

Data from the
NATIONAL HEALTH SURVEY

Series 10
Number 136

Current Estimates
From the National Health Interview Survey:
United States, 1979

Estimates of incidence of acute conditions, prevalence of reported chronic conditions, number of persons reporting limitation of activity, number of persons injured, hospital episodes, disability days, and frequency of dental and physician visits. Based on data collected in the National Health Interview Survey during 1979.

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

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

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SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
Figure does not meet standards of reliability or precision (more than 30 percent relative standard error) -----	*

CURRENT ESTIMATES FROM THE NATIONAL HEALTH INTERVIEW SURVEY

Susan S. Jack and Peter W. Ries, Division of Health Interview Statistics

INTRODUCTION

This report presents national estimates of acute illnesses and injuries, disability days, limitation of activity due to chronic conditions, prevalence of selected reported chronic conditions, and measures of health care utilization for 1979. These variables represent the basic health items for which data were collected in the 1979 National Health Interview Survey of the U.S. civilian noninstitutionalized population.

The detailed tables in this report contain data limited to age and sex population categories. More detailed analyses of similar data by other social, economic, and demographic categories will be presented in forthcoming reports. The text tables present data that indicate recent trends for major health items collected in 1979 as well as for the 2 previous years. Other Current Estimates reports in Series 10 (Numbers 126 and 130) present detailed data for 1977 and 1978 that are comparable with data shown in this report for 1979.

A major change made in 1979 affects the comparison of 1979 illness data with data from earlier years. In 1979 illness and injuries were coded using the ninth revision of the International Classification of Diseases,¹ rather than the eighth revision used in 1978 and earlier. Caution should therefore be used when comparing data in specific disease categories. Detailed information on the old and new disease category classifications is available from the Interview and Examination Statistics Program of the National Center for Health Statistics.

Although published reports are the primary vehicle for disseminating statistical estimates from the National Health Interview Survey, data are also available in the form of standardized microdata tapes. Questions pertaining to cost, delivery time, and data availability should be directed to the Interview and Examination Statistics Program of the National Center for Health Statistics.

HIGHLIGHTS FOR THE PERIOD

Acute Conditions

Acute conditions are defined as those illnesses and injuries that have lasted less than 3 months and that have involved either medical attention or 1 day or more of restricted activity. However, to counteract the effect of memory decay, which impairs the validity of the estimates, the annual incidence of acute conditions is calculated by including only those conditions that had their onset during the 2 weeks prior to the week of the interview and that caused restricted activity or required medical care during the 2-week period.

During 1979 an estimated 464.5 million acute illnesses and injuries occurred among the civilian noninstitutionalized population of the United States (tables 1 and 2). The incidence rate of 215.3 acute conditions per 100 persons for 1979 is somewhat lower than the rates for the 2 previous years (table A); however, the differences are not statistically significant.

Comparing 1979 rates for the major classifications of acute conditions with 1978 rates shows two significant changes. The higher reported incidence rate for influenza in 1978 appears to be primarily responsible for the fluctuating incidence rate for acute respiratory conditions.^a The higher rate for "all other acute conditions" in 1979 appears to be due primarily to significantly higher rates of genitourinary disorders and diseases of the skin. However, caution should be used when making specific category comparisons between 1979 data and earlier data due to a change from the eighth to the ninth revision of the International Classification of Diseases used for coding. Some apparent changes may be artifacts of changes in coding categories.

During 1979 acute illnesses and injuries caused an average of 9.4 days of restricted activity per person (tables A, 3, and 5)—a rate virtually identical to that of 1977 but significantly lower than that of 1978, with the difference due primarily to a lower rate for influenza. The rate of 4.1 bed-disability days per person for 1979 (tables A, 4, and 6) was also lower than the rate for the previous year, due primarily to the lower bed-day rate for influenza. The rate of 4.8 school-loss days per child aged 6-16 years is similar to the rates for both 1978 and 1977 (tables A and 7). The number of days lost from work because of acute conditions among the currently employed population was similar for 1979 and 1978 (tables A and 8)—about 3½ days per person.

During 1979 approximately 69 million persons were injured (table 9)—a rate of 32.0 persons injured per 100 persons (table A). The rates were highest among those under 6 years of age (38.1), due primarily to accidents in the home, and among the 17-44 year age group (37.3) (table 9). Associated with these injuries were 345.4 days of restricted activity (table 10) and 92.5 days of bed disability (table 11) per 100 persons per year. Although the rate of persons injured tended to decrease with age, the number of restricted-activity and bed-disability days per person per year associated with injuries increased with age.

^aFor further details and quarterly estimates, see Series 10, Number 130.

Table A. Incidence of acute conditions, associated disability days, and persons injured: United States, 1977-79

Item	1977	1978	1979
Acute conditions			
Number of acute conditions per 100 persons per year			
All acute conditions	218.8	218.2	215.3
Infective and parasitic diseases	27.2	24.7	24.4
Respiratory conditions	109.7	115.8	107.3
Upper respiratory conditions	63.2	59.1	60.1
Influenza	40.4	50.3	40.5
Other respiratory conditions	6.2	6.3	6.7
Digestive system conditions	11.2	10.7	11.4
Injuries	36.4	33.1	34.5
All other acute conditions	34.2	33.9	37.7
Days of disability associated with acute conditions			
Days of disability per 100 persons per year			
Restricted-activity days	940.8	989.7	939.9
Bed-disability days	417.3	444.7	413.4
Work-loss days (ages 17 years and over) ¹	346.6	376.6	350.6
School-loss days (ages 6-16 years)	491.2	480.7	477.8
Class of accident			
Number of persons injured per 100 persons per year			
All classes of accident	34.8	31.6	32.0
Moving motor vehicle	2.4	2.1	2.3
While at work	5.4	4.9	5.6
Home	13.9	11.9	11.5
Other	14.8	13.9	14.0

¹For currently employed population.

Days of Disability

Table B shows days of disability per person per year for both acute and chronic conditions for 1977-79. "Days of disability" refers to both temporary and long-term reduction of a person's activity due to acute or chronic conditions. The four types of disability days (restricted-activity, bed-disability, work-loss, and school-loss days) are reported in the health interview in association with specific acute and chronic conditions. Although it is possible for a particular day of disability to be attributed to multiple conditions, the person-day measure, used in table B, counts each day of disability only once, regardless of the number of conditions causing

Table B. Days of disability per person per year, by type of disability day: United States, 1977-79

Type of disability day	1977	1978	1979
	Days of disability per person per year		
Restricted-activity days.....	17.8	18.8	19.0
Bed-disability days.....	6.9	7.1	6.7
Work-loss days (ages 17 years and over) ¹	5.0	5.2	5.0
School-loss days (ages 6-16 years).....	5.4	5.4	5.3

¹For currently employed population.

disability on that day. A day of restricted activity is one during which a person reduces his or her normal activity for all or most of the day because of an illness or injury. Each day spent in bed for all or most of the day is counted as a day of restricted activity. Similarly, each day lost from work or school is a day of restricted activity. Days on which people cut down on the things that they usually do for the whole day, but which were not bed days, work-loss days, or school-loss days, are also counted as restricted-activity days.

In 1979 there were an estimated 19.0 days of restricted activity per person as a result of chronic and acute illnesses or injuries—a rate similar to that of 1978. The number of restricted-activity days per person per year ranged from 11.0 days for children under 17 years of age to 41.9 days for adults 65 years of age and over (table 12). The average number of bed-disability days per person during 1979 (6.7) was not significantly different from that in 1978 and was similar to that in 1977 (table B). There were an estimated 483 million days lost from work due to illness or injury—5.0 days per currently employed person 17 years of age and over per year, a rate similar to that of 1978.

Females reported more restricted-activity, bed-disability, and work-loss days per person than did males during 1979 (table 12), as in previous years.

The number of days lost from school for children 6-16 years of age during 1979 was 5.3 days per child, which is similar to the 1978 rate (tables B and 13).

Limitation of Activity

The concept of limitation of activity used in this report refers to long-term reduction in activity resulting from chronic disease or impairment. The measurement of this concept in the National Health Interview Survey (NHIS) permits one to distinguish among (1) persons unable to carry on their usual activity, (2) persons limited in the amount or kind of their usual activity, (3) persons limited but not in their usual activity, and (4) persons not limited. The category of persons limited in their major activity includes those in the first two groups, that is, those unable to carry on the usual activity for their age-sex group, whether it is working, keeping house, or going to school, and those restricted in the amount or kind of usual activity for their age-sex group. Persons limited but not in their major activity include persons restricted in other activities, such as civic, church, or recreational activities. Table C shows the percent of the population with limitation of activity for 1977-79.

