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For HEALTH STATISTICS | Number 23**

VITAL and HEALTH STATISTICS

DATA EVALUATION AND METHODS RESEARCH

**Interview Data on Chronic Conditions
Compared With Information
Derived From Medical Records**

A methodological study of the completeness and accuracy with which chronic conditions are reported by health plan enrollees in household interviews as compared with information recorded by physicians.

Washington, D.C.

May 1967

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
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Secretary

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William H. Stewart
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FOREWORD

A continuing concern and effort of the National Center for Health Statistics has been to better assess the effectiveness of its survey data collection mechanisms. Through the means of household interviews, examination surveys, and record surveys, a large variety of data, some of it overlapping, has been collected. Program plans and objectives have made it imperative that research be conducted to evaluate the strengths and weaknesses of the various surveys and thus to concentrate the efforts on those objectives best performed in each particular survey.

Important questions with respect to interview surveys have continued to be: How complete is the reporting of chronic conditions by household respondents? and What is the value of condition data collected by household interviews? A large scale study was conducted in collaboration with the Health Insurance Plan of Greater New York to compare the information collected in household interviews with that found in existing medical records. (See *Health Interview Responses Compared With Medical Records*, PHS Pub. 1000-Series 2, No. 7.) This study probed many facets of the agreements and disagreements to be found in such comparisons. It also indicated the need for a more sophisticated study plan which would utilize a prospective record source designed to control for differences in communication between physician and patient, for the duration of the condition, and for some measures of the impact of the condition as correlates of the measures of completeness of reporting in health interviews.

Such a study was planned as a contract project with the extensive collaboration of the Stanford Research Institute, the Kaiser Foundation Health Plan (Southern California Region), Southern California Permanente Medical Group (SCPMG), the Bureau of the Census, and the National Center for Health Statistics. This report is a description

of the study in which the chronic illnesses and impairments reported by a sample of persons in household interviews were compared with the chronic illnesses and impairments found in specially prepared medical records. The study population consisted of a sample of members of a prepaid medical and hospitalization plan.

The general objectives of the study were:

1. Ascertaining the extent of reporting by respondents in household interviews of conditions for which medical care was sought over a period of 12 months.
2. Relating the extent of reporting of conditions to some measures of communication between physician and patient; to the relative impact of the condition, such as duration, number of physician visits; and to type of treatment.
3. Experimenting with different versions of the health interview questionnaire.

Dr. William G. Madow of the Stanford Research Institute served as project officer for this study and was responsible for the preparation of this report. Mrs. Louise Bollo served as nosologist, and Mrs. Geraldine Gleeson performed major editorial service in preparing the report for publication. The author's acknowledgments at the end of this report indicate the large-scale cooperation necessary to carry out a project of this magnitude.

Elijah L. White, Director,
Division of Health Interview
Statistics

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SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
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THIS IS A REPORT prepared by the Stanford Research Institute describing the plan, conduct, and findings of a contract research study designed to measure the accuracy and completeness of the reporting of chronic conditions in a health interview.

The sample population was selected from members of the Kaiser Foundation Health Plan, a large prepayment medical plan providing medical services through the Southern California Permanente Medical Group (SCPMG) and hospitalization through the Kaiser Plan. In the study medical records were compared with responses made in interviews for the same persons as those for whom the records were maintained.

In order to conduct this record-check study on a prospective basis, medical records were created especially for the study through the use of the Physician Visit Record (PVR), a form which was completed by the attending physician after each patient visit during a 12-month period. Information recorded on the form included the communication between the patient and the physician, the physician's estimate of the onset and impact of conditions, as well as the type of medical treatment given.

In the interview phase of the study, three alternate forms of a health questionnaire were used. Although the questionnaires were different in several important respects, the overall differences in the reporting of conditions included in the medical records were not large enough to be important.

Findings in the study indicate that respondents in a health interview tend to report conditions that are important to them—i.e., conditions that are severe, costly, or require treatment. Differences in reporting of conditions in the interview were associated with differences in communication between physician and patient. The number and recency of medical visits for a condition were factors closely related to the reporting of conditions. Recent impact of a condition, such as pain, emotional stress, or days in bed, had a greater effect on reporting than did the more general types of impact—e.g., routine medication or restrictions in diet.

Analysis of reporting differences is presented in this study by demographic characteristics of respondents as well as by behavioral and attitudinal variables.

INTERVIEW DATA ON CHRONIC CONDITIONS COMPARED WITH INFORMATION DERIVED FROM MEDICAL RECORDS

William G. Madow, Ph.D., *Staff Scientist, Stanford Research Institute*

INTRODUCTION

Background and Objectives

Background.—In the National Health Survey Act of 1956, Congress authorized a continuing program of health surveys to be carried on by the Public Health Service to provide reliable and comprehensive statistical information on the health conditions of the U. S. population and related socio-economic circumstances and problems. The act refers specifically to surveys by household interview methods and explicitly instructs the Public Health Service to conduct special studies for improving survey methodology and for developing new techniques and other types of health surveys.

Since July 1, 1957, the National Health Survey of the National Center for Health Statistics has, week by week, conducted a household interview survey that covers 36,000 to 42,000 households annually. The inhabitants of these households constitute a probability sample representative of the civilian, noninstitutional population of the United States. Interviews in these households provide the National Health Survey with the data on illness, disability, and accidental injury that are necessary for making and publishing national estimates on the prevalence of disease and associated disability together with pertinent health care and socio-economic information.

Because of the importance of morbidity and disability due to chronic conditions in modern

public health programs, the ability of the National Health Survey to measure morbidity and disability is obviously a matter of particular concern. It has been long recognized that only limited accuracy and completeness in reporting chronic conditions can be achieved in an interview survey. Some chronic conditions have considerable effect on the person who has them and tend to be well reported while other chronic conditions have little effect and tend to be rather poorly reported. In order to improve the reporting of conditions, it is necessary to know how well the reporting is done and what factors affect it. In spite of all these problems, the reporting of chronic conditions in an interview survey provides not only indicators of prevalence and changes in prevalence but also a means of investigating the association of chronic conditions with personal, social, or economic variables related to an individual or his family. To this end, the National Health Survey commissioned the Health Insurance Plan of Greater New York (HIP) to do a contract study¹ in which the problems of household interview reporting of chronic disease would be studied through the comparison of responses of a representative sample of the membership who had

¹National Center for Health Statistics: Health interview responses compared with medical records. *Vital and Health Statistics*. PHS Pub. 1000-Series 2-No. 7. Public Health Service. Washington. U.S. Government Printing Office, July 1965.

been given a household interview survey with information on the medical records at HIP for the same sample of persons. While this study yielded valuable information, it was desirable both to confirm its findings with a different population and to study additional related topics which were outside the scope of the HIP study.

With these objectives, the National Health Survey contracted with Stanford Research Institute to do a study on responses to health interviews as compared with medical records. The study was planned as a prospective record-check study—i.e., a study in which entries in records are compared with responses made in interviews by the same persons for whom the records are obtained.

The medical records were to be created especially for the study through the use of a form—the Physician Visit Record (PVR) (Appendix I)—that was to be filled out by the physician after each physician-patient interview. Information recorded on the form was to include a resumé of the communication between the patient and the physician, the physician's estimate of the onset and impact of conditions, as well as the type of medical treatment given.

The population used for this study was a sample of the members of the Kaiser Foundation Health Plan (KFHP), Southern California Region—a large prepayment medical plan providing medical services through the Southern California Permanente Medical Group (SCPMG) and hospitalization through Kaiser Foundation Hospitals. To be included in the sample, members must:

Have been members of the Kaiser Foundation Health Plan during the period January through June 1960

Have been members during the period for which the medical records were prepared and not to have moved out of the service area of KFHP before the interviewing period started

Not have been in hospitals or institutions during the interviewing period

Not have been employees or members of the families of employees of KFHP

In summary, they must have been members of KFHP throughout the period on which the sample

was based as well as during the study year and the following period in which interviewing took place, in accordance with the requirements listed above.

Specific objectives.—The specific purposes for which the current study was conducted were as follows:

To provide information on the completeness and accuracy with which chronic conditions for which the patient had received medical advice and treatment were reported in interviews

To learn why conditions were not reported and to what extent nonreporting was related to such factors as the following:

1. The information provided to the patient by the physician
2. The nature of the condition
3. Whether or not the condition resulted in any inconvenience or discomfort to the patient or required him to take special steps such as specific treatment, medication, or diet

To determine the comparative efficiency of three versions of the interview questionnaire in improving the reporting of chronic conditions

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

Perspective on Conclusions and Recommendations

In all of the record-check studies sponsored by the National Health Survey it has been difficult to replicate the procedures and population composition of the interview survey. For this reason, recommendations based on these studies must be tested under the conditions of the survey itself before a complete evaluation of their efficiency can be made.

The present record-check study is no exception. Although the recommendations are stated

positively, this is done more to be specific than to imply that evidence from a single record-check study can be conclusive.

One major difficulty in studying the reporting of chronic conditions in interviews is that in contradistinction to other problems of definition the layman's notion of a chronic condition is, perhaps, more appropriate than the medical definition. Indeed, one might guess that a layman would report a condition in an interview only if it was in some sense important to him while the medical record would include many minor conditions that are relatively easy to live with—conditions which are recognized when brought to one's attention but which remain very much in the background in the absence of an acute episode.

Another factor in any record-check is the content of medical records. In any visit, the physician will list on a patient's chart the conditions that are active, and he may or may not list other conditions that are present but inactive at the time. Among the latter are conditions that have never been problems for the patient. The words "same as" followed by a previous date of visit entered on medical records may not really mean that all the conditions were active on each date. Physicians will differ considerably in the completeness and consistency of the entries they make on medical records as well as in the thresholds they use in claiming that a patient has a condition.

For all these reasons, instructions for record-check studies of medical conditions should state precisely what conditions are to be recorded or what characteristics a condition must have for inclusion in the medical record. In the present study it was in some instances necessary to decide during the coding of the medical records whether or not a condition was chronic.

Reporting of Chronic Conditions

The concept of a chronic condition embraces such a great variety of conditions that even if the total number of chronic conditions appears to be well reported, it is necessary to determine whether certain types of chronic conditions are well reported and whether other types are poorly reported.

The reporting of chronic conditions should be studied on the basis of a number of variables that describe the impact of the conditions rather than studied as a single entity—e.g., the total number of chronic conditions. Listed below are some of these variables.

1. Type of condition
2. Number of visits to a physician for the condition
3. Effects of conditions on behavior and emotions
4. Costliness of condition
5. Seriousness of condition
6. Understanding by the respondent that he should report conditions even though they are relatively unimportant
7. Willingness to report chronic conditions

The reporting of these auxiliary variables would in itself be subject to error, but the variables could be used to classify the reported conditions.

The adoption of the point of view stated above would have several effects on questionnaire construction. More space would be allocated on questionnaires for variables associated with reporting such as those mentioned above. Changes in the levels of and the relationships between auxiliary variables and chronic conditions over time might serve as signals indicating possible changes in the numbers or types of chronic conditions or in the reporting of chronic conditions.

It will be noted that this report emphasizes the study of how well conditions in the medical records are reported in interviews. It does not, however, consider conditions reported in the interview but not on the medical records. Thus, only gross rather than net differences between medical records and interviews are estimated. To estimate the net differences, it would be necessary to study separately the sample persons who received only SCPMG medical and hospital services.

It is difficult to determine if respondents are consciously underreporting when they report

having seen a physician in the past 12 months for only 90 percent of the chronic conditions which, according to the records, had been medically attended during that period. On the other hand, even among persons who used only SCPMG services, there were many chronic conditions reported in the interview questionnaire for which the respondent said he had seen a physician in the past year, but these conditions were not found in the medical records.

Content of Questionnaires

Although the three alternate forms of the questionnaires used in the interview phase of the study (see Appendix I) were different in several important respects, the overall differences in the reporting of conditions included on the medical records were not large enough to be important. Furthermore, when additional questions designed to elicit the reporting of conditions were asked before the checklist of chronic conditions (see Appendix I) were read, the major effect was to reduce the number of conditions reported in response to the checklists with the result that the total percentage of nonreporting, although somewhat less, was not greatly reduced.

From the findings of the study, it is recommended that consideration be given to a questionnaire that would embody the following concepts:

1. Since respondents tend to report conditions that are important to them—conditions that are severe, costly, or require many visits and treatment—a checklist that contains these conditions is sufficient to elicit them from the respondent.
2. The respondent should be made aware that the survey covers all conditions even if they are unimportant, or not troublesome, or may seem to have ceased or even to have been cured.

Respondents seem willing to state the conditions they know about and that they believe the survey would want to know about. But the borderline between the respondent's knowing and not knowing that he has a condition that should be reported is

vague. Cues to improve memory and to indicate that unimportant conditions should also be reported are likely to improve such reporting; at the same time the reporting of more important conditions should improve.

It must also be recognized that responsibility for the nonreporting of conditions of lesser importance lies to some extent with the interviewers. When respondents complain about the questionnaire and assert that they have no chronic conditions, there is a tendency for interviewers not to press the respondents.

3. An attempt should be made to collect auxiliary information pertinent to conditions, such as visits to doctors for the condition and impact of condition.

Since information relative to conditions might be obtainable only from persons interviewed for themselves (persons to whom the information refers), consideration should be given to a questionnaire providing for additional information to be obtained in this manner for a random subsample of members of the households. Information relative to the number of extra calls necessary to interview specified persons indicates that the number of such calls is not unusually large.

4. A classification of diagnostic codes to replace or supplement Recode 3 should be undertaken based on some formal criteria such as seriousness or costliness of the condition. The classification might be a combination of major condition groups with a minor group for each condition according to seriousness of the condition. Recode 3 is a summary list of chronic conditions consisting of 47 disease categories that is used in the tabulation of material collected in the Health Interview Survey. For inclusions in Recode 3, see Appendix II.

At present the checklists are mixtures of conditions that are well reported and

conditions that are poorly reported. The coding of conditions in this study makes it difficult to investigate reporting within these checklists. It would have been preferable if the coding of the source of conditions in table C-1 of the questionnaire (see Appendix I) could have included some clue to the location of the condition in the checklists—e.g., the numerical order in which the conditions appear rather than only whether or not the condition is on the checklist. It was helpful that the checklists used in two of the questionnaires had Checklists A and B coded separately even though the experiment which necessitated this detail in coding did not prove to be useful.

The Respondent

It seems evident that so far as the reporting of chronic conditions is concerned the biases of reporting are larger than the sampling errors. The reduction of such biases by use of at least a subsample in which each person reports for himself and provides additional information, as suggested above, would seem to merit further investigation within the regular survey sample.

Because respondents seem more likely to err through misreporting than through refusing to report, an effort should be made to analyze the data of this study to see what proportion of the chronic conditions not reported in the interview was among persons who said that they had not seen a physician when the medical records indicated that a physician had been seen.

Differences in Reporting

Although the differences in reporting seemed to be logical in terms of the differences among the three types of questionnaires used in the study, the magnitude of the differences were not large enough to indicate that a substantial improvement in reporting would result from choosing the questionnaire yielding the best results.

Differences in reporting were associated to some extent with differences in communication between physician and patient. However, communication between physician and patient seems to have a greater influence on the accuracy with

which the patient describes his condition rather than on whether or not the patient will report his condition in the interview. If a patient sees a physician often, communication as it becomes cumulative is likely to be adequate.

The number of chronic conditions a respondent has in his medical record does not seem to be closely related to how well his conditions are reported. Usually, people have only a few conditions that are serious or important to them, and these are the conditions that tend to be most completely reported.

The number and recency of medical visits for a condition are factors closely related to the reporting of conditions. This is not surprising since these factors are related to memory as well as to the importance of the condition. Consideration should be given to basing supplementary estimates of prevalence of chronic conditions on conditions asserted to have been symptomatic recently—say, in the preceding 2 weeks or month—with adjustments based on the number of visits for these conditions. The use of estimates based on recent occurrence could only be undertaken on some average basis since relatively few conditions will have led to visits in the past 2 or 4 weeks. The analysis by number of visits is primarily based on visits for a specified condition rather than on visits by the respondent for all his conditions. (Preliminary findings in this study indicate that the latter is not as closely related to reporting as the former.)

There are some respondents who do not wish to report their conditions. This unwillingness is not reflected in a high refusal rate since few respondents refuse to participate and few terminate an interview once it has begun. Rather, their unwillingness takes the form of pretending to cooperate. In the present study, there was one indication of willingness to cooperate that was probably closely related to the accuracy with which the respondent felt he had reported—namely, the willingness to sign an authorization for the examination of his medical records by the National Health Survey. The relatively few who did not sign the authorization reported more poorly than those who did sign. (By deleting names and addresses and by using only codes it was possible to make this comparison without identifying the respondents.)

If a respondent has a condition which has caused him to eliminate certain kinds of foods or beverages from his diet, has required medication or treatment, has caused him pain or discomfort or if he has a health problem that worries him or his family or limits him in his work, such a condition is more likely to be reported in the interview than one which has had none of these "impacts." However, the effects of these impacts are not large unless more than one of them have occurred. The number of such people as well as the number of conditions they have is small.

Similar results occur when conditions are classified by whether the respondent according to the physician, has pain, emotional stress, days in bed, or some other impact of a condition during the week preceding the visit on which the physician is reporting. Recent impact of the condition seems to have a greater effect on reporting than do the more general types of impact described in the preceding paragraph.

The Physician

Practically all of the physicians at SCPMG participated in this study. The study took little of the individual physician's time, even at the maximum accidental heaping of visits that might occur for persons in the sample.

A high proportion of physicians cooperated fully throughout the project. Yet when the Physician Visit Records (PVR's) were examined and when small samples were checked against the entries made by physicians in the patient charts, it was clear that the instructions to the physicians were not being carried out as fully as desired.

It might have been desirable to have had an advisory committee of the physicians meeting from time to time with the project personnel (at least in the early phases of the study) to discuss problems of mutual concern.

Record-Check Studies

Record-check studies are difficult but useful endeavors. They require, however, extensive periods of planning, especially when records are to be created for the purposes of a study. Unless

the records can be viewed as accurate, their variability and bias must also be reflected in the design. When records are available and when no better method of evaluating interview data is available, record-checks should be undertaken if they are feasible. Whatever the definitions and procedures used, the record-check study does help to solve some of the problems involved in the survey method.

THE STUDY DESIGN

The study design includes such factors as the respondent and sample, data obtained for each member of the sample, and procedures used in obtaining the data.

First, the choice of the respondent is discussed. Next, the data obtained for each respondent in the main portion of the study are outlined. Finally, the steps in obtaining the data for the respondent are given. The selection of the sample is discussed in Appendix III.

The Respondent

The sampling unit in this study was the person, not the household. Special medical records were created for the persons in the sample. Each person in the interview sample was to be interviewed concerning his own health; no proxy respondent was accepted for the questions dealing with the health of the sample person.

At one stage in the planning of the study, interviews were contemplated that would include data not only for the sample person but also for other members of the household of the sample person. It was decided at the end of the pretest, however, that it would be preferable to conduct a study in which each sample person would be interviewed for himself only. There were two reasons for this choice: (1) a person should know his own conditions better than a proxy respondent would and (2) it was believed that data obtained from a person responding for others as well as for himself would be poorer. For these reasons, information on illness was obtained only for the sample person.

MEDICAL RECORDS AND QUESTIONNAIRES

Medical Records

A form—the Physician Visit Record (PVR)—was filled out by the physician for each person in the sample after each visit to SCPMG during the study year. (House calls were excluded from the study.) Also, a modified PVR was filled out for each overnight stay, terminating during the study year, in a Kaiser Foundation Hospital. The development of the PVR was the subject of a report by Blumberg.²

PVR's filled out during the study year were summarized at the end of the year for each person in the sample. This summary is called the Physician Visit Records Summary (PVRS). (The PVR and PVRS are reproduced in Appendix I.) Thus if a person made eight doctor visits to SCPMG and had two overnight hospital stays at a Kaiser Foundation Hospital, he would have 10 PVR's but only one PVRS.

For each condition at each visit, the diagnosis made by the physician was entered on the PVRS at that visit. This was called the *visit diagnosis*. When the PVRS's were reviewed at the National Center for Health Statistics (NCHS), one of the steps was to decide what chronic conditions the respondent had according to the PVRS. These conditions were called *final diagnoses*. Thus, the decisions on final diagnoses were made by the medical coding staff at the National Health Survey, not by the SCPMG physicians.

All diagnoses entered by the physicians on the PVRS at each visit to SCPMG, were then examined in order to determine which visit diagnoses were to be associated with each of the final diagnoses. For example, at one visit there might be the visit diagnosis hypertension; at another there might be

²Blumberg, M. S.: *Development and Testing of a Physician Visit Record (PVR) Form*, Report No. 1. SRI Project No. ESU-3620. Stanford Research Institute. Menlo Park, Calif., Oct. 1966.

the visit diagnosis heart disease. The final diagnosis might be hypertensive heart disease, and both visit diagnoses would then be associated with the final diagnosis.

The method of showing the association was through the assignment of 4-digit diagnostic codes using the National Health Survey adaptation of the International Classification of Diseases (ICD) codes. A 4-digit code was assigned to each diagnosis made at each visit and entered in a specified column of the PVRS for that diagnosis at that visit.

The visit diagnostic codes were entered for all conditions, chronic or acute. However, only chronic final diagnoses were identified and used in analysis. The 4-digit NHS-ICD code of the final diagnosis was entered in a column of the PVRS that was different from the column used for the visit diagnosis. That same 4-digit NHS-ICD final diagnosis code was entered in the final diagnosis column for each visit diagnosis identified as a visit for the condition represented by the final diagnosis code.

Thus, each diagnosis at each visit was identified as chronic or acute, and, if chronic, was associated with a specific final diagnosis. A single final diagnosis code might thus be associated with several visit diagnosis codes.

The Questionnaires

Three questionnaires were used in the study. The questionnaires, each of which was used in the interviewing of one-third of the sample, differed for the most part in the format and administration of the sections relating to chronic conditions. The basic questionnaires are reproduced in Appendix I. In the following description, the excerpts shown exemplify the principal variations in the three versions of the questionnaire.

Questionnaire 1.—The initial illness-recall questions and table C-1 in Questionnaire 1 were quite similar to comparable sections on the form used in the Health Interview Survey.

