<p><b>f.</b></p> <p>1 <input type="checkbox"/> Less than 1 year                  2 <input type="checkbox"/> 1 yr., less than 5 yrs. } (Next disorder or 10)                  3 <input type="checkbox"/> 5 years or more                  9 <input type="checkbox"/> DK</p>
<p><b>▶ FOURTH DISORDER IN CHECK ITEM 2:</b></p> <p><b>9a. When did a doctor or other health professional FIRST give a diagnosis of (fourth disorder in Check Item 2) for — — ?</b></p>		<p><b>9a.</b></p> <p>1 <input type="checkbox"/> Less than 1 year                  2 <input type="checkbox"/> 1 yr., less than 5 yrs. } (9b)                  3 <input type="checkbox"/> 5 years or more                  4 <input type="checkbox"/> Never (9d)                  9 <input type="checkbox"/> DK</p>
<p><b>b. Did the doctor call the (fourth disorder in Check Item 2) by a more technical or specific name?</b></p>		<p><b>b.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } (10)                  9 <input type="checkbox"/> DK</p>
<p><b>c. What did he or she call it?</b></p>		<p><b>c.</b></p> <p>_____ } (92-94)                  _____ }                  _____ } (10)                  _____ }</p>
<p><b>d. Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name?</b></p>		<p><b>d.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } (10)                  9 <input type="checkbox"/> DK</p>
<p><b>e. What did he or she call it?</b></p>		<p><b>e.</b></p> <p>_____ } (96-98)                  _____ }                  _____ }</p>
<p><b>f. When did a doctor first call this disorder (entry in 9e)?</b></p>		<p><b>f.</b></p> <p>1 <input type="checkbox"/> Less than 1 year                  2 <input type="checkbox"/> 1 yr., less than 5 yrs. } (10)                  3 <input type="checkbox"/> 5 years or more                  9 <input type="checkbox"/> DK</p>

Section O — MENTAL HEALTH — Continued		PERSON 1	
<b>10a.</b> Does — — NOW take any prescription medication for — — <i>(disorder(s) in Check Item 2)?</i>	<b>10a.</b> 1 <input type="checkbox"/> Yes (10c) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>100</b>	
<b>b.</b> DURING THE PAST 12 MONTHS, did — — take any prescription medication for [this disorder/any of these disorders]?	<b>b.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK	<b>101</b>	
<b>c.</b> How many DIFFERENT medications [does — — take/did — — take during the past 12 months] for [this disorder/any of these disorders]?	<b>c.</b> _____ Medication(s) Number 9 <input type="checkbox"/> DK	<b>102</b>	
<b>11a.</b> [May I see/Would you please bring to the telephone] the container(s) for the medication(s) you just told me about?  <i>Record from container label. If no container available and for telephone, ask 11b—d as appropriate. If DK, show Card O2, asking "Is it any of these?" before marking "DK".</i>	<b>11a.</b> 1 <input type="checkbox"/> Container available 2 <input type="checkbox"/> No container available	<b>103</b>	
<p>▶ FIRST MEDICATION</p> <b>b.</b> What is the name of the first medication?	<b>b.</b> _____ _____ 999 <input type="checkbox"/> DK	<b>104-106</b>	
<p>▶ SECOND MEDICATION</p> <b>c.</b> What is the name of the second medication?	<b>c.</b> _____ _____ 999 <input type="checkbox"/> DK	<b>107-109</b>	
<p>▶ THIRD MEDICATION</p> <b>d.</b> What is the name of the third medication?	<b>d.</b> _____ _____ 999 <input type="checkbox"/> DK	<b>110-112</b>	
<b>12a.</b> Does — — NOW receive a disability payment through any government program because of — — <i>(disorder(s) in Check Item 2)?</i>	<b>12a.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (Check Item 1 for NP) 9 <input type="checkbox"/> DK	<b>113</b>	
<b>b.</b> Is this payment through Social Security Disability Insurance, called "SSDI"; through Supplemental Security Income, called SSI"; through the Veteran's Administration; or through some other program? <i>Mark all that apply.</i>	<b>b.</b> 1 <input type="checkbox"/> SSDI 2 <input type="checkbox"/> SSI 3 <input type="checkbox"/> VA 4 <input type="checkbox"/> Other	} (Check Item 1 for NP) <b>114</b> <b>115</b> <b>116</b> <b>117</b>	
Notes			

**Section P — DENTAL**

PERSON 1

*Hand calendar.*

These next questions are about dental care received during the 2 weeks [outlined in red on that calendar/beginning Monday *(date)* and ending this past Sunday *(date)*].

**1a. DURING THOSE 2 WEEKS** did anyone in the family go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.  Yes  No (2)  DK (2)

**b. Who was this?**  
Mark "Dental visits" box in person's column.

**1b.** 1  Dental visit

6

**c. During those 2 weeks, did anyone else in the family go to a dentist?**  Yes (Reask 1b and c)  No

Ask for each person with "Dental visit" in 1b.

**d. During those 2 weeks, how many times did — go to a dentist?**

**d.**  2-week dental visits

6-7

Mark box if under 2.

**2a. During the past 12 months** (that is, since *(12-month date)* a year ago), about how many visits did — make to a dentist? (Include the *(number in 1d)* visits you already told me about.)

**2a.** 998  Under 2 (NP)

8-10

12-month dental visits  
000  None

Mark "2-week dental visit" box in person's column if visit(s) reported in 1d.

**b. ABOUT how long has it been since — LAST went to a dentist?**

- b.**
- 1  Past 2 weeks not reported (Mark 1b, ask 1d)
  - 2  2-week dental visit
  - 3  Over 2 weeks, less than 6 months
  - 4  6 months, less than 1 year
  - 5  1 year, less than 2 years
  - 6  2 years, less than 5 years
  - 7  5 years or more
  - 0  Never
- (NP)  
(3)

11

**3. What are the reasons — has [not visited the dentist in over 12 months/never gone to the dentist]?**

Do not read categories. Circle all that apply.

- 01 Afraid
- 02 Nervous
- 03 Needles
- 04 Cost
- 05 Don't know dentist
- 06 Dentist too far
- 07 Can't get there
- 08 No problems
- 09 No teeth
- 10 Not important
- 11 Didn't think of it
- 88 Other (Specify)
- 99 Don't know

- 3.**
- 01 07 99
  - 02 08
  - 03 09
  - 04 10
  - 05 11
  - 06 88
- (Specify)

- 12-13
- 14-15
- 16-17
- 18-19
- 20-21
- 22-23
- 24-25
- 26-27
- 28-29
- 30-31
- 32-33
- 34-35
- 36-37

**4a. Is there anyone in the family who has lost ALL of his or her upper (permanent) natural teeth?**  Yes  No (4e)

38

**b. Who is this?**  
Mark "No uppers" box in person's column.

**4b.** 1  No uppers

**c. Anyone else?**  Yes (Reask 4b and c)  No

Ask for each person with "No uppers" in 4b.

**d. Does — have an upper denture or plate?**

**d.** 1  Yes 2  No

39

**e. Is there anyone in the family who has lost ALL of his or her lower (permanent) natural teeth?**  Yes  No (5)

40

**f. Who is this?**  
Mark "No lowers" box in person's column.

**f.** 1  No lowers

**g. Anyone else?**  Yes (Reask 4f and g)  No

Ask for each person with "No lowers" in 4f.

**h. Does — have a lower denture or plate?**

**h.** 1  Yes 2  No

41

Section P – DENTAL – Continued		PERSON 1	
<b>CHECK ITEM 1</b>	Refer to 4b AND 4f.	1 <input type="checkbox"/> All family members have lost all teeth: upper and lower (Check Item 2)	42
		8 <input type="checkbox"/> Other (5)	
<b>5a. Dental SEALANTS are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are DIFFERENT from fillings, caps, crowns, and fluoride treatments. Has anyone in the family EVER had dental SEALANTS painted on their teeth?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No (6) <input type="checkbox"/> DK (6)	
<b>b. Who is this?</b> Mark "Dental sealants" box in person's column.		<b>5b.</b>	1 <input type="checkbox"/> Dental sealants
<b>c. Anyone else?</b>		<input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No	
<b>6a. In the past two weeks has anyone in the family used a mouthwash or mouthrinse at home?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No (Check Item 2) <input type="checkbox"/> DK (Check Item 2)	
<b>b. Who is this?</b> Mark "Mouthrinse" box in person's column.		<b>6b.</b>	1 <input type="checkbox"/> Mouthrinse
<b>c. Anyone else?</b>		<input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No	
Ask for each person with "Mouthrinse" in 6b.			45-46
<b>d. What brand did — use most often during the past 2 weeks?</b> Do not read answer categories. Circle ONE brand.		<b>d.</b> 1    2    3    4    8 <u>7</u> 9  (Specify)	
1. { ACT Fluorigard Kolydos Listermint Reach StanCare 2. Prescription fluoride rinse 3. PLAX 4. Scope, Listerine, Lavoris 8. Other (Specify) 9. Don't know			
Ask or verify.		<b>e.</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>e. Does this mouthrinse contain fluoride?</b>			47
<b>CHECK ITEM 2</b>	Refer to age.	<b>CK 2</b>	1 <input type="checkbox"/> Under 2 (B) 2 <input type="checkbox"/> 2-17 (7) 3 <input type="checkbox"/> 18 and over (NP)
			48
<b>7. (Some schools have fluoride MOUTHRINSE programs.)</b> Does — now take part in a fluoride MOUTHRINSE program at school?		<b>7.</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(Doctors or dentists may prescribe or provide tablets, drops, or supplements with fluoride in them. (Sometimes these are given at school.))		<b>8.</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>8. Does — now take vitamins with FLUORIDE in them or any other kind of FLUORIDE tablets, drops, or supplements?</b>			50
Notes			

<b>Section P — DENTAL — Continued</b>		<b>PERSON 1</b>	
<p><b>These next questions refer to the 2 weeks [outlined on that calendar/beginning Monday (date) and ending Sunday (date)].</b></p> <p><b>9a. During that 2 week period, did anyone in the family miss any time from work or school because of a dental problem or dental visit?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No (10)    <input type="checkbox"/> DK (10)</p>		<b>51</b>	
<p><b>b. Who was this?</b> <i>Mark "Missed time" box in person's column.</i></p>		<b>9b.</b> 1 <input type="checkbox"/> Missed time	
<p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 9b and c)    <input type="checkbox"/> No    <input type="checkbox"/> DK</p>			
<p><i>Ask for each person with "Missed time" in 9b.</i></p> <p><b>d. How much time did — miss because of a dental problem or dental visit?</b></p>		<p><b>d.</b>    51 <input type="checkbox"/> Less than 1 hour  52 <input type="checkbox"/> 1 hour, less than 3 hours  53 <input type="checkbox"/> 3 hours, less than 5 hours  54 <input type="checkbox"/> 5 hours, less than 7 hours  55 <input type="checkbox"/> 7 or more hours  OR  _____ Days</p>	
<p><b>10a. During that two week period did anyone in the family miss any time from work or school to assist a relative or friend with a dental problem or dental visit?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No (11)    <input type="checkbox"/> DK (11)</p>		<b>54</b>	
<p><b>b. Who was this?</b> <i>Mark "Missed time" box in person's column.</i></p>		<b>10b.</b> 1 <input type="checkbox"/> Missed time	
<p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 10b and c)    <input type="checkbox"/> No    <input type="checkbox"/> DK</p>			
<p><i>Ask for each person with "Missed time" marked in 10b.</i></p> <p><b>d. How much time did — miss because — was assisting a relative or friend with a dental problem or visit?</b></p>		<p><b>d.</b>    51 <input type="checkbox"/> Less than 1 hour  52 <input type="checkbox"/> 1 hour, less than 3 hours  53 <input type="checkbox"/> 3 hours, less than 5 hours  54 <input type="checkbox"/> 5 hours, less than 7 hours  55 <input type="checkbox"/> 7 or more hours  OR  _____ Days</p>	
<p><b>11a. (Not counting the time missed from work or school) Was there any (other) time during those 2 weeks that anyone in the family cut down on normal activities for MORE THAN HALF OF THE DAY because of a dental problem or dental visit?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No (Check Item 3)    <input type="checkbox"/> DK (Check Item 3)</p>		<b>57</b>	
<p><b>b. Who was this?</b> <i>Mark "Cut down" box in person's column.</i></p>		<b>11b.</b> 1 <input type="checkbox"/> Cut down	
<p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 11b and c)    <input type="checkbox"/> No    <input type="checkbox"/> DK</p>			
<p><i>Ask for each person with "Cut down" in 11b.</i></p> <p><b>d. During that period, how many (other) days did — cut down for MORE THAN HALF OF THE DAY because of a dental problem or dental visit?</b></p>		<p><b>d.</b>    00 <input type="checkbox"/> None  _____ Days</p>	
<b>CHECK ITEM 3</b>	<p><b>a. Mark first appropriate box.</b></p>	<p><b>CK 3a.</b>    0 <input type="checkbox"/> Under 17  1 <input type="checkbox"/> Present for all questions  2 <input type="checkbox"/> Present for some questions  3 <input type="checkbox"/> Not present</p>	
	<p><b>b. Enter person number(s) of respondent(s) to "Dental" section.</b></p>	<p><b>b.</b> _____  Person number(s) of respondent(s)</p>	
<p>Notes</p>			

**Section Q – DIABETES**

**PERSON 1**

**Section Q1 – DIABETES SCREENING**

**CHECK ITEM 1**

Refer to ages of all family members.