The 1979 NHIS produced an estimate of 14.6 percent of the population as limited in activities as a result of one or more chronic conditions. Although the 1979 estimate appears to extend a trend of an increasing proportion of the population with limitations (see table C), the lower figure for 1977 is due in large part to a procedural change in the interview questionnaire. As indicated in an earlier report (Series 10, Number 126, page 3), the regular NHIS questions on limitation of activity were used to screen respondents according to whether or not they would receive a special supplement on disability.

Table C. Percent of the total population with limitation of activity due to chronic conditions: United States, 1977-79

Limitation of activity	1977	1978	1979
	Percent of total population		
Limited in activity	13.5	14.2	14.6
Limited in major activity ¹	10.4	10.6	10.9
No limitation of activity	86.5	85.8	85.4

¹Major activity refers to ability to work, keep house, or engage in school or preschool activities.

In general, the direction of the relationships between limitation of activity, age, and sex in 1979 (table 14) was similar to the direction observed in earlier years.

Utilization of Medical Services

Measures of the utilization of health services as reported in the NHIS are shown in tables 15-21 and highlighted in table D.

Information was obtained in the NHIS on the hospitalization experience of each household member during the 12-month period prior to the week of the interview. Two measures of hospitalization were derived from this information—hospital discharges and hospital episodes. Differences in the estimating procedures for the two measures are described in appendix I (see “Explanation of hospital recall”). Information on hospital discharges from hospital records is also collected through the National Hospital Discharge Survey (NHDS) conducted by NCHS. Estimates from the NHDS, published in Series 13 of *Vital and Health Statistics*, are somewhat higher than those presented here because of differences in collection procedures, population sampled, and definitions used. The most recent national estimates of short-stay hospitalizations based on the National Hospital Discharge Survey are summarized in Series 13, No. 46.²

Table D. Selected measures of health care utilization: United States, 1977-79

Measure of utilization	1977	1978	1979
Hospitalization			
Number of discharges per 100 persons per year	14.0	14.0	13.9
Average length of stay in days.....	7.8	7.9	7.8
Percent of persons with 1 hospital episode or more.....	10.4	10.4	10.3
Dental visits			
Number per person per year.....	1.6	1.6	1.7
Percent of persons with visits in past year.....	49.7	49.9	50.2
Physician visits			
Number per person per year.....	4.8	4.8	4.7
Percent of persons with visits in past year.....	75.1	75.4	75.1

During 1979 there were an estimated 13.9 discharges from short-stay hospitals per 100 persons—similar to the rate for 1978 (tables D and 15). The rate of discharges per 100 persons for those 65 years of age and over (27.0) was about 4 times as high as that for children under 17 years of age (6.5). The average length of stay in days per hospital discharge was 7.8, about the same as reported for the previous years. Persons under 35 years of age experienced hospital stays that averaged about 5½ days. Older persons had increasingly longer stays; those aged 65 years and over averaged about 10.8 days. Except for persons aged 65 years and over, males experienced longer stays than did females.

Approximately 10.3 percent of the population were hospitalized at least once during the year preceding the interview (table 16). About 82 percent of these persons had only one stay in a hospital. In 1979 persons with one hospital episode or more spent an average of 9.6 days per person in the hospital (table 17).

There were an estimated 366.3 million dental visits in 1979 (table 18), or 1.7 visits per person. This is similar to the rate for 1978 (table D). As in the past, females continued to make slightly more dental visits per person than did males—1.8 and 1.6 visits per person per year, respectively (table 18).

The percent of the population with at least one annual dental visit in 1979 was similar to the 1978 proportion—50.2 and 49.9 percent, respectively. Detailed data on the time interval since the last dental visit are shown in table 19.

During 1979 there were approximately 1 billion contacts with medical doctors, excluding visits to inpatients in hospitals—an average of 4.7 visits per person (table 20). This rate is similar to those for the 2 previous years (table D). The number of visits per person per year ranged from 4.1 for children under age 17 years to 6.6 visits for persons aged 75 years and over. For persons aged 17 years and over, females had more physician visits than did males. For those under age 17, the rates were similar for both sexes.

Approximately 75 percent of the civilian noninstitutionalized population contacted a medical doctor at least once during the 12 months preceding the interview (table 21). This percent has changed little over the past 3 years (table D). An estimated 3.5 percent of the

population had not contacted a physician in 5 years or more. More extensive data on physician visits can be found in the report entitled, "Physician Visits: Volume and Interval Since Last Visit, United States, 1975" (Series 10, Number 128). Other estimates of ambulatory medical care services by physicians are provided by data from the National Ambulatory Medical Care Survey (NAMCS). NAMCS is a probability sample survey conducted yearly by NCHS. A summary of 1977 survey results can be found in Series 13, No. 44 of *Vital and Health Statistics*.^{3,4}

Prevalence of Reported Chronic Conditions

Chronic conditions are defined as conditions that either (1) were first noticed 3 months or more before the reference date of the interview, or (2) belong to a group of conditions (specified in appendix II) that are considered chronic regardless of when they began. For the purpose of estimating the prevalence of reported chronic conditions, the total NHIS sample was divided into six representative subsamples; each subsample was administered one of six checklists that detailed broad categories of types of chronic conditions. Respondents were asked to indicate the presence or absence of each condition specified on the particular list administered to them. Because the presence or absence of many types of chronic conditions is often ambiguous, several "impact" questions were asked about each condition reported. The questions include whether the person had been taking medicine for the condition, had had surgery or had been hospitalized for the condition, and the number of times he or she had seen a doctor or stayed in bed for the condition during the 12 months prior to the interview.

Table 22 shows the reported prevalence for the conditions associated with each of the six lists where the estimate of the reported prevalence exceeds 1 million persons. Also shown are the proportions of conditions by various impact questions noted in the previous paragraph. Totals for all chronic conditions are not shown because the NHIS does not measure the total number of chronic conditions for each person. It should also be noted that, since a person may have had more than one chronic condition, the sum of

conditions that are counted will exceed the sum of persons having had those conditions.

As seen in table 22, the chronic conditions most often reported are sinusitis, arthritis, and hypertension (with about 28.1 million, 25.9 million, and 23.7 million reported cases, respectively). Among all the conditions with a reported prevalence of more than 1 million, the percent of conditions causing limitation of activity range from a low of 1.0 percent for sinusitis to a high of 70.1 percent for paralysis.

Caution should be exercised when comparing the estimates shown in table 22 with previously published NHIS prevalence estimates of chronic conditions, since the 1979 estimates are the first to be based on the ninth revision of the International Classification of Diseases. This caveat holds also for estimates based on the NHIS impairment codes, which were substantially revised for 1979.

Seasonal Variation

Tables 23-25 present quarterly estimates of acute conditions, persons injured, and disability days. Figures 1-3 show these data for the past 6 years. The quarterly estimates of acute conditions for 1979 resemble the estimates of 1978, 1977, 1976, and 1975, but not those of 1974 (figure 1), because of changes in survey procedures used during 1974.^b The high rates consistently shown for persons injured during 1975 (figure 2) probably reflect the greater yield of reported injuries that resulted from the inclusion of an extensive accident probe question in the 1975 questionnaire but which was not included in the questionnaires of the other years shown. However, modifications of the questionnaire do not appear to account for the fact that the 1977 rates of persons injured resemble those for 1975. Restricted-activity days and bed-disability days continued to fluctuate in a pattern somewhat similar to that of previous years (figure 3).

^b For a more detailed explanation of the problem associated with the 1974 data collection procedure for acute conditions, see Series 10, Number 100, page 1, and Series 10, Number 102, pages 2-4.