<p>9. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.)</p> <p>a. What was the matter? b. Anything else?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Last week or the week before did you take any medicine or treatment for any condition (besides . . . which you told me about)?</p> <p>a. For what conditions? b. Anything else?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Last week or the week before did you have any accidents or injuries?</p> <p>a. What were they? b. Anything else?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Did you ever have an (any other) accident or injury that still bothers you or affects you in any way?</p> <p>a. In what way does it bother you? (Record present effects) b. Anything else?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Have you had any of these conditions DURING THE PAST 12 MONTHS?</p> <p>(Read Card A, condition by condition; record any conditions mentioned.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Card A

- | | |
|--|---|
| 1. Asthma | 15. Stomach ulcer |
| 2. Tuberculosis | 16. Any other chronic stomach trouble |
| 3. Chronic bronchitis | 17. Kidney stones or chronic kidney trouble |
| 4. Repeated attacks of sinus trouble | 18. Arthritis or rheumatism |
| 5. Rheumatic fever | 19. Mental illness |
| 6. Hardening of the arteries | 20. Diabetes |
| 7. High blood pressure | 21. Thyroid trouble or goiter |
| 8. Heart trouble | 22. Any allergy |
| 9. Stroke | 23. Epilepsy |
| 10. Trouble with varicose veins | 24. Chronic nervous trouble |
| 11. Hemorrhoids or piles | 25. Cancer |
| 12. Hay fever | 26. Chronic skin trouble |
| 13. Tumor, cyst or growth | 27. Hernia or rupture |
| 14. Chronic gallbladder or liver trouble | 28. Prostate trouble |

<p>14. Do you have any of these conditions?</p> <p>(Read Card B, condition by condition; record any conditions mentioned.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Card B

- | | |
|---|--|
| 1. Deafness or serious trouble with hearing | 8. Repeated trouble with back or spine |
| 2. Serious trouble with seeing, even when wearing glasses | 9. Club foot |
| 3. Cleft palate | 10. Permanent stiffness or any deformity of the foot, leg, fingers, arm, or back |
| 4. Any speech defect | 11. Any condition present since birth |
| 5. Missing fingers, hand or arm—toes, foot, or leg | 12. Loss of one or both eyes |
| 6. Palsy | 13. Loss of breast |
| 7. Paralysis of any kind | 14. Loss of kidney |
| | 15. Loss of lung |
| | 16. Mental deficiency or retardation |

15. AT THE PRESENT TIME do you have any other ailments, conditions or problems with your health?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is the condition? (Record condition itself if still present; otherwise record present effects.)		
b. Any other problems with your health?		
18. a. Have you been in a hospital at any time during the past 12 months? If "Yes," ask:		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. How many times were you in the hospital during that period?		_____ No. of times
19. a. Have you been a patient in a nursing home, rest home, or any similar place during the past 12 months? If "Yes," ask:		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. How many times were you in a nursing home or rest home during that period?		_____ No. of times
R	For non-sample persons 17 years old or over, show who responded for Q. 9-11. For persons under 17 show who responded for them.	<input type="checkbox"/> Responded for self <div style="text-align: right;"> SP </div>

On the completion of table C-1, table H was administered in order to obtain additional information on hospitalizations elicited in questions 18 and 19 shown above. Table P, which on

Questionnaire 1 followed the information on hospitalization, included a group of supplementary illness-recall questions.

TABLE C-1 (For SP ONLY): Fill one line of Table C-1 for each condition reported in Questions 9-17 for the Sample Person.

Line number	Col. No. of person	Question No.	Name of condition as reported in Questions 9-17	Did you EVER at any time talk to a doctor about ... ?	Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? ... did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else?	Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom What was the cause of ... ?	Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind Can you see well enough to read ordinary newspaper print with glasses?	Ask for any entry in Col. (e-1) or Col. (e-2): that includes the words Allergy* Tumor Asthma "Condition" Cyst "Disease" Growth "Trouble" Stroke* What kind of ... is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you?
	(a)	(b)	(c)	(d)	(e-1)	(e-2)	(e-3)	(e-4)
1	Ⓢ			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Ⓢ			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Ask only for: Impairments and injuries And for: Abscesses Inflammation Aches Neuralgia Bleeding Neuritis Blood Clot Pains Boils Sores Cancer Soreness Cyst Tumor Growth Ulcers Infection Weakness What part of the body is affected? Show detail for: Ear or eye - (one or both) Head - (Skull, scalp, face) Back - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both) (e-5)	If 6-16 yrs. old ask: How many days did ... keep you from school last week or the week before?		How many days did ... keep you from your job or business last week or the week before? Enter number of days, or check "None" and ask Col. (h)		During that 2 week period how many days did ... keep you in bed all or most of the day? If any "days" entered in Cols. (g) or (h) skip to Col.(k)		Ask ONLY if "None" checked in Cols. (g) and (h): LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do?		Ask ONLY if "Yes" in Col. (i): Did you have to cut down for as much as a day?		When did you first notice ... ? (Check the first box which applies)		When did you last see or talk to a doctor about ... ? Enter month and year if during past 12 months; otherwise check "before 12 months" or "never" box		Ask only if doctor seen during the past 12 months: During the past 12 months about how many times have you seen or talked to a doctor about ... ?		Line number
	Days	None	Days	None	Days	None	Yes	No	Yes	No	(k)		(l)		(m)		
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 months <input type="checkbox"/> B, 12 mo. <input type="checkbox"/> 3-12 months months <input type="checkbox"/> Never	M/Y _____ <input type="checkbox"/> B, 12 mo. <input type="checkbox"/> Never	No. of times _____		1		
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 months <input type="checkbox"/> B, 12 mo. <input type="checkbox"/> 3-12 months months <input type="checkbox"/> Never	M/Y _____ <input type="checkbox"/> B, 12 mo. <input type="checkbox"/> Never	No. of times _____		2		

Questionnaire 2.—In addition to the changes on the checklist which are discussed below, the main thrust of Questionnaire 2 was to help the respondent remember conditions by asking in question 12 whether he had seen a doctor during the past year. Questions 13 and 14 asked about the impact of the conditions. Question 13 is related to question P-1 of table P, a question that asked about

smoking in addition to food and beverages, and question 14 asks whether the person had ever had to make any change in his way of doing things because of his health. This is a reinforcement of emphasis as compared with question P-5 of table P, which asks whether there is a current limitation with respect to work for the male and with respect to housework for the female. It may

TABLE P		Name of Sample Person
P-1. Have you ever been advised by a doctor to limit the amount or to avoid entirely certain kinds of food or beverages? If "Yes," ask: a. For what reason or condition? b. Are you still following this advice?		<input type="checkbox"/> Yes <input type="checkbox"/> No ----- <input type="checkbox"/> Yes <input type="checkbox"/> No
P-2. At the present time are you regularly taking any medicine or treatment for any condition? If "Yes," ask: a. For what condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No
P-3. Do you have any condition which often causes you pain or discomfort? If "Yes," ask: a. What is the condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No
P-4. Do you have any health problem which is a source of worry to you or other members of your family? If "Yes," ask: a. What is the problem?		<input type="checkbox"/> Yes <input type="checkbox"/> No
P-5. (For males): Are you limited in any way in the amount or kind of work you can do because of your health? (For females): Are you limited in any way in the amount or kind of housework you can do because of your health? If "Yes," ask: a. What condition causes this?		<input type="checkbox"/> Yes <input type="checkbox"/> No
P-6. In general, would you say your health is excellent, good, fair, or poor?		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

be remarked that the main observable effect of these questions was that many conditions that first appeared on the checklist in Questionnaires 1 and 3 first appeared in response to question 12

and to a lesser degree to questions 13 and 14 on Questionnaire 2, which occurred before the checklists.

9. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.) a. What was the matter? b. Anything else?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Last week or the week before did you take any medicine or treatment for any condition (besides . . . which you told me about)? a. For what conditions? b. Anything else?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Last week or the week before did you have any accidents or injuries? a. What were they? b. Anything else?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. DURING THE PAST 12 MONTHS, have you seen or talked to a doctor about yourself? If "Yes," ask: a. For what conditions? b. Any other conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>13. Have you ever had to change your eating, drinking or smoking habits because of some health condition? If "Yes," ask: a. What condition caused this change? Record ONLY if not previously recorded and ask: b. Do you still have this condition?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ----- <input type="checkbox"/> Yes <input type="checkbox"/> No (Delete)</p>
<p>14. Have you ever had to make any other change in your way of doing things because of some health condition? If "Yes," ask: a. What condition caused this change? Record ONLY if not previously recorded and ask: b. Do you still have this condition?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ----- <input type="checkbox"/> Yes <input type="checkbox"/> No (Delete)</p>
<p>15. Have you ever had any other illness or injury which bothers you or affects you in any way? a. What are the present effects?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Hand respondent conditions card with "A" side up and pencil, then say: 16. Have you EVER had any of the conditions listed on this card? Please check "Yes" or "No" for each one listed.</p>	<p><input type="checkbox"/> All No's <input type="checkbox"/> Yes's (One or more)</p>
<p>Ask respondent to turn card over (to "B" side), then say: 17. Have you had any of these conditions DURING THE PAST 12 MONTHS? Please check "Yes" or "No" for each one listed.</p>	<p><input type="checkbox"/> All No's <input type="checkbox"/> Yes's (One or more)</p>

The question relating to Checklist A (Forms NHS-S-13-4 and 5) was "Have you EVER had any of the conditions listed on this card?" The respondent was given a card with instructions to

check "yes" or "no" for each of the listed conditions. The arrangement of the conditions on Checklist A of the Questionnaire 2 version was quite different from that in Questionnaire 1.

<p>Card A (Questionnaire 2)</p>	
<p>1. Asthma 2. Tuberculosis 3. Rheumatic fever 4. Hardening of the arteries 5. High blood pressure 6. Heart trouble 7. Stroke 8. Arthritis or rheumatism 9. Diabetes 10. Epilepsy 11. Cancer 12. Deafness or trouble with hearing in one or both ears</p>	<p>13. Trouble seeing with one or both eyes even when wearing glasses 14. Eye cataracts 15. Glaucoma 16. Missing fingers, hand or arm 17. Missing toes, foot or leg 18. Paralysis of any kind 19. Permanent stiffness of the foot, leg, fingers, arm or back 20. Any deformity of the foot, leg, fingers, arm or back 21. Hay fever 22. Any allergy</p>

In Questionnaire 2, the question referring to Checklist B (lists of conditions printed on Forms NHS-S-13-4 and 5) was "Have you had any of these conditions DURING THE PAST 12 MONTHS?" The respondent was told to check "yes" or "no" for each one listed. Two versions of Checklist B (shown below) were used; Form 4 was administered in households with even serial num-

bers and Form 5 in households with odd serial numbers.

Questions P-2, P-3, P-4, and P-6 were asked in table P in the same format as that shown for Questionnaire 1.

Questionnaire 3.—This version of the questionnaire agreed almost entirely with Questionnaire 1 except that the checklists and their

Card B (Questionnaire 2)

Version used in households with even serial numbers (Form 4)

- | | |
|---|---|
| 1. Trouble with varicose veins | 14. Intestinal trouble |
| 2. Hemorrhoids or piles | 15. Kidney stones or other kidney trouble |
| 3. Anemia | 16. (Men only) Prostate trouble |
| 4. Chronic bronchitis | 17. (Women only) any trouble or disease of the breast |
| 5. Attacks of sinus trouble | 18. Speech defect |
| 6. Chronic colds | 19. Serious nervous trouble |
| 7. Chronic tonsillitis or sore throat | 20. Thyroid trouble or goitre |
| 8. Tumor, cysts, or growths | 21. Migraine headaches |
| 9. Corns, callouses or other foot trouble | 22. Chronic ear trouble |
| 10. Chronic skin trouble | 23. Athlete's foot (itching feet) |
| 11. Hernia or rupture | 24. Chronic back trouble |
| 12. Hepatitis or other liver trouble | |
| 13. Stomach ulcer | |

Version used in households with odd serial numbers (Form 5)

- | | |
|---|--|
| 1. Trouble with varicose veins | 14. Chronic gastritis |
| 2. Hemorrhoids or piles | 15. Kidney stones or other kidney trouble |
| 3. Swelling of legs due to poor circulation | 16. (Women only) Menstrual or menopausal trouble |
| 4. Other trouble due to poor circulation | 17. Mental illness |
| 5. Chronic bronchitis | 18. Serious nervous trouble |
| 6. Attacks of sinus trouble | 19. Thyroid trouble or goitre |
| 7. Tumor, cysts or growths | 20. Chronic headaches |
| 8. Rashes or infections of the skin | 21. Chronic eye trouble |
| 9. Any other chronic skin trouble | 22. Any fungus infections |
| 10. Hernia or rupture | 23. Pain or trouble moving hips, legs or arms |
| 11. Gall bladder trouble | |
| 12. Stomach ulcer | |
| 13. Chronic constipation | |

lead-in questions were the same as Questionnaire 2. The initial recall questions (questions 10-19) in table C-1 and table P were identical to those in Questionnaire 1, with the following exceptions: (1) Checklists A and B were self-administered rather than the interviewers reading the list of conditions to the respondent; (2) the lead-in questions to Checklists A and B and the checklists themselves were of the format described for Questionnaire 2.

Variations in the format and content of the questionnaires were included in the study so that independent estimates of the interview method of data collection would be available. The similarity of Questionnaire 1 to the standard form used in the Health Interview Survey was retained for two reasons: (1) data on conditions elicited in the study (excluding table P) would be comparable to data obtained in the regular survey and as such would serve as baseline estimates for the measurement of the yield from the other versions of the study questionnaires; and (2) the effectiveness of the illness impact questions (table P) in eliciting chronic conditions could be evaluated, and the total improvement if any could be assigned to the addition of these questions.

Questionnaire 2 represented a new approach to the illness-recall problem. Practically all of the innovations introduced in this version—e.g., the asking of whether and for what condition a doctor had been seen during the past 12 months and the integrating of impact questions with the standard probe questions, the self-administered checklists, and the rewording of the checklists—were in contrast to the standard Health Interview Survey questionnaire.

Questionnaire 3 retained the basic approach of Questionnaire 1 except for the checklists and used the same version of the checklists as Questionnaire 2 because that version seemed more effective in eliciting conditions from the respondents.

Obtaining the Medical Records and Questionnaires

The population from which the sample was selected consisted of members of the Kaiser Foundation Health Plan in the Southern California Region, together with the participating persons

in their families who were 17 years of age or older at the time of the household interviews in June 1960 and who had been members of the Health Plan for the 6-month period January through June 1960. (The sampling procedure is described in Appendix II.)

The Kaiser Foundation Health Plan, Southern California Region, is a large prepayment medical plan, providing medical services through a medical group, the Southern California Permanente Medical Group (SCPMG), and hospitalization through the Kaiser Foundation Hospitals. At the time of the study there were four Kaiser Foundation Hospitals; since then a fifth hospital has been added.

The sample drawn from this population consisted of 5,988 persons 17 years and over; the distribution of these persons by sex and age is shown in the following table.

Age	Both sexes	Male	Female
All ages-----	5,988	3,001	2,987
17-24 years-----	794	434	360
25-34 years-----	878	432	446
35-44 years-----	1,712	818	894
45-54 years-----	1,251	641	610
55-64 years-----	863	428	435
65-74 years-----	430	219	211
75 years and over-	60	29	31

For each visit to an SCPMG physician and for each overnight stay in a Kaiser Foundation Hospital during the study year, a PVR or modified PVR was filled out by the physician for a physician visit and by the survey staff for a hospital stay. The information for each diagnosis on each PVR was transferred to three punch cards, a procedure which permitted the alphabetical nunching of diagnoses.

Besides the entries usually made on the patient's charts by the physicians at SCPMG, such as diagnoses and treatments, the PVR included such items as the terms used by the patient in informing the physician of his ailment, the terms used by the physicians in discussing the condition with the patient, the time when the patient first became aware of the condition, the ex-

tent to which the patient had had inconvenience or suffering during the week preceding the physician-patient interview, and the emphasis given by the physician to the patient's condition during the physician-patient interview. Finally, information was recorded on specific categories of actions that the physician took, recommended, or considered.

An overall check on the completeness of filling out the PVR's for each patient visit to a physician was provided by the Clinic Processing Record (CPR). The CPR, which included the Medical Record Number, was filled out at the receptionist's desk in each clinic when the patient entered for a visit. The CPR's were punched on cards, and listings of all CPR's for persons in the PVR sample were made each week. The PVR's and CPR's listings were matched each week to insure that the PVR's were being filled out. Because of the time required for processing the CPR's, this check was usually made during the third week after the week for which the comparison was made. If a PVR was missing on the basis of the CPR check, an effort was made to have the PVR filled out, usually from entries in the patient charts.

At the conclusion of about 11 months of the year's record keeping, the Physician Visit Records were summarized for each patient. The number of visits made to SCPMG was used to select a stratified sample of approximately 2,000 persons to be interviewed. (Data from the remaining part of the 12-month period were later added for processing in the study.)

The interviews were conducted by the Bureau of the Census which acted as collecting agent for the National Health Survey.

The questionnaire and the corresponding PVRs for the patients were sent to the Division of Health Interview Statistics, National Center for Health Statistics, where the demographic and medical coding of the approximately 2,000 pairs of records was undertaken. Transcription sheets to be used in punching cards were prepared, and the chronic conditions on the questionnaire and the PVRs were identified, compared, and matched.

Once the chronic conditions had been identified, they were assigned the 4-digit NHS-ICD diagnostic codes. Matching was done on the basis

of a summarization of the 4-digit codes into a classification of 47 categories called Recode 3, with each of the 47 classes consisting of conditions having specified ICD-NHS codes. (See Appendix II.)

If a chronic condition on the Physician Visit Record Summary and a condition on the questionnaire had 4-digit ICD-NHS codes within the same Recode 3 class, the conditions were assigned *match-code A*.

If a chronic condition on the PVRs and a condition on the questionnaire had 4-digit ICD-NHS codes that were not within the same Recode 3 class but the conditions appeared to be associated, the conditions were assigned *match-code B*. (It is recognized that code B is not sharply defined.)

If a chronic condition on the PVRs was not assigned either *match-code A* or *match-code B*, it was assigned *code C*. A chronic condition on the PVRs assigned code C had no associated condition on the questionnaire.

If a chronic condition on the questionnaire was not assigned *match-codes A* or *B*, it was assigned *code D*, meaning that there was no associated condition on the PVRs. Code D conditions for which the respondent claimed to have seen or spoken to a physician about in the preceding 12 months were analyzed separately. They were called D_{12} conditions.

After coding and matching and preparing the forms for the transferring of the data to punch cards, the records were returned to Stanford Research Institute for card punching and tabulating.

For each interviewed person the following punch cards were prepared: a person card, a condition card for each chronic condition on the questionnaire, a hospitalization card for each hospitalization on the questionnaire, and a card for each diagnosis visit on the PVRs. (A diagnosis visit is a single diagnosis reported by a physician for a visit by the patient to SCPMG. Thus a single visit to SCPMG could produce several diagnosis visits.) The punched cards were summarized into condition records; one condition record contained information on all of the chronic conditions the person had, either according to the questionnaire or the PVRs or both. For A, B, or C match conditions the condition record consisted of 10 punch cards. For D match conditions the condition

record consisted of four punch cards. Later, the condition records were summarized into person records, each person record consisting of four punched cards.

Modified condition and person records were constructed for persons who were not interviewed.

CONCEPTS AND MEASUREMENTS

Introduction

In order to discuss the completeness and accuracy of reporting chronic conditions, it is necessary to discuss the concept that is being measured, the methods that can be used in its measurement, and the criteria according to which completeness and accuracy will be determined. First, however, it is desirable to discuss possible sources of information on chronic conditions.

Sources of Information on Chronic Conditions

Possible sources of information on the health of the U.S. population are (1) personal interviews in which a person or a member of his household responds to questions concerning his health, (2) medical records of physicians, hospitals, and other persons or organizations that may diagnose or treat conditions, and (3) health examinations made for the purpose of providing the information.

Each of these sources has its advantages and disadvantages.

Many studies indicate that the reporting of illness and associated disability in household interviews is incomplete as compared with the records of physicians. For chronic conditions the omitted information has been shown to be extensive. On the other hand, personal interviews do consolidate information on illness that may be scattered in the records of several doctors or in other medical records. Also, they provide socio-economic information related to the illnesses. Finally, they record the information that the person knows or recalls or is willing to provide on his health. On the whole, the conditions people omit have less importance than those they mention.

The records maintained by physicians may not be uniform and may not provide complete information on the illnesses and associated disabilities of their patients, and, in some instances,

may list conditions which do not represent firm diagnoses and which have been included only for the completeness of the records. Physicians use varied methods and levels of record keeping. The thoroughness of physical examinations and the thresholds at which conditions are diagnosed vary widely from physician to physician. Even though a physician performs a thorough examination at first visit, it may be updated rather than repeated in subsequent years, so that the medical records of a physician may be inaccurate or incomplete.

Medical records as represented by patient charts are created by the physician according to his own interpretation of whatever rules may have been formulated for making such entries. Basically, the physician will tend to include only those conditions of which he is aware and which in his judgment should be entered in the medical record.

Hospital records are subject to many of the shortcomings found in physicians' records. In addition to the varied methods of record keeping, hospital records are usually limited to the diagnosis that led to the admittance of the person and to other diagnoses related to the treatment provided. Even though diagnoses made while the person is a patient may be entered in the hospital record, it is seldom that a complete physical examination is made.

The amount of pertinent demographic information entered in either physician or hospital records is usually quite limited. When records of this kind are used as a source of statistical data, it is usually necessary to develop from other sources an appropriate exposed-to-risk population.

Physical examinations made solely for the purpose of providing health records are costly and time consuming. Because of the difficulty in detecting the presence of certain conditions in a survey setting, the amount of diagnostic information that can be obtained is necessarily limited.

Despite the concern over health conditions, the gradation between having and not having a condition is in many instances a matter of degree rather than of kind. Thus in a sense, low or high levels of reporting of chronic conditions may reflect not only the reporting of the patient concerning the conditions that he has but also the reporting of the physician concerning the conditions he either

is aware of or thinks are important enough to record. For this reason, unless the physicians making up medical records for a study have accepted identical criteria and have been subjected to test and scrutiny during the course of the study to maintain accuracy in the conditions or symptoms they enter in the records, it would seem hazardous to compare different studies with respect to the percentage of chronic conditions not reported. Each such comparative study would probably lead to the same qualitative but not quantitative conclusions.

In view of the physicians' willingness to cooperate in the present study, it was not deemed practicable to supervise the recording of conditions on the PVR's for completeness and consistency among physicians. For a small number of PVR's, a quality-control comparison was made every 2 weeks between the PVR and the material entered by the physician in his medical records for a patient on the same day on which he had filled out the PVR. This comparison indicated that there was some underrecording on the PVR as compared with the patient charts and a lesser amount of underrecording on the patients' charts.

In view of the inherent variability of the medical records themselves, it is felt that the main purposes of the present study were not seriously affected because some physicians did not follow the instructions to include on the PVR, as a minimum, every condition they entered on the patient charts.

Definition of a Chronic Condition

A condition is called chronic according to the PVRS if at least one of the following criteria is satisfied:

1. The name of the condition is on a list of conditions that are defined as "chronic, regardless of date of onset"
2. According to the PVRS, the condition has lasted more than 3 months, as indicated by diagnostic entries made by the doctor
3. According to the information recorded on at least one PVR, the patient has known for at least 3 months that he has the condition

A condition is chronic according to the interview questionnaire if at least one of the following is satisfied:

1. The name of the condition is on a list of conditions that are defined as "chronic, regardless of date of onset"
2. According to the questionnaire, the condition has lasted more than 3 months or is a recurrent condition

The conditions that are chronic regardless of date of onset are conditions that are certain to last more than 3 months. Conditions that recur annually or at shorter intervals are also chronic.

