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HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY

Persons Receiving Care at Home

United States July 1958-June 1959

Statistics on the number of persons receiving care at home by type of care, length of time under care, person providing care, type of living arrangement, place of residence, and selected health and personal characteristics. Based on data collected in household interviews during the period July 1958-June 1959.

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

CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the Health Interview Survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

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PERSONS RECEIVING CARE AT HOME

SOURCE OF DATA

Data for this report are based on approximately 37,000 household interviews, covering 120,000 persons, collected by the U. S. National Health Survey during the period July 1958-June 1959.

A description of the statistical design of the survey, the methods used in estimation, and general qualifications of data obtained from surveys is contained in Appendix I. Since all estimates presented in this report are based on a sample of the population rather than a complete census of the population, they are subject to sampling error. Therefore, particular attention is directed to the section entitled "Reliability of Estimates" which includes a table of sampling errors and instructions for its use.

Definitions of certain terms used in this report are presented in Appendix II. Since many of the terms have specialized meanings for the purposes of the survey, familiarity with these definitions will assist the reader in interpreting the data.

The data on personal care requirements were gathered by means of a supplemental question to the regular household interview which is reproduced below exactly as it appeared on the questionnaire.

Appendix III is a facsimile of the basic questionnaire used for collection of data in the National Health Survey.

QUALIFICATIONS OF THE DATA

The data presented in this report pertain to those persons who were reported as requiring constant or part-time help or nursing care in the home for such activities as dressing, eating, or toilet activities. In the following presentation these services are referred to as personal care in the home. While personal care was conceived of as including nursing care provided in the home, it excludes some of the kinds of services ordinarily included in the concept of home care programs, i.e., services provided by physicians, therapists, or social workers.

It should be noted that the kind of personal care, constant or part-time, was recorded as that currently required. However, the length of time under care was to cover the last uninterrupted period without distinction as to constant or part-time.

Estimates of personal care in the home are presented herein only for the civilian, noninstitutional population of the United States. Therefore, they exclude all of the nursing services

SUPPLEMENTARY QUESTION ON PERSONAL CARE AT HO	AE .
23. Is there anyone in the family who requires constant help or nursing core? Is there anyone in the family who requires help or nursing care only part of the time, such as help in dressing, eating, tollet activities, etc.? (Do not record "Yes" for normal care for infants or children)	Yes - Constant No Yes - Part-time Condition:
(a) For what condition?	YearsMonths
(b) How long has he required this core? (Years; or months if less than 1 year) (c) Who helps with this core? (Check all boxes that apply. If "Other" specify in footnotes)	Household members Other relative Trained (registered) nurse Practical nurse Other (Specify)

provided in hospitals, nursing homes, and other institutions for the care of the sick, handicapped, or aged persons in the population. It should be noted also that infants requiring only the normal amount of care were not counted as needing personal care in the home. Interviewers were instructed to include them only when they required more than normal care because of illness or some handicap.

In general, statistical distributions shown in this report have been presented in a manner to facilitate comparisons between those who require full-time and those who report only part-time care. This was considered a useful distinction despite the consequent presentation of small numbers which, in some instances, may have relatively large sampling errors.

CHARACTERISTICS OF PERSONS RECEIVING CARE AT HOME

Prevalence According to Type of Care Required

Data from the survey indicated that approximately 1,128,000 persons in the civilian, noninstitutional population required either constant care or part-time help in their home. This represented 6.6 persons per 1,000 population reporting a need for care. About 60 percent of the total required constant care. Over-all care was required more frequently for females than for males, the difference lying almost exclusively in the portion who needed constant care.

Estimates shown in table A clearly indicate the higher prevalence of needs for personal care among the older segments of the population. The prevalence rate of persons receiving care at home rises consistently from about 2 per thousand population at the lower ages to 87.7 per thousand at age 75 years and over. The sex distribution of those receiving care at home indicates that males constituted the majority of persons at lower ages, while females represented the largest group at ages 45 and over (fig. 1).

Data in table 1 present details of sex and age to illustrate the general magnitude and age trend

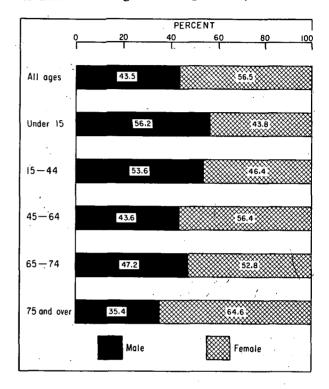


Figure 1. Proportion of persons reporting personal care in the home according to age by sex.

Table A. Prevalence of persons receiving care at home by age and by sex according to type of care: United States, July 1958-June 1959

	Total			Type of	care		
Age and sex	population (in thousands)	Total	Constant	Part-time	Total	Constant	Part-time
,		Number of persons in thousands		Rat	es per 1,0 populati		
All ages	171,300	1,128	650	478	6.6	3.8	2.8
Under 15 15-44 45-54	53,969 67,455 20,026	121 125 81	84 66 44	37 59 37	2.3 1.9 4.0	1.6 1.0 2.2	0.7 0.9 1.8
55-64 65-74 75+	15,029 9,769 5,052	144 214 443	88 102 266	56 112 177	9.6 21.9 87.7	5.9 10.4 52.7	3.7 11.5 35.0
MalesFemales	83,360 87,941	491 637	255 395	236 242	5.9 7.2	3.1 4.5	2.8 2.7

of personal care required, although estimates in many of the individual cells are too small for reliability when sampling error is considered. Therefore the reader must use these with caution.

Condition for Which Care Was Provided

1.1.4

In reply to the query of what condition caused the need for personal care, about 40 percent reported an impairment and 60 percent gave some other condition. These proportions were almost identical for both the part-time and constant care groups. Data in table 2 show that paralysis, circulatory conditions, senility, and arthritis and rheumatism were the leading conditions involved and accounted for over half of those receiving care. While impairments involving paralysis accounted for more constant care, defects in vision and senile conditions were reported more often as requiring only part-time help.

It should be noted that acute conditions, especially injuries and fractures, might have been reported as the reason for personal care. However, the tabulations by condition for which care was needed and by length of time under care indicated that impairments and other chronic conditions were responsible for the great majority of care.