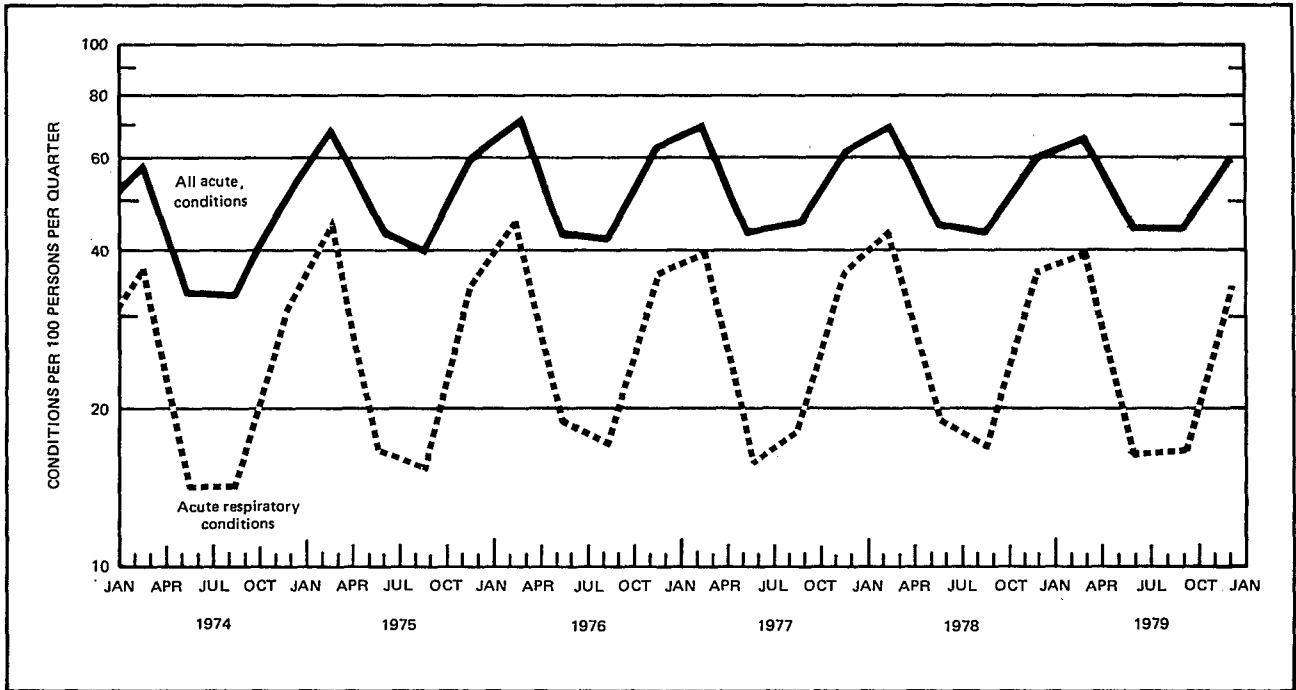


Figure 1. Incidence of all acute conditions and acute respiratory conditions per 100 persons per quarter

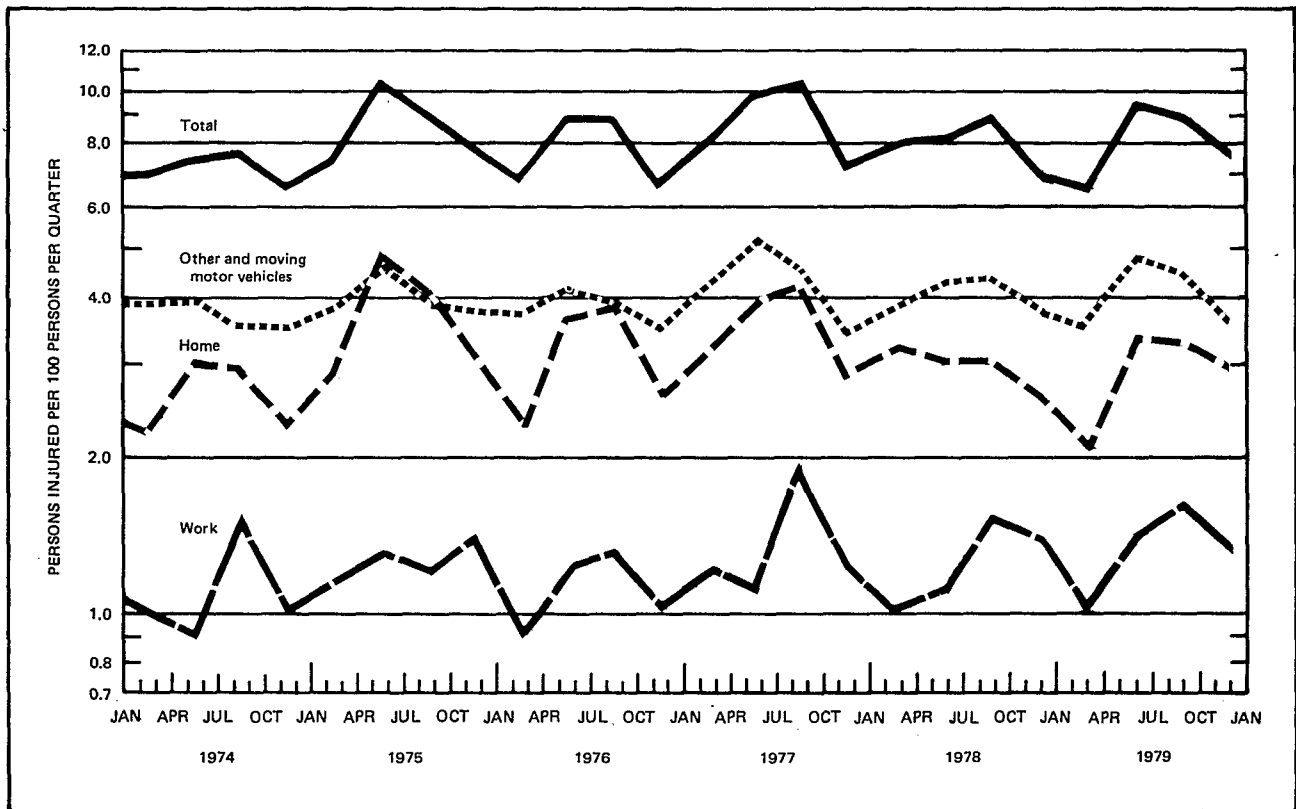


Figure 2. Persons injured per 100 persons per quarter, by class of accident

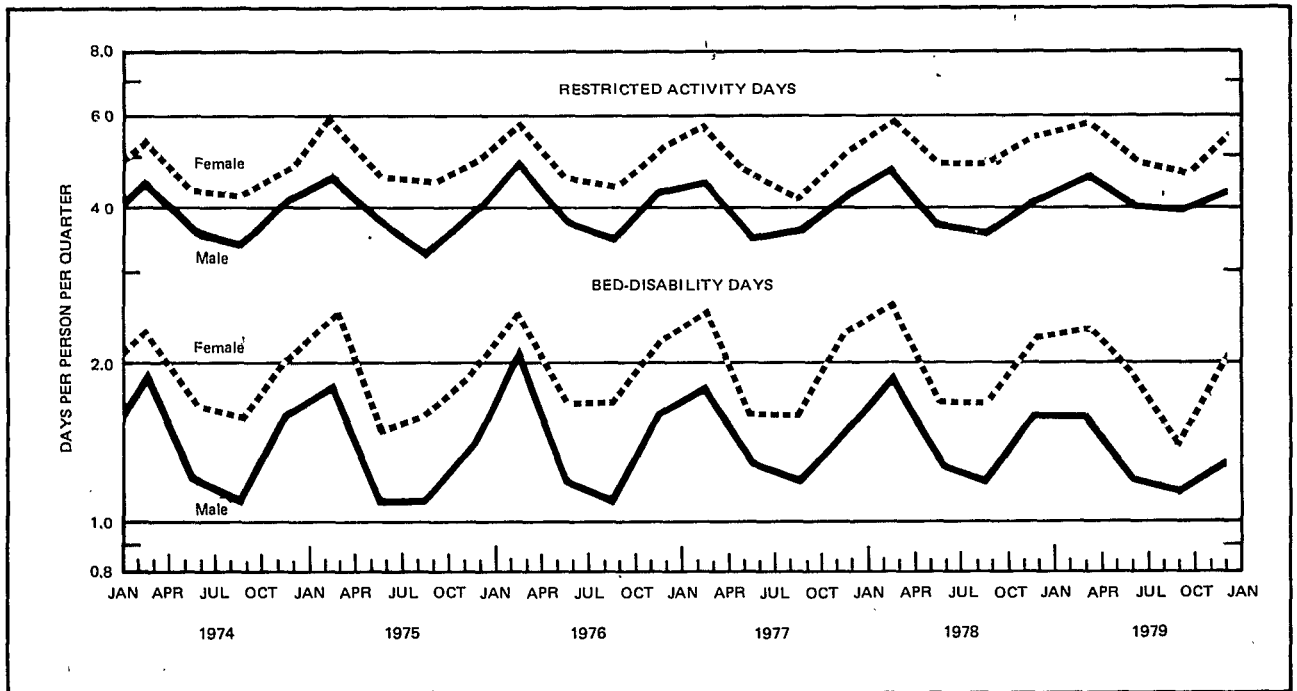


Figure 3. Disability days per person per quarter, by type of disability and sex

CONTENTS OF THE 1979 QUESTIONNAIRE

Data on the incidence of acute conditions, limitation of activity, persons injured, hospitalizations, disability days, dental visits, physician visits, and the prevalence of selected chronic conditions are collected annually in the National Health Interview Survey. A list of publications that contain detailed data on these items for previous years is shown at the end of the text.