Thus bunions are chronic conditions and so is heart disease. Athlete's foot is a chronic condition and so is cancer. In the present study the two conditions obesity and pregnancy, neither of which is considered as a "condition" in the absence of complications, have been excluded from the comparisons.

Terms used to describe conditions will vary among doctors and between doctor and patient. The condition entered on medical records may be in medical terminology and described in detail or in layman's language or symptoms. It is unlikely that a patient will know the medical terminology to use to describe his condition, and if a period of time has passed since he last saw a doctor for the condition, he may remember symptoms rather than diagnoses. If the patient has seen a physician or physicians for more than one condition, the recollections may even be conflicting. A condition that does not currently trouble a patient may be viewed by him as having ceased or at least as having ceased being a cause of possible trouble, whereas the physician may be checking on the condition without even discussing it. An illustration might be a mild case of high blood pressure which is measured by the physician routinely. Similarly, the physician may enter a condition such as "anxiety" without explicitly mentioning the condition to the patient. These examples illustrate some of the reasons why a condition listed on a person's medical record is either not mentioned at all during the interview or is described in such vague terms that it cannot be identified with a medical record entry.

THE MEASUREMENT OF CHRONIC CONDITIONS

The definition of a chronic condition given in the preceding section makes it clear that chronic conditions are varied in nature and also in their impact on the person who has them. For example, according to this definitions a stroke is no more a chronic condition than is a wart if the wart lasts 3 months or more; an amputation of a leg is no more a chronic condition than is an annual bout with mild hay fever.

Similarly, a condition for which a person has had no medical care for 1 year or more is as much a chronic condition as is one for which the person has had to obtain a large amount of medical attention during that period because of the recent onset of the condition. A self-diagnosed condition may meet the definition of a chronic condition. For example, many people feel able to diagnose arthritis or hay fever as they would frequent or recurrent colds, anxiety, nervousness, or depression.

A physician will enter in medical records chronic conditions of many different levels of severity. He may not enter many chronic conditions that could be found by a more detailed clinical examination. When does a condition cease to be a normal deviation and become a condition to be entered in medical records? When does a condition cause some concern? When should a condition be treated? The answer to all of these questions may vary from physician to physician or even in a single physician over time.

In addition to the nature of the chronic condition itself, there was some evidence in this study concerning the variability of the concept of a chronic condition. As shown in table 1, 6,140 conditions were classified as chronic according to the PVRs medical records. Of these, 3,081 (or approximately 50 percent) were conditions for which only one visit had been made to SCPMG or for which only one entry had been made on the medical records. For an additional 20.9 percent of the conditions, the doctor had made an entry indicating the presence of this condition during two visits, and in an additional 10.5 percent the doctor had made an entry for the condition during three visits.

In interpreting these data, it should be kept in mind that on some of these visits the entry the doctor made for the visit diagnosis was not the same as that finally considered as encompassing the various visit diagnoses. As an illustration, it might be that the final diagnosis was something like hypertensive heart disease whereas on a particular visit only the entry of hypertension was made. To some extent, the data on number of visits for a condition also reflect the patient's concern about the condition. It might be that the physician would have wished the patient to make more visits for the condition or in some cases fewer visits.

A second indicator of the variability of the concept of a chronic condition is the number of hospitalizations required for the condition. For approximately 92 percent of the 6,140 conditions shown in table 2, no hospitalization was required. For 426 (or approximately 7 percent) of the chronic conditions, however, one hospitalization, overnight or longer, was required and 71 of the conditions (over 1 percent) had two or more overnight hospital stays.

Another indicator of the nature of the chronic condition may be found in the various concerns or activities the person may have undertaken because of it. In table 3 is a list of questions referring to such impacts that were asked the respondent as part of the interview. This table also shows the number and percent of persons who answered "Yes" to each of the specific questions for a least one condition.

It will be noted that the number of persons for whom the questions were applicable varies. This is because certain of the questions did not appear on Questionnaire 2, and consequently the number of persons for whom these questions were applicable is the number of persons whose responses were recorded on either Questionnaire 1 or Questionnaire 3. Clearly, it follows from table 3 that the proportions of people who had been or who were subject to the limitations stated or who were concerned about chronic conditions are large. Also as indicated by comparing the percentage of chronic conditions with the percentage of people involved, the persons who were subject to these limitations or requirements tended to have more chronic conditions than those who were not.

Communication between physician and patient seemed to vary considerably from condition to condition. Often in the discussion, reference is made to the fact that something was or was not entered during the visits at which the physician reported the condition on the PVRs. These statements and the tables on which they are based should be interpreted in light of the fact that the more visits made for a condition the more opportunities for any specific event to occur.

For 31.3 percent of the 6,140 conditions recorded on the PVRs, the physician stated that during no visit during the study year had he told the patient the actual diagnosis or a diagnosis codeable to the actual diagnosis (table 4). Similarly, for about 51 percent of the conditions the physician stated that during no visit had the patient told him either the actual diagnosis or used a term codeable to the actual diagnosis—i.e., neither a formal diagnostic statement, lay terms, nor symptom statements related to the diagnosis had been used by the patient during his visits to the physician.

Sometimes in speaking to a patient a physician emphasizes the condition from which the patient is suffering and sometimes he does not. For 54 percent of the conditions, according to table 4, the physician claimed that during no visit had he made a particular point of the diagnosis in discussing the condition with the patient.

The physician was asked to enter on the PVR whether the patient reported having pain or emotional stress or spending at least 1 day in bed during the week preceding the patient's visit. According to table 4, approximately 70 percent of the conditions were such that at no visit did the physician indicate on the PVR that the patient had had pain or emotional stress during the preceding week. For about 10 percent of the conditions (table 4), the physician stated that the patient had said he had spent at least 1 day in bed during the preceding week.

According to table 4, conditions differ considerably in the actions physicians take with regard to them. For approximately 90 percent of the conditions one or more of the listed actions was ordered, performed, or mentioned during at least one visit for that condition. Also for each of the listed actions, the percentage of the condition

in which the action was ordered or performed during at least one visit is stated. These percentages vary from almost 3 percent for bed rest or change in smoking habits to almost 57 percent for medication.

Conditions also differ considerably in their relative frequency and severity. Shown in table 5 is the distribution of the conditions recorded on the PVRs according to the categories that constitute Recode 3.

Some of the categories including the largest numbers of conditions are vaguely defined; in any case, the numbers of conditions in the groups primarily reflect the scope of the definitions used. The groups do differ with respect to the severity of the conditions they include.

REPORTING OF CHRONIC CONDITIONS

Overview

In the interviews respondents answered questions concerning illnesses and impairments, many if not all of which should have been entered in medical records prepared by physicians after physician-patient discussions.

The purpose of this section is to identify which sources—*respondent, questionnaire, interviewer, chronic condition, or physician-patient relationship*—account for the underreporting in interviews of chronic conditions that the physician had entered in the medical records (PVRs).

Making the comparison with medical records is not intended to imply that underreporting of conditions that have been entered in the medical records is evidence of poor reporting by the respondent. As has been indicated earlier, the concept of a chronic condition is very broad, and instead of using the simple total of all conditions called chronic as a criterion it is preferable to consider the reporting of various classes of chronic conditions or a weighted total of total conditions—the weights being related to the severity, costliness, or demands on medical facilities or whatever other properties are important. (It should be recalled that an unweighted total arbitrarily gives equal weight to the re-

porting of all conditions—a cancer in an unweighted total is equivalent to a bunion or wart.)

Furthermore, whatever a physician enters in the medical records is more likely to reflect current symptoms than the conditions that could be detected only by a thorough current physical examination. Likewise, updating an earlier physical examination usually is not equivalent to a current, thorough physical examination.

It is suggested that while all of the major sources of underreporting may contribute to underreporting, the chronic condition itself seems to be responsible for the major part of it, especially if the condition has influenced the behavior of the respondent, either through leading him to make more medical visits or through restricting his activity or causing him pain or undue concern.

In the following pages, the emphasis is on the completeness with which conditions in the PVRS's are reported in interviews. Little attention is given at this time to conditions recorded on the questionnaire but not in the medical records because to evaluate this aspect of the study it would be necessary to limit the analysis to respondents who were attended only by SCPMG physicians. The effects of potential sources of underreporting are summarized below, followed by a fairly detailed analysis of each of the factors examined:

1. Differences in reporting on the three versions of the questionnaire and according to demographic characteristics of respondents were small and unimportant.
2. When respondents were classified according to communication between physicians and patient—i.e., by the information concerning the diagnoses that the physician had given the patient or that the physician said the patient had mentioned during the physician-patient interview—the differences in reporting were also relatively small and unimportant.
3. While the number of chronic conditions a person has is unrelated to reporting, the number of visits for a condition and the time between the date of last visit for a condition and the date of interview are related to reporting.

Many of the apparent, relatively small differences cited above are due to the relationship of the above variables to the number of medical visits made for the condition. For example, the more visits a person had made for a condition the more likely it was that the physician had told the person the name of the condition and also the more likely it was that the condition was reported.

4. The questionnaires had only two indicators of the attitude of the respondent toward reporting. However, some reconciliation interviews—reinterview of the respondent in which an attempt was made to account for discrepancies between the PVRS and the household interview—were also conducted. While the evidence has not been fully analyzed, the attitude of the respondent seems to be related to reporting.

Despite a relatively low noninterview rate in the study, there is evidence that cooperation with the interviewers was not uniformly high. Once interviews have begun, they are rarely broken off. To some extent, however, the high rate of completion only masks the more serious effects of noncooperation on the part of the respondent. Anyone who has participated in interviewing knows that when a respondent begins to show hostility there is a tendency for the interviewer to attempt to reduce the tension. In doing so, however, the interviewer often obtains less or questionable information.

5. When respondents are classified by whether some chronic condition has had an impact on them—such as causing them to limit food or drink, or to take medicine, or to have pain or discomfort, or to worry or have members of their families worry, or to be limited in their activities because of health—the differences in reporting the conditions are large, especially when more than one of these "impact" characteristics are present.

6. The nature of the condition, such as its symptoms, prognosis, and recency of onset, is closely related to reporting.

DIFFERENCES IN REPORTING OF CHRONIC CONDITIONS

Questionnaires

The three versions of the questionnaire are compared in two ways. First, the reporting of the chronic conditions on the PVRs's is compared with that on the questionnaire. Second, for conditions reported on the questionnaires, the parts of the questionnaire in which the conditions were first mentioned are compared.

Table 6 suggests that whatever the differences may be among the questionnaires, they did not seriously affect the reporting of chronic conditions by the respondent. It also indicates that the differences in the average number of chronic conditions recorded in the medical records were not very large among persons who were interviewed on the three different versions of the questionnaire.

For conditions found both in the PVRs's and on the questionnaires, table 7 shows the distribution of these conditions according to that section of the questionnaire where they were first reported by the respondent. There are differences among the questionnaires (see table 7) largely attributable to the wording of the questions on Checklist A ("Have you EVER had any of the conditions listed on this card?") and Checklist B ("Have you had any of these conditions DURING THE PAST 12 MONTHS?") and to question 12 of Questionnaire 2, which refers to physician visits for conditions, a question not included in Questionnaires 1 and 3.

In table 8 are presented data on the questions in the answers to which conditions were first found. All of these questions appear before table C-1 on the three versions of the questionnaire used in the study.

Perhaps the most striking result of this analysis is that so far as conditions recorded on PVRs's are concerned, the main effect of differences among questionnaires seems to be not whether a condition in the medical records is reported in interview but where it is reported. A

further difference among the questionnaires was in the number of code D conditions they contain—i.e., conditions reported in interview that were not recorded in the medical records. However, this difference is not analyzed here because the number of these conditions depends to some extent on whether the respondent reported that he used only SCPMG for medical services.

Demographic Characteristics

Generally speaking, the differences in reporting of chronic conditions by demographic characteristics were relatively small and seemed to be related to the seriousness of conditions. It is possible that an analysis which took into account the reporting of conditions according to the three versions of the questionnaire might reveal more significant reporting differences by demographic characteristics.

The percentage of conditions in the medical records that were not reported (percentage unreported) in the interviews was about 44 percent for males and 46 percent for females (table 9).

The percentage of unreported conditions by age was 47.5 for those aged 25 to 44, 46.4 for those aged 45 to 64, and 36.5 for those aged 65 and over (table 10). The reporting among females aged 65 and over was considerably higher than that among males in this age interval.

The percentage unreported by race was about 45 for white, about 51 for Negro, and about 49 for all other, but the sizes of sample for Negro and all other were small (table 11).

The percentage unreported did not vary much by relationship to head of household (table 12). The head of household, spouse, and child had percentages unreported of approximately 46, 45, and 43, respectively. Those having "other" relationship to head of household had a lower percentage of unreported conditions (33.8), but these persons were so small a part of the sample that differences of this magnitude could easily occur; in addition, the class "other" tends to include older people—a population group for which the match rate was comparatively high. (Differences in reporting cannot be attributed to the use of "proxy" respondents since each respondent was interviewed only for himself.)

Over half of the sample persons had had some education but no college education. For these persons the percentage of unreported conditions was about 44.1 percent, whereas for those with some college education the percentage unreported was 48.5 percent (table 13).

When sample persons were classified by the education of the head of household (table 14), much the same results occurred. For those living in families where the head of household had some education but did not have any years of college the percentage unreported was 42.6 while for those in households where the head had some college education the percentage unreported was 50.4

It was unusual to find those with some college education reporting more poorly than those without any college education. However, the differences were small and could not explain any appreciable part of underreporting related to health. (The small number of those with no education at all made it possible that any differences for this group may have been attributable to sampling error.)

The percentage unreported did not vary appreciably by marital status (table 15) or by family income (table 16)—low family incomes in a large city are often associated with old age.

When classified by usual activity (table 17), the differences in the percentage of unreported conditions were minor except that those who were retired had low percentage unreported (about 33), a not unexpected result in view of better reporting among old persons.

When classified by activity during the 2 weeks preceding the interview (table 18) or by the number of workers in the household (table 19), the differences in the percentage of unreported conditions were minor except for males not in the labor force (39 percent) or sample persons in households with no workers (36 percent).

Communication Between Physician and Patient

Several questions on the Physician Visit Record dealt with the terms used by physician and patient in discussing the patient's condition, with emphasis on the diagnosis by the physician in communicating the diagnosis to the patient.

Analysis of responses to these questions in relation to the degree of underreporting indicates that the greater the communication between patient and physician the smaller the percentage of conditions not reported. The differences because of the degree of communication seem to affect the ratio of the number of A matches to the number of B matches more than the magnitude of the percentage not reported—i.e., even with poor communication the patient is likely to have a vague (B match) idea of the condition provided he has made enough medical visits for it or has had some effects from it.

Question 2 on the PVR asked the physician to record the terms he had used in describing the condition to the patient during the visit for which the PVR was completed.

On the PVRS each condition was assigned a code to indicate whether during at least one visit the physician stated that he had used a term that was either codeable to the same Recode 3 category as the condition itself or represented a diagnosis of the condition. For conditions for which the physician had used a term that was codeable to the same Recode 3 category as the final diagnosis, the percentage unreported was about 44 (table 20). Of the 6,058 conditions for which this question was asked, approximately 72 percent had been described to the patient in terms codeable to the same recode category as the final diagnosis. When conditions for which no codeable reply was given were excluded, the proportion became 83 percent.

Question 3 on the PVR was similar to question 2 except that the physician stated the terms that the patient had used to him in describing the condition rather than the term the physician had used in speaking to the patient. For conditions which during at least one visit the patient used a term codeable to the same Recode 3 as the final diagnosis, the percentage unreported was a little over 42 (table 21). Such conditions represented almost 56 percent of all conditions on the PVRS for which there was at least one physician visit. After excluding conditions for which the question was never answered, the proportion was about 68 percent.

In interpreting the responses to questions 2 and 3 of the PVR, it is useful to recall that the more visits made for a condition the more likely the occurrence of meaningful communication be-

between physician and patient. From tables 20 and 21 it seems clear that, according to the physician, the diagnoses recorded on the PVR were frequently not mentioned to the patient, or at least not in terms that could be coded to the same Re-code 3 category as the condition itself. But the proportion of conditions thus affected, while large from the point of view of communication between physician and patient, is small from the point of view of their effects on the percentage of unreported conditions. The effects of communication are greater on the proportion of conditions with B matches as compared with those with A matches than on the percentage unreported. It seems consistent with the finding that the seriousness of the condition is closely related to reporting to learn that physician-patient communication is more closely related to how accurately the patient reports a condition he thinks he has than to whether he realizes he has a condition that should be reported.

Question 5 on the PVR asked the physician to state whether he had "made a point" of the diagnosis during the specific visit for which the PVR was being filled out. According to table 22 whether the physician did or did not emphasize the diagnosis had some effect on how well the patient reported the condition, but the effect was not great.

Frequency and Recency of Physician Visits

The percentage of chronic conditions not reported in the interview seems to be unrelated to the number of such conditions the respondent had according to the PVRs (table 23). However, the percentage not reported seems to be fairly closely related to the number of visits made to SCPMG for the condition (table 24).

It is worth noting that for approximately half of the conditions the physician indicated that in only one visit was the condition considered during the year. In this group would be conditions that either had an acute episode that could be handled in one visit or conditions that were checked on during the year rather than conditions currently serious for the respondent at any time during the year. Of the remaining 50 percent of the conditions for which the doctor noted at least two visits in the year, slightly less than 35 percent were not reported in the interview.

Table 25 is based on table 24 and shows that the conditions not reported in the interview are conditions for which fewer visits were made to SCPMG than were made either for conditions with match code A or conditions with match code B.

The longer the interval between the date of last visit for the condition and the date of interview, the greater the percentage unreported (table 26). Obviously, there is a relationship between this interval and the number of visits made during the year. Without the study of this relationship, little can be deduced from table 26 concerning the results of interviewing the same person, say, monthly. However, one can conjecture that the percentage not reported would be less than when a single interview occurs.

Attitudes of the Respondent

Each respondent was asked for a selected list of conditions how freely he thought others would speak of these conditions if they or some member of their household had the condition. Preliminary indications (table 27) were that this attitudinal question did not serve too well as an indicator of percentage of unreported conditions. This could be because the major part of the failure to report conditions is due to reasons unrelated to how people feel about discussing health or more likely because those consciously not reporting conditions also consciously answered this question to obscure the relationship to unreported conditions. Further insight into attitudinal differences can be obtained by relating this information to that presented in the following paragraphs.

The last item on the questionnaire was a request that the respondent sign an authorization for the Census Bureau (National Health Survey) to examine the medical records of the person. Approximately 91 percent of the respondents signed the authorization.

For the 9 percent that did not sign the authorization it was possible, through the cooperation of SCPMG, to make a gross comparison of the data in the medical records with the data on the questionnaire. Names and addresses of the persons involved were seen only by the staff of SCPMG. Thus, these records were not identified with any specific persons.

It became clear during the interviewing process that the percentage of those signing or not signing the authorization was very dependent on the attitude of the interviewer to that particular question. Intuitively, it would be expected that relatively few people who have given complete and accurate information on their health would refuse authorization for the examination of their medical records. They would already have given the information and would have little reason, other than concern for the physician, to object to making the information more complete and accurate. Thus, the refusal to give authorization seems likely to be related to the completeness of reporting. This conjecture was to some extent confirmed. For those who did not sign the authorization, the percentage of conditions not reported in the interview was almost 62 as compared with a percentage of less than 44 for those who did sign the authorization.

This result again suggests the possibly greater importance of behavioral variables such as the signing of the authorization rather than attitudinal variables in explaining nonreporting. It would have been very useful to have had questions that might have led to various levels of behavior related to nonreporting rather than the single choice of whether to sign the authorization. No attempt has yet been made to combine the attitudinal and behavioral variables discussed above in relation to the percentage of conditions not reported.

Impact of the Condition

Table P of Questionnaires 1 and 3 consisted of six questions relating to the impact of chronic conditions on activities or way of life (see table 28). In Questionnaire 2 two of these questions (P-1 and P-5), as described earlier in this report, were revised and were asked with the initial illness-recall questions.

Before considering questions P-1 through P-5 let us consider question P-6 which relates to a self-evaluation of general health, and its format is consistent on all three questionnaires. From table 29 it is apparent that the level of reporting of chronic conditions was markedly higher among persons who considered their general state of health as fair or poor than for those who stated

their health was excellent or good. However, the apparent inconsistency may be related to the seriousness and the number of chronic conditions. There has been no opportunity as yet to make this analysis in any detail. It is desirable to do so at least to determine whether and to what extent self-evaluation of health may be used as an indicator of the percentage of unreported conditions. The lower percentage of reported conditions for those with excellent or good health suggests that not only did they have fewer conditions but also their conditions were relatively unimportant to them. This group of persons accounts for about 85 percent of all persons 17 years of age and over in the population studied, and they have about 72 percent of all chronic conditions.

Clearly, tables 30 to 37 show that the answers to questions P-1 to P-5 are all related to the percentage of conditions not reported. Again, they indicate that where the behavior of the respondent or a matter of concern to the respondent is involved the reporting of chronic conditions is more complete. However, the improvement due to any one of these impact variables does not reduce underreporting substantially.

The reporting of chronic conditions by respondents having various combinations of replies to questions P-1 to P-5 is considered in table 36. While the analysis is not complete, it is apparent that the "impact" variables are related to reporting. The difficulty in their use is largely that as soon as more than one limitation or other "impact" is used as a severity criterion the proportion of chronic conditions is sharply reduced.

In question 6 of the PVR, the physician was asked to report at each visit for each diagnosis whether the patient had said he had had pain or emotional stress or spent days in bed during the preceding week because of that diagnosis.

The answers to question 6 of the PVR are summarized in table 37. Again, it is clear that the conditions that had an impact on the respondent according to the physician were better reported than the other chronic conditions. However, the proportion of such conditions was not high. When each of the impact measures (pain, stress, days in bed) was considered separately, its presence was associated with a marked increase

in the percentage of conditions reported. Further analysis of this material is needed to determine if the combined effect of the presence of two or more of these impact measures will increase the percentage of reported conditions to an even greater extent.

Class of Chronic Conditions and Checklist Status

The conditions identified as chronic according to the medical records were classified into one of three classes.

Class 1.—Certain of these conditions were chronic regardless of how long the patient had the condition. Such conditions are called chronic regardless of onset.

Class 2.—Other conditions were called chronic because there was evidence on the PVRs that the condition lasted more than 3 months or was recurrent. Visits for the condition over a period of over 3 months or references to the chronic or recurrent nature of the condition were taken as evidence.

Class 3.—Except for a few conditions, all other chronic conditions were so identified be-

cause the physician stated in response to question 4 of the PVR that during at least one visit the patient had become aware of the condition over 3 months before the date of the visit.

It should be emphasized that Class 2 conditions provided fairly convincing evidence of duration of over 3 months, whereas the evidence for a Class 3 condition could be far more subject to error in the information deemed by the physician adequate for him to make the required response to question 4 on the PVRs. No attempt has been made to check these replies for inconsistencies at different visits.