- 1  Persons aged 18 and over in family (1)
- 2  No persons aged 18 and over in family (Section R)

**1a.** Has any adult in this family, that is (read names of persons 18 and over) EVER been told by a doctor that they had diabetes? Do not include pre, potential, or borderline diabetes.  Yes  No (Section R)

**b.** Who is this?  
Mark "Diabetes" box in appropriate person's column.

**1b.** 1  Diabetes

**c.** Has any other adult in this family been told they have diabetes? Do not include pre, potential, or borderline diabetes.  Yes (Reask 1b and c)  No

**Section Q2 – DIABETES FOLLOWUP QUESTIONS**

**CHECK ITEM 2**

Refer to 1b above.

**CK 2**  
0  Under 18 (NP)  
1  "Diabetes" box marked in 1b (Check Item 3)  
8  All others (NP)

**CHECK ITEM 3**

Status of diabetic.

**CK 3**  
1  Available (1)  
2  Callback required (Hhld page of HIS-1, THEN NP)  
3  Noninterview (Cover page of HIS-1A, THEN NP)

(Earlier I was told you had diabetes.)  
**1.** How old were you when you got diabetes? Do not include pre, potential, or borderline diabetes.

**1.**  
00  Don't have diabetes (NP)  
98  Have pre, potential, or borderline diabetes (NP)  
\_\_\_\_ Years old  
99  DK

**2.** Are you NOW a diabetic?

**2.**  
1  Yes (3)  
2  No (NP)  
9  DK (3)

**3a.** When you first learned that you might have diabetes, were you sick or feeling diabetic symptoms, OR was the diabetes discovered by chance?

**3a.**  
1  Sick/symptoms  
2  By chance (3c)  
9  DK

**b.** Were you at your doctor's office, a patient in the hospital, or somewhere else?

**b.**  
1  Doctor's office  
2  Patient in hospital  
3  Somewhere else  
9  DK

**c.** Was the diabetes discovered while getting a routine physical, a screening test for diabetes, or while being treated for something else?

**c.**  
1  Routine physical  
2  Screening test for diabetes  
3  Treated for something else  
8  Other  
9  DK

**4a.** When your diabetes was first diagnosed, did you have a blood test, a urine test, or both?

**4a.**  
1  Blood  
2  Urine (5)  
3  Both  
9  DK (5)

**b.** Was the blood test an oral glucose tolerance test?

**b.**  
1  Yes  
2  No  
9  DK

Ask if female; otherwise, go to 6.

**5a.** Were you pregnant when you were first told that you had diabetes?

**5a.**  
1  Yes  
2  No (6)

**b.** Other than during pregnancy, did a doctor EVER tell you that you had diabetes?

**b.**  
1  Yes (6)  
2  No (Check Item 2 for NP)

Notes

Section Q2 -- DIABETES FOLLOWUP QUESTIONS -- Continued		PERSON 1	
6a. Are you NOW taking insulin?		6a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6a)
b. For how long have you been taking insulin?		b.	000 <input type="checkbox"/> Less than 1 month _____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK
c. Currently, about how often do you use insulin?		c.	_____ { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 998 <input type="checkbox"/> Use insulin pump 999 <input type="checkbox"/> DK
d. On an average day, about how many units of insulin do you take?		d.	_____ Units per day 999 <input type="checkbox"/> DK
<i>Mark without asking if known.</i>			
e. Have you EVER used an insulin pump?		e.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
f. Are you NOW taking diabetes pills to lower your blood sugar? <i>Read if necessary: These are sometimes called oral agents or oral hypoglycemic agents.</i>		f.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK
g. For how long have you been taking them?		g.	000 <input type="checkbox"/> Less than 1 month _____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK
h. About how often do you take them?		h.	_____ { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 999 <input type="checkbox"/> DK
7a. Has a doctor or other health professional ever given you a diet or instructions on what foods you should eat as a diabetic?		7a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK
b. In the past 12 months, have you tried to follow the diet or instructions?		b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)
<i>Hand Card Q1. Read categories if telephone interview.</i>			
c. In the past 12 months, about how often have you been able to follow the diet or instructions?		c.	1 <input type="checkbox"/> Always (9) 2 <input type="checkbox"/> Most of the time } (8a) 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never } (8b) 9 <input type="checkbox"/> DK

Notes



Section Q2 – DIABETES FOLLOWUP QUESTIONS – Continued		PERSON 1
8a. Is it difficult for you to stay on your diet –		40
(1) When you eat in restaurants?	8a. (1) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
(2) When you go to parties or social events?	(2) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	41
(3) When you are busy with other activities?	(3) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	42
(4) When you go on a trip?	(4) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	43
(5) When you are feeling upset or angry?	(5) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	44
(6) When you are feeling sad, depressed, or blue?	(6) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	45
(7) When you are feeling bored?	(7) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	46
b. Do you (also) find it difficult to stay on your diet –		47
(1) Because foods you should eat do not taste good?	b. (1) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
(2) Because you crave foods not on your diet?	(2) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	48
(3) Because you have to prepare food separately for yourself?	(3) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	49
(4) Because of lack of help or support from your family or friends?	(4) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	50
(5) Because you are unsure about what foods you should eat?	(5) 0 <input type="checkbox"/> Not applicable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	51
9. How important do you think what you eat or drink is in controlling your diabetes? Is it very important, somewhat important, or not important?	9. 1 <input type="checkbox"/> Very important 2 <input type="checkbox"/> Somewhat important 3 <input type="checkbox"/> Not important 9 <input type="checkbox"/> DK	52 (10)

**Section Q2 -- DIABETES FOLLOWUP QUESTIONS -- Continued**

**PERSON 1**

<p><b>10a. Is there ONE doctor you usually see for your diabetes?</b></p> <p><b>b. How many times have you seen this doctor in the past 12 months?</b></p> <p><b>c. Which of the following did you see in the past 12 months for ANY reason --</b></p> <p>(1) A cardiologist or heart doctor?</p> <p>(2) An ophthalmologist, that is, a medical doctor who specializes in eye care?</p> <p><i>Ask if female; otherwise go to (4).</i></p> <p>(3) An obstetrician or gynecologist?</p> <p>(4) A podiatrist or foot doctor?</p> <p>(5) A psychologist or psychiatrist?</p> <p>(6) A dietitian or nutritionist?</p> <p>(7) Any other medical doctor? -- Specify</p>	<p><b>10a.</b> 1 <input type="checkbox"/> Yes <span style="float:right">53</span> 2 <input type="checkbox"/> No (10c)</p> <p><b>b.</b> _____ Times <span style="float:right">54-55</span> 99 <input type="checkbox"/> DK</p> <p><b>c.</b> 1 <input type="checkbox"/> Yes <span style="float:right">56</span> (1) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>(2) 1 <input type="checkbox"/> Yes <span style="float:right">57</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>(3) 1 <input type="checkbox"/> Yes <span style="float:right">58</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>(4) 1 <input type="checkbox"/> Yes <span style="float:right">59</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>(5) 1 <input type="checkbox"/> Yes <span style="float:right">60</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>(6) 1 <input type="checkbox"/> Yes <span style="float:right">61</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>(7) 1 <input type="checkbox"/> Yes -- Specify <math>\checkmark</math> <span style="float:right">62</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>The next few questions are about glucose or sugar in your urine and blood.</p> <p><b>11a. About how many times in the past 6 months has a health professional checked your URINE for glucose or sugar? Do not count times when an overnight patient in the hospital.</b></p> <p><b>b. On your own, about HOW OFTEN do you check your urine for glucose or sugar? Include times when checked by a family member or friend.</b></p> <p><i>If "None" in 11a and "Never" in 11b, skip to 11d.</i> <i>Hand Card Q1.</i> <i>Read list if telephone interview.</i></p> <p><b>c. Based on ALL your urine tests during the past 6 months, how often would you say you have had glucose or sugar in your urine?</b></p> <p><b>d. Have you been tested for ketones in the past 6 months?</b></p> <p><b>e. Were any of these tests positive?</b></p>	<p><b>11a.</b> 00 <input type="checkbox"/> None <span style="float:right">63-64</span> _____ Times 99 <input type="checkbox"/> DK</p> <p><b>b.</b> 000 <input type="checkbox"/> Never <span style="float:right">65-67</span> _____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK</p> <p><b>c.</b> 1 <input type="checkbox"/> Always <span style="float:right">68</span> 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p> <p><b>d.</b> 1 <input type="checkbox"/> Yes <span style="float:right">69</span> 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK</p> <p><b>e.</b> 1 <input type="checkbox"/> Yes <span style="float:right">70</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><b>12a. About how many times in the past 6 months has a health professional checked your BLOOD for glucose or sugar? Do not count times when an overnight patient in a hospital.</b></p> <p><b>b. On your own, about HOW OFTEN do you check your blood for glucose or sugar? Include times when checked by a family member or friend.</b></p> <p><i>If "None" in 12a and "Never" in 12b, skip to 13..</i> <i>Hand Card Q1.</i> <i>Read list if telephone interview.</i></p> <p><b>c. Based on ALL your blood sugar tests during the past 6 months, how often would you say your blood sugar level has been too high?</b></p>	<p><b>12a.</b> 00 <input type="checkbox"/> None <span style="float:right">71-72</span> _____ Times 99 <input type="checkbox"/> DK</p> <p><b>b.</b> 000 <input type="checkbox"/> Never <span style="float:right">73-75</span> _____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK</p> <p><b>c.</b> 1 <input type="checkbox"/> Always <span style="float:right">76</span> 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time } (13) 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p>

Section Q2 – DIABETES FOLLOWUP QUESTIONS – Continued		PERSON 1
13a. Have you ever heard of glycosylated hemoglobin (glī-ko'sit-āted he"mo-glo'bin) or hemoglobin "A one C"?	13a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14a)	77
b. About how many times in the past 6 months has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?	b. 00 <input type="checkbox"/> None _____ Times 99 <input type="checkbox"/> DK	78–79
14a. About how many times in the past 6 months has a health professional checked your feet for any sores or irritations?	14a. 00 <input type="checkbox"/> None _____ Times 99 <input type="checkbox"/> DK	80–81
b. About how often do you check your feet for sores or irritations?	b. 000 <input type="checkbox"/> Never _____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	82–84
15. During the past 6 months have you had any sores or irritations on your feet or ankles that did not heal normally?	15. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	85
16. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.	16. 1 <input type="checkbox"/> Less than 1 month } (18) 2 <input type="checkbox"/> 1 to 12 months } 3 <input type="checkbox"/> 13 to 24 months (17b) 4 <input type="checkbox"/> More than 2 years 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	86
17a. Have you had ANY kind of eye exam by a doctor within the past two years?	17a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (18) 9 <input type="checkbox"/> DK	87
b. Have you had ANY kind of eye exam by a doctor within the past 12 months?	b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	88
18a. Have you EVER been told that diabetes has affected the back of your eyes, that is, the retina?	18a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	89
b. How old were you when the doctor first told you this?	b. _____ Years old 99 <input type="checkbox"/> DK	90–91
19a. Have you ever had laser or photocoagulation treatment for this problem? Do not include treatments for cataracts.	19a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	92
b. Did you receive this treatment within the past 12 months?	b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	93
c. Was this the first time you had this treatment?	c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	94
20. Have you ever had photographs taken of the retina or inside of your eyes?	20. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	95
21. Do you have serious trouble seeing with one or both eyes even when wearing glasses?	21. 1 <input type="checkbox"/> Yes } (22) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	96

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1	RT 72 3-4
22a. About how many times in the past 12 months has a doctor or other health professional checked your blood pressure? Do not count times when an overnight patient in a hospital.	22a.	000 <input type="checkbox"/> None _____ Times 999 <input type="checkbox"/> DK	5-7
b. Has a doctor EVER told you that you had high blood pressure or hypertension?	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
c. Are you doing any of the following [for your/to prevent] high blood pressure —	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	9
(1) Taking prescribed medication?	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10
(2) Losing weight or controlling weight?	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	11
(3) Cutting down on salt or sodium?	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	12
(4) Getting physical activity or exercise?	(4)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	13
d. The last time you had your blood pressure checked, were you told it was high, borderline, low, normal, or were you not told?	d.	1 <input type="checkbox"/> High 2 <input type="checkbox"/> Borderline 3 <input type="checkbox"/> Low 4 <input type="checkbox"/> Normal 5 <input type="checkbox"/> Not told 6 <input type="checkbox"/> Never checked 9 <input type="checkbox"/> DK	14
23. Has a doctor EVER told you that you had —	23a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (23c)	15
a. Glaucoma?	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	16
b. Are you NOW taking any medication for it?	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (23e)	17
c. Angina?	d.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	18
d. Are you NOW taking any medication for it?	e.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (23g)	19
e. Any other heart trouble?	f.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	20
f. Are you NOW taking any medication for it?	g.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	21
g. A stroke?	h.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	22
h. Cataracts?	i.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	23
i. Protein or albumin in your urine?	j.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24
j. Periodontal or gum disease?	24a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (25)	25
24. Has a doctor EVER told you that you had —	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	26-27
a. Kidney disease? Do not include kidney stones or bladder infection.	25.	00 <input type="checkbox"/> None _____ Times 99 <input type="checkbox"/> DK	28
b. Polycystic kidney disease?	26.	1 <input type="checkbox"/> Yes (27) 2 <input type="checkbox"/> No } (29) 9 <input type="checkbox"/> DK	
25. About how many different times in the past 12 months have you had a bladder or urinary tract infection?			
26. Have you ever had symptoms of a bladder infection that lasted more than 3 months, such as frequent urination and pain in your bladder?			