An impairment is distinguished from any other type of condition in that it represents a defect. chronic or permanent, due to disease, injury, or congenital malformation which has resulted in a decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. While more than one condition or impairment may have been involved in the need for personal care, these data present only a single cause for each person. Where more than one was given as responsible for the care, a selection was made based on previous information elicited about conditions which may have caused a limitation of activity or mobility. In cases where more than one was responsible for such a limitation, the first mentioned was coded as the

Length of Time Under Care

All persons receiving personal care were asked how long they had been under such care. About 30 percent reported this interval as 5 years or longer, 38 percent between 1 and 4 years, and 27 percent as less than 1 year (table 3). This pattern was quite similar when the data were crossclassified by sex and type of care (table B).

Data presented in table 4 relate age and length of time under care in broad intervals.

Table B. Number of persons receiving care at home and percent distribution by sex according to length of time under care and type of care: United States, July 1958-June 1959

	Type of care						
Length of time under care	Total		Constant		Part-time		
	Male	Female	Male	Female	Male	Female	
	Number of persons in thousands						
Total	491	637	255	395	236	242	
Under 1 year	132 188 158 13	175 240 186 36	73 95 81 6	113 156 106 20	59 93 77 7	62 84 80 16	
Part of the second of the second of the second			Percent di	stribution		t. ·	
Total	100.0	100.0	100.0	100.0	100.0	100.0	
Under 1 year	26.9 38.3 32.2 2.6	27.5 37.7 29.2 5.7	28.6 37.3 31.8 2.4	28.6 39.5 26.8 5.1	25.0 39.4 32.6 3.0	25.6 34.7 33.1 6.6	

Table C. Number of persons receiving care at home and percent distribution by age according to length of time under care: United States, July 1958-June 1959

Tarakh af tima malan an	Age				
Length of time under care	All ages	Under 45	45-64	65+	
	Number of persons in thousands				
Total	1,128	245	225	658	
Under 1 year	306 429 344 49	63 124	75 76 68 6	174 290 152 42	
	Percent distribution				
Total	100.0	100.0	100.0	100.0	
Under 1 year	27.1 38.0 30.5 4.4	1	33.3 33.8 30.2 2.7	26.4 44.1 23.1 6.4	

As expected, persons 65 years of age and over constituted the largest groups in any length-of-time category. However, persons under age 45 represent a significantly larger proportion (36 percent) of those under care for 5 years or more than any other time interval.

In the age group under 45 years of age, 124,000, or 50.6 percent, of the total group under care in the age group, had been under care for 5 years or more (table C). Persons 45 to 64 years of age were distributed about equally in all the intervals of time under care, but those 65 or over were mainly concentrated in the interval between 1 and 4 years of care.

Person Providing Care

Household members provided the bulk of personal care reported for either the constant or part-time care groups (table 5). However, nursing services, professional or practical, were utilized in a substantially greater proportion of cases by the constant care group, 12 percent compared with 4 percent. Utilization of nursing services was considerably greater for females with higher income.

Income Level

Inspection of data in table D indicates that more than half the persons requiring personal care were in the lower income groups with total

Table D. Percent distribution of persons receiving care at home by type of care according to family income: United States, July 1958-June 1959

	Type of care				
Family income	Total	Con- stant	Part- time		
Total	100.0	100.0	100.0		
Under \$4,000 \$4,000+ Unknown	56.8 32.1 11.1	53.7 33.8 12.5	61.1 29.7 9.2		

family income of less than \$4,000. Without distributing the unknown income group, there was an over-all proportion of 57 percent, who were living in families of the lower income groups, varying from 54 percent for the constant care group to 61 percent for the part-time group.

Limitation of Activity

Approximately 76 percent of those requiring some type of personal care also reported a major limitation of their activity (table 6). In the constant and part-time care groups, 85 and 65 per-

cent, respectively, reported a major limitation of activity. Altogether more than 90 percent of the persons needing care had either major or partial limitation of activity.

Within the constant care group, more females than males reported a major activity limitation (89 percent of the females as compared with 79 percent of the males), while in the parttime care group more males than females (71 and 59 percent, respectively), had major limitations.

On the other hand, of the estimated 3½ million persons in the noninstitutional U. S. population with a major activity limitation, only about one fourth (24 percent) reported as receiving personal care in the home (table E).

Table E. Proportion of persons receiving care at home by limitation of activity: United States, July 1958-June 1959

	Total	Personal care		
Limitation of activity	U.S. popu- lation (in thou- sands)	Num- ber (in thou- sands)	Per- cent	
Total	171,300	1,128	0.7	
Major Partial None	3,568 13,236 154,496	862 163 103	24.2 1.2 0.1	

Limitation of Mobility

Of the persons receiving care at home, 43 percent also reported a major limitation of mobility, varying from 33 percent for males to 51 percent for females (table 7).

As expected, persons with need for constant care also more often reported a major limitation in mobility. Again the proportion of females with limitation exceeded that of males.

For this period, the estimated number of persons with a major limitation of mobility in the noninstitutional population of the United States was about 2 million (table F). Of this number 751,000, or approximately 38 percent, were also reported as receiving personal care at home (table F). This proportion contrasted sharply with the 6 percent of the partially limited group that reported some form of care at home.

Table F. Proportion of persons receiving care at home by limitation of mobility: United States, July 1958-June 1959

	Total	Personal care		
Limitation of mobility	U.S. popu- lation (in thou- sands)	Num- ber (in thou- sands)	Per- cent	
Total	171,300	1,128	0.7	
Major Partial None	1,990 2,631 166,780	751 157 220	37.7 6.0 0.1	

Bed-Days in Past 12 Months

While only 43 percent of those receiving parttime care reported bed-days in the past year, about 60 percent of the constant care group had bed-days. Small differences existed between these groups for persons reporting 1-90 days in bed, but persons with long periods of bed-days (over 90 days) were largely concentrated among those requiring constant care. Thus, 241,000 or 37 percent of those with constant care reported 90 or more days of bed-care. On the other hand persons receiving constant care constituted about three fourths of all those who reported 90 or more beddays (table 8).

Physician Visits

The average number of visits per person for this group was 23 compared with an average of 5 for the U. S. population as a whole (fig. 2). Whereas only about 20 percent of the total physician visits for U. S. population were home or telephone visits, half of all the visits reported by persons requiring personal care in the home were home or telephone visits (table G).