From table 38 it follows that about 60 percent of all chronic conditions in the medical records were chronic regardless of onset; that less than 10 percent were called chronic because they lasted more than 3 months according to the PVRs; and that about 30 percent were called chronic because the physician had asserted on the PVR for one visit or more that the patient had first become aware of the condition over 3 months before that visit.

Table 38 also indicates that the conditions chronic regardless of onset and the conditions that had lasted more than 3 months according to the PVRs are more completely reported than the other conditions.

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Table 1. Number and percent distribution of conditions classified as chronic according to the PVRs, by number of visits to SCPMG for the conditions

Number of visits to SCPMG	Number of conditions	Percent of conditions
Total-----	6,140	100.0
1 visit-----	3,081	50.2
2 visits-----	1,281	20.9
3 visits-----	643	10.5
4 visits-----	376	6.1
5 visits-----	263	4.3
6-10 visits-----	369	6.5
11-15 visits-----	70	1.1
16 visits or more-----	27	0.4

Table 2. Number and percent distribution of conditions classified as chronic according to the PVRs, by overnight hospital stays for the conditions at a Kaiser Foundation hospital

Number of stays	Conditions ¹	
	Number	Percent
Total-----	6,140	100.0
0 stay-----	5,643	91.9
1 stay-----	426	6.9
2 stays-----	48	0.8
3 stays-----	20	0.3
4 stays-----	1	0.0
5 stays or more-----	2	0.0

¹The same overnight hospital stay would be counted for each chronic condition for which the diagnosis was entered in the hospital records.

Table 3. Number and percent of chronic conditions, and number and percent of persons subject to specified limitations or requirement because of these conditions

Question to respondent	Number of persons applicable ¹	Persons answering "Yes"		Number of chronic conditions applicable ¹	Chronic conditions of persons answering "Yes"	
		Number	Percent of all persons applicable		Number	Percent of all chronic conditions applicable
P-1. Have you ever been advised by a doctor to limit the amount or to avoid entirely certain kinds of food or beverage?-----	3,968	1,333	33.6	3,937	1,876	47.6
a. If "Yes": For what reason or condition?						
b. Are you still following this advice?-----	3,968	753	19.0	3,937	1,146	29.1
P-2. At the present time are you regularly taking any medicine or treatment for any condition?-----	5,988	1,460	24.4	6,140	2,588	42.2
a. If "Yes": For what condition?						
P-3. Do you have any condition which causes you pain or discomfort?-----	5,988	1,599	26.7	6,140	2,363	38.5
a. If "Yes": What is the condition?						
P-4. Do you have any health problem which is a source of worry to you or other members of your family?-----	5,988	568	9.5	6,140	1,088	17.7
a. If "Yes": What is the problem?						
P-5. (For males): Are you limited in any way in the amount or kind of work you can do because of your health?-----	3,968	572	14.4	3,937	1,010	25.6
(For females): Are you limited in any way in the amount or kind of housework you can do because of your health?						
a. If "Yes": What condition causes this?						

¹Questions P-1 and P-5 did not appear on Questionnaire 2; therefore, the data for persons and conditions applicable for these two questions represent the summations for Questionnaires 1 and 3.

Table 4. Number and percent distribution of chronic conditions according to physician-patient interview, by various characteristics

Chronic conditions and characteristics	Number	Percent distribution
All conditions-----	6,140	100.0
Chronic conditions for which the physician stated that during no visit did he tell the patient the actual diagnosis or a diagnosis codeable to the same diagnosis-----	1,923	31.3
Chronic conditions for which the physician stated that during no visit did the patient tell him the actual diagnosis or a diagnosis codeable to the same diagnosis-----	3,123	50.9
Chronic conditions for which the physician stated that during no visit did he make a point of the diagnosis in his discussions with the patient-----	3,336	54.3
Chronic conditions for which the physician stated that during no visit did the patient report he had pain from the condition during the preceding week-----	4,271	69.6
Chronic conditions for which the physician stated that during no visit did the patient report he had emotional stress because of the condition during the preceding week-----	4,336	70.6
Chronic conditions for which the physician stated that during no visit did the patient report he had spent at least 1 day in bed because of the condition during the preceding week-----	5,634	91.8
Chronic conditions for which the physician stated that during at least one visit some action was ordered, performed, or mentioned ¹ -----	5,460	90.1
Chronic conditions (other than those for which no action was taken) for which the physician stated that during at least one visit the action listed below was ordered or performed:		
a. Medication-----	3,479	56.7
b. Laboratory test-----	1,888	30.7
c. X-ray examination-----	1,129	18.4
d. Future visit to this doctor-----	3,074	50.1
e. Referral to other doctor-----	1,122	18.3
f. Future hospitalization-----	251	4.1
g. Future surgery-----	420	6.8
h. Change diet or drinking-----	463	7.5
i. Change in smoking-----	175	2.8
j. Bed rest-----	165	2.7
k. Other change in activity-----	444	7.2

¹In calculating percents for this characteristic, 82 of the 6,140 conditions were omitted—79 because the only record of a visit occurred in a hospitalization and 3 because one PVR was not tabulated.

Table 5. Number and percent distribution of chronic conditions, by Recode 3¹

Chronic conditions	Number	Percent distribution	Ranking of percents
All chronic conditions-----	6,140	100.0	...
01 Tuberculosis (active), (inactive), all sites-----	17	0.3	43.0
02 Other chronic infective and parasitic diseases-----	100	1.6	23.5
03 Malignant neoplasms-----	62	1.0	31.5
04 Benign and unspecified neoplasms-----	340	5.5	4.0
05 Hay fever, without asthma-----	184	3.0	12.0
06 Asthma (with or without hay fever)-----	45	0.7	35.0
07 Other allergic disorders, NEC-----	132	2.2	16.0
08 Diseases of thyroid gland, NEC-----	72	1.2	29.5
09 Diabetes (mellitus)-----	102	1.7	20.5
10 Anemia and other chronic blood disorders, NEC-----	50	0.8	34.0
11 Vascular lesions of central nervous system-----	38	0.6	37.5
12 Headache and migraine--chronic-----	94	1.6	23.5
13 Mental illness, specified types, NEC-----	449	7.3	2.0
14 Ill-defined mental or nervous trouble, NEC--chronic-----	101	1.6	23.5
15 Heart diseases and symptoms, NEC (chronic rheumatic) (arteriosclerotic) (hypertensive)-----	276	4.5	6.0
16 Hypertension, NEC, without heart involvement-----	250	4.1	8.0
17 Varicose veins-----	91	1.5	26.5
18 Hemorrhoids-----	152	2.5	14.0
19 Rheumatic fever; arteriosclerosis, NEC; and other chronic circulatory conditions-----	35	0.6	37.5
20 Chronic sinusitis-----	22	0.4	41.0
21 Chronic bronchitis-----	35	0.6	37.5
22 Other chronic diseases and symptoms of the respiratory system, NEC-----	171	2.8	13.0
23 Ulcer of stomach and duodenum-----	124	2.0	18.0
24 Hernia (abdominal cavity)-----	103	1.7	20.5
25 Diseases of gallbladder--chronic-----	33	0.5	40.0
26 Other chronic digestive system diseases and symptoms, NEC-----	294	4.8	5.0
27 Menstrual disorders-----	189	3.1	11.0
28 Menopausal disorders, except psychosis-----	112	1.8	19.0
29 Urinary calculi, prostate disorders; other chronic genitourinary diseases and symptoms-----	439	7.2	3.0
30 Chronic skin diseases, NEC-----	505	8.2	1.0
31 Arthritis and chronic rheumatism-----	219	3.6	9.0
32 Other chronic musculoskeletal diseases and symptoms, NEC-----	194	3.2	10.0
33 Fractures, old (3 mos.+), no residual specified-----	13	0.2	45.0
34 Injuries except fracture, dislocation, sprains, strains, old (3 mos.+), no residual specified-----	4	0.1	47.5
35 Severe visual impairments-----	3	0.1	47.5
36 Other visual impairments-----	91	1.5	26.5
37 Hearing impairments-----	60	1.0	31.5
38 Speech defects-----	5	0.1	47.5
39 Paralysis, complete or partial-----	38	0.6	37.5
40 Absence, fingers, toes, only-----	4	0.1	47.5
41 Absence, major extremities-----	-	-	50.0
42 Impairments, NEC, back or spine-----	149	2.4	15.0
43 Impairments, NEC, upper extremities and shoulders-----	18	0.3	43.0
44 Impairments, NEC, lower extremities and hips-----	73	1.2	29.5
45 Impairments, NEC, limb, back, trunk (multiple) (ill-defined), NEC- skull, jaw)-----	53	0.9	33.0
46 Other impairments (mental deficiency) (deformity), teeth, skull, jaw)-----	16	0.3	43.0
47 Other chronic conditions, NEC, not impairments and not in Recodes 48-50-----	87	1.4	28.0
48 Chronic diseases of eye, not impairments-----	260	4.2	7.0
49 Chronic diseases of ear, not impairments-----	130	2.1	17.0
50 Chronic organic nervous system conditions-----	99	1.6	23.5

¹Recode 3 is a summary list of chronic conditions consisting of 47 disease categories that is used in the tabulation of material collected in the Health Interview Survey. For inclusions in Recode 3, see Appendix II.

Table 6. Number and percent distribution of persons interviewed and average number of chronic conditions per person, and number and percent distribution of conditions reported in the medical records (PVRs) and proportion reported in interviews, by type of match code, according to questionnaire used

Questionnaire	Persons interviewed		Chronic conditions per person (PVRs's)	All conditions in (PVRs's)		Conditions reported in interview ¹				Conditions not reported in interview	
	Number	Per-cent		Number	Per-cent	Match code A		Match code B		Number	Per-cent
						Number	Per-cent	Number	Per-cent		
Total--	5,988	100.0	² 1.025	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
1-----	1,919	32.0	1.015	1,948	100.0	646	33.2	321	16.5	981	50.4
2-----	2,020	33.7	1.091	2,203	100.0	871	39.5	426	19.3	906	41.1
3-----	2,049	34.2	0.971	1,989	100.0	789	39.6	306	15.4	894	45.0

¹See page 14 of text for definitions of match codes A and B.

²The 1.025 chronic conditions per person entered in medical records (PVRs's) for persons in the sample 17 years of age or over compares with 0.83 chronic conditions per person entered in medical records for persons 15 years of age or over in the HIP study. The difference of about 20 percent would be somewhat reduced if both tables related to the same age group.

Table 7. Number and percent distribution of conditions reported in the medical records (PVRs) and in interviews, by section of questionnaire eliciting the response, according to questionnaire used and type of match code

Source of response	All matched conditions		Conditions reported in interview			
	Number	Per-cent	Match code A		Match code B	
			Number	Per-cent	Number	Per-cent
<u>Questionnaire 1</u>						
Total-----	967	100.0	646	100.0	321	100.0
Table C-1-----	875	90.5	588	91.0	287	89.4
Table H-----	25	2.6	14	2.2	11	3.4
Table P-----	66	6.8	43	6.7	23	7.2
Other source of response-----	1	0.1	1	0.2	-	-
<u>Questionnaire 2</u>						
Total-----	1,297	100.0	871	100.0	426	100.0
Table C-1-----	1,271	98.0	857	98.4	414	97.2
Table H-----	11	0.9	5	0.6	6	1.4
Table P-----	15	1.2	9	1.0	6	1.4
Other source of response-----	-	-	-	-	-	-
<u>Questionnaire 3</u>						
Total-----	1,095	100.0	789	100.0	306	100.0
Table C-1-----	1,044	95.3	764	96.8	280	91.5
Table H-----	12	1.1	8	1.0	4	1.3
Table P-----	38	3.5	17	2.2	21	6.9
Other source of response-----	1	0.1	-	-	1	0.3

Table 8. Number and percent distribution of conditions reported in medical records (PVRs) and in interviews, by question eliciting the response, according to questionnaire used and type of match code

Question	All matched conditions		Conditions reported in interview			
			Match code A		Match code B	
	Number	Per- cent	Number	Per- cent	Number	Per- cent
<u>Questionnaire 1</u>						
Total-----	967	100.0	646	100.0	321	100.0
Were you sick at any time LAST WEEK OR THE WEEK BEFORE?-----	116	12.0	85	13.2	31	9.7
Last week or the week before did you take any medicine or treatment for any condition?-----	166	17.2	114	17.6	52	16.2
Did you ever have an (any other) accident or injury that still bothers you or affects you in any way?-----	87	9.0	58	9.0	29	9.0
Have you had any of these conditions DURING THE PAST 12 MONTHS?-----	379	39.2	250	38.7	129	40.2
Do you have any of these conditions?-----	75	7.8	46	7.1	29	9.0
AT THE PRESENT TIME do you have any other ailments, conditions, or problems with your health?-----	53	5.5	36	5.6	17	5.3
Have you been in a hospital at any time during the past 12 months?-----	5	0.5	4	0.6	1	0.3
<u>Questionnaire 2</u>						
Total-----	1,297	100.0	871	100.0	426	100.0
Were you sick at any time LAST WEEK OR THE WEEK BEFORE?-----	104	8.0	80	9.2	24	5.6
Last week or the week before did you take any medicine or treatment for any condition?-----	218	16.8	122	14.0	96	22.5
DURING THE PAST 12 MONTHS, have you seen or talked to a doctor about yourself?-----	417	32.1	305	35.0	112	26.3
Have you ever had to change your eating, drinking, or smoking habits because of some health condition?-----	22	1.7	15	1.7	7	1.6
Have you ever had to make any other change in your way of doing things because of some health condition?-----	8	0.6	6	0.7	2	0.5
Have you ever had any other illness or injury which bothers you or affects you in any way?-----	59	4.5	38	4.4	21	4.9
Have you EVER had any of the conditions listed on this card?-----	183	14.1	128	14.7	55	12.9
Have you had any of these conditions DURING THE PAST 12 MONTHS?-----	260	20.0	163	18.7	97	22.8
Have you been in a hospital at any time during the past 12 months?-----	2	0.2	-	-	2	0.5
<u>Questionnaire 3</u>						
Total-----	1,095	100.0	789	100.0	306	100.0
Were you sick at any time LAST WEEK OR THE WEEK BEFORE?-----	137	12.5	105	13.3	32	10.5
Last week or the week before did you take any medicine or treatment for any condition?-----	164	15.0	127	16.1	37	12.1
Did you ever have an (any other) accident or injury that still bothers you or affects you in any way?-----	56	5.1	17	2.1	39	12.8
Have you EVER had any of the conditions listed on this card?-----	311	28.4	227	28.8	84	27.4
Have you had any of these conditions DURING THE PAST 12 MONTHS?-----	333	30.4	254	32.2	79	25.8
At the present time do you have any other ailments, conditions, or problems with your health?-----	44	4.0	34	4.3	10	3.3
Have you been in a hospital at any time during the past 12 months?-----	2	0.2	2	0.2	-	-

Table 9. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to sex

Sex	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Male-----	2,559	100.0	1,006	39.3	432	16.9	1,121	43.8
Female-----	3,581	100.0	1,300	36.3	621	17.3	1,660	46.4

Table 10. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to sex and age

Sex and age	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
<u>Both sexes</u>								
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
17-24 years-----	306	100.0	123	40.2	37	12.1	146	47.7
25-34 years-----	683	100.0	252	36.9	115	16.8	316	46.3
35-44 years-----	1,390	100.0	478	34.4	243	17.5	669	48.1
45-54 years-----	1,596	100.0	591	37.0	284	17.8	721	45.2
55-64 years-----	1,206	100.0	425	35.2	202	16.7	579	48.0
65-74 years-----	816	100.0	368	45.1	151	18.5	297	36.4
75-89 years-----	143	100.0	69	48.3	21	14.7	53	37.1
<u>Male</u>								
Total-----	2,559	100.0	1,006	39.3	432	16.9	1,121	43.8
17-24 years-----	124	100.0	62	50.0	19	15.3	43	34.7
25-34 years-----	213	100.0	61	28.6	48	22.5	104	48.8
35-44 years-----	475	100.0	169	35.6	80	16.8	226	47.6
45-54 years-----	690	100.0	287	41.6	127	18.4	276	40.0
55-64 years-----	528	100.0	198	37.5	72	13.6	258	48.9
65-74 years-----	441	100.0	190	43.1	73	16.6	178	40.4
75-89 years-----	88	100.0	39	44.3	13	14.8	36	40.9
<u>Female</u>								
Total-----	3,581	100.0	1,300	36.3	621	17.3	1,660	46.4
17-24 years-----	182	100.0	61	33.5	18	9.9	103	56.6
25-34 years-----	470	100.0	191	40.6	67	14.3	212	45.1
35-44 years-----	915	100.0	309	33.8	163	17.8	443	48.4
45-54 years-----	906	100.0	304	33.6	157	17.3	445	49.1
55-64 years-----	678	100.0	227	33.5	130	19.2	321	47.3
65-74 years-----	375	100.0	178	47.5	78	20.8	119	31.7
75-89 years-----	55	100.0	30	54.5	8	14.5	17	30.9

Table 11. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to sex and race

Sex and race	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
<u>Both sexes</u>								
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
White-----	5,739	100.0	2,194	38.2	966	16.8	2,579	44.9
Negro-----	323	100.0	90	27.9	69	21.4	164	50.8
Other-----	78	100.0	22	28.2	18	23.1	38	48.7
<u>Male</u>								
Total-----	2,559	100.0	1,006	39.3	432	16.9	1,121	43.8
White-----	2,408	100.0	961	39.9	399	16.6	1,048	43.5
Negro-----	138	100.0	36	26.1	31	22.5	71	51.4
Other-----	13	100.0	9	69.2	2	15.4	2	15.4
<u>Female</u>								
Total-----	3,581	100.0	1,300	36.3	621	17.3	1,660	46.4
White-----	3,331	100.0	1,233	37.0	567	17.0	1,531	46.0
Negro-----	185	100.0	54	29.2	38	20.5	93	50.3
Other-----	65	100.0	13	20.0	16	24.6	36	55.4

Table 12. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to relationship to head of household

Relationship to head of household	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Head of household-----	2,940	100.0	1,079	36.7	507	17.2	1,354	46.1
Spouse-----	2,828	100.0	1,070	37.8	477	16.9	1,281	45.3
Child-----	233	100.0	102	43.8	32	13.7	99	42.5
Other-----	139	100.0	55	39.6	37	26.6	47	33.8

Table 13. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to education of each sample person

Years of education	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Less than college-----	4,245	100.0	1,643	38.7	729	17.2	1,873	44.1
1-4 years-----	92	100.0	30	32.6	19	20.7	43	46.7
5-8 years-----	1,081	100.0	437	40.4	191	17.7	453	41.9
9-12 years-----	3,072	100.0	1,176	38.3	519	16.9	1,377	44.8
Some college-----	1,735	100.0	602	34.7	291	16.8	842	48.5
1-2 years-----	852	100.0	319	37.4	146	17.1	387	45.4
3-4 years-----	516	100.0	182	35.3	73	14.1	261	50.6
5 years or more-----	367	100.0	101	27.5	72	19.6	194	52.9
No education-----	119	100.0	44	37.0	29	24.4	46	38.7
Education unknown-----	41	100.0	17	41.5	4	9.8	20	48.8

Table 14. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to education of head of household

Years of education	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Less than college-----	3,869	100.0	1,541	39.8	681	17.6	1,647	42.6
1-4 years-----	110	100.0	34	30.9	20	18.2	56	50.9
5-8 years-----	1,151	100.0	474	41.2	207	18.0	470	40.8
9-12 years-----	2,608	100.0	1,033	39.6	454	17.4	1,121	43.0
Some college-----	2,040	100.0	684	33.5	328	16.1	1,028	50.4
1-2 years-----	851	100.0	295	34.7	156	18.3	400	47.0
3-4 years-----	640	100.0	224	35.0	80	12.5	336	52.5
5 years or more-----	549	100.0	165	30.1	92	16.8	292	53.2
No education-----	114	100.0	46	40.4	23	20.2	45	39.5
Education unknown-----	117	100.0	35	30.0	21	17.9	61	52.1

Table 15. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to sex and marital status

Sex and marital status	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
<u>Both sexes</u>								
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Married-----	5,068	100.0	1,923	37.9	864	17.0	2,281	45.0
Widowed-----	387	100.0	124	32.0	71	18.4	192	49.6
Divorced-----	245	100.0	109	44.5	34	13.9	102	41.6
Separated-----	48	100.0	10	20.8	8	16.7	30	62.5
Never married-----	384	100.0	140	36.5	72	18.8	172	44.8
Marital status unknown-----	8	100.0	-	-	4	50.0	4	50.0
<u>Male</u>								
Total-----	2,559	100.0	1,006	39.3	432	16.9	1,121	43.8
Married-----	2,241	100.0	857	38.2	386	17.2	998	44.5
Widowed-----	61	100.0	18	29.5	12	19.7	31	50.8
Divorced-----	72	100.0	39	54.2	5	6.9	28	38.9
Separated-----	20	100.0	7	35.0	1	5.0	12	60.0
Never married-----	157	100.0	85	54.1	24	15.3	48	30.6
Marital status unknown-----	8	100.0	-	-	4	50.0	4	50.0
<u>Female</u>								
Total-----	3,581	100.0	1,300	36.3	621	17.3	1,660	46.4
Married-----	2,827	100.0	1,066	37.7	478	16.9	1,283	45.4
Widowed-----	326	100.0	106	32.5	59	18.1	161	49.4
Divorced-----	173	100.0	70	40.5	29	16.8	74	42.8
Separated-----	28	100.0	3	10.7	7	25.0	18	64.3
Never married-----	227	100.0	55	24.2	48	21.2	124	54.6
Marital status unknown-----	-	-	-	-	-	-	-	-

Table 16. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to family income

Family income	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Under \$3,000-----	639	100.0	291	45.5	118	18.5	230	36.0
\$3,000-\$4,999-----	962	100.0	368	38.3	147	15.3	447	46.5
\$5,000-\$6,999-----	1,373	100.0	491	35.8	228	16.6	654	47.6
\$7,000-\$9,999-----	1,586	100.0	574	36.2	288	18.2	724	45.6
\$10,000 and over-----	1,437	100.0	522	36.3	244	17.0	671	46.7
Income unknown-----	143	100.0	60	42.0	28	19.6	55	38.5

Table 17. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to sex and usual activity status

Sex and usual activity	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
<u>Both sexes</u>								
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Working-----	3,221	100.0	1,090	33.8	555	17.2	1,576	48.9
Keeping house-----	2,180	100.0	856	39.3	380	17.4	944	43.3
Retired-----	495	100.0	256	51.7	77	15.6	162	32.7
Other-----	178	100.0	80	44.9	33	18.5	65	36.5
Activity unknown-----	66	100.0	24	36.4	8	12.1	34	51.5
<u>Male</u>								
Total-----	2,559	100.0	1,006	39.3	432	16.9	1,121	43.8
Working-----	2,015	100.0	733	36.4	348	17.3	934	46.4
Keeping house-----	19	100.0	5	26.3	5	26.3	9	47.4
Retired-----	394	100.0	204	51.8	55	14.0	135	34.3
Other-----	104	100.0	50	48.1	24	23.1	30	28.8
Activity unknown-----	27	100.0	14	51.9	-	-	13	48.1
<u>Female</u>								
Total-----	3,581	100.0	1,300	36.3	621	17.3	1,660	46.4
Working-----	1,206	100.0	357	29.6	207	17.2	642	53.2
Keeping house-----	2,161	100.0	851	39.4	375	17.4	935	43.3
Retired-----	101	100.0	52	51.5	22	21.8	27	26.7
Other-----	74	100.0	30	40.5	9	12.2	35	47.3
Activity unknown-----	39	100.0	10	25.6	8	20.5	21	53.8