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1	
27. When you had these symptoms, were you told that you had painful bladder syndrome or interstitial cystitis (in 'ter-stish'al sis-ti'tis)?	27.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (29)	29
28. How old were you when you were first told that you had painful bladder syndrome or interstitial cystitis? (In 'ter-stish'al sis-ti'tis)	28.	____ Years old 99 <input type="checkbox"/> DK	30-31
29. When you urinate — a. Do you USUALLY have trouble starting?	29a.	0 <input type="checkbox"/> NA/Dialysis (31) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	32
b. Do you USUALLY feel like you have not completely emptied your bladder?	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	33
30a. Do you USUALLY have to get up at night to go to the bathroom to urinate? Exclude nights when you drink a lot of liquids.	30a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (31)	34
b. About how many times each night do you have to get up?	b.	____ Times 00 <input type="checkbox"/> Less than once a night	35-36
31. Have you ever had an amputation of your toe, foot, leg, or part of a leg? <i>If "Yes," ask: Which? Mark all that apply.</i>	31.	1 <input type="checkbox"/> Yes, toe 2 <input type="checkbox"/> Yes, foot 3 <input type="checkbox"/> Yes, leg or part of leg 4 <input type="checkbox"/> No	37 38
32. During the past THREE months have you had — a. Numbness or loss of feeling in your hands or feet other than from your hands or feet falling asleep?	32a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39
b. A painful sensation or tingling in your hands or feet? Do not include normal foot aches from standing or walking for long periods.	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	40
c. Decreased ability to feel hot or cold in things you touch?	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	41
33a. Do you NOW smoke cigarettes?	33a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (34)	42
b. About how many cigarettes do you smoke per day?	b.	00 <input type="checkbox"/> Less than one per day ____ Per day 99 <input type="checkbox"/> Don't smoke regularly	43-44
34a. Have you tried to lose weight in the past year?	34a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	45
b. Is your weight now more, less, or about the same as a year ago?	b.	1 <input type="checkbox"/> More 2 <input type="checkbox"/> Less 3 <input type="checkbox"/> About the same (35)	46
c. In the past year, about how much weight have you [gained/lost]?	c.	____ Pounds 999 <input type="checkbox"/> DK	47-49
<i>Ask if 26 or older; otherwise go to 36.</i> 35a. About how much did you weigh when you were 25 years old? <i>Read if female: If you were pregnant when you were 25, tell me your weight just before you became pregnant.</i>	35a.	____ Pounds 999 <input type="checkbox"/> DK	50-52
b. What is the most you have EVER weighed? <i>Read if female: Except when you were pregnant.</i>	b.	____ Pounds 999 <input type="checkbox"/> DK	53-55
c. About how old were you when you FIRST weighed that much?	c.	00 <input type="checkbox"/> Now ____ Years old } (36)	56-57

**Section Q2 -- DIABETES FOLLOWUP QUESTIONS -- Continued**

**PERSON 1**

**36a. Where have you obtained information about diabetes?**  
*Hand card Q2. Read categories if telephone interview.*  
*Mark all mentioned. Do not probe.*

- 36a.**
- 00  Nowhere (39) 58-59
  - 01  Doctor's office -- doctor 60-61
  - 02  Doctor's office -- nurse 62-63
  - 03  Dietitian or nutritionist 64-65
  - 04  Doctor or nurse in a hospital 66-67
  - 05  Relative or friend 68-69
  - 06  Another diabetic 70-71
  - 07  Health department 72-73
  - 08  Diabetes organization 74-75
  - 09  National Diabetes Information Clearing House 76-77
  - 10  Diabetes support group 78-79
  - 11  Library 80-81
  - 12  Newspapers 82-83
  - 13  Diabetes education class 84-85
  - 88  Other -- Specify  86-87

*If three sources or less in 36a, mark boxes without asking and skip to 37.*

**b. Which three of these sources have provided you with the MOST USEFUL information about diabetes?**  
*Mark up to 3.*

- b.**
- 01  Doctor's office -- doctor 88-89
  - 02  Doctor's office -- nurse 90-91
  - 03  Dietitian or nutritionist 92-93
  - 04  Doctor or nurse in a hospital
  - 05  Relative or friend
  - 06  Another diabetic
  - 07  Health department
  - 08  Diabetes organization
  - 09  National Diabetes Information Clearing House
  - 10  Diabetes support group
  - 11  Library
  - 12  Newspapers
  - 13  Diabetes education class
  - 88  Other -- Specify

**37a. Have you ever taken a course or class in how to manage your diabetes yourself?**

- 37a.**
- 1  Yes 94
  - 2  No
  - 9  DK } (38)

**b. About how many hours of instructions did you receive on how to manage your diabetes?**

- b.**
- \_\_\_\_\_ Hours 95-97
- 999  DK

**c. Did this course include any of the following subjects --**

- c.**
- 1  Yes 98
  - 2  No

**(1) How to inject insulin?**

- (1)**
- 1  Yes 99
  - 2  No

**(2) How to change the insulin dose?**

- (2)**
- 1  Yes 100
  - 2  No

**(3) How to manage your diabetes when you are sick?**

- (3)**
- 1  Yes 101
  - 2  No

**(4) How to test your blood or urine for sugar?**

- (4)**
- 1  Yes 102
  - 2  No

**(5) How to plan meals?**

- (5)**
- 1  Yes 103
  - 2  No

**(6) How to take care of your feet?**

- (6)**
- 1  Yes 104
  - 2  No

**38. Have you ever attended any (other) education program or class about your diabetes?**

- 38.**
- 1  Yes 105
  - 2  No
  - 9  DK

**39. Were either of your parents EVER told that they had diabetes? Do not include pre, potential, or borderline diabetes. Also, do not include step, adoptive, or foster parents.**  
*If "Yes," ask: Which?*

- 39.**
- 1  Yes, father 105
  - 2  Yes, mother
  - 3  Yes, both
  - 4  No
  - 9  DK

**40. How many children have you had, including any that may have died? Do not include step, adoptive, or foster children.**  
*Read if female: Do not include stillbirths or miscarriages.*

- 40.**
- 00  None 105-107
  - \_\_\_\_\_ Total children } *Check Item 2 for NPJ*
  - 99  DK

**Section R – OROFACIAL PAIN**

RT 73

3-4

<b>CHECK ITEM 1</b>	Status of sample person.	0 <input type="checkbox"/> No person 18+ in family (Cover page of HIS-1A) 1 <input type="checkbox"/> Available (Intro) 2 <input type="checkbox"/> Callback required (Hhhd page of HIS-1) 3 <input type="checkbox"/> Noninterview (Section T)	5
<b>INTRO</b> These next questions concern conditions of the teeth, mouth, or face. Tell me if you experienced any of these conditions <b>MORE THAN ONCE</b> in the past 6 months.			
<b>CHECK ITEM 2</b>	Refer to 4b and 4f, "Dental" page 26, for sample person.	1 <input type="checkbox"/> Sample person has no teeth (2) 8 <input type="checkbox"/> Other (1)	6
1a.	During the past 6 months, did you have a toothache more than once, when biting or chewing?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)	7
b.	Did you first have this pain more than 6 months ago?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8
2a.	(During the past 6 months) Did you have painful sores or irritations around the lips or on the tongue, cheeks, or gums more than once?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3)	9
b.	Did you first have the sores or irritations more than 6 months ago?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	10
3a.	(During the past 6 months) Did you have a prolonged, unexplained burning sensation in your tongue or any other part of your mouth more than once?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (4)	11
b.	When you have this sensation, does it come and go or is it continuous and uninterrupted?	1 <input type="checkbox"/> Come and go 2 <input type="checkbox"/> Continuous/uninterrupted 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	12
c.	During how many DIFFERENT MONTHS in the past 6 months did you have this sensation?	[ ] Months	13
d.	How many total days in the past 6 months did you have this sensation?	1 <input type="checkbox"/> 1-3 days      4 <input type="checkbox"/> 16-30 days      7 <input type="checkbox"/> "Everyday" 2 <input type="checkbox"/> 4-10 days      5 <input type="checkbox"/> 31-45 days      9 <input type="checkbox"/> DK 3 <input type="checkbox"/> 11-15 days      6 <input type="checkbox"/> 46+ days	14
e.	Did you first have this sensation more than 6 months ago?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	15
4a.	(During the past 6 months) Did you have pain in the jaw joint or in front of the ear more than once?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	16
b.	When you have this pain, does it come and go or is it continuous and uninterrupted?	1 <input type="checkbox"/> Come and go 2 <input type="checkbox"/> Continuous/uninterrupted 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	17
c.	During how many DIFFERENT MONTHS in the past 6 months did you have this pain?	[ ] Months	18
d.	How many total days in the past 6 months did you have this pain?	1 <input type="checkbox"/> 1-3 days      4 <input type="checkbox"/> 16-30 days      7 <input type="checkbox"/> "Everyday" 2 <input type="checkbox"/> 4-10 days      5 <input type="checkbox"/> 31-45 days      9 <input type="checkbox"/> DK 3 <input type="checkbox"/> 11-15 days      6 <input type="checkbox"/> 46+ days	19
e.	Did you first have this pain more than 6 months ago?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20
f.	On a scale of 1-10, where 1 is mild and 10 is severe, how would you rate this pain at its worst? Circle only one.	1 2 3 4 5 6 7 8 9 10	21-22
5a.	(During the past 6 months) Did you have a dull, aching pain across your face or cheek more than once? Do not count sinus pain.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Check Item 3)	23
b.	When you have this pain, does it come and go or is it continuous and uninterrupted?	1 <input type="checkbox"/> Come and go 2 <input type="checkbox"/> Continuous/uninterrupted 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	24
c.	During how many DIFFERENT MONTHS in the past 6 months did you have this pain?	[ ] Months	25
d.	How many total days in the past 6 months did you have this pain?	1 <input type="checkbox"/> 1-3 days      4 <input type="checkbox"/> 16-30 days      7 <input type="checkbox"/> "Everyday" 2 <input type="checkbox"/> 4-10 days      5 <input type="checkbox"/> 31-45 days      9 <input type="checkbox"/> DK 3 <input type="checkbox"/> 11-15 days      6 <input type="checkbox"/> 46+ days	26
e.	Did you first have this pain more than 6 months ago?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	27
f.	On a scale of 1-10, where 1 is mild and 10 is severe, how would you rate this pain at its worst? Circle only one.	1 2 3 4 5 6 7 8 9 10	28-29

**Section R — OROFACIAL PAIN — Continued**

<b>CHECK ITEM 3</b>	<i>Refer to 3c, 4c, and 5c.</i>	1 <input type="checkbox"/> Two or more months in any one of 3c, 4c, or 5c (6) 8 <input type="checkbox"/> Other (Section S)	<b>30</b>
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<b>6a.</b> In the past 6 months, did you see or talk to a <b>DENTIST</b> for the pain we just discussed?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6c)		<b>31</b>
<b>b.</b> How many times during the last 6 months did you see or talk to a dentist about the pain?	_____ Times 999 <input type="checkbox"/> DK		<b>32-34</b>
<b>c.</b> (In the past 6 months) Did you see or talk to a <b>MEDICAL DOCTOR</b> about the pain?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6e)		<b>35</b>
<b>d.</b> How many times?	_____ Times 999 <input type="checkbox"/> DK		<b>36-38</b>
<b>6.</b> (In the past 6 months) Did you see or talk to any other type of health professional about the pain?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6h)		<b>39</b>
<b>f.</b> What kind of health professional?	Health professional		<b>40-41</b>
<b>g.</b> How many times during the past 6 months did you see or talk to the <u>person in 6f</u> ?	_____ Times 999 <input type="checkbox"/> DK		<b>42-44</b>
<b>h.</b> (In the past 6 months) Did you worry about the health of your teeth and gums because of the pain?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>45</b>
<b>i.</b> (In the past 6 months) Did you worry about the health of your body because of the pain?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>46</b>

*HAND CARD R1 . Read list if telephone interview.*

**7.** Here is a list of things people do when they have teeth, mouth, or face pain. Please tell me the things you did for the pain during the past 6 months.  
*Circle all that apply.*

1 — Use a hot or cold compress	1		<b>47</b>
2 — Take a prescription drug	2		<b>48</b>
3 — Take an over-the-counter drug	3		<b>49</b>
4 — Drink some liquor or wine because of the pain	4		<b>50</b>
5 — Take time off work	5		<b>51</b>
6 — Stay home more than usual	6		<b>52</b>
7 — Avoid family and friends	7		<b>53</b>
8 — Anything else? (Specify)	8	8 (Specify) _____	<b>54</b>
0 — None of the above	0		<b>55</b>
9 — Don't know	9		<b>56</b>