Of the total visits reported by all persons needing personal care, those with constant care utilized 81, 77, and 60 percent, respectively, of the home, telephone, and other physician visits (table H). Of all home visits, persons reporting constant care required about four times as many as those with only part-time care. As expected, persons with only part-time care were more able to go to the office or clinics for their physician care, making about two thirds of their physician visits in this manner.

Table G. Comparison of physician visits for total U.S. population and for persons receiving care at home: United States, July 1958-June 1959

Type of		physician n millions)	Percent distribution			physician er person year
physician visit	Total U.S. population	Persons receiving care at home	Total U.S. population	Persons receiving care at home	Total U.S. population	Persons receiving care at home
Total	813.4	26.4	100.0	100.0	4.7	23.4
Home Telephone Other	74.9 84.4 654.1	9.4 4.0 13.1	9.2 10.4 80.4	35.4 15.0 49.6	0.4 0.5 3.8	8.3 3.5 11.6

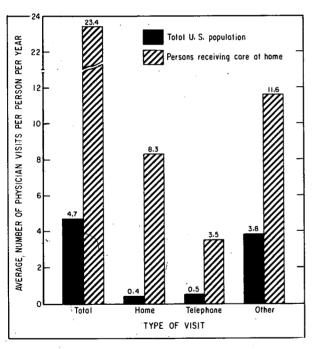


Figure 2. Average number of physician visits per person per year according to type of visits, U. S. noninstitutional population, and persons receiving care at home.

There was a definite correlation of age and type of physician visit in that the older persons relied more upon home and telephone visits. (table 9).

Table H. Percent distribution of physician visits for persons receiving care at home by type of care: United States, July 1958-June 1959

Type of	Type of care			
physician visit	Total	Con- stant	Part- time	
Total	100.0	70.0	30.0	
Home Telephone Other	100.0 100.0 100.0	81.0 76.8 60.0	19.0 23.2 40.0	

.Major Activity

Only one fifth of the persons receiving personal care reported their major activity as working or going to school or keeping house (table 10). Almost 80 percent reported their major activity as either retired or "other" status. In this population group, the "other" group undoubtedly was composed mainly of those with health problems which kept them from regular participation in the activities of working, going to school, or keeping house. More detailed tabulations than those presented in this report indicated that of those reporting "other" status,

about a third were under 25 years of age and another third were 65 and over. These same age groups also reported the greatest need of constant care.

For persons receiving personal care who reported keeping house as their major activity, only 39 percent required constant care in contrast to 55 percent of those usually working or going to school, 54 percent of those retired, and 68 percent of the "other" group (table I).

Table I. Number of persons receiving personal care at home and percent receiving constant care by major activity: United States, July 1958-June 1959

Major	Total with	Persons re- ceiving con- stant care at home		
activity	per- sonal care	Num- ber (in thou- sands)	Per- cent	
Both sexes	1,128	650	57.6	
Usually working or going to school Keeping house Retired Other	98 142 457 431	54 56 247 292	55.1 39.4 54.0 67.7	

Marital Status and Living Arrangements

Marital status and type of living arrangement is of particular interest in this report of personal care in the home since these characteristics are closely related to the question of who provides such services. In the tabulation of mass data it is difficult to classify a descriptive factor such as family relationship into clear-cut categories. Because of the general interest in the "living arrangements" of persons reporting personal care in the home an attempt has been made to devise some very broad categories. As they pertain to persons receiving personal care in the home, they are described as follows: (1) living alone or with nonrelatives: this category includes in general, widowed and other unmarried persons living alone or with unrelated persons or families; (2) living with relatives—married: this group includes, for the most part, married

couples living in their own homes or in the homes of relatives; and (3) living with relatives—other status: this category includes unmarried persons, such as unmarried children, widowed parents living with children, and other unmarried persons living with relatives.

About 1,004,000 or 89 percent of all persons receiving care were living with relatives (table 11). Of this number some 465,000 or 41 percent were married and living with wife or husband, and 539,000 or 48 percent with some other relative. This distribution was quite similar for those reporting either constant or part-time care. Of those living with relatives other than spouses, approximately 28 percent were under age 25 and 54 percent were 65 years and over. These two groups largely represent children and older persons living with their families.

Altogether, less than 5 percent of persons receiving personal care in the home were in one-person households.

Urban-Rural Residence

Of all persons receiving some form of personal care at home, 697,000, or 61.8 percent, lived in urban areas and this pattern was quite similar for both the constant and part-time care groups. For those receiving constant care the distribution by sex in urban and rural areas was essentially

Table J. Percent distribution of persons receiving care at home by age according to place of residence and type of care: United States, July 1958-June 1959

	Тур	e of ca	re
Residence and age	Total	Con- stant	Part- time
<u>Urban</u>	Percent distribution		
All ages	100.0	59.5	40.5
Under 45 45-64 65-74 75+	100.0 100.0 100.0 100.0	68.3 62.2 48.3 59.6	31.7 37.8 51.7 40.4
<u>Rural</u>			
All ages	100.0	54.5	45.5
Under 45 45-64 65-74 75+	100.0 100.0 100.0 100.0	51.5 52.4 45.6 60.7	48.5 47.6 54.4 39.3

the same with a significantly higher percentage of females in both areas of residence. However, among those receiving part-time care, females were only in a slight majority in urban areas, with the distribution shifting to a majority of males in the rural areas (table 12).

Persons at ages under 65 in urban areas were more often reported as needing constant care than

the corresponding group in rural areas, while those 65 and over were quite similarly distributed in urban and rural areas (table J). In contrast to other age groups shown in table J, a higher proportion of the persons in the age group 65-74 in both urban and rural places of residence were receiving part-time care.