The 1979 National Health Interview Survey questionnaire contained several topics for which data are not collected every year. The 1978 and 1979 questionnaires included a supplement on immunization for selected childhood diseases. The 1979 questionnaire also included the following new topics: home care due to disability or a health problem; eye care, including examination, treatment, and/or surgery; residential mobility; and supplemental income.

SOURCES AND LIMITATIONS OF THE DATA

The information from the National Health Interview Survey presented in this report is

based on data collected in a continuing nationwide survey by household interviews. Each week a probability sample of households in the civilian noninstitutionalized population of the United States is selected and members interviewed by personnel of the U.S. Bureau of the Census. Information is obtained about the health and other characteristics of each member of the household.

During 52 weeks in 1979 the sample was composed of approximately 42,000 households containing about 111,000 persons living at the time of the interview. The total noninterview rate was about 3.9 percent, of which 2.2 percent was due to respondent refusal, and the remainder was primarily due to the failure to locate an eligible respondent at home after repeated calls.

The population figures used in computing annual rates shown in this report appear in table 26.

A description of the survey design, the methods used in estimation, and general qualifications of the data obtained from the survey are presented in appendix I. Because the estimates shown in this report are based on a sample of the population, they are subject to sampling errors. Therefore, particular attention should be paid to the section titled "Reliability of

Estimates." Sampling errors for most of the estimates are relatively low. However, where an estimated number or the numerator or denominator of a rate or percentage is small, the sampling error may be high. Charts of relative sampling errors and instructions for their use are shown in appendix I.

Certain terms used in this report are defined in appendix II. Some of the terms have specified meanings for the purpose of the survey. For example, estimates of the incidence of acute conditions include, with certain exceptions, those conditions that had started during the 2-week period prior to the interview and that involved either medical attention or restricted activity. The exceptions, listed in appendix II, are certain conditions, such as heart trouble and diabetes, that are always considered to be chronic regardless of duration or onset.

Estimates of the number of disability days associated with acute conditions are derived from the number of disability days experienced during the 2-week period prior to the week of interview and include all such days reported even if the acute condition causing the disability had its onset prior to the 2-week period. Disability days associated with acute conditions are recorded on a condition basis. If an individual reports more than one illness or injury on the same day, the count of disability days will exceed the actual number of days disabled, that is, person-days of disability.

Appendix III contains the questionnaire used in the interview. Also shown are the cards used by the interviewer to ask certain questions.

In this report, terms such as "similar" and "the same" mean that no statistically significant difference exists between the statistics being compared. Terms relating to difference (for example, "greater" or "less") indicate that differences are statistically significant. The *t*-test with a critical value of 1.96 (0.05 level of significance) was used to test all comparisons that are discussed. Lack of comment regarding the difference between any two statistics does *not* mean the difference was tested and found to be not significant.

RELATED PUBLICATIONS IN SERIES 10

Series 10 Number	
76	Dental Visits: Volume and Interval Since Last Visit, United States, 1969
82	Acute Conditions, Incidence and Associated Disability, United States, July 1970-June 1971
83	Prevalence of Selected Chronic Digestive Conditions, United States, July-December 1968
84	Prevalence of Selected Chronic Respiratory Conditions, United States, 1970
85	Current Estimates From the Health Interview Survey, United States, 1972
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95	Current Estimates From the Health Interview Survey, United States, 1973
96	Limitation of Activity and Mobility Due to Chronic Conditions, United States, 1972
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109	Prevalence of Chronic Conditions of the Genitourinary, Nervous, Endocrine, Metabolic, and Blood and Blood-Forming Systems and of Other Selected Chronic Conditions, United States, 1973	124	Acute Conditions, Incidence and Associated Disability, United States, July 1975-June 1976
111	Limitation of Activity due to Chronic Conditions, United States, 1974	125	Prevalence of Selected Chronic Skin and Musculoskeletal Conditions, United States, 1976
112	Health Characteristics of Persons With Chronic Activity Limitation, United States, 1974	126	Acute Conditions, Incidence and Associated Disability, United States, July 1976-June 1977
114	Acute Conditions, Incidence and Associated Disability, United States, July 1974-June 1975.	126	Current Estimates from the Health Interview Survey, United States, 1977
115	Current Estimates From the Health Interview Survey, United States, 1975	128	Physician Visits: Volume and Interval Since Last Visit, United States, 1975
116	Persons Hospitalized by Number of Episodes and Days Hospitalized in a Year, United States,	130	Current Estimates From the Health Interview Survey, United States, 1978
		132	Acute Conditions, Incidence and Associated Disability, United States, July 1977-June 1978
		134	Prevalence of Selected Impairments, United States, 1977



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

CONDITION GROUP	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
	INCIDENCE OF ACUTE CONDITIONS IN THOUSANDS			PERCENT DISTRIBUTION			NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR		
ALL ACUTE CONDITIONS-----	464,515	209,723	254,791	100.0	100.0	100.0	215.3	201.5	228.3
INFECTIVE AND PARASITIC DISEASES---	52,691	23,096	29,594	11.3	11.0	11.6	24.4	22.2	26.5
COMMON CHILDHOOD DISEASES-----	5,186	2,381	2,805	1.1	1.1	1.1	2.4	2.3	2.5
VIRUS, N.O.S.-----	22,627	9,932	12,695	4.9	4.7	5.0	10.5	9.5	11.4
OTHER INFECTIVE AND PARASITIC DISEASES-----	24,878	10,783	14,095	5.4	5.1	5.5	11.5	10.4	12.6
RESPIRATORY CONDITIONS-----	231,431	103,447	127,984	49.8	49.3	50.2	107.3	99.4	114.7
UPPER RESPIRATORY CONDITIONS-----	129,757	58,668	71,089	27.9	28.0	27.9	60.1	56.4	63.7
COMMON COLD-----	96,245	44,549	51,695	20.7	21.2	20.3	44.6	42.8	46.3
OTHER UPPER RESPIRATORY CONDITIONS-----	33,512	14,119	19,393	7.2	6.7	7.6	15.5	13.6	17.4
INFLUENZA-----	87,262	38,061	49,201	18.8	18.1	19.3	40.5	36.6	44.1
INFLUENZA WITH DIGESTIVE MANIFESTATIONS-----	6,815	2,622	4,192	1.5	1.3	1.6	3.2	2.5	3.8
OTHER INFLUENZA-----	80,447	35,439	45,009	17.3	16.9	17.7	37.3	34.0	40.3
OTHER RESPIRATORY CONDITIONS-----	14,413	6,718	7,695	3.1	3.2	3.0	6.7	6.5	6.9
PNEUMONIA-----	2,759	1,514	1,245	0.6	0.7	0.5	1.3	1.5	1.1
BRONCHITIS-----	6,334	2,641	3,693	1.4	1.3	1.4	2.9	2.5	3.3
OTHER RESPIRATORY CONDITIONS---	5,319	2,562	2,756	1.1	1.2	1.1	2.5	2.5	2.5
DIGESTIVE SYSTEM CONDITIONS-----	24,660	10,660	14,000	5.3	5.1	5.5	11.4	10.2	12.5
DENTAL CONDITIONS-----	6,898	3,644	3,253	1.5	1.7	1.3	3.2	3.5	2.9
FUNCTIONAL AND SYMPTOMATIC UPPER GASTROINTESTINAL DISORDERS, N.E.C.-----	12,341	5,309	7,032	2.7	2.5	2.8	5.7	5.1	6.3
OTHER DIGESTIVE SYSTEM CONDITIONS-----	5,421	1,707	3,715	1.2	0.8	1.5	2.5	1.6	3.3
INJURIES-----	74,355	42,523	31,831	16.0	20.3	12.5	34.5	40.8	28.5
FRACTURES, DISLOCATIONS, SPRAINS, AND STRAINS-----	24,059	13,396	10,663	5.2	6.4	4.2	11.2	12.9	9.6
FRACTURES AND DISLOCATIONS-----	7,402	4,342	3,060	1.6	2.1	1.2	3.4	4.2	2.7
SPRAINS AND STRAINS-----	16,657	9,054	7,603	3.6	4.3	3.0	7.7	8.7	6.8
OPEN WOUNDS AND LACERATIONS-----	17,505	10,882	6,624	3.8	5.2	2.6	8.1	10.5	5.9
CONTUSIONS AND SUPERFICIAL INJURIES-----	16,307	9,142	7,165	3.5	4.4	2.8	7.6	8.8	6.4
OTHER CURRENT INJURIES-----	16,483	9,104	7,379	3.5	4.3	2.9	7.6	8.7	6.6
ALL OTHER ACUTE CONDITIONS-----	81,379	29,998	51,381	17.5	14.3	20.2	37.7	28.8	46.0
DISEASES OF THE EAR-----	17,492	8,382	9,111	3.8	4.0	3.6	8.1	8.1	8.2
HEADACHES-----	4,210	1,560	2,650	0.9	0.7	1.0	2.0	1.5	2.4
GENITOURINARY DISORDERS-----	15,705	2,470	13,235	3.4	1.2	5.2	7.3	2.4	11.9
DELIVERIES AND DISORDERS OF PREGNANCY AND THE PUERPERIUM---	4,618	...	4,618	1.0	...	1.8	2.1	...	4.1
DISEASES OF THE SKIN-----	5,339	2,332	3,007	1.1	1.1	1.2	2.5	2.2	2.7
DISEASES OF THE MUSCULOSKELETAL SYSTEM-----	8,120	3,814	4,306	1.7	1.8	1.7	3.8	3.7	3.9
ALL OTHER ACUTE CONDITIONS-----	25,894	11,439	14,455	5.6	5.5	5.7	12.0	11.0	12.9