Notes



**Section S — DIGESTIVE DISORDERS**

**Section S1 — SPECIFIC CONDITIONS**

3-4

<p><b>1. DURING THE PAST 12 MONTHS, did you have gallstones?</b></p>	<p>1 <input type="checkbox"/> Yes (5)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>5</p>
<p><b>2. DURING THE PAST 12 MONTHS, did you have any other gallbladder trouble?</b></p>	<p>1 <input type="checkbox"/> Yes (5)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>6</p>
<p><b>3. Have you ever had gallstones?</b></p>	<p>1 <input type="checkbox"/> Yes (5)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>7</p>
<p><b>4. Have you ever had any other gallbladder trouble?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } (8)                  9 <input type="checkbox"/> DK</p>	<p>8</p>
<p><b>5. When did a doctor first tell you that you had [gallstones/gallbladder trouble]?</b></p>	<p>1 <input type="checkbox"/> Less than 3 months ago                  2 <input type="checkbox"/> 3 months, less than 1 year                  3 <input type="checkbox"/> 1 year, less than 2 years                  4 <input type="checkbox"/> 2 years, less than 5 years                  5 <input type="checkbox"/> 5 years, less than 10 years                  6 <input type="checkbox"/> 10 years or more                  7 <input type="checkbox"/> Doctor never seen (8)                  9 <input type="checkbox"/> DK when</p>	<p>9</p>
<p><b>6a. Have you ever had gallbladder surgery?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } (7)                  9 <input type="checkbox"/> DK</p>	<p>10</p>
<p><b>b. When did you last have gallbladder surgery?</b></p>	<p>1 <input type="checkbox"/> Less than 3 months ago                  2 <input type="checkbox"/> 3 months, less than 1 year                  3 <input type="checkbox"/> 1 year, less than 2 years                  4 <input type="checkbox"/> 2 years, less than 5 years                  5 <input type="checkbox"/> 5 years, less than 10 years                  6 <input type="checkbox"/> 10 years or more                  9 <input type="checkbox"/> DK when</p>	<p>11</p>
<p><b>7. Have you ever had any of the following tests to help diagnose your [gallstones/gallbladder condition] —</b></p> <p><b>a. An X-ray of your gallbladder or abdomen?</b></p> <p><i>Read if necessary: For this X-ray you would have been given either pills the night before or an intravenous injection just before the X-rays were taken.</i></p> <p><b>b. A sonogram or ultrasound of your gallbladder?</b></p> <p><i>Read if necessary: For this test, a gel is rubbed on your upper right side and an instrument is moved around the area while an examiner watches on a television screen.</i></p> <p><b>c. An upper GI series?</b></p> <p><i>Read if necessary: For an upper GI series, you drink a chalky white liquid called barium, and then X-rays are taken.</i></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>12</p>
<p><b>8. DURING THE PAST 12 MONTHS, did you have an ulcer?</b></p>	<p>1 <input type="checkbox"/> Yes (10)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>15</p>
<p><b>9. Have you ever had an ulcer?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } (13)                  9 <input type="checkbox"/> DK</p>	<p>16</p>
<p><b>10. When did a doctor first tell you that you had an ulcer?</b></p>	<p>1 <input type="checkbox"/> Less than 3 months ago                  2 <input type="checkbox"/> 3 months, less than 1 year                  3 <input type="checkbox"/> 1 year, less than 2 years                  4 <input type="checkbox"/> 2 years, less than 5 years                  5 <input type="checkbox"/> 5 years, less than 10 years                  6 <input type="checkbox"/> 10 years or more                  7 <input type="checkbox"/> Doctor never seen (13)                  9 <input type="checkbox"/> DK when</p>	<p>17</p>
<p><b>11. Did the doctor say you had a gastric, duodenal, or peptic ulcer, some other type, or were you not told?</b></p> <p><i>Mark all that apply</i></p>	<p>0 <input type="checkbox"/> Skin (13)                  1 <input type="checkbox"/> Gastric                  2 <input type="checkbox"/> Duodenal                  3 <input type="checkbox"/> Peptic                  4 <input type="checkbox"/> Stomach                  7 <input type="checkbox"/> Not told                  8 <input type="checkbox"/> Other — Specify <input type="checkbox"/>                  9 <input type="checkbox"/> DK</p>	<p>18                  19                  20                  21                  22                  23                  24</p>

**Section S1 — SPECIFIC CONDITIONS — Continued**

<b>12. Have you ever had any of the following tests to help diagnose your ulcer —</b> <b>a. An upper GI series?</b> <i>Read if necessary: For an upper GI series, you drink a chalky white liquid called barium, and then X-rays are taken.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>25</b>
<b>b. An upper endoscopy or gastroscopy?</b> <i>Read if necessary: For this test, a long flexible tube with a light on the end is inserted down the throat so that the lining of the stomach and the upper intestine can be examined.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>26</b>
<b>13. DURING THE PAST 12 MONTHS, did you have diverticulitis?</b>	1 <input type="checkbox"/> Yes (15) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>27</b>
<b>14. Have you ever had diverticulitis?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (18)	<b>28</b>
<b>15. When did a doctor first tell you that you had diverticulitis?</b>	1 <input type="checkbox"/> Less than 3 months ago 2 <input type="checkbox"/> 3 months, less than 1 year 3 <input type="checkbox"/> 1 year, less than 2 years 4 <input type="checkbox"/> 2 years, less than 5 years 5 <input type="checkbox"/> 5 years, less than 10 years 6 <input type="checkbox"/> 10 years or more 7 <input type="checkbox"/> Doctor never seen (18) 9 <input type="checkbox"/> DK when	<b>29</b>
<b>16a. Have you ever been in the hospital overnight for diverticulitis?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (17)	<b>30</b>
<b>b. When were you last in the hospital overnight for diverticulitis?</b>	1 <input type="checkbox"/> Less than 3 months ago 2 <input type="checkbox"/> 3 months, less than 1 year 3 <input type="checkbox"/> 1 year, less than 2 years 4 <input type="checkbox"/> 2 years, less than 5 years 5 <input type="checkbox"/> 5 years, less than 10 years 6 <input type="checkbox"/> 10 years or more 9 <input type="checkbox"/> DK when	<b>31</b>
<b>17. Have you ever had a barium enema to help diagnose your diverticulitis?</b> <i>Read if necessary: For this X-ray, you would have been given an enema containing barium and X-rays of your abdomen would be taken.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>32</b>
<b>18a. DURING THE PAST 12 MONTHS, have you had a spastic colon, functional bowel, irritable colon or irritable bowel syndrome?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (19)	<b>33</b>
<b>b. Which — spastic colon, functional bowel, irritable colon, or irritable bowel syndrome?</b> <i>Mark all reported, do not probe.</i>	1 <input type="checkbox"/> Spastic colon 2 <input type="checkbox"/> Functional bowel 3 <input type="checkbox"/> Irritable colon 4 <input type="checkbox"/> Irritable bowel syndrome 8 <input type="checkbox"/> Other similar condition mentioned — <i>Specify</i> _____	} (19c) <b>34</b> <b>35</b> <b>36</b> <b>37</b> <b>38</b>
<b>19a. Have you ever had a spastic colon, functional bowel, irritable colon, or irritable bowel syndrome?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (20)	<b>39</b>
<b>b. Which — Spastic colon, functional bowel, irritable colon, or irritable bowel syndrome?</b> <i>Mark all reported, do not probe.</i>	1 <input type="checkbox"/> Spastic colon 2 <input type="checkbox"/> Functional bowel 3 <input type="checkbox"/> Irritable colon 4 <input type="checkbox"/> Irritable bowel syndrome 8 <input type="checkbox"/> Other similar condition mentioned — <i>Specify</i> _____	<b>40</b> <b>41</b> <b>42</b> <b>43</b> <b>44</b>
<b>c. When did a doctor first tell you you had (entry in 18b or 19b)?</b>	1 <input type="checkbox"/> Less than 3 months ago 2 <input type="checkbox"/> 3 months, less than 1 year 3 <input type="checkbox"/> 1 year, less than 2 years 4 <input type="checkbox"/> 2 years, less than 5 years 5 <input type="checkbox"/> 5 years, less than 10 years 6 <input type="checkbox"/> 10 years or more 7 <input type="checkbox"/> Doctor never seen 9 <input type="checkbox"/> DK when	<b>45</b>
<b>20. Have you had hemorrhoids in the past 12 months?</b>	1 <input type="checkbox"/> Yes (21b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>46</b>
<b>21a. Has a doctor ever told you that you had hemorrhoids?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section S2)	<b>47</b>
<b>b. When did you last talk to a doctor about your hemorrhoids?</b>	1 <input type="checkbox"/> Less than 3 months ago 2 <input type="checkbox"/> 3 months, less than 1 year 3 <input type="checkbox"/> 1 year, less than 2 years 4 <input type="checkbox"/> 2 years, less than 5 years 5 <input type="checkbox"/> 5 years, less than 10 years 6 <input type="checkbox"/> 10 years or more 7 <input type="checkbox"/> Doctor never seen 9 <input type="checkbox"/> DK when	<b>48</b>
<b>22. Have you ever had surgery in a doctor's office, clinic, or hospital for hemorrhoids?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>49</b>

**Section S2 — ABDOMINAL PAIN**

Hand Card S1.

The next questions are about pain and discomfort in the abdomen. By abdomen, we mean [the shaded area on this diagram/the area between the lower ribs and the hips]. Do not include pain related to kidneys, bladder, or arthritis (menstruation or pregnancy).

**1. DURING THE PAST 12 MONTHS, have you had any type of pain or severe discomfort in your abdomen three or more times?**

- 1  Yes  
2  No  
9  DK } (Section S3)

5

**2. Have you ever made a visit to a doctor for your abdominal pain? If asked: or the condition that caused the pain.**

- 1  Yes  
2  No  
9  DK } (4)

6

**3a. What condition did the doctor say was the cause of the pain? Enter first 5 code numbers and the conditions in the order mentioned. Do not probe.**

- 98  Doctor didn't say } (4)  
99  DK

Code	Condition
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7-8  
9-10  
11-12  
13-14  
15-16

If only one response to 3a, enter in 3b without asking.

**b. Which of these conditions caused the MOST pain during the past 12 months? Enter code number and condition.**

- \_\_\_\_\_ (Check item 1)  
99  DK (Check item 1)

17-18

**4a. What condition do you think was the cause of the pain? Enter first 5 code numbers and the conditions in the order mentioned. Do not probe.**

- 99  DK (5)

Code	Condition
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19-20  
21-22  
23-24  
25-26  
27-28

If only one response to 4a, enter in 4b without asking.

**b. Which of these conditions caused the MOST pain during the past 12 months? Enter code number and condition.**

- \_\_\_\_\_ (Check item 1)  
99  DK (Check item 1)

29-30

**ASSIGNMENT OF CODES**

- Give highest priority to codes 01-04.
- If a condition or word in a condition is asterisked, assign asterisked codes 55-62.
- If a condition and part of body are reported, assign code for the part of body.

- 01 Spastic colon
- 02 Functional bowel
- 03 Irritable colon
- 04 Irritable bowel syndrome

- 05 Allergies
- 06 Anxiety
- 07 Appendicitis
- 08 Cancer
- 09 Cirrhosis
- 10 Colitis
- 11 Constipation
- 12 Crohn's disease
- 13 Depression
- 14 Diarrhea
- 15 Diverticulitis
- 16 Diverticulosis
- 17 Enteritis
- 18 Esophagitis
- 19 Flu
- 20 Food poisoning
- 21 Gallbladder problem

- 22 Gallstones
- 23 Gastritis
- 24 Gastroenteritis
- 25 Growth
- 26 Heartburn
- 27 Hepatitis
- 28 Hernia, other than hiatal
- 29 Hiatal hernia
- 30 Impacted bowels
- 31 Indigestion
- 32 Infection
- 33 Influenza
- 34 Lactose intolerance
- 35 Medication side effects
- 36 Nerves
- 37 Obstructed bowels
- 38 Other bowel trouble
- 39 Other liver trouble
- 40 Other stomach trouble
- 41 Peritonitis
- 42 Stress

- 43 Tension
- 44 Trouble swallowing
- 45 Tumor
- 46 Ulcer
- 47 Ulcerative colitis
- 48 Virus
- \* 55 Arthritis
- \* 56 Back problems
- \* 57 Bladder
- \* 58 Kidneys
- \* 59 Menstruation
- \* 60 Other female trouble
- \* 61 Pregnancy
- \* 62 Prostate
- 63 Other — Specify above
- 64 Other — Specify above
- 65 Other — Specify above
- 66 Other — Specify above
- 67 Other — Specify above

\* Do not ask questions 5-27 about these conditions.

**Section S2 — ABDOMINAL PAIN — Continued**

Ask questions 5 — 27 about the first condition coded 01 — 04 in 3a or 4a. If none, ask about condition in 3b or 4b. If this is an asterisked condition, ask about next condition mentioned in 3a or 4a. If this is "DK", begin with question 5, but do not read the parentheses. If no other condition, go to Section S3.