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Table 1. Number of persons receiving care at home and percent distribution by age according to sex and type of care: United States, July 1958-June 1959

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

	Type of care							
Sex and age	Total	Constant	Part-time	Total	Constant	Part-time		
	Numb	er of pers thousands		Perc	ent distri	bution		
Both sexes								
All ages	1,128	650	478	100.0	100.0	100.		
Inder 15 L5-44 55-64	121 125 225 214 444	84 65 132 102 266	37 59 93 112 177	10.7 11.1 19.9 19.0 39.4	12.9 10.0 20.3 15.7 40.9	7. 12. 19. 23. 37.		
Male	74,	. 200	•	52.1	10.5	37.		
All ages	491	255	236	100.0	100.0	100.		
nder 15 5-44 5-64 5-74	68 67 98 101 157	48 36 50 43 78	20 31 48 58 79	13.8 13.6 20.0 20.6 32.0	18.8 14.1 19.6 16.9 30.6	8. 13. 20. 24. 33.		
<u>Female</u>								
All ages	637	395	242	100.0	100.0	100.		
nder 15 5-44 5-64 5-74 5+	53 58 126 113 287	36 29 82 59 189	17 28 44 54 99	8.3 9.1 19.8 17.7 45.1	9.1 7.3 20.8 14.9 47.8	7. 11. 18. 22. 40.		

Table 2. Number of persons receiving care at home and percent distribution by impairments and other conditions responsible for the care according to type of care: United States, July 1958-June 1959

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

	Type of care							
Impairments and other conditions	Total	Constant	Part-time	Total	Constant	Part-time		
	Numbe	r of perso thousands	ns in	Per	cent distr	ibution		
All persons	1,128	650	478	100.0	100.0	100.0		
Impairments Vision Paralysis Other	444 63 226 155	260 26 154 80	184 38 72 75	39.4 5.6 20.0 13.7	40.0 4.0 23.7 12.3	38.5 7.9 15.1 15.7		
Other conditions Circulatory Heart Other Arthritis and rheumatism Senility Other	684 176 108 67 117 90 300	390 117 67 50 49 40 184	294 59 42 17 69 51	60.6 15.6 9.6 5.9 10.4 8.0 26.6	60.0 18.0 10.3 7.7 7.5 6.2 28.3	12.3 8.8 3.6 14.4		

Table 3. Number of persons receiving care at home and percent distribution by length of time under care according to type of care: United States, July 1958-June 1959 (See headnote on table 2)

	Type of care						
Length of time under care	Total	Constant	Part-time	Total	Constant	Part-time	
		r of perso thousands	ns in	Percent distribution			
All persons	1,128	650	478	100.0	100.0	100.0	
0-1 year Less than 1 month 1-11 months 5+ years Unknown	307 53 253 428 344 49	185 37 149 252 186 27	121 17 104 177 158 23	27.2 4.7 22.4 37.9 30.5 4.3	28.5 5.7 22.9 38.8 28.6 4.2	25.3 3.6 21.8 37.0 33.1 4.8	

Table 4. Number of persons receiving care at home and percent distribution by age according to length of time under care and type of care: United States, July 1958-June 1959

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

Length of time under care			Type o	f care			
and age	Total	Constant	Part-time	Total	Constant	Part-time	
<u>Total</u>	Number of persons in thousands			Percent distribution			
All ages	1,128	650	478	100.0	100.0	100.0	
Under 45 45-64 65+	245 22 5 658	150 132 368	95 93 290	21.7 20.0 58.3	23.1 20.3 56.6	19.9 19.5 60.7	
Less than 1 year's care		 			-		
All ages	306	185	121	100.0	100.0	100.0	
Under 45 45-64 65+	57 75 174	37 45 103	20 30 71	18.6 24.5 56.9	20.0 24.3 55.7	16.5 24.8 58.7	
1-4 years' care							
All ages	429	252	177	100.0	100.0	100.0	
Under 45 45-64 65+	63 76 290	36 47 169	27 29 121	14.7 17.7 67.6	14.3 18.7 67.1	15.3 16.4 68.4	
5 or more years							
All ages	344	186	158	100.0	100.0	100.0	
Under 45 45-64 65+	124 68 152	77 35 74	47 33 78	36.0 19.8 44.2	41.4 18.8 39.8	29.7 20.9 49.4	
<u>Unknown</u>				-		·	
All ages	49	27	22	100.0	_100.0	100.0	
Under 45 45-64 65+	1 6 42	- 5 22	1 1 20	2.0 12.2 85.8	18.5 81.5	4.5 4.5 90.9	

Table 5. Number of persons receiving care at home and percent distribution by persons providing care according to family income and type of care: United States, July 1958-June 1959

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

Family income and persons			Туре	f care			
providing care	Total	Constant	Part-time	Total	Constant	Part-time	
All incomes	Number of persons in thousands			Perc	Percent distribution		
Total	1,128	650	478	100.0	100.0	100.0	
Household members Nurse Other Under \$4,000	932 95 101	502 78 70	430 17 31	82.6 8.4 9.0	77.2 12.0 10.8	3.6	
Total	641	349	292	100.0	100.0	100.0	
Household members Nurse Other	564 31 46	304 22 23	260 9 23	88.0 4.8 7.2	87.1 6.3 6.6	89.0 3.1 7.9	
\$ <u>4,000+</u>							
Total	362	220	142	100.0	100.0	100.0	
Household members Nurse Other	298 35 29	164 32 24	134 3 5	82.3 9.7 8.0	74.5 14.5 10.9	94.4 2.1 3.5	
<u>Unknown</u>			·				
Total	125	81	44	100.0	100.0	100.0	
Household members Nurse Other	70 29 26	33 24 24	37 5 2	56.0 23.2 20.8	40.7 29.6 29.6	84.1 11.4 4.5	

Table 6. Number of persons receiving care at home and percent distribution by limitation of activity according to sex and type of care: United States, July 1958-June 1959

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

Sex and limitation of activity	Type of care							
	Total	Constant	Part-time	Total	Constant	Part-time		
Both sexes	Number of persons in thousands			Percent distribution				
Total	1,128	650	478	100.0	100.0	100.0		
Major Partial None	862 163 103	553 41 56	309 122 47	76.4 14.5 9.1	6.3	64.6 25.5 9.8		
<u>Male</u>								
Total	491	255	236	100.0	100.0	100.0		
MajorPartialNone	368 60 63	201 20 34	167 40 29	74.9 12.2 12.8		70.8 16.9 12.3		
<u>Female</u>					,			
Total	637	395	242	100.0	100.0	100.0		
MajorPartialNone	494 103 40	352 21 22	142 82 18	77.6 16.2 6.3	89.1 5.3 5.6	58.7 33.9 7.4		