Table 18. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to sex and employment status

Sex and employment status	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
<u>Both sexes</u>								
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Worked during last 2 weeks-----	2,780	100.0	965	34.7	444	16.0	1,371	49.3
Was on layoff or looking for job during last 2 weeks-----	109	100.0	41	37.6	14	12.8	54	49.5
Has a regular job or business but was looking for work or on layoff during last 2 weeks-----	13	100.0	9	69.2	-	-	4	30.8
Has regular job or business; neither worked nor looked for work nor was on layoff during last 2 weeks-----	106	100.0	43	40.6	24	22.6	39	36.8
Did not work during last 2 weeks, has no regular job or business, and was not looking for work during last 2 weeks-----	3,132	100.0	1,248	39.8	571	18.2	1,313	41.9
<u>Male</u>								
Total-----	2,559	100.0	1,006	39.3	432	16.9	1,121	43.8
Worked during last 2 weeks-----	1,665	100.0	603	36.2	290	17.4	772	46.4
Was on layoff or looking for job during last 2 weeks-----	66	100.0	31	47.0	3	4.5	32	48.5
Has a regular job or business but was looking for work or on layoff during last 2 weeks-----	11	100.0	7	63.6	-	-	4	36.4
Has a regular job or business; neither worked nor looked for work nor was on layoff during last 2 weeks-----	71	100.0	31	43.7	15	21.1	25	35.2
Did not work during last 2 weeks, has no regular job or business, and was not looking for work during last 2 weeks-----	746	100.0	334	44.8	124	16.6	288	38.6
<u>Female</u>								
Total-----	3,581	100.0	1,300	36.3	621	17.3	1,660	46.4
Worked during last 2 weeks-----	1,115	100.0	362	32.5	154	13.8	599	53.7
Was on layoff or looking for job during last 2 weeks-----	43	100.0	10	23.3	11	25.6	22	51.2
Has a regular job or business but was looking for work or on layoff during last 2 weeks-----	2	100.0	2	100.0	-	-	-	-
Has a regular job or business; neither worked nor looked for work nor was on layoff during last 2 weeks-----	35	100.0	12	34.3	9	25.7	14	40.0
Did not work during last 2 weeks, has no regular job or business, and was not looking for work during last 2 weeks-----	2,386	100.0	914	38.3	447	18.7	1,025	43.0

Table 19. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to number of workers in family

Number of workers	All conditions in (PVRs)'s		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
No workers-----	639	100.0	291	45.5	118	18.5	230	36.0
1 worker-----	962	100.0	368	38.3	147	15.3	447	46.5
2 workers-----	1,373	100.0	491	35.8	228	16.6	654	47.6
3-5 workers-----	1,586	100.0	574	36.2	288	18.2	724	45.6
5 workers and over-----	1,437	100.0	522	36.3	244	17.0	671	46.7
Number unknown-----	143	100.0	60	42.0	28	19.6	55	38.5

Table 20. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to best term used in physician-to-patient communication

Best term ¹ used by physician to patient	All conditions in (PVRs)'s		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	26,058	100.0	2,272	37.5	1,045	17.2	2,741	45.2
Best term used in PVR in same Recode 3 Category as final codeable diagnosis-----	4,377	100.0	1,796	41.0	669	15.3	1,912	43.7
Terms codeable but not to same Recode 3 Category as final diagnosis-----	887	100.0	256	28.9	216	24.4	415	46.8
No codeable term used-----	794	100.0	220	27.7	160	20.2	414	52.1

¹If for at least one visit for a condition the physician entered in question 2 of the PVR a diagnostic term codeable to the same Recode 3 Category as was the final diagnosis for that condition, then the best term is said to be in the same Recode 3 Category as the final diagnosis.

²Question 2 of the PVR could not be answered for 82 conditions for which the only visit to SCPMG was to a hospital.

Table 21. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to best term used in patient-to-physician communication

Best term ¹ used by patient to physician	All conditions in (PVRs)'s		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	² 6,058	100.0	2,272	37.5	1,045	17.2	2,741	45.2
Best term used in PVR in same Re-code 3 Category as final diagnosis-----	3,408	100.0	1,477	43.3	490	14.4	1,441	42.3
Terms codeable but not to same Re-code 3 Category as final diagnosis-----	1,621	100.0	489	30.2	379	23.4	753	46.5
No codeable term used-----	1,029	100.0	306	29.7	176	17.1	547	53.2

¹If for at least one visit for a specified condition the physician entered in question 3 of the PVR a diagnostic term codeable to the same Recode 3 Category as was the final diagnosis for that condition, then the best term is said to be in the same Recode 3 Category as the final diagnosis.

²Question 3 of the PVR could not be answered for 82 conditions for which the only visit to SCPMG was to a hospital¹

Table 22. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to emphasis given to the diagnosis¹

Emphasis given diagnosis ¹	All conditions in (PVRs)'s		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	² 6,058	100.0	2,272	37.5	1,045	17.2	2,741	45.2
<u>"Made a point of it"</u>								
On at least one visit-----	2,433	100.0	1,036	42.6	399	16.4	998	41.0
At no visit-----	3,625	100.0	1,236	34.1	646	17.8	1,743	48.1
<u>"Played it down"</u>								
On at least one visit-----	1,529	100.0	607	39.7	253	16.5	669	43.7
At no visit-----	4,529	100.0	1,665	36.8	792	17.5	2,072	45.8
<u>Neither of the above responses</u>								
On at least one visit-----	3,374	100.0	1,366	40.5	576	17.1	1,432	42.4
At no visit-----	2,684	100.0	906	33.8	469	17.5	1,309	48.8

Of all the visits made for a condition only those in which the visit diagnosis was the same as the final diagnosis were considered for this table.

²Question 5 of the PVR could not be answered for 82 conditions for which the only visit to SCPMG was to a hospital.

Table 23. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to number of chronic conditions present

Number of chronic conditions	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.2	2,781	45.3
1 condition-----	1,404	100.0	505	36.0	285	20.3	614	43.7
2 conditions-----	1,749	100.0	654	37.4	276	15.8	819	46.8
3 conditions-----	1,294	100.0	501	38.7	213	16.5	580	44.8
4 conditions-----	920	100.0	345	37.5	151	16.4	424	46.1
5 conditions and over-----	773	100.0	301	38.9	128	16.6	344	44.5

Table 24. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to number of visits to SCPMG¹

Number of visits to SCPMG ¹	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
1 visit-----	3,081	100.0	821	26.7	543	17.6	1,717	55.7
2 visits-----	1,281	100.0	495	38.6	181	14.2	605	47.2
3 visits-----	643	100.0	288	44.8	132	20.5	223	34.7
4-5 visits-----	639	100.0	359	56.3	114	17.8	166	26.0
6 visits and over-----	496	100.0	343	69.0	83	17.0	70	14.0

¹For a relatively small number of conditions for which large numbers of routine visits were being made, such as injections for allergy, the condition was noted only once on the PVR.

Table 25. Percent distribution and cumulative percent of conditions in medical records (PVRs), by number of visits to SCPMG, according to type of match code

Number of visits to SCPMG	Total		Conditions reported in interview				Conditions not reported in interview	
			Match code A		Match code B			
	Percent of visits	Cumulative percent	Percent of visits	Cumulative percent	Percent of visits	Cumulative percent	Percent of visits	Cumulative percent
Total-----	100.0		100.0		100.0		100.0	
1 visit-----	50.2	50.2	35.6	35.6	51.6	51.6	61.8	61.8
2 visits-----	20.9	71.1	21.5	57.1	17.2	68.8	21.8	83.6
3 visits-----	10.5	81.6	12.5	69.6	12.5	81.3	8.0	91.6
4 visits-----	6.1	87.7	8.6	78.2	8.1	89.4	3.3	94.9
5 visits-----	4.3	92.0	6.7	84.9	2.3	91.7	2.6	97.5
6-10 visits-----	6.5	98.5	11.3	96.2	6.8	98.5	2.4	99.9
11-15 visits-----	1.1	99.6	2.7	98.9	0.7	99.2	0.1	100.0
16-25 visits-----	0.4	100.0	0.7	99.6	0.4	99.6	0.1	100.1
26 visits and over-----	0.1	100.1	0.2	99.8	0.0		0.0	

Table 26. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to number of days since last visit to SCPMG

Number of days	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
			Match code A		Match code B			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total-----	6,140	100.0	2,306	37.6	1,053	17.2	2,781	45.3
1-7 days-----	116	100.0	80	69.0	26	22.4	10	8.6
8-14 days-----	218	100.0	139	63.8	19	8.7	60	27.5
15-28 days-----	440	100.0	245	55.7	90	20.4	105	23.9
29-56 days-----	683	100.0	280	41.0	119	17.4	284	41.6
57-84 days-----	574	100.0	236	41.1	126	22.0	212	36.9
85-112 days-----	513	100.0	210	40.9	86	16.8	217	42.3
113-140 days-----	476	100.0	176	37.0	85	17.9	215	45.2
141-168 days-----	355	100.0	123	34.6	68	19.2	164	46.2
169-224 days-----	372	100.0	98	26.3	64	17.2	210	56.5
225-280 days-----	1,232	100.0	411	33.4	183	14.8	638	51.8
281-364 days-----	1,078	100.0	287	26.6	170	15.8	621	57.6
365 days or more-----	71	100.0	13	18.3	16	22.5	42	59.2
No days or days unknown-----	12	100.0	8	66.7	1	8.3	3	25.0

Table 27. Number and percent distribution of persons,¹ by how freely respondent thinks most other people would talk about conditions in an interview according to specified conditions

Condition	How freely respondent thinks most other people would talk about the condition					
	Very freely		Quite freely		Somewhat freely	
	Number	Per- cent	Number	Per- cent	Number	Per- cent
Asthma-----	2,751	45.9	1,680	28.1	840	14.0
Heart disease-----	2,232	37.3	1,439	24.0	1,258	21.0
Arthritis or rheumatism-----	2,800	46.8	1,652	27.6	948	15.8
High blood pressure-----	2,518	42.1	1,563	26.1	1,122	18.7
Blindness-----	1,953	32.6	935	15.6	1,024	17.1
Chronic nervous trouble-----	1,287	21.5	944	15.8	1,220	20.4
Cancer-----	1,051	17.6	822	13.7	889	14.8
Overweight-----	1,939	32.4	1,158	19.3	1,125	18.8
Mental illness-----	559	9.3	440	7.3	514	8.6
Missing hand, arm, foot, or leg-----	1,305	21.8	768	12.8	1,110	18.5
Deafness-----	1,240	20.7	993	16.6	1,318	22.0
Venereal disease-----	398	6.6	291	4.9	254	4.2
Stomach ulcer-----	1,951	32.6	1,663	27.8	1,542	25.8
Paralysis-----	1,379	23.0	1,251	20.9	1,254	20.9
Tonsillitis-----	3,330	55.6	1,385	23.1	522	8.7
Diabetes-----	2,026	33.8	1,448	24.2	1,233	20.6

Condition	How freely respondent thinks most other people would talk about the condition					
	Not very freely		Not freely at all		Unknown	
	Number	Per- cent	Number	Per- cent	Number	Per- cent
Asthma-----	393	6.6	175	2.9	149	2.5
Heart disease-----	622	10.4	289	4.8	148	2.5
Arthritis or rheumatism-----	259	4.3	190	3.2	139	2.3
High blood pressure-----	394	6.6	245	4.1	146	2.4
Blindness-----	1,039	17.4	879	14.7	158	2.6
Chronic nervous trouble-----	1,540	25.7	858	14.3	139	2.3
Cancer-----	1,528	25.5	1,550	25.9	148	2.5
Overweight-----	1,005	16.8	612	10.2	149	2.5
Mental illness-----	1,525	25.5	2,796	46.7	154	2.6
Missing hand, arm, foot, or leg-----	1,294	21.6	1,351	22.6	160	2.7
Deafness-----	1,350	22.5	932	15.6	155	2.6
Venereal disease-----	959	16.0	3,935	65.7	151	2.5
Stomach ulcer-----	446	7.4	223	3.7	163	2.7
Paralysis-----	1,026	17.1	924	15.4	154	2.6
Tonsillitis-----	204	3.4	370	6.2	177	3.0
Diabetes-----	640	10.7	474	7.9	167	2.8

¹Total persons is 5,988 for every row; the percentages shown for each condition totals 100 per- cent.

Table 28. Table P of Questionnaires 1, 2, and 3

P-1.	Have you ever been advised by a doctor to limit the amount or to avoid entirely certain kinds of food or beverages? If "yes," ask: a. For what reason or condition? b. Are you still following this advice?	___ Yes ___ No ___ Yes ___ No
P-2.	At the present time are you regularly taking any medicine or treatment for any condition? If "yes," ask: a. For what condition?	___ Yes ___ No
P-3.	Do you have any condition which often causes you pain or discomfort? If "yes," ask: a. What is the condition?	___ Yes ___ No
P-4.	Do you have any health problem which is a source of worry to you or other members of your family? If "yes," ask: a. What is the problem?	___ Yes ___ No
P-5.	(For Males): Are you limited in any way in the amount or kind of work you can do because of your health? (For Females): Are you limited in any way in the amount or kind of housework you can do because of your health? If "yes," ask: a. What condition causes this?	___ Yes ___ No ___ Yes ___ No
P-6.	In general, would you say that your health is excellent, good, fair, or poor?	___ Excellent ___ Good ___ Fair ___ Poor

Table 29. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to general state of health

General state of health	All conditions in (PVRs)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Excellent health-----	1,572	100.0	414	26.3	209	13.3	949	60.4
Good health-----	2,856	100.0	1,049	36.7	526	18.4	1,281	44.9
Fair health-----	1,381	100.0	661	47.9	269	19.5	451	32.7
Poor health-----	309	100.0	172	55.7	43	13.9	94	30.4
State of health unknown-----	22	100.0	10	45.5	6	27.3	6	27.3

Table 30. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to whether the person has ever had limitations involving food or beverages¹

Ever had limitation of food or beverage	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	3,937	100.0	1,435	36.4	627	15.9	1,875	47.6
Had limitations-----	1,876	100.0	801	42.7	351	18.7	724	38.6
Had no limitations-----	2,061	100.0	634	30.8	276	13.4	1,151	55.8
Limitations unknown-----	-	-	-	-	-	-	-	-

¹Based on replies to question P-1b of Questionnaires 1 and 3.

Table 31. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to whether the person has current limitations involving food or beverages¹

Current limitation of food or beverage	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	1,876	100.0	801	42.7	351	18.7	724	38.6
Current limitations-----	1,146	100.0	502	43.8	234	20.4	410	35.8
No current limitations-----	586	100.0	247	42.2	94	16.0	245	41.8
Current limitations unknown-----	144	100.0	52	36.1	23	16.0	69	47.9

¹Based on replies to question P-1b of Questionnaires 1 and 3.

Table 32. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to whether the person is currently receiving medicine or treatment¹

Receiving medicine or treatment	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Receiving medicine or treatment----	2,588	100.0	1,200	46.4	547	21.1	841	32.5
Not receiving medicine or treatment-----	3,552	100.0	1,106	31.1	506	14.2	1,940	54.6
Unknown-----	-	-	-	-	-	-	-	-

¹Based on replies to question P-2 of Questionnaires 1, 2, and 3.

Table 33. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to whether the person often has pain or discomfort¹

Pain or discomfort	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Has pain or discomfort-----	2,363	100.0	1,112	47.1	444	18.8	807	34.2
Has no pain or discomfort-----	3,764	100.0	1,190	31.6	607	16.1	1,967	52.3
Unknown-----	13	100.0	4	30.8	2	15.4	7	53.8

¹Based on replies to question P-3 of Questionnaires 1, 2, and 3.

Table 34. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to whether health problems are a source of worry¹

Worry	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
Health problems source of worry----	1,088	100.0	550	50.6	219	20.1	319	29.3
Health problems not a source of worry-----	5,019	100.0	1,743	34.7	832	16.6	2,444	48.7
Unknown-----	33	100.0	13	39.4	2	6.1	18	54.5

¹Based on replies to question P-4 of Questionnaires 1, 2, and 3.

Table 35. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to whether limitation of work or housework is present¹

Limitation of work or housework	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	3,937	100.0	1,435	36.4	627	15.9	1,875	47.6
Has limitation of work or housework-----	1,010	100.0	510	50.5	209	20.7	291	28.8
Has no limitation of work or housework-----	2,927	100.0	925	31.6	418	14.3	1,584	54.1
Unknown-----	-	-	-	-	-	-	-	-

¹Based on replies to question P-5 of Questionnaires 1 and 3.

Table 36. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to various combinations of replies to questions P-1 through P-5

Summary of replies to questions P-1 through P-5	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
All conditions in medical records-----	6,140	100.0	2,306	37.6	1,053	17.1	2,781	45.3
All conditions in medical records (Questionnaires 1 and 3)--	3,937	100.0	1,435	36.4	627	15.9	1,875	47.6
A reply of "yes" to at least one of the questions P-1a, P-2 through P-5 for at least one condition (Questionnaires 1 and 3 only)-----	2,946	100.0	1,249	42.4	544	18.5	1,153	39.1
A reply of "yes" to at least one of the questions P-1b, P-2 through P-5 for at least one condition (Questionnaires 1 and 3 only)-----	2,670	100.0	1,174	44.0	510	19.1	986	36.9
A reply of "yes" to at least one of the questions P-2, P-3, or P-4 (all questionnaires)-----	3,695	100.0	1,653	44.7	736	19.9	1,306	35.3
A reply of "yes" to all of the questions P-2, P-3, and P-4 (all questionnaires)-----	565	100.0	312	55.2	112	19.8	141	25.0

Table 37. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to class of chronic condition

Class of chronic condition	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	6,140	100.0	2,306	37.5	1,053	17.2	2,781	45.3
<u>Condition chronic</u>								
Regardless of onset-----	3,713	100.0	1,603	43.2	596	16.0	1,514	40.8
After duration of more than 3 months (PVRs)-----	583	100.0	258	44.3	111	19.0	214	36.7
After duration of more than 3 months (PVR)-----	1,820	100.0	437	24.0	337	18.5	1,046	57.5
Other-----	24	100.0	8	33.3	9	37.5	7	29.2

Table 38. Number and percent distribution of conditions reported in medical records (PVRs) and proportion reported in interviews, by type of match code, according to characteristic during week preceding visit to SCPMG (PVR)

Characteristic in week preceding visit to SCPMG ¹	All conditions in (PVRs's)		Conditions reported in interview				Conditions not reported in interview	
	Number	Per-cent	Match code A		Match code B		Number	Per-cent
			Number	Per-cent	Number	Per-cent		
Total-----	² 6,058	100.0	2,272	37.5	1,045	17.2	2,741	45.4
<u>Pain</u>								
For no visit-----	4,271	100.0	1,484	34.8	718	16.8	2,069	48.4
For at least one visit-----	1,787	100.0	788	44.1	327	18.3	672	37.6
<u>Emotional stress</u>								
For no visit-----	4,336	100.0	1,552	35.8	700	16.1	2,084	48.1
For at least one visit-----	1,722	100.0	720	41.8	345	20.0	657	38.2
<u>Days in bed</u>								
For no visit-----	5,634	100.0	2,029	36.0	961	17.1	2,644	46.9
For at least one visit-----	424	100.0	243	57.3	84	19.8	97	22.9
<u>Other</u>								
For no visit-----	5,253	100.0	1,859	35.4	869	16.5	2,525	48.1
For at least one visit-----	805	100.0	413	51.3	176	21.9	216	26.8

¹The characteristic categories are not mutually exclusive.

²Excludes 82 conditions for which only visit to SCPMG was to a hospital.

APPENDIX I

QUESTIONNAIRE, PVR, AND PVRS

Form Approved: Budget Bureau No. 68-R620-F9.1

The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purposes (22 FR 1687).