<b>CHECK ITEM 1</b>	Enter code and condition.	Code _____ Condition _____	31-32	<b>10. Was the pain on the right side, the left side, or down the middle?</b> 1 <input type="checkbox"/> Right <span style="float:right">55</span> 2 <input type="checkbox"/> Left <span style="float:right">56</span> 3 <input type="checkbox"/> Middle <span style="float:right">57</span> Mark all that apply.
(These next questions are about pain related to your (condition in Check Item 1)). Ask if "Yes" in 2; otherwise go to 8.				
<b>5. How many DIFFERENT doctors have you visited for this pain?</b>	0 <input type="checkbox"/> None (8) 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three or more		33	<b>11. When you get this pain, how long does it USUALLY last?</b> _____ { 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours 3 <input type="checkbox"/> Days 7777 <input type="checkbox"/> Constant, all the time 8888 <input type="checkbox"/> Varies too much for a usual duration
<b>6. DURING THE PAST 12 MONTHS, how many doctor visits did you have because of this pain?</b>	000 <input type="checkbox"/> None 001 <input type="checkbox"/> One ____ Number of visits		34-36	<b>12. During how many days in the past year did you have this pain?</b> 001 <input type="checkbox"/> One (15) <span style="float:right">62-64</span> _____ Days 365 <input type="checkbox"/> Everyday If more than 14 days in 12, go to 14
<b>7. Were any of the following tests done (to diagnose your (condition in check item 1))?</b>			37	<b>13. Did all of this pain occur during one two week period?</b> 1 <input type="checkbox"/> Yes (15) <span style="float:right">65</span> 2 <input type="checkbox"/> No
<b>a. Upper GI series?</b> <i>Read if necessary: You drink a chalky white liquid called barium and then X-rays are taken.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		38	<b>14. During how many DIFFERENT months in the past year did you have this pain?</b> _____ Months <span style="float:right">66-67</span>
<b>b. Barium enema?</b> <i>Read if necessary: You are given an enema containing barium and X-rays of your abdomen are taken.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		39	<b>15. On a scale from 1 to 10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?</b> Circle one <span style="float:right">68-69</span> 01 02 03 04 05 06 07 08 09 10
<b>c. Upper endoscopy or gastroscopy?</b> <i>Read if necessary: A long flexible tube with a light on the end is inserted down the throat so that the lining of the stomach and the upper intestine can be examined.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		40	<b>16. Have you ever taken any medication for the pain?</b> 1 <input type="checkbox"/> Yes <span style="float:right">70</span> 2 <input type="checkbox"/> No (18)
<b>d. Lower endoscopy or colonoscopy?</b> <i>Read if necessary: A long flexible tube with a light on the end is inserted in the rectum so that the lining of the large intestine can be examined.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		41	<b>17. Was any of the medication you took prescribed for you by a doctor?</b> 1 <input type="checkbox"/> Yes <span style="float:right">71</span> 2 <input type="checkbox"/> No
<b>e. Sonogram or ultrasound?</b> <i>Read if necessary: A gel is rubbed on your upper right side and an instrument is moved around the area while an examiner watches on a television screen.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		42	<b>18. When this pain starts, do you have to stop what you are doing because it hurts?</b> 1 <input type="checkbox"/> Yes <span style="float:right">72</span> 2 <input type="checkbox"/> No
<b>8. Looking at this card, tell me the numbers that show where the pain (from the (condition in Check Item 1)) was located?</b>  Mark all that apply. Do not probe.	0 <input type="checkbox"/> Telephone interview (9)		43	<b>19. When you have this pain, do you USUALLY have bowel movements?</b> 1 <input type="checkbox"/> Yes <span style="float:right">73</span> 2 <input type="checkbox"/> No
	1 <input type="checkbox"/> _____		44	<b>20. When you have this pain, are your bowel movements USUALLY looser than normal?</b> 1 <input type="checkbox"/> Yes <span style="float:right">74</span> 2 <input type="checkbox"/> No
	2 <input type="checkbox"/> _____		45	<b>21. When you have this pain, are your bowel movements USUALLY more frequent than normal?</b> 1 <input type="checkbox"/> Yes <span style="float:right">75</span> 2 <input type="checkbox"/> No
	3 <input type="checkbox"/> _____		46	<b>22. Is the pain USUALLY relieved or lessened by having a bowel movement?</b> 1 <input type="checkbox"/> Yes <span style="float:right">76</span> 2 <input type="checkbox"/> No
	4 <input type="checkbox"/> _____		47	<b>23. Is the pain relieved by passing gas?</b> 1 <input type="checkbox"/> Yes <span style="float:right">77</span> 2 <input type="checkbox"/> No
	5 <input type="checkbox"/> _____		48	<b>24. When you have this pain, is your abdomen usually swollen or bloated?</b> 1 <input type="checkbox"/> Yes <span style="float:right">78</span> 2 <input type="checkbox"/> No
	6 <input type="checkbox"/> _____		49	<b>25. When you have this pain, are you ever awakened from sleep?</b> 1 <input type="checkbox"/> Yes <span style="float:right">79</span> 2 <input type="checkbox"/> No
	7 <input type="checkbox"/> _____		50	<b>26. In the past 30 days, has this pain caused you to cut down on the things you usually do?</b> 1 <input type="checkbox"/> Yes <span style="float:right">80</span> 2 <input type="checkbox"/> No (Section S3)
	8 <input type="checkbox"/> _____		51	<b>27. In the past 30 days, how many days did you cut down for more than half the day?</b> 00 <input type="checkbox"/> None <span style="float:right">81-82</span> _____ Days
	9 <input type="checkbox"/> _____			Notes
<b>9. Was the pain above the waistline, below the waist, or around the waistline?</b> <i>Mark all that apply.</i>	1 <input type="checkbox"/> Above <span style="float:right">52</span> 2 <input type="checkbox"/> Below <span style="float:right">53</span> 3 <input type="checkbox"/> Around <span style="float:right">54</span>			

**Section S3 -- NORMATIVE BOWEL FUNCTIONS**

These next questions are about bowel habits during the past 12 months. (Because these questions are personal, I can read the questions to you or if you prefer, you can fill them out yourself.)

\_\_\_\_\_ Times per day

OR

\_\_\_\_\_ Times per week

00  Less than one time per week

5-6  
  
7-8

**1. How often do you usually have bowel movements?**

*Hand Card Q1. Read answer categories if telephone interview.*

**2. During the past 12 months, how often have your bowel movements been--**

Always    Most of the time    Some of the time    Rarely    Never    DK

**a. Hard?** ..... 1     2     3     4     5     9  9

**b. Accompanied by mucus?** ..... 1     2     3     4     5     9  10

**c. Accompanied by pain?** ..... 1     2     3     4     5     9  11

**d. Accompanied by swelling or bloating?** ..... 1     2     3     4     5     9  12

**e. Accompanied by straining to move bowels?** ..... 1     2     3     4     5     9  13

**f. Followed by a feeling of not being finished after moving bowels?** ..... 1     2     3     4     5     9  14

**3. During the past 12 months, how often have you been constipated?**

- 1  Always
- 2  Most of the time
- 3  Some of the time
- 4  Rarely
- 5  Never

15

**4. How often have you had diarrhea?**

- 1  Always
- 2  Most of the time
- 3  Some of the time
- 4  Rarely } (B)
- 5  Never

16

**5. DURING THE PAST 12 MONTHS, have you seen a doctor about your diarrhea?**

- 1  Yes
- 2  No (B)

17

**6. How many times in the past 12 months have you seen a doctor about your diarrhea?**

\_\_\_\_\_ Times

18-19

**7. What did the doctor say caused the diarrhea?**

*Mark first 4 mentioned. Do not probe.*

- |  |   |
|--|---|
| 01 <input type="checkbox"/> Enteritis  | 09 <input type="checkbox"/> Lactose intolerance |
| 02 <input type="checkbox"/> Diverticulitis   | 10 <input type="checkbox"/> Travelers diarrhea  |
| 03 <input type="checkbox"/> Crohn's disease  | 11 <input type="checkbox"/> "Something I ate"   |
| 04 <input type="checkbox"/> Intestinal flu or virus  | 12 <input type="checkbox"/> Dysentery           |
| 05 <input type="checkbox"/> Spastic colon, functional bowel, irritable bowel syndrome, irritable colon | 13 <input type="checkbox"/> Medication          |
| 06 <input type="checkbox"/> Colitis  | 14 <input type="checkbox"/> Nerves or stress    |
| 07 <input type="checkbox"/> Ulcerative colitis   | 88 <input type="checkbox"/> Something else      |
| 08 <input type="checkbox"/> Infection  | 98 <input type="checkbox"/> Doctor didn't say   |
|  | 99 <input type="checkbox"/> DK                  |

20-21  
22-23  
24-25  
26-27

**8a. IN THE PAST 30 DAYS, did you take any laxatives or stool softeners, such as Ex-Lax, Metamucil or Fiberall, to help move your bowels?**

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

28

**b. How many times have you taken laxatives or stool softeners in the past 30 days?**

\_\_\_\_\_ Times

29-30

**9. How often do you think a person should have bowel movements?**

\_\_\_\_\_ Times per day

OR

\_\_\_\_\_ Times per week

00  Less than 1 time per week

31-32  
33-34

Notes

**Section S3 — NORMATIVE BOWEL FUNCTIONS — Continued**

**10.** I am going to read a list of health problems that may have been a lot of trouble for you in the past year. By "a lot of trouble" we mean that in the past year, you saw or talked to a doctor or other health professional, you took medication more than once, or the problem interfered with your life or usual activities.

*Hand Card S2.*

In the past 12 months, have you had a lot of trouble with —

Yes      No

- |                                 |                            |                            |    |
|---------------------------------|----------------------------|----------------------------|----|
| <b>a.</b> Dizziness? .....      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 35 |
| <b>b.</b> Nausea? .....         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 36 |
| <b>c.</b> Diarrhea? .....       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 37 |
| <b>d.</b> Feeling sickly? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 38 |
| <b>e.</b> Abdominal pain? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 39 |

In the past 12 months, have you had a lot of trouble with —

- |   |                            |                            |    |
|---|----------------------------|----------------------------|----|
| <b>f.</b> Abdominal gas? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 40 |
| <b>g.</b> Chest or heart pain? .....                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 41 |
| <b>h.</b> Fainting spells? .....                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 42 |
| <b>i.</b> Pain in the joints? .....                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 43 |
| <b>j.</b> Pain in your arms and legs, other than in the joints? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 44 |

In the past 12 months, have you had a lot of trouble with —

- |   |                            |                            |    |
|---|----------------------------|----------------------------|----|
| <b>k.</b> Vomiting? .....               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 45 |
| <b>l.</b> Weakness? .....               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 46 |
| <b>m.</b> Backaches? .....              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 47 |
| <b>n.</b> Headaches? .....              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 48 |
| <b>o.</b> Nervousness or anxiety? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 49 |

In the past 12 months, have you had a lot of trouble with —

- |   |                            |                            |    |
|---|----------------------------|----------------------------|----|
| <b>p.</b> Feeling tense or keyed up? .....                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 50 |
| <b>q.</b> Feeling sad, blue or depressed? .....           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 51 |
| <b>r.</b> Pain when you urinate or pass your water? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 52 |

53

**CHECK  
ITEM 2**

*Mark appropriate box.*

- 1  Completed by interviewer  
2  Completed by respondent

Notes

**Section T – DIABETES RISK FACTOR QUESTIONS (SP)**

RT 77  
3-4  
5

<b>CHECK ITEM 1</b>	Refer to letter indicator on sample selection label.	1 <input type="checkbox"/> Letter M (Cover page of HIS-1A) 2 <input type="checkbox"/> Letter T (Check Item 2)	6
<b>CHECK ITEM 2</b>	Refer to Section Q1, item 1b on page 32	1 <input type="checkbox"/> Diabetic box marked in 1b } (Cover page of HIS-1A) 2 <input type="checkbox"/> Section Q1 noninterview } 3 <input type="checkbox"/> All others (1)	7
1. Has a doctor EVER told you that you had –	a. Protein or albumin in your urine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
	b. Kidney disease? Do not include kidney stones or bladder infection.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (1d) 9 <input type="checkbox"/> DK }	9
	c. Polycystic kidney disease?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10
	d. Periodontal or gum disease?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	11-12
2. Not counting times while an overnight patient in a hospital, about how many times in the past 12 months has a doctor or other health professional –	a. Checked you for diabetes?	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	13-15
	b. Checked your blood pressure?	000 <input type="checkbox"/> None ____ Times 999 <input type="checkbox"/> DK	16-17
3. About how many different times in the past 12 months have you had a bladder or urinary tract infection?		00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	18
4. Have you ever had symptoms of a bladder infection that lasted more than 3 months, such as frequent urination and pain in your bladder?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }	19
5a. When you had these symptoms, were you told that you had painful bladder syndrome or interstitial cystitis? (in'ter-stish'al sis-ti'tis)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }	20-21
	b. How old were you when you were first told that you had painful bladder syndrome or interstitial cystitis? (in'ter-stish'al sis-ti'tis)	____ Years old 99 <input type="checkbox"/> DK	22
6. When you urinate –	a. Do you USUALLY have trouble starting?	0 <input type="checkbox"/> NA/Dialysis (8) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	23
	b. Do you USUALLY feel like you have not completely emptied your bladder?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24
7a. Do you USUALLY have to get up at night to go to the bathroom to urinate? Exclude nights when you drink a lot of liquids.		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }	25-26
	b. About how many times each night do you have to get up?	____ Times 00 <input type="checkbox"/> Less than once a night	27
8. During the past 6 months have you had any sores or irritations on your feet or ankles that did not heal normally?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	