Table 7. Number of persons receiving care at home and percent distribution by limitation of mobility according to sex and type of care: United States, July 1958-June 1959

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

Sex and limitation of mobility	Type of care						
	Total	Constant	Part-time	Total	Constant	Part-time	
<u>Both</u> sexes	Nun	nber of per in thousan		Perc	ent distri	bution	
Total	1,128		4'78	100.0	100.0	100.0	
Major	485 423 220	384 167 99	101 256 121	43.0 37.5 19.5	59.1 25.7 15.2	21.1 53.6 25.3	
Total	491	255	236	100.0	100.0	100.0	
Major Partial None Female	160 211 120	123 76 56	37 135 64	32.6 43.0 24.4	48.2 29.8 22.0	15.7 57.2 27.1	
Total	637	395	. 242	100.0	100.0	100.0	
Major Partial None	325 213 99	261 91 43	64 122 56	51.0 33.4 15.5	66.1 23.0 10.9	26.4 50.4 23.1	

Table 8. Number of persons receiving care at home and percent distribution by number of bed-days reported in past 12 months according to type of care: United States, July 1958-June 1959

(See headnote on table 7) Type of care Number of bed-days Total Constant Part-time Total Part-time Constant Number of persons Percent distribution in thousands Total---1,128 650 478 100.0 100.0 100.0 40.2 535 261 274 47.4 57.3 126 66 60 11.2 10.2 12.6 87 47 39 7.7 7.2 8.2 330 241 90 29.3 37.1 18.8 49 34 15 4.3 5.2 3.1

Table 9. Number of persons receiving care at home and percent distribution by age according to type of physician visit and type of care: United States, July 1958-June 1959

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

			Туре	f care			
Type of physician visit and age	Total	Constant	Part-time	Total	Constant	Part-time	
All visits	Number	of physici in thousan		Percent distribution			
Total	26,433	18,490	7,942	100.0	100.0	100.0	
Under 45 45-64 65+	4,976 6,742 14,715	3,364 4,047 11,079	1,612 2,694 3,636	18.8 25.5 55.7	18.2 21.9 59.9	20.3 33.9 45.8	
Home		,				·	
Total	9,366	7,584	1,782	100.0	100.0	100.0	
Under 45	505 1,705 7,155	433 1,152 5,998	72 553 1,157	5.4 18.2 76.4	5.7 15.2 79.1	4.1 31.0 64.9	
<u>Telephone</u>							
Total	3,960	3,041	919	100.0	100.0	100.0	
Under 45	547 1,206 2,207	296 974 1,771	251 232 436	13.8 30.5 55.7	9.7 32.0 58.2	27.3 25.2 47.5	
<u>Other</u>	ļ.						
Total	13,107	7,866	5,241	100.0	100.0	100.0	
Under 45	3,924 3,830 5,353	2,635 1,921 3,310	1,289 1,909 2,043	29.9 29.2 40.8	33.5 24.4 42.1	24.6 36.4 39.0	

Table 10. Number of persons receiving care at home and percent distribution by major activity according to type of care: United States, July 1958-June 1959

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

Malan andreiten	Type of care							
Major activity	Total	Constant	Part-time	Total	Constant	Part-time		
	Number of persons in thousands			Percent distribution				
Both sexes	1,128	650	478	100.0	100.0	100.0		
Usually working or going to		ļ .	· ,,	. 0.7				
schoolKeeping house	98 142	54 56	44 86	8.7 12.6	8.3 8.6	9.1 18.0		
Retired	457	247	210	40.5	38.0	43.9		
Other	431	293	138	38.2	45,.1	28.9		

Table 11. Number of persons receiving care at home and percent distribution by living arrangements according to type of care: United States, July 1958-June 1959

(See headnote on table 10)

		Type of care							
Living arrangements	Total	Constant	Part-time	Total	Constant	Part-time			
	Nun	ber of per in thousan		Percent distribution					
Both sexes	1,128	650	478	100.0	100.0	100.0			
Living alone Living with nonrelatives Living with relatives Married Other	50 74 1,004 465 539	30 47 573 256 317	20 27 431 209 222	4.4 6.6 89.0 41.2 47.8	4.6 7.2 88.2 39.4 48.8	4.2 5.6 90.2 43.7 46.4			

Table 12. Number of persons receiving care at home and percent distribution by age and by sex according to residence and type of care: United States, July 1958-June 1959

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

Residence, age, and sex			Туре о	f care				
neorueine, age, and sex	Total	Constant	Part-time	Total	Constant	Part-time		
RESIDENCE	Numb	Number of persons in thousands			Percent distribution			
<u>Urban</u>		er.	•					
All ages	697	415	282	100.0	100.0	100.0		
Under 45 years	142 143 147 265	97 89 71 158	45 54 76 107	20.4 20.5 21.1 38.0	23.4 21.4 17.1 38.1	16.0 19.1 26.9 37.9		
<u>Rural</u>			:			, ,		
All ages	431	235	196	100.0	100.0	100.0		
Under 45 years	103 82 68 178	53 43 31 108	50 39 37 70	23.9 19.0 15.8 41.3	22.6 18.3 13.2 45.9	25.5 19.9 18.9 35.7		
<u>Urban</u>	•					٠		
Both sexes	697	415	282	100.0	100.0	100.0		
MaleFemale	299 398	168 247	131 151	42.9 57.1	40.5 59.5	46.5 53.5		
Rural	• •							
Both sexes	431	235	196	100.0	100.0	100.0		
MaleFemale	193 238	88 147	105 91	44.8 55.2	37.4 62.6	53.6 46.4		

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report, Persons Receiving Care at Home, is one of a series of statistical reports prepared by the U. S. National Health Survey which cover separate health-related topics. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, which is one of the major projects of the U. S. National Health Survey.

The Health Interview Survey utilizes a questionnaire which elicits information on illnesses, injuries, chronic conditions, disability, medical care, and other health topics in addition to personal and demographic characteristics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics.

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

Statistical Design of the Health Interview Survey

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

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

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

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

Sample size and geographic detail.—The national sample plan over the 12-month period ending June 28, 1959, included approximately 120,000 persons from 37,000 households in 6,200 segments, with representation from every State. The over-all sample was designed in such a fashion that, from the annual sample, tabulations can be provided for various geographic sections of the United States and for urban and rural sectors of the Nation.