NOTES: EXCLUDED FROM THESE STATISTICS ARE ALL CONDITIONS INVOLVING NEITHER RESTRICTED ACTIVITY NOR MEDICAL ATTENTION.

N.O.S.--NOT OTHERWISE SPECIFIED; N.E.C.--NOT ELSEWHERE CLASSIFIED.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURES I AND VII.

TABLE 2. INCIDENCE OF ACUTE CONDITIONS AND NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1979

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

SEX AND CONDITION GROUP	ALL AGES	UNDER 6 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER	ALL AGES	UNDER 6 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER
BOTH SEXES	INCIDENCE OF ACUTE CONDITIONS IN THOUSANDS					NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS--	464,515	72,224	108,880	198,751	84,659	215.3	387.0	275.0	219.2	126.7
INFECTIVE AND PARASITIC DISEASES-----	52,691	11,204	15,599	18,644	7,243	24.4	60.0	39.4	20.6	10.8
RESPIRATORY CONDITIONS--	231,431	36,650	58,616	96,601	39,563	107.3	196.4	148.1	106.5	59.2
UPPER RESPIRATORY CONDITIONS-----	129,757	24,828	34,661	50,646	19,621	60.1	133.0	87.6	55.9	29.4
INFLUENZA-----	87,262	8,703	20,707	41,586	16,266	40.5	46.6	52.3	45.9	24.4
OTHER RESPIRATORY CONDITIONS-----	14,413	3,119	3,248	4,369	3,676	6.7	16.7	8.2	4.8	5.5
DIGESTIVE SYSTEM CONDITIONS-----	24,660	2,295	6,080	10,900	5,385	11.4	12.3	15.4	12.0	8.1
INJURIES-----	74,355	7,262	15,085	36,003	16,006	34.5	38.9	38.1	39.7	24.0
ALL OTHER ACUTE CONDITIONS-----	81,379	14,813	13,501	36,603	16,462	37.7	79.4	34.1	40.4	24.6
MALE										
ALL ACUTE CONDITIONS--	209,723	37,106	52,817	84,046	35,754	201.5	387.3	262.3	191.0	117.7
INFECTIVE AND PARASITIC DISEASES-----	23,096	5,757	7,253	6,659	3,428	22.2	60.1	36.0	15.1	11.3
RESPIRATORY CONDITIONS--	103,447	18,208	27,255	40,635	17,348	99.4	190.1	135.4	92.4	57.1
UPPER RESPIRATORY CONDITIONS-----	58,668	12,292	16,253	21,798	8,324	56.4	128.3	80.7	49.5	27.4
INFLUENZA-----	38,061	4,550	9,172	17,043	7,296	36.6	47.5	45.6	38.7	24.0
OTHER RESPIRATORY CONDITIONS-----	6,718	1,366	1,830	1,794	1,728	6.5	14.3	9.1	4.1	5.7
DIGESTIVE SYSTEM CONDITIONS-----	10,660	1,137	2,878	4,604	2,042	10.2	11.9	14.3	10.5	6.7
INJURIES-----	42,523	4,072	9,376	22,095	6,980	40.8	42.5	46.6	50.2	23.0
ALL OTHER ACUTE CONDITIONS-----	29,998	7,933	6,054	10,054	5,957	28.8	82.8	30.1	22.9	19.6
FEMALE										
ALL ACUTE CONDITIONS--	254,791	35,117	56,064	114,705	48,905	228.3	386.6	288.2	245.7	134.3
INFECTIVE AND PARASITIC DISEASES-----	29,594	5,447	8,346	11,986	3,816	26.5	60.0	42.9	25.7	10.5
RESPIRATORY CONDITIONS--	127,984	18,442	31,361	55,966	22,215	114.7	203.0	161.2	119.9	61.0
UPPER RESPIRATORY CONDITIONS-----	71,089	12,536	18,408	28,848	11,297	63.7	138.0	94.6	61.8	31.0
INFLUENZA-----	49,201	4,153	11,535	24,544	8,970	44.1	45.7	59.3	52.6	24.6
OTHER RESPIRATORY CONDITIONS-----	7,695	1,754	1,418	2,575	1,948	6.9	19.3	7.3	5.5	5.4
DIGESTIVE SYSTEM CONDITIONS-----	14,000	1,159	3,203	6,296	3,343	12.5	12.8	16.5	13.5	9.2
INJURIES-----	31,831	3,189	5,709	13,908	9,026	28.5	35.1	29.3	29.8	24.8
ALL OTHER ACUTE CONDITIONS-----	51,381	6,880	7,446	26,549	10,506	46.0	75.7	38.3	56.9	28.9

NOTES: EXCLUDED FROM THESE STATISTICS ARE ALL CONDITIONS INVOLVING NEITHER RESTRICTED ACTIVITY NOR MEDICAL ATTENTION.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURES I AND VII.

TABLE 3. DAYS OF RESTRICTED ACTIVITY ASSOCIATED WITH ACUTE CONDITIONS AND DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR, BY SEX AND CONDITION GROUP: UNITED STATES, 1979