**Section T – DIABETES RISK FACTOR QUESTIONS (SP) – Continued**

<p><b>9. Have you ever had an amputation of your toe, foot, leg, or part of leg?</b>  <i>If "Yes," ask: Which?</i>  <i>Mark all that apply.</i></p>	<p>1 <input type="checkbox"/> Yes, toe                  2 <input type="checkbox"/> Yes, foot                  3 <input type="checkbox"/> Yes, leg or part of leg                  4 <input type="checkbox"/> No</p>	<p align="right">28 29</p>
<p><b>10. During the past 3 months have you had –</b></p> <p><b>a. Numbness or loss of feeling in your hands or feet other than from your hands or feet falling asleep?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p align="right">30</p>
<p><b>b. A painful sensation or tingling in your hands or feet? Do not include normal foot aches from standing or walking for long periods.</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p align="right">31</p>
<p><b>c. Decreased ability to feel hot or cold in things you touch?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p align="right">32</p>
<p><b>11a. Do you NOW smoke cigarettes?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (12)</p>	<p align="right">33</p>
<p><b>b. About how many cigarettes do you smoke per day?</b></p>	<p>00 <input type="checkbox"/> Less than 1 per day                  _____ Per day                  98 <input type="checkbox"/> Don't smoke regularly</p>	<p align="right">34–35</p>
<p><b>12a. Have you tried to lose weight in the past year?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>	<p align="right">36</p>
<p><b>b. Is your weight now more, less, or about the same as a year ago?</b></p>	<p>1 <input type="checkbox"/> More                  2 <input type="checkbox"/> Less                  3 <input type="checkbox"/> About the same (13)</p>	<p align="right">37</p>
<p><b>c. In the past year, about how much weight have you [gained/lost]?</b></p>	<p>_____ Pounds                  999 <input type="checkbox"/> DK</p>	<p align="right">38–40</p>
<p><i>Ask if 26 or older; otherwise, go to 14.</i></p> <p><b>13a. About how much did you weigh when you were 25 years old?</b>  <i>For females: If you were pregnant when you were 25, tell me your weight just before you became pregnant.</i></p>	<p>_____ Pounds                  999 <input type="checkbox"/> DK</p>	<p align="right">41–43</p>
<p><b>b. What is the most you have ever weighed?</b>  <i>For females: Except when you were pregnant?</i></p>	<p>_____ Pounds                  999 <input type="checkbox"/> DK</p>	<p align="right">44–46</p>
<p><b>c. About how old were you when you FIRST weighed that much?</b></p>	<p>00 <input type="checkbox"/> Now                  _____ Years old</p>	<p align="right">47–48</p>
<p><b>14. Do you have serious trouble seeing with one or both eyes even when wearing glasses?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>	<p align="right">49</p>
<p><b>15. Were either of your parents ever told that they had diabetes?</b>  <b>Do not include pre, potential, or borderline diabetes.</b>  <i>If "Yes," ask: Which?</i></p>	<p>1 <input type="checkbox"/> Yes, father                  2 <input type="checkbox"/> Yes, mother                  3 <input type="checkbox"/> Yes, both                  4 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p align="right">50</p>
<p><b>16. How many children have you had, including any that may have died?</b>  <i>For females: Do not include stillbirths or miscarriages.</i></p>	<p>00 <input type="checkbox"/> None                  _____ Total number of children                  99 <input type="checkbox"/> DK</p>	<p align="right">51–52</p>

Notes



**CARD R**

**RACE**

- 1. Aleut, Eskimo, or American Indian
- 2. Asian or Pacific Islander
- 3. Black
- 4. White

HS-501 (1980-10-20-27)

**CARD O**

**ORIGIN**

- 1. Puerto Rican
- 2. Cuban
- 3. Mexican/Mexicano
- 4. Mexican American
- 5. Chicano
- 6. Other Latin American
- 7. Other Spanish

Card R  
Card O

(Cut along perforation)

HS-501 (1980-10-20-27)

**CARD I**

**INCOME**

- U .... \$20,000 — \$24,999
- V .... \$25,000 — \$29,999
- W ... \$30,000 — \$34,999
- X .... \$35,000 — \$39,999
- Y .... \$40,000 — \$44,999
- Z .... \$45,000 — \$49,999
- ZZ... \$50,000 and over

HS-501 (1980-10-20-27)

**CARD J**

**INCOME**

- A ..... Less than \$1,000 (including loss)
- B ..... \$1,000 — \$1,999
- C ..... \$2,000 — \$2,999
- D ..... \$3,000 — \$3,999
- E ..... \$4,000 — \$4,999
- F ..... \$5,000 — \$5,999
- G ..... \$6,000 — \$6,999
- H ..... \$7,000 — \$7,999
- I ..... \$8,000 — \$8,999
- J ..... \$9,000 — \$9,999
- K ..... \$10,000 — \$10,999
- L ..... \$11,000 — \$11,999
- M ..... \$12,000 — \$12,999
- N ..... \$13,000 — \$13,999
- O ..... \$14,000 — \$14,999
- P ..... \$15,000 — \$15,999
- Q ..... \$16,000 — \$16,999
- R ..... \$17,000 — \$17,999
- S ..... \$18,000 — \$18,999
- T ..... \$19,000 — \$19,999

Card I  
Card J

(Cut along perforation)

HS-501 (1980-10-20-27)

**MEDICARE**

**Health Insurance**

**SOCIAL SECURITY ACT**

NAME OF BENEFICIARY  
John Q. Public

CLAIM NUMBER 000-00-0000-A      SEX MALE

IS ENTITLED TO      EFFECTIVE DATE

Hospital Insurance      7-1-66

Medical Insurance      7-1-66

SIGN HERE *John Q. Public*

SAMPLE

**CARD M**

**REASONS FOR NOT HAVING HEALTH INSURANCE**

1. Job layoff, job loss, or any reasons related to unemployment
2. Can't obtain insurance because of poor health, illness, or age
3. Too expensive, can't afford health insurance
4. Dissatisfied with previous insurance
5. Don't believe in insurance
6. Have been healthy, not much sickness in the family, haven't needed health insurance
7. Covered by some other health plan
8. Some other reason

Medicare  
Card M

(Cut along dashed line)

HE-001 (1-1970) (P-1-00)

**STATE NAMES FOR MEDICAID**

**MEDI -- CAL**  
California

**MEDI-- KAN**  
Kansas

**HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)**  
Arizona

**MEDICAID AND/OR MEDICAL ASSISTANCE**  
All other States

HE-001 (1-1970) (P-1-00)

**CARD O1**

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Completely unable to do because of disorder

**CARD Q2**

- |            |             |
|------------|-------------|
| Adapin     | Nardil      |
| Amitid     | Navane      |
| Amitril    | Norpramin   |
| Asendin    | Pamelor     |
| Ativan     | Parnate     |
| Aventyl    | Paxipam     |
| Azene      | Permitil    |
| Centrax    | Pertofrane  |
| Cibalith-S | Presamine   |
| Compazine  | Proketazine |
| Daxolin    | Prolixin    |
| Desyrel    | Quide       |
| Dexedrine  | Repoise     |
| Elavil     | Ritalin     |
| Endep      | Serax       |
| Eskalith   | Serentil    |
| Haldol     | Sinequan    |
| Imavate    | Stelazine   |
| Janimine   | Taractan    |
| Librax     | Tegretol    |
| Libritabs  | Thorazine   |
| Librium    | Tindal      |
| Lidone     | Tofranil    |
| Lithane    | Tranxene    |
| Lithobid   | Triafon     |
| Loxitane   | Valium      |
| Ludiomil   | Vesprn      |
| Marplan    | Vestran     |
| Mellaril   | Vivactil    |
| Moban      | Xanax       |

HS-501-11999 (S-1-88)

**CARD Q1**

1. Always
2. Most of the time
3. Some of the time
4. Rarely
5. Never

Card Q2

Card Q1

(Cut along dashed line)

HS-501-11999 (S-1-88)

**CARD Q2**

00. Nowhere
01. Doctor's office – doctor
02. Doctor's office – nurse
03. Dietitian or nutritionist
04. Doctor or nurse in a hospital
05. Relative or friend
06. Another diabetic
07. Health department
08. Diabetes organization
09. National Diabetes Information Clearing House
10. Diabetes support group
11. Library
12. Newspapers
13. Diabetes education class
88. Other

HS-501-11999 (S-1-88)

**CARD R1**

1. Use a hot or cold compress
2. Take a prescription drug
3. Take an over-the-counter drug
4. Drink some liquor or wine because of the pain
5. Take time off work
6. Stay home more than usual
7. Avoid family and friends
8. Something else

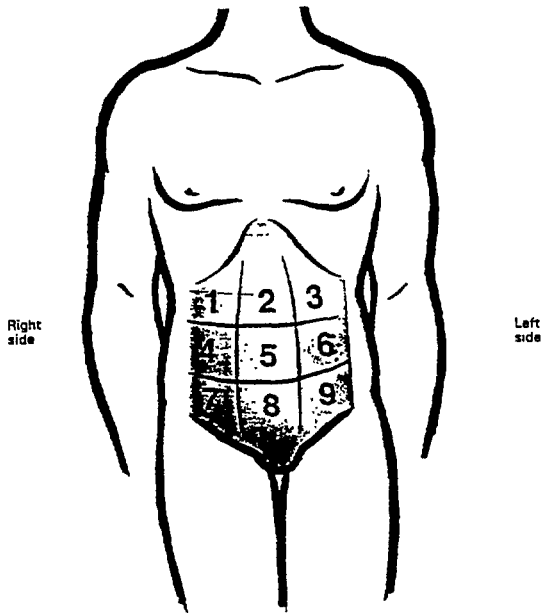
Card Q2

Card R1

(Cut along dashed line)

HS-501-11999 (S-1-88)

**CARD S1**



46-561 (1998) 10-1-00

**CARD S2**

In the past year...  
**Saw or talked to a doctor or other health professional**  
or  
**Took medication more than once**  
or  
**Problem interfered with your life or usual activities**

46-561 (1998) 10-1-00

Card  
Card  
Card

FORM HIS-1A

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

**NATIONAL HEALTH INTERVIEW SURVEY**

**AIDS KNOWLEDGE AND ATTITUDES**

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

RT 98

1. Book      of      books

2. R.O. number      3. Sample     

4. Control number PSU      Segment      Serial     

5. Beginning time               

1 a.m.  
2 p.m.

6. NUMBER OF FAMILY MEMBERS 18 + YEARS OLD  
(Record number of nondeleted family members 18 + years old.)

     31-32

Space 33-36

7. FINAL STATUS

No person 18 + in this family (Household Page)

Interview (Complete Item 63, Page 18)

1  Complete interview (all appropriate questions completed)

2  Partial interview (some but not all appropriate questions completed) - Explain     

Noninterview (Complete Item 63, Page 18)

3  Refusal (Explain in Notes)

4  SP temporarily absent

5  SP mentally or physically incapable

6  Other - Explain     

37

8. Ending time 38-41 42

1 a.m.  
2 p.m.

9. Interview mode 43

1  Personal  
2  Telephone

11. Interviewer identification 44-45

Name      Code     

TRANSCRIPTION FROM COMPLETED HIS-1

12. Sex of SP (Page 2 or 51, question 3) 47

1  M  
2  F

13. Education of SP (Page 42 or 43, question 2a) 48-49

00  Never attended or kindergarten

Elem: 1 2 3 4 5 6 7 8

High: 9 10 11 12

College: 1 2 3 4 5 6 +

Finish grade/year (Question 2b) 50

1  Yes  
2  No

14. Main race of SP (Page 42 or 43, question 3a/b) 51

1 2 3 4 5 - Specify     

15. Marital status (Page 46 or 47, question 7) 52

1  Married - spouse in HH  
2  Married - spouse not in HH  
3  Widowed  
4  Divorced  
5  Separated  
6  Never married

16. Family income (Page 46, question 8b) 53-54

00  A 07  H 14  O 21  V  
01  B 08  I 15  P 22  W  
02  C 09  J 16  Q 23  X  
03  D 10  K 17  R 24  Y  
04  E 11  L 18  S 25  Z  
05  F 12  M 19  T 26  ZZ  
06  G 13  N 20  U

(Transcribe from 8a if 8b blank)

27  \$20,000 or more  
28  Less than \$20,000

17. 55-56 Sample Person Number     

18. 57-58 Sample Person Age     

19. Booklet type 59

1 x AIDS Knowledge and Attitudes Version 1

Introduction: These next questions are to determine what people know about AIDS, also called Acquired Immunodeficiency Syndrome.