Collection of data.—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the National Health Survey. In accordance with these specifications the Bureau of the Census participates in designing the sample, selects the sample, conducts the field interviewing, carries out quality control procedures and reviews and codes the questionnaires. Tabulations are prepared by the National Health Survey, using electronic computers,

Processing of data.—The coded data are processed on electronic computers by the National Health Survey staff. Included in this processing are assignment of weights, ratio adjustments, and related procedures necessary to project the data to national estimates. Another phase of this processing procedure involves carrying out internal edits and consistency checks to insure that the data are not incorrect due to errors in recording responses, coding, or processing. No editing can, of course, be expected to remove error or bias in reporting by respondents. Finally, the weekly data are combined to provide quarterly and annual data and tabulations are prepared which give estimates of aggregates, rates, and other statistical measures.

Estimating methods.—Each statistic produced by the survey—for example, the number of persons receiving care at home—is the result of two stages of ratio estimation. In the first of these, the factor is the ratio of the 1950 decennial population count to the 1950 estimated population in the U. S. National Health Survey's first-stage sample of PSU's. This factor is applied for more than 50 color-residence classes.

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

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

As noted, each week's sample represents the population living during that week and characteristics of the population. For statistics which measure the prevalence of a characteristic at one point in time, consolidation of the weekly samples over any time period, such as a year, produces an estimate of the average prevalence of the characteristic during that time period.

For statistics which measure the incidence of conditions or disability days during a specified period of time, the procedure is different. For such items, the specified period on the questionnaire is the 2 weeks prior to the interview. Therefore, the response is multiplied by 6.5 to produce an estimate for the 13-week quarter, and the quarterly estimates are added to obtain an estimate of the incidence during any longer time period, such as a year. Thus, the experience which actually occurred for each person in a 2-week period is treated as though it measured the total of such experience during the year. Such interpretation leads to no significant bias.

General Qualifications

Nonresponse.—Data were adjusted for nonresponse by a procedure which imputed to persons in a household which was not interviewed the characteristics of persons in households in the same segment which were interviewed. The total noninterview rate was 5 percent; 1 percent was refusal and the other 4 percent was primarily due to the failure to find any eligible household respondent after repeated trials.

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

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions which were not medically attended, diagnostic information is often no more than a description of symptoms. However, other facts, such as the number of disability days caused by the condition, can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report information of this type.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain over-all totals which are adjusted to independent estimates, these figures are based on the sample of households in the U. S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data which may be available. In some instances they will permit users to recombine published data into classes more suitable to their specific needs. The population figures differ from corre-

sponding figures (which are derived from different sources) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, P-50, P-57, and P-60 series.

Reliability of Estimates

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

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

In order to derive standard errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the tables of standard errors shown in this Appendix should be interpreted as providing an estimate of approximate standard error, rather than as the precise standard error for any specific statistic.

The following rules will enable the reader to determine the sampling errors for the data contained in this report.

 Estimates of aggregates: Approximate standard errors of estimates of aggregates, such as the number of persons receiving care at home, or the number of physician visits are obtained from appropriate columns of table I. Example:

There were 444,000 persons 75 years and over receiving care at home (table 1). Since the standard error for this estimate is not shown in table I, it is necessary to interpolate between the standard error for 100,000 persons which is 22,000, and the standard error for 500,000 persons which is 50,000. Such interpolation gives 46,080 as the standard error for 444,000 persons 75 years and over receiving care at home.

2. Estimates of percentages in a percent distribution: Approximate standard errors of percentages in percent distributions of persons receiving care by age, length of time under care, limitation of activity or mobility, or type of condition for which care was received, and distributions of physician visits are given in appropriate columns of table II.
Example:

Approximately 39.4 percent of the 1,128,000 persons receiving care at home were 75 years

Table I. Standard errors of estimates of aggregates $\overline{1}$

(All numbers	shown in tho	usands)
Size of estimate	Number of persons	Number of physician visits
100	22.	-
500	50	60
1,000	70	90
2,000	100	120
3,000	120	150
5,000	160	200
10,000	220	300
20,000	. 300	450
30,000	330	590
50,000	350	830
100,000	400	1,400
200,000		-, -
500,000	_	
*	_	_

¹The total U.S. population by age, sex, and residence has been adjusted to official Bureau of the Census figures and therefore is not subject to sampling error.

of age or over (table 2). Since neither the base nor the percentage is shown in table II, it is necessary to interpolate between 25 percent and 50 percent to obtain 3.7 as the standard error of 39.4 percent with a base of 1,000,000 and 2.6 as the standard error of 39.4 percent with a base of 2,000,000. A final interpolation between these results yields 3.5 as the standard error for a statistic of 34.9 percent with a base of 1,128,000.

3. Estimates of the number of persons receiving care per 1,000 total persons or persons in an age-sex group are obtained from table II. Since

table II is set up for the estimation of the standard error of a rate per 100, the prevalence per 1,000 must first be converted to a percentage; table II is then entered with this percentage and the number of persons in the population category (base of the percentage). The entry in the body of the table must then be multiplied by 10 to apply to the rate per 1,000 persons.

Example:

There were 87.7 persons 75 years and over receiving care at home per 1,000 population. This rate expressed as a percentage is 8.8. and it is based on 5,052,000 persons 75 years and over (table A). Since neither the base nor the percentage is shown in table II it is necessary to interpolate between 5 percent and 10 percent to obtain 0.95 as the standard error for 8.8 percent with a base of 5,000,000, and 0.68 as the standard error of 8.8 percent with a base of 10,000,000. A final interpolation between these results yields 0.95 as the standard error of 8.8 percent with a base of 5,052,000. Multiplying this standard error by 10 gives 9.5 as the standard error for a rate of 87.7 per 1,000 population.

- 4. Estimates of the number of physician visits per year per person receiving care at home, or the number of persons receiving care at home per 100 persons in a chronic limitation status: Approximate standard errors for these rates are obtained as follows:
 - (a) Obtain the standard error of the numerator from table I. Divide the standard error by the numerator itself. Square the result.
 - (b) Obtain the standard error of the denominator from table I. Divide the standard error by the denominator itself. Square the result.