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

CONDITION GROUP	BOTH SEXES		MALE		FEMALE		BOTH SEXES		MALE		FEMALE	
	DAYS OF RESTRICTED ACTIVITY IN THOUSANDS						DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR					
ALL ACUTE CONDITIONS-----	2,027,480	857,864	1,169,617	939.9	824.1	1,047.8						
INFECTIVE AND PARASITIC DISEASES---	208,478	78,765	129,713	96.6	75.7	116.2						
COMMON CHILDHOOD DISEASES-----	27,317	11,326	15,991	12.7	10.9	14.3						
VIRUS, N.O.S.-----	76,614	28,565	48,049	35.5	27.4	43.0						
OTHER INFECTIVE AND PARASITIC DISEASES-----	104,547	38,874	65,673	48.5	37.3	58.8						
RESPIRATORY CONDITIONS-----	821,193	345,164	476,029	380.7	331.6	426.4						
UPPER RESPIRATORY CONDITIONS-----	382,081	162,480	219,601	177.1	156.1	196.7						
COMMON COLD-----	279,161	121,897	157,265	129.4	117.1	140.9						
OTHER UPPER RESPIRATORY CONDITIONS-----	102,920	40,584	62,336	47.7	39.0	55.8						
INFLUENZA-----	313,097	131,121	181,976	145.1	126.0	163.0						
INFLUENZA WITH DIGESTIVE MANIFESTATIONS-----	20,410	7,582	12,829	9.5	7.3	11.5						
OTHER INFLUENZA-----	292,687	123,539	169,148	135.7	118.7	151.5						
OTHER RESPIRATORY CONDITIONS-----	126,015	51,564	74,451	58.4	49.5	66.7						
PNEUMONIA-----	48,764	22,560	26,205	22.6	21.7	23.5						
BRONCHITIS-----	43,707	15,591	28,116	20.3	15.0	25.2						
OTHER RESPIRATORY CONDITIONS---	33,544	13,413	20,131	15.5	12.9	18.0						
DIGESTIVE SYSTEM CONDITIONS-----	115,653	46,740	68,914	53.6	44.9	61.7						
DENTAL CONDITIONS-----	31,517	17,025	14,492	14.6	16.4	13.0						
FUNCTIONAL AND SYMPTOMATIC UPPER GASTROINTESTINAL DISORDERS, N.E.C.-----	26,467	9,307	17,160	12.3	8.9	15.4						
OTHER DIGESTIVE SYSTEM CONDITIONS-----	57,669	20,408	37,261	26.7	19.6	33.4						
INJURIES-----	463,106	250,855	212,251	214.7	241.0	190.1						
FRACTURES, DISLOCATIONS, SPRAINS, AND STRAINS-----	251,021	134,349	116,672	116.4	129.1	104.5						
FRACTURES AND DISLOCATIONS-----	137,978	69,134	68,844	64.0	66.4	61.7						
SPRAINS AND STRAINS-----	113,043	65,215	47,828	52.4	62.6	42.8						
OPEN WOUNDS AND LACERATIONS-----	60,763	34,595	26,168	28.2	33.2	23.4						
CONTUSIONS AND SUPERFICIAL INJURIES-----	74,306	37,484	36,822	34.4	36.0	33.0						
OTHER CURRENT INJURIES-----	77,016	44,427	32,589	35.7	42.7	29.2						
ALL OTHER ACUTE CONDITIONS-----	419,050	136,340	282,710	194.3	131.0	253.3						
DISEASES OF THE EAR-----	65,235	31,253	33,983	30.2	30.0	30.4						
HEADACHES-----	10,793	5,077	5,717	5.0	4.9	5.1						
GENITOURINARY DISORDERS-----	79,447	11,721	67,726	36.8	11.3	60.7						
DELIVERIES AND DISORDERS OF PREGNANCY AND THE PUERPERIUM---	52,098	...	52,098	24.2	...	46.7						
DISEASES OF THE SKIN-----	22,860	9,629	13,231	10.6	9.3	11.9						
DISEASES OF THE MUSCULOSKELETAL SYSTEM-----	66,500	30,864	35,636	30.8	29.6	31.9						
ALL OTHER ACUTE CONDITIONS---	122,117	47,797	74,320	56.6	45.9	66.6						

NOTES: N.O.S.--NOT OTHERWISE SPECIFIED; N.E.C.--NOT ELSEWHERE CLASSIFIED.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 4. DAYS OF BED DISABILITY ASSOCIATED WITH ACUTE CONDITIONS AND DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR, BY SEX AND CONDITION GROUP: UNITED STATES, 1979

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

CONDITION GROUP	DAYS OF BED DISABILITY IN THOUSANDS			DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
ALL ACUTE CONDITIONS-----	891,825	347,869	543,956	413.4	334.2	487.3
INFECTIVE AND PARASITIC DISEASES---	107,564	39,411	68,153	49.9	37.9	61.1
COMMON CHILDHOOD DISEASES-----	12,421	5,614	6,807	5.8	5.4	6.1
VIRUS, N.O.S.-----	42,773	15,327	27,446	19.8	14.7	24.6
OTHER INFECTIVE AND PARASITIC DISEASES-----	52,370	18,470	33,900	24.3	17.7	30.4
RESPIRATORY CONDITIONS-----	415,783	166,979	248,804	192.7	160.4	222.9
UPPER RESPIRATORY CONDITIONS-----	168,765	71,034	97,731	78.2	68.2	87.6
COMMON COLD-----	121,741	52,355	69,386	56.4	50.3	62.2
OTHER UPPER RESPIRATORY CONDITIONS-----	47,024	18,680	28,344	21.8	17.9	25.4
INFLUENZA-----	182,876	71,303	111,573	84.8	68.5	100.0
INFLUENZA WITH DIGESTIVE MANIFESTATIONS-----	10,098	*3,022	7,076	4.7	*2.9	6.3
OTHER INFLUENZA-----	172,778	68,281	104,497	80.1	65.6	93.6
OTHER RESPIRATORY CONDITIONS-----	64,142	24,642	39,500	29.7	23.7	35.4
PNEUMONIA-----	30,232	13,272	16,960	14.0	12.7	15.2
BRONCHITIS-----	21,771	7,510	14,262	10.1	7.2	12.8
OTHER RESPIRATORY CONDITIONS---	12,138	*3,860	8,278	5.6	*3.7	7.4
DIGESTIVE SYSTEM CONDITIONS-----	57,365	20,217	37,148	26.6	19.4	33.3
DENTAL CONDITIONS-----	12,017	6,031	5,986	5.6	5.8	5.4
FUNCTIONAL AND SYMPTOMATIC UPPER GASTROINTESTINAL DISORDERS, N.E.C.-----	11,699	*3,947	7,753	5.4	*3.8	6.9
OTHER DIGESTIVE SYSTEM CONDITIONS-----	33,649	10,239	23,410	15.6	9.8	21.0
INJURIES-----	135,976	65,469	70,507	63.0	62.9	63.2
FRACTURES, DISLOCATIONS, SPRAINS, AND STRAINS-----	68,163	32,884	35,279	31.6	31.6	31.6
FRACTURES AND DISLOCATIONS-----	42,239	19,386	22,853	19.6	18.6	20.5
SPRAINS AND STRAINS-----	25,924	13,499	12,426	12.0	13.0	11.1
OPEN WOUNDS AND LACERATIONS-----	15,315	6,860	8,455	7.1	6.6	7.6
CONTUSIONS AND SUPERFICIAL INJURIES-----	26,270	11,454	14,816	12.2	11.0	13.3
OTHER CURRENT INJURIES-----	26,227	14,270	11,957	12.2	13.7	10.7
ALL OTHER ACUTE CONDITIONS-----	175,137	55,794	119,343	81.2	53.6	106.9
DISEASES OF THE EAR-----	26,020	13,098	12,922	12.1	12.6	11.6
HEADACHES-----	5,628	*2,649	*2,979	2.6	*2.5	*2.7
GENITOURINARY DISORDERS-----	35,429	*5,356	30,074	16.4	*5.1	26.9
DELIVERIES AND DISORDERS OF PREGNANCY AND THE PUERPERIUM---	23,824	...	23,824	11.0	...	21.3
DISEASES OF THE SKIN-----	7,514	*3,236	*4,278	3.5	*3.1	*3.8
DISEASES OF THE MUSCULOSKELETAL SYSTEM-----	22,255	11,706	10,549	10.3	11.2	9.5
ALL OTHER ACUTE CONDITIONS-----	54,467	19,749	34,718	25.2	19.0	31.1

NOTES: N.O.S.--NOT OTHERWISE SPECIFIED; N.E.C.--NOT ELSEWHERE CLASSIFIED.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 5. DAYS OF RESTRICTED ACTIVITY ASSOCIATED WITH ACUTE CONDITIONS AND DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1979