FORM NHS-S-13-1 (9-4-62)		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL HEALTH SURVEY		1. Questionnaire of _____ Questionnaires							
2. ADDRESS		a. Address or description of location		3. Assignment No.							
b. Mailing address if not shown in (a): Include city and State		4. Serial No.									
5. Which of these income groups represents your total family income for the past 12 months, that is, your's, your-'s, etc? (Show Card H). Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc.					Group						
6. What is the telephone number here?			Telephone No. _____		<input type="checkbox"/> None						
7. If sample person has not been interviewed but interview has been completed for other related members, ask: As I mentioned earlier, in each household we ask some special questions about one person for himself only. In this case, it is _____ (Sample person). What is the earliest time I would be able to see him (or her)?											
(Enter best time to call). . . .											
8. RECORD OF CALLS AT HOUSEHOLDS				Date	Time						
Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.
Entire household		Date		Date		Date		Date		Date	
Record of Callbacks for Sample Person		Col.No. SP		Date		Date		Date		Date	
TYPE A		TYPE B		TYPE Z							
<input type="checkbox"/> Refusal <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> (Specify, e.g., Sample family moved to _____; etc.) _____ _____		<input type="checkbox"/> Interview not obtained for Sample Person (SP): (Specify reason) _____ _____							
10. Signature of interviewer					11. Code						
FOOTNOTES											

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<p>1. a. What is the name of the head of this household? (Enter name in appropriate column) b. What are the names of all other persons who live here? (List all persons who live here) c. Is there anyone else who lives here who is now temporarily in a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) d. Away on business? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) e. On a visit? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) f. Is there anyone else staying here now? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)</p>	<p>Last name SP First name and initial</p>	<p>Last name 1 First name and initial</p>
<p>2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, etc.)</p>	<p>Relationship</p>	<p>Relationship</p>
<p>3. How old were you on your last birthday?</p>	<p>Age <input type="checkbox"/> Under 1 year</p>	<p>Age <input type="checkbox"/> Under 1 year</p>
<p>4. Race (Check one box for each person)</p>	<p><input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other</p>
<p>5. Sex (Check one box for each person)</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>If 17 years old or over, ask: 6. Are you now married, widowed, divorced, separated, or never married? (Check one box for each person)</p>	<p><input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced</p>	<p><input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced</p>
<p>If 17 years old or over, ask: 7. a. What is the highest grade you attended in school? (Circle highest grade attended or check "None") b. Did you finish the -- grade (year)?</p>	<p><input type="checkbox"/> Under 17 years SP Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Under 17 years 1 Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If 17 years old or over, ask: 8. a. What were you doing most of the past 12 months -- (For males): working or doing something else? (For females): keeping house, working, or doing something else? If "Something else" checked, and person is 45 years old or over, ask: b. Are you retired?</p>	<p><input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NOTE: Beginning with Question 9, you must interview the sample person for him- self. Check the appropriate box and follow the indicated order of asking the questions.</p>	<p><input type="checkbox"/> Sample Person home and available -- ask SAMPLE PERSON Q. 9-19 <input type="checkbox"/> Sample Person not at home or not available -- continue interview for</p>	
<p>9. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.) a. What was the matter? b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Last week or the week before did you take any medicine or treatment for any condition (besides . . . which you told me about)? a. For what conditions? b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Last week or the week before did you have any accidents or injuries? a. What were they? b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Did you ever have an (any other) accident or injury that still bothers you or affects you in any way? a. In what way does it bother you? (Record present effects) b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>13. Have you had any of these conditions DURING THE PAST 12 MONTHS? (Read Card A, condition by condition; record any conditions mentioned.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>14. Do you have any of these conditions? (Read Card B, condition by condition; record any conditions mentioned.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>15. AT THE PRESENT TIME do you have any other ailments, conditions or problems with your health? a. What is the condition? (Record condition itself if still present; otherwise record present effects.) b. Any other problems with your health?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>18. a. Have you been in a hospital at any time during the past 12 months? If "Yes," ask: b. How many times were you in the hospital during that period?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No _____ No. of times</p>	
<p>19. a. Have you been a patient in a nursing home, rest home, or any similar place during the past 12 months? If "Yes," ask: b. How many times were you in a nursing home or rest home during that period?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No _____ No. of times</p>	
<p>R</p>	<p>For non-sample persons 17 years old or over, show who responded for Q. 9-11. For persons under 17 show who responded for them.</p>	<p><input type="checkbox"/> Responded for self SP <input type="checkbox"/> Responded for self 1 Col. ____ was respondent</p>

Last name (2)	Last name (3)	Last name (4)	Last name (5)
First name and initial	First name and initial	First name and initial	First name and initial
Relationship	Relationship	Relationship	Relationship
Age <input type="checkbox"/> Under 1 year	Age <input type="checkbox"/> Under 1 year	Age <input type="checkbox"/> Under 1 year	Age <input type="checkbox"/> Under 1 year
<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married
<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 (2) High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 (3) High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 (4) High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 (5) High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No
and Tables C-1, H and P for himself. THEN ask Q. 9-11 and Table C-2 for non-sample persons. non-sample persons only.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FILL ITEM R. THEN FILL TABLE C-2 FOR CONDITIONS REPORTED FOR NON-SAMPLE PERSONS			
<input type="checkbox"/> Responded for self Col. ____ was respondent (2)	<input type="checkbox"/> Responded for self Col. ____ was respondent (3)	<input type="checkbox"/> Responded for self Col. ____ was respondent (4)	<input type="checkbox"/> Responded for self Col. ____ was respondent (5)

TABLE C-1 (For SP ONLY): Fill one line of Table C-1 for								
Line number	Col. No. of person	Question No.	Name of condition as reported in Questions 9-17	Did you EVER at any time talk to a doctor about ... ?	Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? ... did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else?	Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom What was the cause of ... ?	Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses?	Ask for any entry in Col. (e-1) or Col. (e-2): that includes the words Allergy* Tumor Asthma "Condition" Cyst "Disease" Growth "Trouble" Stroke* What kind of ... is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you?
	(a)	(b)	(c)	(d)	(e-1)	(e-2)	(e-3)	(e-4)
1	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TABLE H (For SP ONLY): Fill one line of Table H for each hospitalization										
Line number	Col. No. of person	Question No.	You said that you were in the hospital (once, twice, etc.) during the past year --			How many nights were you in the hospital? (If exact number not known accept best estimate)	Complete from entries in Columns (c) and (d); or, show calendar and ask the questions --			For what condition did you enter the hospital -- do you know the medical name? (If medical name not known, enter respondent's description) (Entry must show "Cause," "Kind," and "Part of body" in same detail as required in Table C-1)
			When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.)				(d)	(e)	(f)	
(a)	(b)		Month	Day	Year	Nights	Nights	Nights None	Yes No	(b)
1	(SP)									
2	(SP)									
3	(SP)									

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each condition reported in Questions 9-17 for the Sample Person.

Ask only for: Impairments and injuries And for: Abscesses Inflammation Aches Neuralgia Bleeding Neuritis Blood Clot Pains Boils Sores Cancer Soreness Cyst Tumor Growth Ulcers Infection Weakness What part of the body is affected? Show detail for: Ear or eye - (one or both) Head - (Skull, scalp, face) Back - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both) (e-5)	If 6-16 yrs. old ask: How many days did ... keep you from school last week or the week before?		How many days did ... keep you from your job or business last week or the week before? Enter number of days, or check "None" and ask Col. (h)		During that 2 week period how many days did ... keep you in bed all or most of the day? If any "days" entered in Cols. (g) or (h) skip to Col.(k)		Ask ONLY if "None" checked in Cols. (g) and (h): LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do?		Ask ONLY if "Yes" in Col. (i): Did you have to cut down for as much as a day?		When did you first notice ... ? (Check the first box which applies)		When did you last see or talk to a doctor about ... ? Enter month and year if during past 12 months; otherwise check "before 12 months" or "never" box		Ask only if doctor seen during the past 12 months: During the past 12 months about how many times have you seen or talked to a doctor about ... ?		Line number
	(f)	(g)	(h)	(i)	(j)	(k)		(l)		(m)							
	Days	None	Days	None	Days	None	Yes	No	Yes	No							
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never	No. of times _____		1		
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never	No. of times _____		2		
x	DOES NOT										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never	No. of times _____		3		
x	APPLY										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never	No. of times _____		4		
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never	No. of times _____		5		
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never	No. of times _____		6		
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never	No. of times _____		7		

reported in Questions 18 or 19. (If no hospitalization reported go to Table P)

Were any operations performed on you during this stay at the hospital? If "Yes," ask: a. What was the name of the operation? b. Any other operations?		What is the name and address of the hospital you were in? (Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.)		NOTE TO INTERVIEWER After Completing Table H go to Table P
(i)		(j)		
Yes If "Yes," name of operation, etc.	No	Name of hospital	Address	
			Street ----- City and State	
			Street ----- City and State	
			Street ----- City and State	

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TABLE C-2 FOR NON-SAMPLE PERSONS ONLY: Fill one line of

Line number	Col. No. of person	Question No.	Name of condition as reported in Questions 9-11	Did you EVER at any time talk to a doctor about . . . ?	Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? -- did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else?	Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom What was the cause of . . . ?	Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses?	Ask for any entry in Col. (e-1) or Col. (e-2) that includes the words: Allergy* Tumor Asthma "Condition" Cyst "Disease" Stroke* "Trouble" What kind of . . . is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you?
	(a)	(b)	(c)	(d)	(e-1)	(e-2)	(e-3)	(e-4)
1				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
10				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

GO TO FRONT OF QUESTIONNAIRE

FOOTNOTES

Table C-2 for each condition reported for each Non-Sample Person

Ask only for: Impairments and injuries And for: Abscesses Inflammation Aches Neuralgia Bleeding Neuritis Blood Clot Pains Boils Sores Cancer Soreness Cyst Tumor Growth Ulcers Infection Weakness What part of the body is affected? Show detail for: Ear or eye - (one or both) Head - (Skull, scalp, face) Back - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both) (-5)	If 6-16 years old ask: How many days did . . . keep you from school last week or the week before? Enter number of days or check "None" and skip to Col. (h)		If 17 years old or more ask: How many days did . . . keep you from your job or business last week or the week before? Enter number of days or check "None" and ask Col. (h)		During that 2 week period how many days did . . . keep you in bed all or most of the day? If any "days" entered in Cols. (g) or (h) skip to Col. (k)		Ask ONLY if "None" checked in columns (f) or (g) and (h): LAST WEEK OR THE WEEK BEFORE did . . . cause you to cut down on the things you usually do? If "Yes" checked ask Col. (j). If "No" skip to Col. (k)		Ask only if "Yes" in column (i): Did you have to cut down for as much as a day? Yes No		When did you first notice . . . ? (Check the first box which applies)
	(f)		(g)		(h)		(i)		(j)		(k)
	Days	None	Days	None	Days	None	Yes	No	Yes	No	<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months

TABLE P		Name of Sample Person
P-1. Have you ever been advised by a doctor to limit the amount or to avoid entirely certain kinds of food or beverages? If "Yes," ask: a. For what reason or condition? b. Are you still following this advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No ----- <input type="checkbox"/> Yes <input type="checkbox"/> No	
P-2. At the present time are you regularly taking any medicine or treatment for any condition? If "Yes," ask: a. For what condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P-3. Do you have any condition which often causes you pain or discomfort? If "Yes," ask: a. What is the condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P-4. Do you have any health problem which is a source of worry to you or other members of your family? If "Yes," ask: a. What is the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P-5. (For males): Are you limited in any way in the amount or kind of work you can do because of your health? (For females): Are you limited in any way in the amount or kind of housework you can do because of your health? If "Yes," ask: a. What condition causes this?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P-6. In general, would you say your health is excellent, good, fair, or poor?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
HAND RESPONDENT CARD TO P-7 (FORM NHS-S-13-6)		
P-7. Listed on this card are several conditions. Please place an "X" opposite each condition which indicates how freely you think most other people would talk about each condition in an interview like this -- that is, if they or some other member of their family had the condition.		
P-8. a. Did you work at any time during the past 2 weeks? If "No," ask P-8-b and P-8-c: b. Even though you did not work during that time do you have a job or business? c. Were you looking for work or on layoff from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
P-9. What is the name and address of the doctor or clinic you usually go to for YOUR OWN medical advice or treatment? ----- a. During the past 12 months about how many times did you see or visit (doctor or clinic named)? for yourself b. Besides (the doctor or clinic named above) did you see or visit any other doctor during the past 12 months? If "Yes," ask: Who was this? (Enter name and address) ----- c. How many times did you see him during the past 12 months? d. Did you see any other doctors during the past 12 months? If "Yes," ask: Who was this? (Enter name and address) ----- e. How many times did you see him during the past 12 months?	Name and address _____ _____ ----- Number of times <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to P-10)	
	Name and address _____ _____ ----- Number of times	
	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to P-10)	
	Name and address _____ _____ ----- Number of times	
	Name and address _____ _____ ----- Number of times	
P-10. In conjunction with this survey we sometimes need to obtain additional information from medical and hospital records. In case you are selected as one of these persons for whom we wish to obtain additional information will you please sign this form (present release - Form NHS-S-13-7) which allows us to consult your health records to obtain this information.	MEDICAL AUTHORIZATION FORM <input type="checkbox"/> Signed _____ <input type="checkbox"/> Refused: (Enter reason) _____ _____	
NOTE TO INTERVIEWER: If interview not yet completed for non-sample persons, go back to Question 9 (on inside of questionnaire) and ask Questions 9-11 for non-sample persons. Otherwise, go to front of questionnaire.		

FORM NHS-S-13-2 (9-4-62)

The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purposes (22 FR 1687).

FORM NHS-3-13-2 (9-4-62)		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL HEALTH SURVEY						1. Questionnaire _____ of _____ Questionnaires							
2. ADDRESS		a. Address or description of location _____						3. Assignment No. _____							
b. Mailing address if not shown in (a): Include city and State		_____ _____						4. Serial No. _____							
5. Which of these income groups represents your total family income for the past 12 months, that is, your's, your--'s, etc? (Show Card H). Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc.										Group _____					
6. What is the telephone number here?						Telephone No. _____		<input type="checkbox"/> None							
7. If sample person has not been interviewed but interview has been completed for other related members, ask: As I mentioned earlier, in each household we ask some special questions about one person for himself only. In this case, it is _____ (Sample person). What is the earliest time I would be able to see him (or her)? _____ (Enter best time to call). . . .												Date _____		Time _____	
8. RECORD OF CALLS AT HOUSE-HOLDS	Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.			
Entire household	Date														
	Time														
Record of Callbacks for Sample Person	Col.No. SP	Date													
	SP	Time													
9. REASON FOR NON-INTERVIEW	TYPE A <input type="checkbox"/> Refusal <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify) _____				TYPE B <input type="checkbox"/> (Specify, e.g., Sample family moved to _____; etc.) _____ _____				TYPE Z <input type="checkbox"/> Interview not obtained for Sample Person (SP) : (Specify reason) _____ _____						
10. Signature of interviewer _____										11. Code _____					
FOOTNOTES _____ _____															

USCOMM-DC

<p>1. a. What is the name of the head of this household? (Enter name in appropriate column)</p> <p>b. What are the names of all other persons who live here? (List all persons who live here)</p> <p>c. Is there anyone else who lives here who is now temporarily in a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)</p> <p>d. Away on business? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)</p> <p>e. On a visit? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)</p> <p>f. Is there anyone else staying here now? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)</p>	<p>Last name (SP)</p> <p>First name and initial</p>	<p>Last name (1)</p> <p>First name and initial</p>	
<p>2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, etc.)</p>	<p>Relationship</p>	<p>Relationship</p>	
<p>3. How old were you on your last birthday?</p>	<p>Age <input type="checkbox"/> Under 1 year</p>	<p>Age <input type="checkbox"/> Under 1 year</p>	
<p>4. Race (Check one box for each person)</p>	<p><input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other</p>	
<p>5. Sex (Check one box for each person)</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	
<p>If 17 years old or over, ask:</p> <p>6. Are you now married, widowed, divorced, separated, or never married? (Check one box for each person)</p>	<p><input type="checkbox"/> Under 17 years</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Divorced</p>	<p><input type="checkbox"/> Under 17 years</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Divorced</p>	
<p>If 17 years old or over, ask:</p> <p>7. a. What is the highest grade you attended in school? (Circle highest grade attended or check "None")</p> <p>b. Did you finish the -- grade (year)?</p>	<p><input type="checkbox"/> Under 17 years</p> <p>Elem: 1 2 3 4 5 6 7 8 (SP)</p> <p>High: 1 2 3 4</p> <p>College: 1 2 3 4 5+</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Under 17 years (1)</p> <p>Elem: 1 2 3 4 5 6 7 8</p> <p>High: 1 2 3 4</p> <p>College: 1 2 3 4 5+</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If 17 years old or over, ask:</p> <p>8. a. What were you doing most of the past 12 months -- (For males): working or doing something else? (For females): keeping house, working, or doing something else?</p> <p>If "Something else" checked, and person is 45 years old or over, ask:</p> <p>b. Are you retired?</p>	<p><input type="checkbox"/> Under 17 years</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Keeping house</p> <p><input type="checkbox"/> Something else</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Under 17 years</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Keeping house</p> <p><input type="checkbox"/> Something else</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>NOTE: Beginning with Question 9, you must interview the sample person for himself. Check the appropriate box and follow the indicated order of asking the questions.</p>	<p><input type="checkbox"/> Sample Person home and available -- ask SAMPLE PERSON Q. 9-19</p> <p><input type="checkbox"/> Sample Person not at home or not available -- continue interview for</p>		
<p>9. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.)</p> <p>a. What was the matter?</p> <p>b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>10. Last week or the week before did you take any medicine or treatment for any condition (besides . . . which you told me about)?</p> <p>a. For what conditions?</p> <p>b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>11. Last week or the week before did you have any accidents or injuries?</p> <p>a. What were they?</p> <p>b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>12. DURING THE PAST 12 MONTHS, have you seen or talked to a doctor about yourself?</p> <p>If "Yes," ask:</p> <p>a. For what conditions?</p> <p>b. Any other conditions?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>13. Have you ever had to change your eating, drinking or smoking habits because of some health condition?</p> <p>If "Yes," ask:</p> <p>a. What condition caused this change?</p> <p>Record ONLY if not previously recorded and ask:</p> <p>b. Do you still have this condition?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Delete)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>14. Have you ever had to make any other change in your way of doing things because of some health condition?</p> <p>If "Yes," ask:</p> <p>a. What condition caused this change?</p> <p>Record ONLY if not previously recorded and ask:</p> <p>b. Do you still have this condition?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Delete)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>15. Have you ever had any other illness or injury which bothers you or affects you in any way?</p> <p>a. What are the present effects?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Hand respondent conditions card with "A" side up and pencil, then say:</p> <p>16. Have you EVER had any of the conditions listed on this card? Please check "Yes" or "No" for each one listed.</p>	<p><input type="checkbox"/> All No's</p> <p><input type="checkbox"/> Yes's (One or more)</p>		
<p>Ask respondent to turn card over (to "B" side), then say:</p> <p>17. Have you had any of these conditions DURING THE PAST 12 MONTHS? Please check "Yes" or "No" for each one listed.</p>	<p><input type="checkbox"/> All No's</p> <p><input type="checkbox"/> Yes's (One or more)</p>		
<p>18. a. Have you been in a hospital at any time during the past 12 months?</p> <p>If "Yes," ask:</p> <p>b. How many times were you in the hospital during that period?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ No. of times</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ No. of times</p>	
<p>19. a. Have you been a patient in a nursing home, rest home, or any similar place during the past 12 months?</p> <p>If "Yes," ask:</p> <p>b. How many times were you in a nursing home or rest home during that period?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ No. of times</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ No. of times</p>	
<p>R</p>	<p>For non-sample persons 17 years old or over, show who responded for Q. 9-11. For persons under 17 show who responded for them.</p>	<p><input type="checkbox"/> Responded for self (SP)</p>	<p><input type="checkbox"/> Responded for self (1)</p> <p>Col. ____ was respondent</p>

Last name (2)	Last name (3)	Last name (4)	Last name (5)
First name and initial	First name and initial	First name and initial	First name and initial
Relationship	Relationship	Relationship	Relationship
Age <input type="checkbox"/> Under 1 year	Age <input type="checkbox"/> Under 1 year	Age <input type="checkbox"/> Under 1 year	Age <input type="checkbox"/> Under 1 year
<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married
<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 (2) High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 (3) High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 (4) High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 (5) High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
and Tables C-1, H and P for himself. THEN ask Q. 9-11 and Table C-2 for non-sample persons. non-sample persons only.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FILL ITEM R. THEN FILL TABLE C-2 FOR CONDITIONS REPORTED FOR NON-SAMPLE PERSONS			
<input type="checkbox"/> Responded for self Col. ____ was respondent (2)	<input type="checkbox"/> Responded for self Col. ____ was respondent (3)	<input type="checkbox"/> Responded for self Col. ____ was respondent (4)	<input type="checkbox"/> Responded for self Col. ____ was respondent (5)

TABLE C-1 (For SP ONLY): Fill one line of Table C-1 for

Line number	Col. No. of person	Question No.	Name of condition as reported in Questions 9-17	Did you EVER or any time talk to a doctor about ... ?	Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? ... did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2)- (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else?	Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom What was the cause of ... ?	Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses?	Ask for any entry in Col. (e-1) or Col. (e-2): that includes the words Allergy* Tumor Asthma "Condition" Cyst "Disease" Growth "Trouble" Stroke* What kind of ... is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you?
	(a)	(b)	(c)	(d)	(e-1)	(e-2)	(e-3)	(e-4)
1	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	(SP)			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TABLE H (For SP ONLY): Fill one line of Table H for each hospitalization

Line number	Col. No. of person	Question No.	You said that you were in the hospital (once, twice, etc.) during the past year -- When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.)				How many nights were you in the hospital? (If exact number not known accept best estimate)	Complete from entries in Columns (c) and (d); or, show calendar and ask the questions --			For what condition did you enter the hospital -- do you know the medical name? (If medical name not known, enter respondent's description) (Entry must show "Cause," "Kind," and "Part of body" in same detail as required in Table C-1)
			(c)			(d)		(e)	(f)	(g)	
			Month	Day	Year	Nights		Nights	Nights (None)	Yes (No)	
1	(SP)										
2	(SP)										
3	(SP)										

FORM NHS-2-12-2 (8-6-62)

each condition reported in Questions 9-17 for the Sample Person.

Ask only for: Impairments and injuries And for: Abscesses Inflammation Aches Neuralgia Bleeding Neuritis Blood Clot Pains Boils Sores Cancer Soreness Cyst Tumor Growth Ulcers Infection Weakness What part of the body is affected? Show detail for: Ear or eye - (one or both) Head - (Skull, scalp, face) Back - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both) (e-5)	If 6-16 yrs. old ask: How many days did ... keep you from school last week or the week before?		How many days did ... keep you from your job or business last week or the week before? Enter number of days, or check "None" and ask Col. (h)		During that 2 week period how many days did ... keep you in bed all or most of the day? If any "days" entered in Cols. (g) or (h) skip to Col.(k)		Ask ONLY if "None" checked in Cols. (g) and (h): LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do?		Ask ONLY if "Yes" in Col. (i): Did you have to cut down for as much as a day?		When did you first notice ... ? (Check the first box which applies)		When did you last see or talk to a doctor about ... ? Enter month and year if during past 12 months; otherwise check "before 12 months" or "never" box		Ask only if doctor seen during the past 12 months: During the past 12 months about how many times have you seen or talked to a doctor about ... ?		Line number
	Days	None	Days	None	Days	None	Yes	No	Yes	No	(k)		(l)		(m)		
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never		No. of times		1	
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never		No. of times		2	
x		DOES NOT									<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never		No. of times		3	
x		APPLY									<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never		No. of times		4	
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never		No. of times		5	
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never		No. of times		6	
x											<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	<input type="checkbox"/> M/Y _____ <input type="checkbox"/> B. 12 mo. <input type="checkbox"/> Never		No. of times		7	

reported in Questions 18 or 19. (If no hospitalization reported go to Table P)

Were any operations performed on you during this stay at the hospital? If "Yes," ask: a. What was the name of the operation? b. Any other operations?		What is the name and address of the hospital you were in? (Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.)		NOTE TO INTERVIEWER After Completing Table H go to Table P
(i) Yes If "Yes," name of operation, etc.		(j) Name of hospital		
	No		Street	
			City and State	
			Street	
			City and State	
			Street	
			City and State	

USCOMM-DC

TABLE C-2 FOR NON-SAMPLE PERSONS ONLY: Fill one line of Table C-2

Line number	Col. No. of person	Question No.	Name of condition as reported in Questions 9-11	Did you EVER at any time talk to a doctor about . . . ?	Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? -- did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else?	Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom What was the cause of . . . ?	Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses?	Ask for any entry in Col. (e-1) or Col. (e-2) that includes the words: Allergy* Tumor Asthma "Condition" Cyst "Disease" Stroke* "Trouble"	
	(a)	(b)	(c)	(d)	(e-1)	(e-2)	(e-3)	(e-4)	
1				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

GO TO FRONT OF QUESTIONNAIRE

FOOTNOTES

for each condition reported for each Non-Sample Person

Ask only for: Impairments and injuries And for: Abscesses Inflammation Acnes Neuralgia Bleeding Neuritis Blood Clot Pains Boils Sores Cancer Soreness Cyst Tumor Growth Ulcers Infection Weakness What part of the body is affected? Show detail for: Ear or eye - (one or both) Head - (Skull, scalp, face) Back - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both) (e-5)	If 6-16 years old ask: How many days did . . . keep you from school last week or the week before? Enter number of days or check "None" and skip to Col. (h)		If 17 years old or more ask: How many days did . . . keep you from your job or business last week or the week before? Enter number of days or check "None" and ask Col. (h)		During that 2 week period how many days did . . . keep you in bed all or most of the day? If any "days" entered in Cols. (g) or (h) skip to Col. (k)		Ask ONLY if "None" checked in columns (f) or (g) and (b): LAST WEEK OR THE WEEK BEFORE did . . . cause you to cut down on the things you usually do? If "Yes" checked ask Col. (j). If "No" skip to Col. (k)		Ask only if "Yes" in column (i): Did you have to cut down for as much as a day?		When did you first notice . . . ? (Check the first box which applies)
	(f)		(g)		(h)		(i)		(j)		(k)
	Days	None	Days	None	Days	None	Yes	No	Yes	No	<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	
x										<input type="checkbox"/> last 2 wks. <input type="checkbox"/> before <input type="checkbox"/> 2 wks.-3 mo. 12 <input type="checkbox"/> 3-12 months months	

TABLE P	Name of Sample Person
P-1. (Does not apply)	
P-2. At the present time are you regularly taking any medicine or treatment for any condition? If "Yes," ask: a. For what condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P-3. Do you have any condition which often causes you pain or discomfort? If "Yes," ask: a. What is the condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P-4. Do you have any health problem which is a source of worry to you or other members of your family? If "Yes," ask: a. What is the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P-5. (Does not apply)	
P-6. In general, would you say your health is excellent, good, fair, or poor?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
HAND RESPONDENT CARD TO P-7 (FORM NHS-S-13-6)	
P-7. Listed on this card are several conditions. Please place an "X" opposite each condition which indicates how freely you think most other people would talk about each condition in an interview like this -- that is, if they or some other member of their family had the condition.	
P-8. a. Did you work at any time during the past 2 weeks? If "No," ask P-8-b and P-8-c: b. Even though you did not work during that time do you have a job or business? c. Were you looking for work or on layoff from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
P-9. What is the name and address of the doctor or clinic you usually go to for YOUR OWN medical advice or treatment? a. During the past 12 months about how many times did you see or visit (doctor or clinic named)? <u>for yourself</u>	Name and address _____ _____ _____ Number of times
b. Besides (the doctor or clinic named above) did you see or visit any other doctor during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to P-10)
If "Yes," ask: Who was this? (Enter name and address) c. How many times did you see him during the past 12 months?	Name and address _____ _____ _____ Number of times
d. Did you see any other doctors during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to P-10)
If "Yes," ask: Who was this? (Enter name and address) e. How many times did you see him during the past 12 months?	Name and address _____ _____ _____ Number of times
P-10. In conjunction with this survey we sometimes need to obtain additional information from medical and hospital records. In case you are selected as one of these persons for whom we wish to obtain additional information will you please sign this form (present release - Form NHS-S-13-7) which allows us to consult your health records to obtain this information.	MEDICAL AUTHORIZATION FORM <input type="checkbox"/> Signed _____ <input type="checkbox"/> Refused: (Enter reason) _____ _____
NOTE TO INTERVIEWER: If interview not yet completed for non-sample persons, go back to Question 9 (on inside of questionnaire) and ask Questions 9-11 for non-sample persons. Otherwise, go to front of questionnaire.	