(Note: Where the denominator is adjusted to Bureau of the Census figures and therefore is not subject to sampling error, this quantity is zero.)

Table II. Standard errors of percentage distributions

When the base of the	percentage is number of:	For estimated percentages of:								
Persons (In th	Physician visits nousands)	2 or 98	5 or 95	10 or 90	25 or 75	50				
					andard e					
100 500 1,000 2,000	2,500 12,500 25,000 50,000	3.6 1.6 1.1 0.8	5.6 2.5 1.8 1.3	6.8 3.0 2.1 1.5	9.8 4.4 3.1 2.2	12.9 5.8 4.1 2.9				
3,000 5,000 10,000 20,000	75,000 125,000 250,000 500,000	0.7 0.5 0.4 0.3	1.0 0.8 0.6 0.4	1.2 1.0 0.7 0.5	1.8 1.4 1.0 0.7	2.4 1.8 1.3 0.9				
30,000 50,000 100,000	750,000 1,250,000	0.2 0.2 0.1	0.3 0.3 0.2	0.4 0.3 0.2	0.6 0.4 0.3	0.7 0.6 0.4				

(c) Add the answers from steps (a) and (b) above and extract the square root.

(d) Multiply the answer from step (c) by the rate. The result is the approximate standard error of the rate. This procedure normally gives an overestimate of the true sampling error. Example:

There were 23.4 physician visits per year per person receiving care at home (table G). Using Rule 1 we find the standard error for the

numerator of 26,400,000 physician visits is 539,600 and the standard error for the denominator of 1,128,000 persons (table 1) is 73,840. Completing the computation as follows:

$$23.4\sqrt{\left(\frac{539,600}{26,400,000}\right)^2 + \left(\frac{73,840}{1,128,000}\right)^2}$$

yields 1.6 as the standard error of 23.4 physician visits.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Personal Care Terms

<u>Personal care</u> at home in this survey is family help or nursing care provided part time or full time in the person's own home either by members of the household, other relatives, friends, persons hired for the service, or by charitable or public agencies. Usual care required by infants is not included as nursing care.

Constant care means the person could not be left alone, in that someone must always be in attendance or within call.

<u>Part-time care</u> means that the person could not get along without help during certain times or with certain activities, such as dressing, eating, or getting into a chair.

Duration of care is the number of months or years that the person has required continuing nursing care irrespective of whether on a constant or part-time basis.

Person providing care.—A "household member" providing help or nursing care is a person who is a member of the interviewed household. "Other relative" is a related person living outside of the household. "Trained nurse" is a private registered nurse, public health nurse, or visiting nurse. If a trained nurse who is a member of the household provides the care it is recorded as "trained nurse" rather than household member. "Practical nurse" includes persons called a nurse by the respondent but not stated to be a "trained nurse."

"Other" includes friends and also persons employed

only to sit with the person requiring care.

Length of time under care.—For a person currently under care the length of time was recorded as the total time that he had required full or part-time care on a continuous basis. If there were periods during which no care was required, only the last uninterrupted period was to be counted.

Terms Defining Morbidity Conditions

Condition.—A morbidity condition or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental well-being. It results from a positive response to one of a series of "illness-recall" questions (11-17, Appendix III). In the coding and tabulating process, conditions are selected or classified according to a number of different criteria, such as, whether they were medically attended; whether they resulted in disability; whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables, only those conditions recorded on the questionnaire which satisfy certain stated criteria are included.

Conditions, except impairments, are coded by type according to the International Classification of Diseases, with certain modifications adopted to make the code more suitable for a household-interview-type survey.

Impairment.—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments. Hence, code numbers for impairments in the International Classification of Diseases are not used. In the Supplementary Code impairments are grouped according to the type of functional impairment and etiology.

Terms Relating to Disability

<u>Disability</u>.—Disability is a general term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition.

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

Bed-disability day.—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most of the day" is defined as more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

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

1. Persons unable to carry on major activity for

their group

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

Housewives:

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

Workers and all other persons:

inability to work at a job or business.

2. Persons limited in the amount or kind of major

activity performed

Preschool children:

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

School-age children: limited to certain types of

schools or in school attendance, e.g., need special schools or special teaching cannot go to school full time or for long periods at a time. limited in amount or kind of housework, i.e., cannot lift children, wash or iron, or do housework for long periods at a time.

Workers and all other persons:

Housewives:

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

3. Persons not limited in major activity but otherwise limited

Preschool children:

not classified in this category.

School-age children: not limited in going to

school but limited in participation in athletics or other extracurricular activities.

Housewives:

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

Workers and all other persons:

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

4. Persons not limited in activities

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

For the purpose of this report category 1 is called "major," and categories 2 and 3 have been combined and described as partial limitation of activity.

Chronic mobility limitation. - Persons with chronic activity limitation of some degree as a result of one or more chronic conditions are classified according to the extent to which their mobility is limited at present. There are four categories as follows:

- Confined to the house—confined to the house all the time except in emergencies.
- 2. Cannot get around alone—able to go outside but needs the help of another person in getting around
- 3. Has trouble getting around alone—able to go outside alone but has trouble in getting around freely.
- 4. Not limited in mobility—not limited in any of the ways described above.

For the purpose of this report category 1 is called "major," and categories 2 and 3 have been combined and described as partial limitation of mobility.

Medical Care Terms

Physician visit.—A physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered to be a physician visit if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician visits for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (e.g., test for diabetes) or a single procedure (e.g., smallpox vaccination) when this single service was administered identically to all persons who were at the place for this purpose. Hence, passing through a tuberculosis chest X-ray trailer, by this definition, is not included as a physician visit. However, a special chest X-ray given in a physician's office or an outpatient clinic is considered to be a physician visit.

Physician visits to hospital inpatients are not included.

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

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

Place of visit.—The place of visit is a classification of the types of places at which a physician visit took place. (See definition of "Physician visit.") The definitions of the various categories are as follows:

- 1. Home is defined as any place in which the person was staying at the time of the physician's visit. It may be his own home, the home of a friend, a hotel, or any other place the person may be staying (except as an overnight patient in a hospital).
- 2. Telephone contact refers to advice given in a telephone call directly by the physician or transmitted through the nurse.