<p>1. In the PAST MONTH, have you . . .</p> <p>a. seen any Public Service Announcements about AIDS on television?</p> <p>b. heard any Public Service Announcements about AIDS on the radio?</p>	<p>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    9 <input type="checkbox"/> DK    <span style="border: 1px solid black; padding: 2px;">60</span></p> <p>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    9 <input type="checkbox"/> DK    <span style="border: 1px solid black; padding: 2px;">61</span></p>
---	---

<p><b>CHECK ITEM</b> 1</p>	<p>Refer to Q. 1a,b</p>	<p><input type="checkbox"/> "Yes" in 1a and/or 1b (2)</p> <p><input type="checkbox"/> Other (3)</p>
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<p>2. Were any of those Public Service Announcements called "America Responds to AIDS"?</p>	<p>1 <input type="checkbox"/> Yes    <span style="border: 1px solid black; padding: 2px;">62</span></p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
---	---

<p>3. In the PAST MONTH, have you read any brochures or pamphlets about AIDS? Do not include articles in magazines or newspapers.</p>	<p>1 <input type="checkbox"/> Yes (5)    <span style="border: 1px solid black; padding: 2px;">63</span></p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
---	---

<p>4. Have you EVER read any brochures or pamphlets about AIDS? Again, do not include articles in magazines or newspapers.</p>	<p>1 <input type="checkbox"/> Yes (5)    <span style="border: 1px solid black; padding: 2px;">64</span></p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (Check Item 2)</p>
--	--

5. Where did you get the pamphlets or brochures? Anywhere else? (MARK ALL THAT APPLY)	1 <input type="checkbox"/> Clinic, other than work clinic	65
	1 <input type="checkbox"/> Doctor's office/HMO	66
	1 <input type="checkbox"/> Drug store	67
	1 <input type="checkbox"/> Public Health Department	68
	1 <input type="checkbox"/> Received it in the mail without asking for it	69
	1 <input type="checkbox"/> Red Cross/with Red Cross blood donation	70
	1 <input type="checkbox"/> With other blood donation	71
	1 <input type="checkbox"/> School	72
	1 <input type="checkbox"/> Sent/phoned for it myself, requested it	73
	1 <input type="checkbox"/> "The Government" - Federal, state or local	74
	1 <input type="checkbox"/> Work, other than clinic or nurse	75
	1 <input type="checkbox"/> Work, nurse or clinic	76
	1 <input type="checkbox"/> Other (SPECIFY)	77
	_____	

Page 3

17. Do you have any children aged 10 through 17?	1 <input type="checkbox"/> Yes	90
	2 <input type="checkbox"/> No (21)	
18. How many do you have?	_____	91-92

Page 4

19. Have you ever discussed AIDS with [this child/any of your children aged 10 through 17]?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <span style="float: right;">93</span>																																																								
20. [Has this child/Have any or all of your children aged 10 through 17] had instruction at school about AIDS?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <span style="float: right;">94</span>																																																								
21. How much would you say you know about AIDS --- a lot, some, a little, or nothing?	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Nothing <span style="float: right;">95</span>																																																								
22. To the best of your knowledge, is there a difference between having the AIDS virus and having the disease AIDS?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Other (SPECIFY)  9 <input type="checkbox"/> DK <span style="float: right;">96</span>																																																								
HAND CARD A																																																									
23. After I read each statement, tell me whether you think the statement is definitely true, probably true, probably false, definitely false, or you don't know if it is true or false.	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Def. True</th> <th style="text-align: center;">Prob. True</th> <th style="text-align: center;">Prob. False</th> <th style="text-align: center;">Def. False</th> <th style="text-align: center;">DK</th> <th></th> </tr> </thead> <tbody> <tr> <td>a. AIDS can reduce the body's natural protection against disease.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">97</td> </tr> <tr> <td>b. AIDS is especially common in older people.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">98</td> </tr> <tr> <td>c. AIDS can damage the brain.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">99</td> </tr> <tr> <td>d. AIDS usually leads to heart disease.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">100</td> </tr> <tr> <td>e. AIDS is an infectious disease caused by a virus.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">101</td> </tr> <tr> <td>f. Teenagers cannot get AIDS.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">102</td> </tr> <tr> <td>g. AIDS leads to death.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">103</td> </tr> </tbody> </table>		Def. True	Prob. True	Prob. False	Def. False	DK		a. AIDS can reduce the body's natural protection against disease.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	97	b. AIDS is especially common in older people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	98	c. AIDS can damage the brain.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	99	d. AIDS usually leads to heart disease.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	100	e. AIDS is an infectious disease caused by a virus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	101	f. Teenagers cannot get AIDS.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	102	g. AIDS leads to death.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	103
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23. (Continued)

Tell me whether you think each of these statements is definitely true, probably true, probably false, definitely false, or you don't know if it is true or false.

	Def. True	Prob. True	Prob. False	Def. False	DK
h. A person can be infected with the AIDS virus and not have the disease AIDS.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 104
i. Looking at a person is enough to tell if he or she has the AIDS virus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 105
j. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 106
k. A person who has the AIDS virus can look and feel well and healthy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 107
l. A pregnant woman who has the AIDS virus can give the AIDS virus to her baby.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 108
m. There is a vaccine available to the public that protects a person from getting the AIDS virus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 109
n. There is no cure for AIDS at present.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 110

HAND CARD B

24. After I read each statement, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible, or if you don't know how likely it is that a person will get AIDS or the AIDS virus infection that way.

How likely do you think it is that a person will get AIDS or the AIDS virus infection from ---

- a. living near a home or hospital for AIDS patients.
- b. working near someone with the AIDS virus.
- c. eating in a restaurant where the cook has the AIDS virus.
- d. kissing - with exchange of saliva - a person who has the AIDS virus.
- e. shaking hands, touching, or kissing on the cheek someone who has the AIDS virus.
- f. sharing plates, forks, or glasses with someone who has the AIDS virus.
- g. using public toilets.
- h. sharing needles for drug use with someone who has the AIDS virus.
- i. being coughed on or sneezed on by someone who has the AIDS virus.
- j. attending school with a child who has the AIDS virus.
- k. mosquitoes or other insects.

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Definitely not possible	DK	
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	111
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	112
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	113
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	114
e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	115
f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	116
g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	117
h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	118
i.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	119
j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	120
k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	121

25. Have you ever donated blood?	1 <input type="checkbox"/> Yes (26) <span style="float:right">122</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (27)																																													
26. Have you donated blood --- a. since March, 1985? b. in the past 12 months?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/> (27)</td> <td>9 <input type="checkbox"/> (27)</td> <td>123</td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>124</td> </tr> </table>		Yes	No	DK		a.	1 <input type="checkbox"/>	2 <input type="checkbox"/> (27)	9 <input type="checkbox"/> (27)	123	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	124																														
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b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	124																																										
27. Have you ever heard of a blood test that can detect the AIDS virus infection?	1 <input type="checkbox"/> Yes (28) <span style="float:right">125</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (44a, Page 12)																																													
The next questions are about the blood test for the AIDS virus infection. No question will ask what the results are of any tests you may have had.																																														
28. To the best of your knowledge, are blood donations routinely tested now for the AIDS virus infection?	1 <input type="checkbox"/> Yes <span style="float:right">126</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																																													
29a. Have you ever received counseling or had a talk with a health professional about taking the AIDS virus test?	1 <input type="checkbox"/> Yes (29b) <span style="float:right">127</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (31)																																													
29b. Was the discussion ---  1. with a private doctor? 2. at a family planning clinic? 3. on an AIDS hotline? 4. at a prenatal clinic? 5. at an STD or sexually transmitted disease clinic? 6. at an AIDS/HIV counseling and testing site? 7. with some other health professional? 8. with some other counselor?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td>1.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>128</td> </tr> <tr> <td>2.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>129</td> </tr> <tr> <td>3.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>130</td> </tr> <tr> <td>4.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>131</td> </tr> <tr> <td>5.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>132</td> </tr> <tr> <td>6.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>133</td> </tr> <tr> <td>7.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>134</td> </tr> <tr> <td>8.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>135</td> </tr> </table>		Yes	No	DK		1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	128	2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	129	3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	130	4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	131	5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	132	6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	133	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	134	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	135
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4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	131																																										
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	132																																										
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	133																																										
7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	134																																										
8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	135																																										

30. During that discussion, did you receive information about how to avoid getting or passing on the AIDS virus?	1 <input type="checkbox"/> Yes <span style="float: right;">136</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																																																																
31. Have you ever been advised by a health professional NOT to have the blood test for the AIDS virus infection?	1 <input type="checkbox"/> Yes <span style="float: right;">137</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																																																																
32. Have you ever been advised by friends or relatives NOT to have the blood test for the AIDS virus infection?	1 <input type="checkbox"/> Yes <span style="float: right;">138</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																																																																
33. Have you had your blood tested for the AIDS virus infection?	1 <input type="checkbox"/> Yes (34a) <span style="float: right;">139</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (41)																																																																
34a. Have you had your blood tested for the AIDS virus infection more than once?	1 <input type="checkbox"/> Yes (35a) <span style="float: right;">140</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																																																																
34b. Was your blood tested <u>in the past twelve months</u> ?	1 <input type="checkbox"/> Yes } <span style="float: right;">141</span> 2 <input type="checkbox"/> No } (36) 9 <input type="checkbox"/> DK }																																																																
35a. How many times have you had your blood tested for the AIDS virus infection?  35b. How many times <u>in the past 12 months</u> have you had your blood tested for the AIDS virus infection?	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%;">Total times (35a.)</td> <td style="width: 30%;">Number times in past 12 Months (35b.)</td> <td style="width: 10%; text-align: right;">142-143 144-145</td> </tr> <tr> <td>XXXX</td> <td></td> <td>00 <input type="checkbox"/> None in past twelve months</td> <td></td> </tr> <tr> <td>XXXX</td> <td></td> <td>01 <input type="checkbox"/> One time</td> <td></td> </tr> <tr> <td>02 <input type="checkbox"/></td> <td></td> <td>02 <input type="checkbox"/> Two times</td> <td></td> </tr> <tr> <td>03 <input type="checkbox"/></td> <td></td> <td>03 <input type="checkbox"/> Three times</td> <td></td> </tr> <tr> <td>04 <input type="checkbox"/></td> <td></td> <td>04 <input type="checkbox"/> Four times</td> <td></td> </tr> <tr> <td>05 <input type="checkbox"/></td> <td></td> <td>05 <input type="checkbox"/> Five times</td> <td></td> </tr> <tr> <td>06 <input type="checkbox"/></td> <td></td> <td>06 <input type="checkbox"/> Six times</td> <td></td> </tr> <tr> <td>07 <input type="checkbox"/></td> <td></td> <td>07 <input type="checkbox"/> Seven times</td> <td></td> </tr> <tr> <td>08 <input type="checkbox"/></td> <td></td> <td>08 <input type="checkbox"/> Eight times</td> <td></td> </tr> <tr> <td>09 <input type="checkbox"/></td> <td></td> <td>09 <input type="checkbox"/> Nine times</td> <td></td> </tr> <tr> <td>10 <input type="checkbox"/></td> <td></td> <td>10 <input type="checkbox"/> Ten times</td> <td></td> </tr> <tr> <td>11 <input type="checkbox"/></td> <td></td> <td>11 <input type="checkbox"/> Eleven times</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/></td> <td></td> <td>12 <input type="checkbox"/> Twelve times</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/></td> <td></td> <td>13 <input type="checkbox"/> More than twelve times</td> <td></td> </tr> <tr> <td>99 <input type="checkbox"/></td> <td></td> <td>99 <input type="checkbox"/> DK</td> <td></td> </tr> </table>		Total times (35a.)	Number times in past 12 Months (35b.)	142-143 144-145	XXXX		00 <input type="checkbox"/> None in past twelve months		XXXX		01 <input type="checkbox"/> One time		02 <input type="checkbox"/>		02 <input type="checkbox"/> Two times		03 <input type="checkbox"/>		03 <input type="checkbox"/> Three times		04 <input type="checkbox"/>		04 <input type="checkbox"/> Four times		05 <input type="checkbox"/>		05 <input type="checkbox"/> Five times		06 <input type="checkbox"/>		06 <input type="checkbox"/> Six times		07 <input type="checkbox"/>		07 <input type="checkbox"/> Seven times		08 <input type="checkbox"/>		08 <input type="checkbox"/> Eight times		09 <input type="checkbox"/>		09 <input type="checkbox"/> Nine times		10 <input type="checkbox"/>		10 <input type="checkbox"/> Ten times		11 <input type="checkbox"/>		11 <input type="checkbox"/> Eleven times		12 <input type="checkbox"/>		12 <input type="checkbox"/> Twelve times		13 <input type="checkbox"/>		13 <input type="checkbox"/> More than twelve times		99 <input type="checkbox"/>		99 <input type="checkbox"/> DK	
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36. [Was the test --- / Were any of the blood tests, including those you had before the past twelve months ---]		
a. part of a blood donation?	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	<input type="checkbox"/> 146
b. part of a blood transfusion?	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	<input type="checkbox"/> 147
c. voluntarily sought from a source such as your doctor, clinic, or HMO?	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	<input type="checkbox"/> 148
d. part of some other activity that requires a blood sample and includes automatic AIDS testing, such as testing for the military or immigration?	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	<input type="checkbox"/> 149
CHECK ITEM    3	Refer to Q. 36d	<input type="checkbox"/> "Yes" in Q. 36d (37) <input type="checkbox"/> Other (38)
37. Where did you have your blood tested for AIDS virus infection? Anywhere else? (MARK ALL THAT APPLY)	1 <input type="checkbox"/> STD clinic 1 <input type="checkbox"/> Family planning clinic 1 <input type="checkbox"/> Prenatal clinic 1 <input type="checkbox"/> Drug treatment facility 1 <input type="checkbox"/> Tuberculosis clinic 1 <input type="checkbox"/> Work clinic/health station 1 <input type="checkbox"/> AIDS counseling/testing site 1 <input type="checkbox"/> Military induction 1 <input type="checkbox"/> Immigration site 1 <input type="checkbox"/> Other (SPECIFY)  1 <input type="checkbox"/> DK	<input type="checkbox"/> 150 <input type="checkbox"/> 151 <input type="checkbox"/> 152 <input type="checkbox"/> 153 <input type="checkbox"/> 154 <input type="checkbox"/> 155 <input type="checkbox"/> 156 <input type="checkbox"/> 157 <input type="checkbox"/> 158 <input type="checkbox"/> 159 <input type="checkbox"/> 160
38. Did you get the results of [your test?/ any of your tests?]	1 <input type="checkbox"/> Yes (39) 2 <input type="checkbox"/> No } (40) 9 <input type="checkbox"/> DK }	<input type="checkbox"/> 161
39. When you received your test results, did you receive counseling or talk with a health professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it to another person?	1 <input type="checkbox"/> Yes (41) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<input type="checkbox"/> 162