FORM NHS-S-13-2 (9-4-62)

The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purposes (22 FR 1687).

FORM NHS-5-13-3 (9-4-62)	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL HEALTH SURVEY	1. Questionnaire _____ of _____ Questionnaires									
2. ADDRESS	a. Address or description of location	3. Assignment No.									
	b. Mailing address if not shown in (a): Include city and State	4. Serial No.									
5. Which of these income groups represents your total family income for the past 12 months, that is, your's, your-'s, etc? (Show Card H). Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc.		Group									
6. What is the telephone number here?		Telephone No. _____ <input type="checkbox"/> None									
7. If sample person has not been interviewed but interview has been completed for other related members, ask: As I mentioned earlier, in each household we ask some special questions about one person for himself only. In this case, it is _____ (Sample person). What is the earliest time I would be able to see him (or her)?											
(Enter best time to call). . . .											
8. RECORD OF CALLS AT HOUSEHOLDS	Item	1	Com.	2	Com.	3	Com.	4	Com.	5	Com.
	Entire household	Date									
		Time									
	Record of Callbacks for Sample Person	Col.No. SP	Date								
		Time									
9. REASON FOR NON-INTERVIEW	TYPE A		TYPE B				TYPE Z				
	<input type="checkbox"/> Refusal <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> (Specify, e.g., Sample family moved to _____; etc.) _____ _____				<input type="checkbox"/> Interview not obtained for Sample Person (SP): (Specify reason) _____ _____				
10. Signature of interviewer								11. Code			
FOOTNOTES											

<p>1. a. What is the name of the head of this household? (Enter name in appropriate column)</p> <p>b. What are the names of all other persons who live here? (List all persons who live here)</p> <p>c. Is there anyone else who lives here who is now temporarily in a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)</p> <p>d. Away on business? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)</p> <p>e. On a visit? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)</p> <p>f. Is there anyone else staying here now? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)</p>	<p>Last name SP</p> <p>First name and initial</p>	<p>Last name 1</p> <p>First name and initial</p>	
<p>2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, etc.)</p>	<p>Relationship</p>	<p>Relationship</p>	
<p>3. How old were you on your last birthday?</p>	<p>Age <input type="checkbox"/> Under 1 year</p>	<p>Age <input type="checkbox"/> Under 1 year</p>	
<p>4. Race (Check one box for each person)</p>	<p><input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other</p>	
<p>5. Sex (Check one box for each person)</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	
<p>If 17 years old or over, ask:</p> <p>6. Are you now married, widowed, divorced, separated, or never married? (Check one box for each person)</p>	<p><input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced</p>	<p><input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced</p>	
<p>If 17 years old or over, ask:</p> <p>7. a. What is the highest grade you attended in school? (Circle highest grade attended or check "None")</p> <p>b. Did you finish the -- grade (year)?</p>	<p><input type="checkbox"/> Under 17 years SP Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Under 17 years 1 Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If 17 years old or over, ask:</p> <p>8. a. What were you doing most of the past 12 months - (For males): working or doing something else? (For females): keeping house, working, or doing something else? If "Something else" checked, and person is 45 years old or over, ask:</p> <p>b. Are you retired?</p>	<p><input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>NOTE: Beginning with Question 9, you must interview the sample person for himself. Check the appropriate box and follow the indicated order of asking the questions.</p>	<p><input type="checkbox"/> Sample Person home and available -- ask SAMPLE PERSON Q. 9-19 <input type="checkbox"/> Sample Person not at home or not available -- continue interview for</p>		
<p>9. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.)</p> <p>a. What was the matter?</p> <p>b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>10. Last week or the week before did you take any medicine or treatment for any condition (besides . . . which you told me about)?</p> <p>a. For what conditions?</p> <p>b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>11. Last week or the week before did you have any accidents or injuries?</p> <p>a. What were they?</p> <p>b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>12. Did you ever have an (any other) accident or injury that still bothers you or affects you in any way?</p> <p>a. In what way does it bother you? (Record present effects)</p> <p>b. Anything else?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Hand respondent conditions card with "A" side up and pencil, then say:</p> <p>13. Have you EVER had any of the conditions listed on this card? Please check "Yes" or "No" for each one listed.</p>	<p><input type="checkbox"/> All No's <input type="checkbox"/> Yes's (One or more)</p>		
<p>Ask respondent to turn card over (to "B" side), then say:</p> <p>14. Have you had any of these conditions DURING THE PAST 12 MONTHS? Please check "Yes" or "No" for each one listed.</p>	<p><input type="checkbox"/> All No's <input type="checkbox"/> Yes's (One or more)</p>		
<p>15. At the present time do you have any other ailments, conditions, or problems with your health -- besides any you may have checked on the card or any that you told me about?</p> <p>a. What is the condition? (Record condition itself if still present; otherwise record present effects)</p> <p>b. Any other problems with your health?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>18. a. Have you been in a hospital at any time during the past 12 months? If "Yes," ask:</p> <p>b. How many times were you in the hospital during that period?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ No. of times</p>		
<p>19. a. Have you been a patient in a nursing home, rest home, or any similar place during the past 12 months? If "Yes," ask:</p> <p>b. How many times were you in a nursing home or rest home during that period?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ No. of times</p>		
<p>R</p>	<p>For non-sample persons 17 years old or over, show who responded for Q. 9-11. For persons under 17 show who responded for them.</p>	<p><input type="checkbox"/> Responded for self SP</p>	<p><input type="checkbox"/> Responded for self 1 Col. _____ was respondent</p>

Last name 2	Last name 3	Last name 4	Last name 5
First name and initial	First name and initial	First name and initial	First name and initial
Relationship	Relationship	Relationship	Relationship
Age <input type="checkbox"/> Under 1 year	Age <input type="checkbox"/> Under 1 year	Age <input type="checkbox"/> Under 1 year	Age <input type="checkbox"/> Under 1 year
<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Married
<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 2 High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 3 High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 4 High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 5 High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No
and Tables G-1, H and P for himself. THEN ask Q. 9-11 and Table C-2 for non-sample persons. non-sample persons only.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FILL ITEM R. THEN FILL TABLE C-2 FOR CONDITIONS REPORTED FOR NON-SAMPLE PERSONS			
<input type="checkbox"/> Responded for self Col. ____ was respondent 2	<input type="checkbox"/> Responded for self Col. ____ was respondent 3	<input type="checkbox"/> Responded for self Col. ____ was respondent 4	<input type="checkbox"/> Responded for self Col. ____ was respondent 5

TABLE C-1 (For SP ONLY): Fill one line of Table C-1 for each

Line number	Col. No. of person	Question No.	Name of condition as reported in Questions 9-17	Did you EVER of any time talk to a doctor about . . . ?	Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? . . . did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else?	Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom What was the cause of . . . ?	Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses?	Ask for any entry in Col. (e-1) or Col. (e-2); that includes the words Allergy* Tumor Asthma "Condition" Cyst "Disease" Growth "Trouble" Stroke* What kind of . . . is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you?
	(a)	(b)	(c)	(d)	(e-1)	(e-2)	(e-3)	(e-4)
1	SP			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	SP			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	SP			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	SP			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	SP			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	SP			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	SP			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TABLE H (For SP ONLY): Fill one line of Table H for each hospitalization reported

Line number	Col. No. of person	Question No.	You said that you were in the hospital (once, twice, etc.) during the past year --			How many nights were you in the hospital? (If exact number not known accept best estimate) (d)	Complete from entries in Columns (c) and (d); or, show calendar and ask the questions --			For what condition did you enter the hospital -- do you know the medical name? (If medical name not known, enter respondent's description) (Entry must show "Cause," "Kind," and "Part of body" in same detail as required in Table C-1) (h)
			When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.)				How many of these - - nights were in the past 12 months? (e)	How many of these - - nights were last week or the week before? (f)	Were you still in the hospital on last Sunday night? (g)	
			Month	Day	Year					
1	SP									
2	SP									
3	SP									

condition reported in Questions 9-17 for the Sample Person.												Line number					
Ask only for: Impairments and injuries And for: Abscesses Inflammation Aches Neuralgia Bleeding Neuritis Blood Clot Pains Boils Sores Cancer Soreness Cyst Tumor Growth Ulcers Infection Weakness What part of the body is affected? Show detail for: Ear or eye - (one or both) Head - (Skull, scalp, face) Back - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both) (e-5)	If 6-16 yrs. old ask: How many days did you keep you from school last week or the week before? (f)	How many days did ... keep you from your job or business last week or the week before? Enter number of days, or check "None" and ask Col. (h) (g)	During that 2 week period how many days did ... keep you in bed all or most of the day? (h)		Ask ONLY if "None" checked in Cols. (g) and (h): LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do? (i)		Ask ONLY if "Yes" in Col. (i): Did you have to cut down for as much as a day? (j)		When did you first notice ... ? (Check the first box which applies) (k)		When did you last see or talk to a doctor about ... ? Enter month and year if during past 12 months; otherwise check "before 12 months" or "never" (l)		Ask only if doctor seen during the past 12 months: During the past 12 months about how many times have you seen or talked to a doctor about ... ? (m)				
			Days	None	Days	None	Yes	No	Yes	No	<input type="checkbox"/> last 2 wks.			<input type="checkbox"/> before 12 months	M/Y	<input type="checkbox"/> B. 12 mo.	<input type="checkbox"/> Never
x										<input type="checkbox"/> last 2 wks.	<input type="checkbox"/> before 12 months	M/Y	<input type="checkbox"/> B. 12 mo.	<input type="checkbox"/> Never	No. of times	1	
x										<input type="checkbox"/> last 2 wks.	<input type="checkbox"/> before 12 months	M/Y	<input type="checkbox"/> B. 12 mo.	<input type="checkbox"/> Never	No. of times	2	
x	DOES	NOT								<input type="checkbox"/> last 2 wks.	<input type="checkbox"/> before 12 months	M/Y	<input type="checkbox"/> B. 12 mo.	<input type="checkbox"/> Never	No. of times	3	
x	APPLY									<input type="checkbox"/> last 2 wks.	<input type="checkbox"/> before 12 months	M/Y	<input type="checkbox"/> B. 12 mo.	<input type="checkbox"/> Never	No. of times	4	
x										<input type="checkbox"/> last 2 wks.	<input type="checkbox"/> before 12 months	M/Y	<input type="checkbox"/> B. 12 mo.	<input type="checkbox"/> Never	No. of times	5	
x										<input type="checkbox"/> last 2 wks.	<input type="checkbox"/> before 12 months	M/Y	<input type="checkbox"/> B. 12 mo.	<input type="checkbox"/> Never	No. of times	6	
x										<input type="checkbox"/> last 2 wks.	<input type="checkbox"/> before 12 months	M/Y	<input type="checkbox"/> B. 12 mo.	<input type="checkbox"/> Never	No. of times	7	

in Questions 18 or 19. (If no hospitalization reported go to Table P)

Were any operations performed on you during this stay at the hospital? If "Yes," ask: a. What was the name of the operation? b. Any other operations? (i)		What is the name and address of the hospital you were in? (Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.) (j)		NOTE TO INTERVIEWER After Completing Table H go to Table P
Yes	If "Yes," name of operation, etc.	Name of hospital	Address	
			Street	
			City and State	
			Street	
			City and State	
			Street	
			City and State	

USCOMM-DC

TABLE C-2 FOR NON-SAMPLE PERSONS ONLY: Fill one line of Table C-2

Line number	Col. No. of person	Question No.	Name of condition as reported in Questions 9-11	Did you EVER at any time talk to a doctor about . . . ?	Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? -- did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else?	Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom What was the cause of . . . ?	Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses?	Ask for any entry in Col. (e-1) or Col. (e-2) that includes the words: Allergy* Tumor Asthma "Condition" Cyst "Disease" Stroke* "Trouble" What kind of . . . is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you?
	(a)	(b)	(c)	(d)	(e-1)	(e-2)	(e-3)	(e-4)
1				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x
2				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x
3				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x
4				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x
5				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x
6				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x
7				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x
8				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x
9				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x
10				<input type="checkbox"/> Yes <input type="checkbox"/> No			x <input type="checkbox"/> Yes <input type="checkbox"/> No	x

GO TO FRONT OF QUESTIONNAIRE

FOOTNOTES

for each condition reported for each Non-Sample Person

Ask only for: Impairments and injuries And for: Abscesses Aches Bleeding Blood Clot Boils Cancer Cyst Growth Infection What part of the body is affected? Show detail for: Ear or eye - (one or both) Head - (Skull, scalp, face) Back - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both) (e-5)	If 6-16 years old ask: How many days did . . . keep you from school last week or the week before? Enter number of days or check "None" and skip to Col. (h)		If 17 years old or more ask: How many days did . . . keep you from your job or business last week or the week before? Enter number of days or check "None" and ask Col. (h)		During that 2 week period how many days did . . . keep you in bed all or most of the day? If any "days" entered in Cols. (g) or (h) skip to Col. (k)		Ask ONLY if "None" checked in columns (f) or (g) and (h): LAST WEEK OR THE WEEK BEFORE did . . . cause you to cut down on the things you usually do? If "Yes" checked ask Col. (j). If "No" skip to Col. (k)		Ask only if "Yes" in column (i): Did you have to cut down for as much as a day?		When did you first notice . . . ? (Check the first box which applies)			
	(f)		(g)		(h)		(i)		(j)		(k)			
	Days	None	Days	None	Days	None	Yes	No	Yes	No	<input type="checkbox"/>	before	<input type="checkbox"/>	12 months
x											<input type="checkbox"/>	last 2 wks.	<input type="checkbox"/>	before
											<input type="checkbox"/>	2 wks.-3 mo.	<input type="checkbox"/>	12 months
											<input type="checkbox"/>	3-12 months	<input type="checkbox"/>	months
x											<input type="checkbox"/>	last 2 wks.	<input type="checkbox"/>	before
											<input type="checkbox"/>	2 wks.-3 mo.	<input type="checkbox"/>	12 months
											<input type="checkbox"/>	3-12 months	<input type="checkbox"/>	months
x											<input type="checkbox"/>	last 2 wks.	<input type="checkbox"/>	before
											<input type="checkbox"/>	2 wks.-3 mo.	<input type="checkbox"/>	12 months
											<input type="checkbox"/>	3-12 months	<input type="checkbox"/>	months
x											<input type="checkbox"/>	last 2 wks.	<input type="checkbox"/>	before
											<input type="checkbox"/>	2 wks.-3 mo.	<input type="checkbox"/>	12 months
											<input type="checkbox"/>	3-12 months	<input type="checkbox"/>	months
x											<input type="checkbox"/>	last 2 wks.	<input type="checkbox"/>	before
											<input type="checkbox"/>	2 wks.-3 mo.	<input type="checkbox"/>	12 months
											<input type="checkbox"/>	3-12 months	<input type="checkbox"/>	months
x											<input type="checkbox"/>	last 2 wks.	<input type="checkbox"/>	before
											<input type="checkbox"/>	2 wks.-3 mo.	<input type="checkbox"/>	12 months
											<input type="checkbox"/>	3-12 months	<input type="checkbox"/>	months

TABLE P	Name of Sample Person
P-1. Have you ever been advised by a doctor to limit the amount or to avoid entirely certain kinds of food or beverages? If "Yes," ask: a. For what reason or condition? b. Are you still following this advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <input type="checkbox"/> Yes <input type="checkbox"/> No
P-2. At the present time are you regularly taking any medicine or treatment for any condition? If "Yes," ask: a. For what condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P-3. Do you have any condition which often causes you pain or discomfort? If "Yes," ask: a. What is the condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P-4. Do you have any health problem which is a source of worry to you or other members of your family? If "Yes," ask: a. What is the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P-5. (For males): Are you limited in any way in the amount or kind of work you can do because of your health? (For females): Are you limited in any way in the amount or kind of housework you can do because of your health? If "Yes," ask: a. What condition causes this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P-6. In general, would you say your health is excellent, good, fair, or poor?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
HAND RESPONDENT CARD TO P-7 (FORM NHS-S-13-6)	
P-7. Listed on this card are several conditions. Please place an "X" opposite each condition which indicates how freely you think most other people would talk about each condition in an interview like this -- that is, if they or some other member of their family had the condition.	
P-8. a. Did you work at any time during the past 2 weeks? If "No," ask P-8-b and P-8-c: b. Even though you did not work during that time do you have a job or business? c. Were you looking for work or on layoff from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
P-9. What is the name and address of the doctor or clinic you usually go to for YOUR OWN medical advice or treatment? ----- a. During the past 12 months about how many times did you see or visit (doctor or clinic named)? <u>for yourself</u>	Name and address _____ _____ _____ ----- Number of times
b. Besides (the doctor or clinic named above) did you see or visit any other doctor during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to P-10)
If "Yes," ask: Who was this? (Enter name and address) ----- c. How many times did you see him during the past 12 months?	Name and address _____ _____ _____ ----- Number of times
d. Did you see any other doctors during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to P-10)
If "Yes," ask: Who was this? (Enter name and address) ----- e. How many times did you see him during the past 12 months?	Name and address _____ _____ _____ ----- Number of times
P-10. In conjunction with this survey we sometimes need to obtain additional information from medical and hospital records. In case you are selected as one of these persons for whom we wish to obtain additional information will you please sign this form (present release - Form NHS-S-13-7) which allows us to consult your health records to obtain this information.	MEDICAL AUTHORIZATION FORM <input type="checkbox"/> Signed _____ <input type="checkbox"/> Refused: (Enter reason) _____ _____
NOTE TO INTERVIEWER: If interview not yet completed for non-sample persons, go back to Question 9 (on inside of questionnaire) and ask Questions 9-11 for non-sample persons. Otherwise, go to front of questionnaire.	

FORM NHS-S-13-2 (8-4-62)

Monitor. If Possible, Complete Question A Before Patient Is Seen By Doctor

A. Patient's Last Name _____ First Name _____ Medical Record Number _____
 Doctor's Name _____ Clinic _____

DOCTOR: Complete One Column of Questions 1 through 8 for:

- Each Separate Diagnosis (Condition) or Impression (I.E., Diabetes, Hypertension, etc.) and
 - Each Separate Symptom (Joint Pain, Skin Rash, etc.) Not a Part of Diagnosis (Condition) or Impression,
- Provided That the Diagnosis (Condition), Impression, or Symptom Was Considered, Noted in Record, or Mentioned Today By Either You or the Patient.
 If More Than 2 Columns Are Needed, Use the Continuation Sheet

If There Is No Diagnosis (Condition), Impression, or Symptom for the Patient, Check and Print Reason for This Visit: _____ Then, Skip to Question 8.