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3. Other is defined for this report to include: a visit to a physician's office, whether at his home, individual office, or suite of offices; a visit to a hospital clinic (outpatient clinic at any hospital); a visit to a company or industry health unit for treatment received from a physician or under a physician's supervision; or may refer to advice or treatment received from a physician or under a physician's general supervision at a school, insurance office, health department clinic, or any other place at which a physician consultation might take place.

Demographic Terms

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

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 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 income.

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 ending with the week of interview. Income from all sources is included, e.g., wages, salaries, rents from property, pensions, help from relatives, and so forth.

Marital status.—Marital status is recorded only for persons 14 years of age or older. The categories of marital status are: married, widowed, divorced, separated, and never married. Persons whose only marriage was annulled are counted as "never married." Persons with common-law marriages are considered to be married. "Separated" refers to married persons who have a legal separation or who have parted because of marital discord.

Living arrangements.—This classification was constructed from combined data on household composition, family relationship, and marital status. Thus it was possible to separate those living alone, or with nonrelatives or with relatives. Those living with relatives were further classified by whether they were married and living with a spouse.

Major activity.—All persons 6 years old or over are classified according to their major activity during the 12-month period prior to the week of interview. The "major" activity, in case more than one is reported, is the one at which the person spent the most time during the 12-month period.

The categories of major activity are: usually working, usually going to school, usually keeping house, retired, and other. For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. In the first place, the responses concerning major activity are accepted without detailed questioning, since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify crudely

certain population groups which may have differing health problems. In the second place, the figures represent the major activity over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually one week. Finally, in the definitions of the specific categories which follow, certain marginal groups are classified in a different manner to simplify the procedures.

- Usually working includes paid work as an employee for someone else; self-employment in own business, or profession, or in farming; and unpaid work in a family business or farm. Work around the house, or volunteer or unpaid work, such as for church, Red Cross, etc., is not counted as working.
- Usually going to school means attendance at a regular school or college which advances a person toward an elementary or high school diploma or a college degree.
- 3. Usually keeping house includes any activity described as "keeping house" which cannot be classified as "working" or "going to school."
- 4. Retired includes persons 50 years old or over who consider themselves to be retired. In case of doubt, a person 50 years old or over is counted as retired if he, or she, has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be unable to work.
- 5. Other includes persons 6 years of age or over not classed in any of the other categories. Examples of inclusions are: a person who states that he spent most of the past 12 months looking for work, a person doing volunteer work only, a person under 50 years of age who describes himself as "retired" or "taking it easy," a person under 50 years of age who is described as "unable to work," or "unable to go to school" or a person 50 years of age or over who describes himself as "unable to work" and is not "retired."

Location of Residence Terms

<u>Urban residence.</u>—The definition of urban areas used in the U. S. National Health Survey is the same as that used in the 1950 Census. According to this definition, the urban population comprises all persons living in (a) places of 2,500 inhabitants or more incorporated as cities, boroughs, and villages; (b) incorporated towns of 2,500 inhabitants or more except in New England, New York, and Wisconsin, where "Towns" are simply minor civil divisions of counties; (c) the densely settled urban finge, including both incorporated and unincorporated areas, around cities of 50,000 or more; and (d) unincorporated places of 2,500 inhabitants or more outside any urban fringe.

Rural residence.—The remaining population not classified as "Urban" is classified as "Rural." In this report the rural population includes both "Rural farm" and "Rural nonfarm."

APPENDIX III

QUESTIONNAIRE

The items below show the exact content and wording of the questionnaire used in the household survey. The actual questionnaire is designed for a household as a unitand includes additional spaces for reports on more than one person.

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Check List of Chronic C	Conditions	For:	For:			
		Workers and other persons except Housewives and Children	Children from 6 to 18 years old and others going to school			
4. Chronic bronchitis 5. Repeated attacks of sinus trouble 6. Rheumatic fever 7. Hardening of the arteries 8. High blood pressure 9. Heart trouble 10. Stroke 11. Trouble with varicose veins 12. Hemorrhoids or piles 13. Gallbladder or liver trouble 14. Stomach ulcer 15. Any other chronic	16. Kidney stones or other kidney trouble 17. Arthritis or rheumatism 18. Prostate trouble 19. Diabetes 20. Thyroid trouble or goiter 21. Epilepsy or convulsions of any kind 22. Mental or nervous trouble 23. Repeated trouble with back or spine 24. Tumor or cancer 25. Chronic skin trouble 26. Hernia or rupture	1. Cannot work at all at present. 2. Can work but limited in amount or kind of work. 3. Can work but limited in kind or amount of outside activities. 4. Not limited in any of these ways.	1. Cannot go to school at all at present time. 2. Can go to school but limited to certain types of schools or in school attendance. 3. Can go to school but limited in other activities. 4. Not limited in any of these ways.	1. Confined to the house all the time, except in emergencies. 2. Can go outside but need the help of another person in getting around outside. 3. Can go outside alone but have trouble in getting around freely 4. Not limited in any of these ways.		
Card B NATIONAL HEALTH SURVE	•	Card D	Card F	Card H		
THE TOTAL PROPERTY CONTENT	•	NATIONAL HEALTH SURVEY	NATIONAL HEALTH SURVEY	_MATIONAL HEALTH SURVEY		
Check List of impairs	ments	For: Housewife	For: Children under 6 years old	Family Income during past		
 Deafness or serious trouble with here Serious trouble with seeing, even w Condition present since birth, such club foot. Stammering or other trouble with speed 	ith glasses. as cleft palate or	1. Cannot keep house at all at present. 2. Can keep house but limited in amount or kind of housework. 3. Can keep house but limited in outside activities.	1. Cannot take part at all in ordinary play with other children. 2. Can play with other children but limited in amount or kind of play. 4. Not limited in any of these ways.	1. Under \$500 (Including loss) 2. \$500 - \$999 3. \$1,000 - \$1,999 4. \$2,000 - \$2,999 5. \$3,000 - \$3,999		
5. Missing fingers, hand, or arm.		4. Not limited in any of these ways.		6. \$4,000 - \$4,999		
6. Missing toes, foot, or leg.				7. \$5.000 - \$6.999		
7. Cerebral palsy.		,		8. \$7,000 - \$9,999		