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

SEX AND CONDITION GROUP	ALL AGES	UNDER 6 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER	ALL AGES	UNDER 6 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER
BOTH SEXES	DAYS OF RESTRICTED ACTIVITY IN THOUSANDS					DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR				
ALL ACUTE CONDITIONS-	2,027,480	217,674	348,313	855,408	606,084	939.9	166.3	879.9	943.4	907.3
INFECTIVE AND PARASITIC DISEASES-----	208,478	39,533	62,539	67,985	38,421	96.6	211.8	158.0	75.0	57.5
RESPIRATORY CONDITIONS-----	821,193	116,616	173,801	305,440	225,336	380.7	624.9	439.0	336.9	337.3
UPPER RESPIRATORY CONDITIONS-----	382,081	70,916	89,969	141,537	79,659	177.1	380.0	227.3	156.1	119.3
INFLUENZA-----	313,097	28,590	67,033	130,127	87,348	145.1	153.2	169.3	143.5	130.8
OTHER RESPIRATORY CONDITIONS-----	126,015	17,111	16,799	33,776	58,329	58.4	91.7	42.4	37.3	87.3
DIGESTIVE SYSTEM CONDITIONS-----	115,653	8,460	16,756	49,291	41,147	53.6	45.3	42.3	54.4	61.6
INJURIES-----	463,106	9,224	54,838	234,414	164,630	214.7	49.4	138.5	258.5	246.5
ALL OTHER ACUTE CONDITIONS-----	419,050	43,842	40,379	198,279	136,550	194.3	234.9	102.0	218.7	204.4
MALE										
ALL ACUTE CONDITIONS-	857,864	108,384	172,189	349,287	228,003	824.1	131.4	855.2	794.0	750.3
INFECTIVE AND PARASITIC DISEASES-----	78,765	17,639	27,578	21,739	11,809	75.7	184.1	137.0	49.4	38.9
RESPIRATORY CONDITIONS-----	345,164	56,167	84,733	120,290	83,975	331.6	586.3	420.8	273.4	276.3
UPPER RESPIRATORY CONDITIONS-----	162,480	34,968	42,065	56,880	28,567	156.1	365.0	208.9	129.3	94.0
INFLUENZA-----	131,121	14,407	32,847	49,777	34,090	126.0	150.4	163.1	113.1	112.2
OTHER RESPIRATORY CONDITIONS-----	51,564	6,792	9,820	13,633	21,319	49.5	70.9	48.8	31.0	70.2
DIGESTIVE SYSTEM CONDITIONS-----	46,740	*4,125	6,513	18,370	17,732	44.9	*43.1	32.3	41.8	58.3
INJURIES-----	250,855	*5,385	35,073	142,111	68,286	241.0	*56.2	174.2	323.0	224.7
ALL OTHER ACUTE CONDITIONS-----	136,340	25,069	18,292	46,778	46,201	131.0	261.7	90.9	106.3	152.0
FEMALE										
ALL ACUTE CONDITIONS-	1,169,617	109,290	176,124	506,122	378,081	1,047.8	203.2	905.4	084.2	1,038.4
INFECTIVE AND PARASITIC DISEASES-----	129,713	21,894	34,961	46,246	26,612	116.2	241.0	179.7	99.1	73.1
RESPIRATORY CONDITIONS-----	476,029	60,450	89,068	185,150	141,361	426.4	665.5	457.9	396.6	388.3
UPPER RESPIRATORY CONDITIONS-----	219,601	35,948	47,904	84,657	51,092	196.7	395.8	246.3	181.4	140.3
INFLUENZA-----	181,976	14,183	34,186	80,350	53,258	163.0	156.1	175.7	172.1	146.3
OTHER RESPIRATORY CONDITIONS-----	74,451	10,319	6,979	20,143	37,010	66.7	113.6	35.9	43.2	101.7
DIGESTIVE SYSTEM CONDITIONS-----	68,914	*4,335	10,243	30,921	23,415	61.7	*47.7	52.7	66.2	64.3
INJURIES-----	212,251	*3,839	19,764	92,303	96,344	190.1	*42.3	101.6	197.7	264.6
ALL OTHER ACUTE CONDITIONS-----	282,710	18,772	22,087	151,501	90,349	253.3	206.7	113.5	324.6	248.2

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 6. DAYS OF BED DISABILITY ASSOCIATED WITH ACUTE CONDITIONS AND DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1979

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

SEX AND CONDITION GROUP	ALL AGES	UNDER 6 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER	ALL AGES	UNDER 6 YEARS	6-16 YEARS	17-44 YEARS	45 YEARS & OVER
BOTH SEXES										
ALL ACUTE CONDITIONS--	891,825	107,333	167,027	361,849	255,616	413.4	575.1	421.9	399.1	382.7
INFECTIVE AND PARASITIC DISEASES-----	107,564	21,784	29,595	37,337	18,848	49.9	116.7	74.8	41.2	28.2
RESPIRATORY CONDITIONS--	415,783	58,829	99,035	159,740	98,180	192.7	315.2	250.2	176.2	147.0
UPPER RESPIRATORY CONDITIONS-----	168,765	32,395	45,690	64,047	26,633	78.2	173.6	115.4	70.6	39.9
INFLUENZA-----	182,876	17,014	44,400	78,607	42,855	84.8	91.2	112.2	86.7	64.2
OTHER RESPIRATORY CONDITIONS-----	64,142	9,419	8,945	17,086	28,691	29.7	50.5	22.6	18.8	43.0
DIGESTIVE SYSTEM CONDITIONS-----	57,365	*2,311	8,766	23,509	22,778	26.6	*12.4	22.1	25.9	34.1
INJURIES-----	135,976	*2,415	12,180	57,064	64,316	63.0	*12.9	30.8	62.9	96.3
ALL OTHER ACUTE CONDITIONS-----	175,137	21,993	17,451	84,199	51,494	81.2	117.8	44.1	92.9	77.1
MALE										
ALL ACUTE CONDITIONS--	347,869	53,785	77,880	121,453	94,751	334.2	561.4	386.8	276.1	311.8
INFECTIVE AND PARASITIC DISEASES-----	39,411	11,193	12,142	10,523	5,553	37.9	116.8	60.3	23.9	18.3
RESPIRATORY CONDITIONS--	166,979	27,810	46,497	58,932	33,739	160.4	290.3	230.9	134.0	111.0
UPPER RESPIRATORY CONDITIONS-----	71,034	15,652	22,026	23,559	9,797	68.2	163.4	109.4	53.6	32.2
INFLUENZA-----	71,303	8,058	19,490	29,216	14,538	68.5	84.1	96.8	66.4	47.8
OTHER RESPIRATORY CONDITIONS-----	24,642	*4,100	*4,981	6,157	9,404	23.7	*42.8	*24.7	14.0	30.9
DIGESTIVE SYSTEM CONDITIONS-----	20,217	*148	*2,502	7,021	10,546	19.4	*1.5	*12.4	16.0	34.7
INJURIES-----	65,469	*1,671	9,283	28,078	26,437	62.9	*17.4	46.1	63.8	87.0
ALL OTHER ACUTE CONDITIONS-----	55,794	12,962	7,457	16,898	18,476	53.6	135.3	37.0	38.4	60.8
FEMALE										
ALL ACUTE CONDITIONS--	543,956	53,547	89,147	240,396	160,866	487.3	589.5	458.3	515.0	441.8
INFECTIVE AND PARASITIC DISEASES-----	68,153	10,590	17,453	26,814	13,295	61.1	116.6	89.7	57.4	36.5
RESPIRATORY CONDITIONS--	248,804	31,018	52,537	100,807	64,441	222.9	341.5	270.1	216.0	177.0
UPPER RESPIRATORY CONDITIONS-----	97,731	16,743	23,663	40,488	16,837	87.6	184.3	121.6	86.7	46.2
INFLUENZA-----	111,573	8,956	24,910	49,390	28,317	100.0	98.6	128.1	105.8	77.8
OTHER RESPIRATORY CONDITIONS-----	39,500	*5,320	*3,964	10,929	19,287	35.4	*58.6	*20.4	23.4	53.0
DIGESTIVE SYSTEM CONDITIONS-----	37,148	*2,163	6,265	16,488	12,233	33.3	*23.8	32.2	35.3	33.6
INJURIES-----	70,507	*744	*2,898	28,986	37,880	63.2	*8.2	*14.9	62.1	104.0
ALL OTHER ACUTE CONDITIONS-----	119,343	9,031	9,994	67,301	33,018	106.9	99.4	51.4	144.2	90.7

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 7. DAYS LOST FROM SCHOOL ASSOCIATED WITH ACUTE CONDITIONS AND DAYS LOST FROM SCHOOL PER 100 CHILDREN (6-16 YEARS) PER YEAR, BY SEX AND CONDITION GROUP: UNITED STATES, 1979

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

CONDITION GROUP	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
	DAYS LOST FROM SCHOOL IN THOUSANDS			DAYS LOST FROM SCHOOL PER 100 CHILDREN PER YEAR		
ALL ACUTE CONDITIONS-----	189,135	92,981	96,154	477.8	461.8	494.3
INFECTIVE AND PARASITIC DISEASES-----	36,868	17,169	19,699	93.1	85.3	101.3
RESPIRATORY CONDITIONS-----	107,430	52,266	55,163	271.4	259.6	283.6
UPPER RESPIRATORY CONDITIONS-----	56,723	26,789	29,934	143.3	133.1	153.9
INFLUENZA-----	42,058	20,537	21,521	106.2	102.0	110.6
OTHER RESPIRATORY CONDITIONS-----	8,649	4,941	3,708	21.8	24.5	19.1
DIGESTIVE SYSTEM CONDITIONS-----	9,162	*2,963	6,199	23.1	*14.7	31.9
INJURIES-----	15,580	10,915	4,665	39.4	54.2	24.0
ALL OTHER ACUTE CONDITIONS-----	20,095	9,667	10,428	50.8	48.0	53.6