	Column 1 <small>Print Medical Term</small>	Column 2 <small>Print Medical Term</small>																																																																														
(1). PRINT name of diagnosis (condition), impression or symptom (medical terms if possible)																																																																																
(2). Was the diagnosis (condition), impression, or symptom mentioned by you today? If yes, PRINT term used _____	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>Print term used</small>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>Print term used</small>																																																																														
(3). Was the diagnosis (condition), impression, or symptom mentioned by the patient today? If yes, PRINT term used _____	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>Print term used</small>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>Print term used</small>																																																																														
(4). When do you think the patient first became aware of the diagnosis (condition), impression, or symptom specified in Question 1? a. Over 3 months ago b. During past 3 months but before today c. Today d. Other _____	Check one box a. <input type="checkbox"/> 1 b. <input type="checkbox"/> 2 c. <input type="checkbox"/> 3 d. <input type="checkbox"/> 4	Check one box a. <input type="checkbox"/> 1 b. <input type="checkbox"/> 2 c. <input type="checkbox"/> 3 d. <input type="checkbox"/> 4																																																																														
(5). How much emphasis did you give today to the diagnosis (condition), impression, or symptom specified in Question 1? 1 Made a point of it 2 Played it down 3 Neither of these	1 <input type="checkbox"/> Made a point of it 2 <input type="checkbox"/> Played it down 3 <input type="checkbox"/> Neither of these	1 <input type="checkbox"/> Made a point of it 2 <input type="checkbox"/> Played it down 3 <input type="checkbox"/> Neither of these																																																																														
(6). At some time during the past week was this diagnosis (condition), impression, or symptom associated with a. Marked or moderate pain b. Marked or moderate emotional stress c. One or more days in bed d. Other change in activity e. Other trouble (PRINT) _____	Check one box in each line YES NO DON'T KNOW a. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 b. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 c. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 d. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 e. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Check one box in each line YES NO DON'T KNOW a. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 b. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 c. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 d. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 e. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																																																														
(7). Action taken today related to the diagnosis (condition), impression, or symptom specified in Question 1. (Do not enter actions taken ONLY for purposes of a routine physical examination.)	<input type="checkbox"/> No action taken today Check applicable boxes <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Action</u></td> <td style="text-align: center;"><u>Ordered or performed</u></td> <td style="text-align: center;"><u>Mentioned, but not ordered or performed</u></td> </tr> <tr> <td>a. Medication</td> <td>69 <input type="checkbox"/> 1</td> <td>a. <input type="checkbox"/> 2</td> </tr> <tr> <td>b. Laboratory tests</td> <td>70 <input type="checkbox"/> 1</td> <td>b. <input type="checkbox"/> 2</td> </tr> <tr> <td>c. X-ray examination</td> <td>71 <input type="checkbox"/> 1</td> <td>c. <input type="checkbox"/> 2</td> </tr> <tr> <td>d. Future visit to you</td> <td>72 <input type="checkbox"/> 1</td> <td>d. <input type="checkbox"/> 2</td> </tr> <tr> <td>e. Referral to other M.D.</td> <td>73 <input type="checkbox"/> 1</td> <td>e. <input type="checkbox"/> 2</td> </tr> <tr> <td>f. Future hospitalization</td> <td>74 <input type="checkbox"/> 1</td> <td>f. <input type="checkbox"/> 2</td> </tr> <tr> <td>g. Future surgery</td> <td>75 <input type="checkbox"/> 1</td> <td>g. <input type="checkbox"/> 2</td> </tr> <tr> <td>h. Change in diet or drink</td> <td>76 <input type="checkbox"/> 1</td> <td>h. <input type="checkbox"/> 2</td> </tr> <tr> <td>i. Change in smoking</td> <td>77 <input type="checkbox"/> 1</td> <td>i. <input type="checkbox"/> 2</td> </tr> <tr> <td>j. Bed rest</td> <td>78 <input type="checkbox"/> 1</td> <td>j. <input type="checkbox"/> 2</td> </tr> <tr> <td>k. Other change in activity</td> <td>79 <input type="checkbox"/> 1</td> <td>k. <input type="checkbox"/> 2</td> </tr> <tr> <td>l. Other action (PRINT) _____</td> <td>80</td> <td></td> </tr> </table>	<u>Action</u>	<u>Ordered or performed</u>	<u>Mentioned, but not ordered or performed</u>	a. Medication	69 <input type="checkbox"/> 1	a. <input type="checkbox"/> 2	b. Laboratory tests	70 <input type="checkbox"/> 1	b. <input type="checkbox"/> 2	c. X-ray examination	71 <input type="checkbox"/> 1	c. <input type="checkbox"/> 2	d. Future visit to you	72 <input type="checkbox"/> 1	d. <input type="checkbox"/> 2	e. Referral to other M.D.	73 <input type="checkbox"/> 1	e. <input type="checkbox"/> 2	f. Future hospitalization	74 <input type="checkbox"/> 1	f. <input type="checkbox"/> 2	g. Future surgery	75 <input type="checkbox"/> 1	g. <input type="checkbox"/> 2	h. Change in diet or drink	76 <input type="checkbox"/> 1	h. <input type="checkbox"/> 2	i. Change in smoking	77 <input type="checkbox"/> 1	i. <input type="checkbox"/> 2	j. Bed rest	78 <input type="checkbox"/> 1	j. <input type="checkbox"/> 2	k. Other change in activity	79 <input type="checkbox"/> 1	k. <input type="checkbox"/> 2	l. Other action (PRINT) _____	80		<input type="checkbox"/> No action taken today Check applicable boxes <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Action</u></td> <td style="text-align: center;"><u>Ordered or performed</u></td> <td style="text-align: center;"><u>Mentioned, but not ordered or performed</u></td> </tr> <tr> <td>a. Medication</td> <td>69 <input type="checkbox"/> 1</td> <td>a. <input type="checkbox"/> 2</td> </tr> <tr> <td>b. Laboratory tests</td> <td>70 <input type="checkbox"/> 1</td> <td>b. <input type="checkbox"/> 2</td> </tr> <tr> <td>c. X-ray examination</td> <td>71 <input type="checkbox"/> 1</td> <td>c. <input type="checkbox"/> 2</td> </tr> <tr> <td>d. Future visit to you</td> <td>72 <input type="checkbox"/> 1</td> <td>d. <input type="checkbox"/> 2</td> </tr> <tr> <td>e. Referral to other M.D.</td> <td>73 <input type="checkbox"/> 1</td> <td>e. <input type="checkbox"/> 2</td> </tr> <tr> <td>f. Future hospitalization</td> <td>74 <input type="checkbox"/> 1</td> <td>f. <input type="checkbox"/> 2</td> </tr> <tr> <td>g. Future surgery</td> <td>75 <input type="checkbox"/> 1</td> <td>g. <input type="checkbox"/> 2</td> </tr> <tr> <td>h. Change in diet or drink</td> <td>76 <input type="checkbox"/> 1</td> <td>h. <input type="checkbox"/> 2</td> </tr> <tr> <td>i. Change in smoking</td> <td>77 <input type="checkbox"/> 1</td> <td>i. <input type="checkbox"/> 2</td> </tr> <tr> <td>j. Bed rest</td> <td>78 <input type="checkbox"/> 1</td> <td>j. <input type="checkbox"/> 2</td> </tr> <tr> <td>k. Other change in activity</td> <td>79 <input type="checkbox"/> 1</td> <td>k. <input type="checkbox"/> 2</td> </tr> <tr> <td>l. Other action (PRINT) _____</td> <td>80</td> <td></td> </tr> </table>	<u>Action</u>	<u>Ordered or performed</u>	<u>Mentioned, but not ordered or performed</u>	a. Medication	69 <input type="checkbox"/> 1	a. <input type="checkbox"/> 2	b. Laboratory tests	70 <input type="checkbox"/> 1	b. <input type="checkbox"/> 2	c. X-ray examination	71 <input type="checkbox"/> 1	c. <input type="checkbox"/> 2	d. Future visit to you	72 <input type="checkbox"/> 1	d. <input type="checkbox"/> 2	e. Referral to other M.D.	73 <input type="checkbox"/> 1	e. <input type="checkbox"/> 2	f. Future hospitalization	74 <input type="checkbox"/> 1	f. <input type="checkbox"/> 2	g. Future surgery	75 <input type="checkbox"/> 1	g. <input type="checkbox"/> 2	h. Change in diet or drink	76 <input type="checkbox"/> 1	h. <input type="checkbox"/> 2	i. Change in smoking	77 <input type="checkbox"/> 1	i. <input type="checkbox"/> 2	j. Bed rest	78 <input type="checkbox"/> 1	j. <input type="checkbox"/> 2	k. Other change in activity	79 <input type="checkbox"/> 1	k. <input type="checkbox"/> 2	l. Other action (PRINT) _____	80	
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k. Other change in activity	79 <input type="checkbox"/> 1	k. <input type="checkbox"/> 2																																																																														
l. Other action (PRINT) _____	80																																																																															

(8). Doctor's Signature _____ Date of Visit _____
 Month _____ Day _____ Year _____
 Date form completed if different from above _____
 Month _____ Day _____ Year _____

NATIONAL HEALTH SURVEY

PHYSICIAN VISIT RECORD

M.D. A

CARD

CODE H LOC. DATE RET. DIAG. NO. ANSWERS

BORN /98' SEX M' 9 VISITS IN 1960 SURVEY

525 04 12-18-1 1 0 OF 0 1 REFERRED BY COLLEGE OF OPTOMETRY

2 9 NONE
 3 9 NONE
 Q. 4-7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
 A B C D E A B C D E F G H I J K L

210 01 02-05-2 0 1 OF 1 1 ANGINAL SYNDROME

2 1 CHEST PAIN
 3 1 CHEST PAIN
 Q. 4-7 1 1 1 3 3 3 9 9 1 9 9 1 9 9 9 1 1 1 9 9
 A B C D E A B C D E F G H I J K L

210 01 03-30-2 0 1 OF 1 1 ANGINAL SYNDROME

2 1 ANGINA
 3 1 CHEST PAIN
 Q. 4-7 1 3 1 3 2 2 9 9 1 1 9 1 9 9 9 9 9 9 1 9
 A B C D E A B C D E F G H I J K L

210 01 05-03-2 0 1 OF 1 1 ANGINAL SYNDROME

2 2 NONE
 3 1 CHEST PAIN
 Q. 4-7 1 2 1 2 2 2 9 9 1 9 9 1 9 9 9 9 9 9 1 9
 A B C D E A B C D E F G H I J K L

210 01 06-14-2 0 1 OF 1 1 ANGINAL SYNDROME

2 1 ANGINA
 3 1 CHEST PAIN
 Q. 4-7 2 3 2 2 2 2 9 9 1 9 9 1 9 9 9 9 1 9 9 9
 A B C D E A B C D E F G H I J K L

210 03 07-30-2 0 1 OF 2 1 ARTERIO SCLEROTIC HEART DISEASE ANGINAL SYNDROME

2 1 CHEST PAIN
 3 1 ANGINA
 Q. 4-7 1 3 1 1 2 2 9 9 1 9 9 1 9 9 9 9 1 9 9 9
 A B C D E A B C D E F G H I J K L

210 03 07-30-2 0 2 OF 2 1 OSTEOARTHRITIS LUMBAR SPINE

2 2 NONE
 3 2 NONE
 Q. 4-7 1 3 2 2 2 2 9 9 9 9 9 1 9 9 9 9 9 9 9 9
 A B C D E A B C D E F G H I J K L

210 03 08-29-2 1 1 OF 2 1 ANGINA PECTORIS

2 1 CHEST PAIN
 3 1 CHEST PAIN
 Q. 4-7 1 3 2 1 2 2 9 9 9 9 9 1 9 9 9 9 9 9 9 9
 A B C D E A B C D E F G H I J K L

SAMPLE OF PVRs

APPENDIX II

DIAGNOSTIC RECODE NUMBER 3

Recode 3 number	Title	ICD inclusions as modified by NHS
01	Tuberculosis (active) (inactive), all sites----	001-007, 008, 009-S, 010-012, 014-019
02	Other chronic infective and parasitic diseases -----	020-029, 031-034, 036-039; 040-056, 057 excl. 057.1; 058-064; 070-074; 080, 082, 083.0, 084-096.8; 096.X, 100-138
03	Malignant neoplasms-----	140-205
04	Benign and unspecified neoplasms-----	210-239
05	Hay fever, without asthma-----	240
06	Asthma (with or without hay fever) (bronchial) (NOS) -----	241
07	Other allergic disorders, NEC-----	245 (242-244, 246-S not used)
08	Diseases of the thyroid gland-----	250-254
09	Diabetes (mellitus)-----	260
10	Anemia and other diseases of the blood and blood-forming organs, 3 mos+-----	290-299
11	Vascular lesions of the central nervous system-----	330-334
12	Headache and migraine, chronic-----	354, 791
13	Specified mental disorders, NEC-----	083.1, 083.2, 300-324, excl. 318.3
14	Ill-defined mental and nervous trouble, NEC, 3 mos+-----	327-S, (318.3, 326.3, 326.4, 790.0, 790.2)
15	Diseases of the heart, NEC (chronic rheu- matic) (arteriosclerotic) (hypertensive)---	410-443 (782.1, 782.2, 782.4)
16	Hypertension, NEC, without heart involve- ment-----	444-447
17	Varicose veins-----	460, 462
18	Hemorrhoids -----	461
19	Rheumatic fever; arteriosclerosis, NEC; other chronic diseases of the circulatory system -----	400-402, 403-S; 450-456, 463-468; 782.0, 782.3, 782.5- 782.8, 782.X

Recode 3 number	Title	ICD inclusions as modified by NHS
20	Chronic sinusitis-----	513
21	Chronic bronchitis -----	502
22	Other chronic diseases of the respiratory system-----	510.0, 512, 514-517, 523-526; (480-493, 3 mos+; 511, 518-522, 527, 783, if 3 mos+)
23	Ulcer of stomach and duodenum-----	540-542
24	Hernia (abdominal cavity)-----	560,561
25	Diseases of the gallbladder, chronic-----	584-586
26	Other chronic diseases of the digestive system-----	Any in 530-539, 543-545, 551-553, 570, 572-583, 587, 784.5-784.7, 785.0-785.3, 785.5, 785.7-785.X (784.0- 784.4, 784.8, 785.4, 785.6)
27	Disorders of menstruation-----	634
28	Menopausal symptoms, except psychosis----	635
29	Urinary calculi; prostate disorders; other chronic genitorurinary conditions-----	602, 604, 610-612; 620, 592, 594, 623; 591, 593, 600, 601, 603, 605-609, 613-617, 621, 624-633, 636, 637, 786, 789, if 3 mos.+
30	Chronic skin diseases-----	690-716, - if 3 mos.+ except 694
31	Arthritis and chronic rheumatism-----	725 (720-724 not used), 726.0, 726.1, 726.3, 727
32	Other chronic musculoskeletal disorders---	730.1, 730.2, 744; - [731-733, 735, 738, 740-743, if 3 mos.+]
33	Fractures, 3 mos.+, no residual specified---	800.9-829.9
34	Other injuries, 3 mos.+, no residual specified ¹ -----	850.9-999.9 ¹
35	Blindness -----	
36	Other visual impairment-----	
37	Hearing impairments-----	
38	Speech defects-----	
39	Paralysis -----	
40	Absence, fingers, toes, only-----	
41	Absence, major extremities-----	
42	Impairments (except paralysis and absence), back or spine-----	
43	Impairments (except paralysis and absence), upper extremities and shoulders-----	

¹Unspecified residuals, 3 mos.+, of dislocations, sprains, strains, are coded to X70.9-X79.9, by site.

Recode
3
number

Title

ICD inclusions as modified by NHS

- 44 Impairments (except paralysis and absence),
lower extremities; and hips with any other
site-----
- 45 Impairments (except paralysis and absence),
multiple NEC, and ill-defined, limbs, back,
trunk -----
- 46 Other impairments-----
- 47 Other chronic conditions except impairments
(gout) (multiple sclerosis) (paralysis agitans)
(epilepsy) (refractive errors) (cataract)
(glaucoma) (congenital malformations not in
X-Code) (senility) (etc.)-----

All other ICD code numbers which may be chronic
conditions

APPENDIX III

SAMPLING DESIGN

Introduction

The sampling design consists of the selection of the sample of respondents, the allocation of the sample to interviewers, and the procedures used in calculating the estimates.

Family Account Numbers and Medical Record Numbers at KFHP

The main devices used in selecting the samples were the Family and Medical Record Numbers, which are now discussed.

On enrollment in KFHP, a new subscriber is assigned a seven-digit number called the Family Account Number. There is one Family Account Number for the subscriber and the covered members of his family.

For the subscriber the Family Account Number is also his Medical Record Number. Other members of his family are also assigned individual Medical Record Numbers which are in sequence after the Family Account Number for all members covered when the subscriber joins and which are the next higher numbers for those joining the covered membership—e.g., newborn infants at a later time. Thus, the Family Account Numbers are the Medical Record Numbers of the subscriber, and each member of KFHP, subscriber or not, has his own seven-digit Medical Record Number. The records for each person include both his Family Account Number and his Medical Record Number.

Population

For purposes of this study the population consisted of all members of KFHP that met the following requirements:

- (1) They were members during the 6-month period January through June 1960 and during the study itself.
- (2) They were at least 17 years of age at the date of interview.
- (3) They were not members of the Culinary Workers Union.

Selection and Assignment to Interviewers of the Interview Sample

Introduction.—The two main samples in the study were the PVR Sample, for which medical records were prepared, and the Interview Sample, a subsample of the PVR Sample for which interviews and comparisons with the medical records were made.

In this section the selection of these two samples, the weights of the elements of the Interview Sample, the interviewers' assignments, and the dates of beginning and terminating interviews are discussed.

Preliminary Sample.—The population from which the Preliminary Sample was drawn consisted of all subscribers to KFHP and the covered members of their families 15 years of age and over who were members of KFHP during the 6 months January through June 1960 and who were not members of the Culinary Workers Union.

The Preliminary Sample consisted of those with terminal digits 2, 5, or 7, and thus included approximately 30 percent of the population.

Physician Visit Record (PVR) Sample—allocation to five waves or sequences.—Using the data on number of visits to SCPMG of each person in the Preliminary Sample for the 6 months January through June 1960, the Preliminary Sample was classified into two strata—those who had made 0, 1, 2, 3, or 4 visits to SCPMG during the 6-month period and those who had made 5 or more visits during that period.

The PVR Sample consisted of an approximately 10-percent sample from the first stratum and an approximately 20-percent sample chosen from the second stratum, selected as indicated in tables I and II.

Table I. Sampling procedure for those making 0 through 4 visits during January-June 1960

Of those whose seventh digit (Medical Record Number) is-----	0 1 2 3 4 5 6 7 8 9
Include in the sample those whose fifth digit is-----	2 4 6 8 0 7 5 9 1 3

Table II. Sampling procedure for those making 5 or more visits during January-June 1960

Of those whose seventh digit (Medical Record Number) is-----	0 1 2 3 4 5 6 7 8 9
Include in the sample those whose fifth digit is-----	2 4 6 8 0 7 5 9 1 3
or-----	6 0 3 5 7 4 8 2 9 1

For convenience in initiating the PVR record keeping and in the interviewing, the sample was randomly allocated to five waves or sequences of approximately equal sizes (see table III). Record keeping began at 3-week intervals for the five waves.

The PVR Sample thus selected consisted of 4,922 names. These were allocated to five sequences or waves according to the sixth digits of the Medical Record Numbers as stated in table III. The staggered beginnings of the waves facilitated both the operations of record keeping at SCPMG and the interviewing by the Bureau of the Census later on.

Table III. Allocation of sample to sequences or waves

The sequence or wave having identification number	Consists of all persons in the PVR sample having sixth digit (Medical Record Number)	The date on which PVR's began to be filled out for the sequence or wave was—
1	2 or 5	October 15, 1961
2	1 or 8	November 5, 1961
3	6 or 9	November 26, 1961
4	0 or 4	December 17, 1961
5	3 or 7	January 7, 1962

Interview Sample—determination of weights.—Approximately 11 months after the beginning of each wave, the number of visits of each person on the PVR Sample was tallied from the PVR's for that person. Using those data on number of visits, the Interview Sample was selected from the PVR Sample in accordance with table IV. Also, in table IV are given the weights resulting

from the combination of the 1960 visit strata and the study year visit strata.

Table IV. Sampling ratios and weights for interview sample

January-June 1960	Number of visits	Sampling ratio	Weight
	Approximately first 11 months of study year		
0-4	0	1 in 10	20
0-4	1	1 in 3	6
0-4	2 - 5	1 in 2	4
0-4	6 and over	All	2
5 and over	0	1 in 10	10
5 and over	1 and over	All	1

Allocation of the Interview Sample among areas and interviewers—dates of interviewing.—With minor modifications, the service area of the Kaiser Foundation Health Plan was divided into four areas, three of which were in Los Angeles and the fourth which contained Fontana and nearby areas. The four areas are those of the present study.

After the Interview Sample was selected for a given wave, the addresses of its members were located and the sample was thus distributed among the four areas.

For each of the four areas, the Interview Sample was allocated at random among the three questionnaires. Because of problems of cost and administration, however, interpenetrating samples were not used for interviewer assignments within all areas. In the three Los Angeles areas, the interviewers shifted from area to area in different waves. In the Fontana area, the interviewers were the same in all waves.

One year after the beginning of the PVR record keeping for a wave, the PVR record keeping terminated. Interviewing of that wave then began and continued for 2 to 3 weeks afterwards. The only change from the original plans occurred in Waves 4 and 5 in order to avoid the possibly higher noninterview rates between Christmas and New Year. The dates are given in table V.

Table V. Scheduled and actual interviewing dates, by wave

Wave	Scheduled dates		Actual dates	
	Beginning	Ending	Beginning	Ending ¹
1	October 22, 1962	November 10, 1962	As scheduled	
2	November 5, 1962	November 24, 1962	As scheduled	
3	November 26, 1962	December 15, 1962	As scheduled	
4	December 17, 1962	January 5, 1963	December 12, 1962	December 22, 1962 ²
5	January 7, 1963	January 26, 1963	January 3, 1963	January 16, 1963

¹In some cases, interviewing occurred after the stated ending date, but these were few in number.

²The change in dates for Wave 4 was primarily to reduce the amount of interviewing during the Christmas season.

Final changes in the sample.—During data processing, two changes were made in the sample to be tabulated. These were as follows:

- (1) All persons under 17 years of age on the date of interview were eliminated.
- (2) It had been decided earlier that only one person would be interviewed in any household. Consequently if any household had two members or more selected for the sample, all but one were eliminated from the Interview Sample, but the information for the sample person not eliminated was duplicated and in one instance triplicated.

Interview Sample for Which PVR's Were Not Used

In any record-check study for which special records such as the PVR's are being prepared, there are always the possibilities that these special records are incomplete or inaccurate or that the respondent has become aware of the study sufficiently to influence his reporting. Consequently a further sample, called Wave 6, was selected as follows:

- (1) The Wave 6 Sample was selected from persons in the Preliminary Sample who had not been selected for the PVR Sample but who had as a sixth digit of their Medical Record Numbers either 0, 3, 4, or 7—i.e., the sixth digits corresponding to Waves 4 or 5.
- (2) A 10-percent sample was selected from those with 0, 3, 4, or 7 as the sixth digit of their Medical Record Numbers in accordance with table VII.

Table VII. First-stage 10-percent sample from those having sixth digits identifying sequences or Waves 4 and 5

Of those whose seventh digit (Medical Record Number) is-----	0 1 2 3 4 5 6 7 8 9
Include in the first stage sample those whose fifth digit is---	4 5 9 0 3 2 1 7 6 8

- (3) The resulting sample, called the PC Sample, then consisted of a subsample of one in six of those selected in item 2 who had made 0 to 4 visits to SCPMG during January-June 1960 and a sample of one in three of those who had made 5 visits or more to SCPMG during January-June 1960.

For the PC, or Wave 6 Sample, medical records (PC) were obtained by using the patient charts (PC) the study year. The persons in the PC Sample were not in the PVR Sample, and no indication of their being in the PC Sample could have reached the physicians and, through them, the patients, because physicians were not involved in the preparation of the medical records (PC).

- (4) The medical records (PC) were then used to select an Interview Sample that consisted of all persons in the PC Sample who had made at least one visit to SCPMG during the study year, and a sample of 1 in 10 of those was selected. Thus the weights for Wave 6 are 3, 6, 15, and 30.

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