40. Were you referred to a health professional to get counseling about the AIDS virus infection?	1 <input type="checkbox"/> Yes <span style="float: right;">163</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
41. Do you expect to have a blood test for the AIDS virus infection in the next 12 months?	1 <input type="checkbox"/> Yes (42) <span style="float: right;">164</span> 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK } (44)
42. Will you have the blood test ---  a. as part of a blood donation?  b. voluntarily from a source such as your doctor, clinic, or HMO?  c. as part of some other activity that requires a blood sample and includes automatic AIDS testing, such as testing for the military or immigration?	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    9 <input type="checkbox"/> DK <span style="float: right;">165</span>  1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    9 <input type="checkbox"/> DK <span style="float: right;">166</span>  1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    9 <input type="checkbox"/> DK <span style="float: right;">167</span>
CHECK ITEM 4	Refer to Q. 42b  <input type="checkbox"/> "Yes" In question 42b. (43) <input type="checkbox"/> Other. (44)
43. Where would you go to have a blood test for the AIDS virus infection? (MARK FIRST MENTION)	<span style="float: right;">168-169</span>  00 <input type="checkbox"/> Nowhere, wouldn't take the test 01 <input type="checkbox"/> AIDS clinic 02 <input type="checkbox"/> Company or industry clinic 03 <input type="checkbox"/> Doctor/HMO 04 <input type="checkbox"/> Hospital/emergency room/OP clinic 05 <input type="checkbox"/> Other clinic 06 <input type="checkbox"/> Public Health Department 07 <input type="checkbox"/> Red Cross/blood bank 08 <input type="checkbox"/> Other (SPECIFY)  _____  99 <input type="checkbox"/> DK

44a. Did you have a blood transfusion at any time between 1977 and 1985?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	170																																									
44b. Do you think the present supply of blood is safe for transfusions?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	171																																									
HAND CARD C																																											
<p>45. Here are some methods people use to keep from getting the AIDS virus through sexual activity.</p> <p>After I read each one, tell me whether you think it is very effective, somewhat effective, not at all effective, or if you don't know how effective it is in preventing getting the AIDS virus through sexual activity. How effective is ---</p> <p>a. Using a diaphragm?</p> <p>b. Using a condom?</p> <p>c. Using a spermicidal jelly, foam or cream?</p> <p>d. Having a vasectomy?</p> <p>e. Two people who do not have the AIDS virus having sex <u>only</u> with each other?</p>	<table border="0"> <thead> <tr> <th></th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Very effective</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Somewhat effective</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Not at all effective</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">DK how effective</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">DK method</th> <th></th> </tr> </thead> <tbody> <tr> <td>a. Using a diaphragm?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>172</td> </tr> <tr> <td>b. Using a condom?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>173</td> </tr> <tr> <td>c. Using a spermicidal jelly, foam or cream?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>174</td> </tr> <tr> <td>d. Having a vasectomy?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>175</td> </tr> <tr> <td>e. Two people who do not have the AIDS virus having sex <u>only</u> with each other?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>176</td> </tr> </tbody> </table>		Very effective	Somewhat effective	Not at all effective	DK how effective	DK method		a. Using a diaphragm?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	172	b. Using a condom?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	173	c. Using a spermicidal jelly, foam or cream?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	174	d. Having a vasectomy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	175	e. Two people who do not have the AIDS virus having sex <u>only</u> with each other?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	176
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46. What are your chances of <u>having</u> the AIDS virus; would you say high, medium, low, or none?	1 <input type="checkbox"/> High (Check Item 6) 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Low 4 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	177																																									

<p>47. What are your chances of <u>getting</u> the AIDS virus; would you say high, medium, low, or none?</p>	<p>1 <input type="checkbox"/> High <span style="float: right;">178</span>  2 <input type="checkbox"/> Medium  3 <input type="checkbox"/> Low  4 <input type="checkbox"/> None  7 <input type="checkbox"/> Refused } (Check Item 6)  9 <input type="checkbox"/> DK</p>	
<p>48. People have different meanings when they say a "high", "medium", or "low" chance.</p> <p>If "no chance" is zero-out-of-one hundred, what would you say <u>High/Medium/Low</u> is? What number of times-out-of-one hundred?</p>	<p style="text-align: right;">179-181</p> <p>000 <input type="checkbox"/> Less than 1 out of a 100  _____ out of a 100  999 <input type="checkbox"/> DK</p>	
<p><b>CHECK ITEM</b> 5</p>	<p>Refer to Q. 47</p>	<p><input type="checkbox"/> "High" OR "Medium" IN Q. 47 (49)  <input type="checkbox"/> Other (Check Item 6)</p>
<p>49. Do you say your chance of getting AIDS is (<u>high/medium</u>) because you ---</p> <p>a. Have had a blood transfusion?</p> <p>b. Have had sexual contact with someone who might have the virus?</p> <p>c. Some other reason? (SPECIFY)</p> <p>_____</p> <p>_____</p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No <span style="float: right;">182</span></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No <span style="float: right;">183</span></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No <span style="float: right;">184</span></p>	



CHECK ITEM 6	Refer to age and sex of S.P.	<input type="checkbox"/> Female 18-45 (50 Intro, then 50a) <input type="checkbox"/> Other (50 Intro, then 50c)			
50. In the past twelve months, have you received services or care at ---		Yes	No	DK	
a. a prenatal health clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	185
b. a maternal and infant health clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	186
c. a family planning clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	187
d. a hospital, as an inpatient?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	188
e. a hospital emergency room?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	189
f. a tuberculosis clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	190
g. a drug treatment facility or clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	191
h. an STD (sexually transmitted disease) clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	192
i. an alcohol treatment facility or clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	193
j. an AIDS counseling and testing clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	194
k. a community health clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	195
l. a public health clinic?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	196
51. In the past twelve months, have you ---		Yes	No	DK	
a. been in the Job Corps?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	197
b. had a physical examination to join the military?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	198
c. been in prison?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	199
52. Have you ever discussed AIDS with a friend or relative?		1 <input type="checkbox"/> Yes (53) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (54)			200

<p>53. When was the last time you discussed AIDS with a friend or relative?</p>	<p>1 <input type="checkbox"/> Today <span style="float: right;">201-203</span></p> <p>2 <input type="checkbox"/> Days ago</p> <p>3 <input type="checkbox"/> Weeks ago</p> <p>Number 4 <input type="checkbox"/> Months ago</p> <p>5 <input type="checkbox"/> Years ago</p> <p>9 <input type="checkbox"/> DK</p>
<p>54. Have you ever personally known anyone with AIDS or the AIDS virus?</p>	<p>1 <input type="checkbox"/> Yes (55) <span style="float: right;">204</span></p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK if someone } (57)</p> <p style="padding-left: 100px;">has/had AIDS</p> <p style="padding-left: 100px;">AIDS virus</p>
<p>(IF MORE THAN ONE PERSON VOLUNTEERED IN Q. 54, ASK Q. 55 and Q. 56 ABOUT THE PERSON KNOWN BEST)</p>	
<p>55. How long has it been since you saw this person?</p>	<p>1 <input type="checkbox"/> Within the past two weeks <span style="float: right;">205</span></p> <p>2 <input type="checkbox"/> Two weeks to less than one month</p> <p>3 <input type="checkbox"/> One month to less than 3 months</p> <p>4 <input type="checkbox"/> 3 months to less than 6 months</p> <p>5 <input type="checkbox"/> 6 months or more</p> <p>9 <input type="checkbox"/> DK</p>
<p>56. How well do you know this person? Would you say ---</p>	<p>1 <input type="checkbox"/> Very well, it is a close relationship <span style="float: right;">206</span></p> <p>2 <input type="checkbox"/> Fairly well, but it is not a close relationship?</p> <p>3 <input type="checkbox"/> Not very well, it is only an acquaintance or casual relationship?</p> <p style="text-align: center;">or</p> <p>4 <input type="checkbox"/> You don't really know them personally, such as a friend of a friend?</p> <p>8 <input type="checkbox"/> Other (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p>

HAND CARD D

57. (I am going to read a list of statements. After I have read them all,) Please tell me if any of these statements is true for you.

Do not tell me which statement or statements are true for you, just if any of them are.

- a. You have hemophilia and have received clotting factor concentrates since 1977.
- b. You are a native of Haiti, Central or East Africa who has entered the United States since 1977.
- c. You are a man who has had sex with another man at some time since 1977, even one time.
- d. You have taken illegal drugs by needle at any time since 1977.
- e. Since 1977, you are or have been the sex partner of any person who would answer "yes" to any of the items (I have read./above on this card.)
- f. You have had sex for money or drugs at any time since 1977.

207

1  Yes to at least one statement

2  No to all statements

58. The U.S. Public Health Service has said that AIDS is one of the major health problems in the country but exactly how many people it affects is not known. The Surgeon General has proposed that a study be conducted and blood samples be taken to help find out how widespread the problem is.

If you were selected in this national sample of people to have their blood tested with assurances of privacy of test results, would you have the test?

1  Yes (60a)

2  No

8  Other response (SPECIFY)

---

---

---

9  DK

208



63. Date AIDS Supplement Final Status \_\_\_\_\_ / \_\_\_\_\_ / 19

222-227

INTERVIEWER TRANSCRIPTION FROM HIS-1

64. Hispanic Origin (Item 4a/b, Page 41, HIS-1)

228

HIS-1 Item 4a 1  Yes  
2  No

229

HIS 1 Item 4b 1  Puerto Rican  
2  Cuban  
3  Mexican/Mexicano  
4  Mexican American  
5  Chicano  
6  Other Latin American  
7  Other Spanish

65. Questionnaire Version

I

230

66. Exact Address (Item 6a, Cover Page, HIS-1)

RT 99

\_\_\_\_\_  
\_\_\_\_\_

28-93

City State County ZIP Code

94-114  
115-116  
117-142  
143-151

67. Mailing Address (Item 6b, Cover Page, HIS-1)

Same as 6a

152

\_\_\_\_\_  
\_\_\_\_\_

153-208

City State County ZIP Code

209-229  
230-231  
232-257  
258-266

68. Telephone Number (Item 11, Cover Page, HIS-1)

267

1  Yes, telephone (RECORD NUMBER BELOW)  
2  No telephone  
3  Phone, but no number listed or number refused  
9  DK or Refused

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
A.C. Exch. Number

268-277

### CARD A

1. Definitely true
2. Probably true
3. Probably false
4. Definitely false
9. Don't know if true or false

### CARD B

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. Definitely not possible
9. Don't know how likely

### CARD C

1. Very effective
2. Somewhat effective
3. Not at all effective
4. Don't know how effective
9. Don't know method

### CARD D

You have hemophilia and have received clotting factor concentrates since 1977.

You are a native of Haiti or Central or East Africa who has entered the United States since 1977.

You are a man who has had sex with another man at some time since 1977, even one time.

You have taken illegal drugs by needle since 1977.

Since 1977, You are or have been the sex partner of any person who would answer 'yes' to any of the items above on this card.

You have had sex for money or drugs at any time since 1977.

# Vital and Health Statistics

## series descriptions

- SERIES 1. Programs and Collection Procedures**—Reports describing the general programs of the National Center for Health Statistics and its offices and divisions and the data collection methods used. They also include definitions and other material necessary for understanding the data.
- SERIES 2. Data Evaluation and Methods Research**—Studies of new statistical methodology including experimental tests of new survey methods, studies of vital statistics collection methods, new analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. Studies also include comparison of U.S. methodology with those of other countries.
- SERIES 3. Analytical and Epidemiological Studies**—Reports presenting analytical or interpretive studies based on vital and health statistics, carrying the analysis further than the expository types of reports in the other series.
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- SERIES 14. Data on Health Resources: Manpower and Facilities**—Statistics on the numbers, geographic distribution, and characteristics of health resources including physicians, dentists, nurses, other health occupations, hospitals, nursing homes, and outpatient facilities.
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Public Health Service  
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301-436-8500

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