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 8. DAYS LOST FROM WORK ASSOCIATED WITH ACUTE CONDITIONS AND DAYS LOST FROM WORK PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR, BY AGE, SEX, AND CONDITION GROUP: UNITED STATES, 1979

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

SEX AND CONDITION GROUP	ALL AGES- 17 YEARS & OVER	17-44 YEARS	45 YEARS & OVER	ALL AGES- 17 YEARS & OVER	17-44 YEARS	45 YEARS & OVER
<u>BOTH SEXES</u>	DAYS LOST FROM WORK IN THOUSANDS			DAYS LOST FROM WORK PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR		
ALL ACUTE CONDITIONS-----	338,701	242,878	95,823	350.6	369.4	310.4
INFECTIVE AND PARASITIC DISEASES-----	25,125	17,597	7,528	26.0	26.8	24.4
RESPIRATORY CONDITIONS-----	124,758	89,289	35,470	129.1	135.8	114.9
UPPER RESPIRATORY CONDITIONS-----	48,760	38,639	10,121	50.5	58.8	32.8
INFLUENZA-----	58,156	42,659	15,496	60.2	64.9	50.2
OTHER RESPIRATORY CONDITIONS-----	17,842	7,990	9,852	18.5	12.2	31.9
DIGESTIVE SYSTEM CONDITIONS-----	20,645	13,808	6,837	21.4	21.0	22.1
INJURIES-----	114,046	83,267	30,780	118.0	126.7	99.7
ALL OTHER ACUTE CONDITIONS-----	54,126	38,917	15,209	56.0	59.2	49.3
<u>MALE</u>						
ALL ACUTE CONDITIONS-----	172,249	121,623	50,626	308.5	326.1	273.1
INFECTIVE AND PARASITIC DISEASES-----	10,916	7,450	*3,465	19.5	20.0	*18.7
RESPIRATORY CONDITIONS-----	59,629	40,445	19,184	106.8	108.4	103.5
UPPER RESPIRATORY CONDITIONS-----	23,112	16,787	6,325	41.4	45.0	34.1
INFLUENZA-----	27,333	19,741	7,591	49.0	52.9	40.9
OTHER RESPIRATORY CONDITIONS-----	9,184	3,917	5,267	16.4	10.5	28.4
DIGESTIVE SYSTEM CONDITIONS-----	8,824	5,765	*3,059	15.8	15.5	*16.5
INJURIES-----	71,449	53,773	17,676	128.0	144.2	95.3
ALL OTHER ACUTE CONDITIONS-----	21,431	14,189	7,242	38.4	38.0	39.1
<u>FEMALE</u>						
ALL ACUTE CONDITIONS-----	166,452	121,256	45,197	408.2	426.3	366.4
INFECTIVE AND PARASITIC DISEASES-----	14,209	10,147	4,062	34.8	35.7	32.9
RESPIRATORY CONDITIONS-----	65,129	48,843	16,286	159.7	171.7	132.0
UPPER RESPIRATORY CONDITIONS-----	25,648	21,852	3,796	62.9	76.8	30.8
INFLUENZA-----	30,823	22,918	7,905	75.6	80.6	64.1
OTHER RESPIRATORY CONDITIONS-----	8,658	4,073	4,585	21.2	14.3	37.2
DIGESTIVE SYSTEM CONDITIONS-----	11,821	8,044	3,777	29.0	28.3	30.6
INJURIES-----	42,597	29,493	13,104	104.5	103.7	106.2
ALL OTHER ACUTE CONDITIONS-----	32,696	24,729	7,967	80.2	86.9	64.6

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 9. NUMBER OF PERSONS INJURED AND NUMBER OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY CLASS OF ACCIDENT, SEX, AND AGE: UNITED STATES, 1979

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

SEX AND AGE	TOTAL	CLASS OF ACCIDENT				
		MOVING MOTOR VEHICLE		WHILE AT WORK	HOME	OTHER
		TOTAL	TRAFFIC			
BOTH SEXES		NUMBER OF PERSONS INJURED IN THOUSANDS				
ALL AGES-----	69,127	5,025	4,248	12,014	24,745	30,131
UNDER 6 YEARS-----	7,102	*143	*96	...	4,176	2,830
6-16 YEARS-----	13,823	834	697	...	5,074	8,104
17-44 YEARS-----	33,807	3,098	2,693	9,466	9,278	13,903
45-64 YEARS-----	10,139	803	615	2,363	4,099	3,444
65 YEARS AND OVER-----	4,256	*147	*147	*185	2,118	1,851
MALE						
ALL AGES-----	40,226	2,834	2,197	9,316	13,021	17,209
UNDER 6 YEARS-----	4,102	*48	*48	...	2,458	1,595
6-16 YEARS-----	8,806	*492	*449	...	3,221	5,190
17-44 YEARS-----	20,779	1,747	1,341	7,509	4,771	8,240
45-64 YEARS-----	5,000	*448	*259	1,678	1,927	1,469
65 YEARS AND OVER-----	1,540	*99	*99	*129	644	714
FEMALE						
ALL AGES-----	28,901	2,191	2,052	2,698	11,725	12,923
UNDER 6 YEARS-----	3,000	*94	*48	...	1,718	1,235
6-16 YEARS-----	5,117	*342	*248	...	1,853	2,913
17-44 YEARS-----	13,028	1,352	1,352	1,957	4,507	5,662
45-64 YEARS-----	5,139	*356	*356	685	2,172	1,975
65 YEARS AND OVER-----	2,716	*48	*48	*56	1,475	1,137
BOTH SEXES		NUMBER OF PERSONS INJURED PER 100 PERSONS PER YEAR				
ALL AGES-----	32.0	2.3	2.0	5.6	11.5	14.0
UNDER 6 YEARS-----	38.1	*0.8	*0.5	...	22.4	15.2
6-16 YEARS-----	34.9	2.1	1.8	...	12.8	20.5
17-44 YEARS-----	37.3	3.4	3.0	10.4	10.2	15.3
45-64 YEARS-----	23.3	1.8	1.4	5.4	9.4	7.9
65 YEARS AND OVER-----	18.2	*0.6	*0.6	*0.8	9.1	7.9
MALE						
ALL AGES-----	38.6	2.7	2.1	8.9	12.5	16.5
UNDER 6 YEARS-----	42.8	*0.5	*0.5	...	25.7	16.6
6-16 YEARS-----	43.7	*2.4	*2.2	...	16.0	25.8
17-44 YEARS-----	47.2	4.0	3.0	17.1	10.8	18.7
45-64 YEARS-----	24.1	*2.2	*1.2	8.1	9.3	7.1
65 YEARS AND OVER-----	16.0	*1.0	*1.0	*1.3	6.7	7.4
FEMALE						
ALL AGES-----	25.9	2.0	1.8	2.4	10.5	11.6
UNDER 6 YEARS-----	33.0	*1.0	*0.5	...	18.9	13.6
6-16 YEARS-----	25.8	*1.8	*1.3	...	9.5	15.0
17-44 YEARS-----	27.9	2.9	2.9	4.2	9.7	12.1
45-64 YEARS-----	22.7	*1.6	*1.6	3.0	9.6	8.7
65 YEARS AND OVER-----	19.8	*0.3	*0.3	*0.4	10.7	8.3

NOTES: EXCLUDED FROM THESE STATISTICS ARE ALL CONDITIONS INVOLVING NEITHER RESTRICTED ACTIVITY NOR MEDICAL ATTENTION.

THE SUM OF DATA FOR THE FOUR CLASSES OF ACCIDENTS MAY BE GREATER THAN THE TOTAL BECAUSE THE CLASSES ARE NOT MUTUALLY EXCLUSIVE.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURES I AND VII.

TABLE 10. DAYS OF RESTRICTED ACTIVITY ASSOCIATED WITH INJURY AND DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR, BY CLASS OF ACCIDENT, SEX, AND AGE: UNITED STATES, 1979

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

SEX AND AGE	TOTAL	CLASS OF ACCIDENT				
		MOVING MOTOR VEHICLE		WHILE AT WORK	HOME	OTHER
		TOTAL	TRAFFIC			
<u>BOTH SEXES</u>		DAYS OF RESTRICTED ACTIVITY IN THOUSANDS				
ALL AGES-----	745,020	137,699	121,430	176,284	208,652	270,963
UNDER 6 YEARS-----	10,577	-	-	...	6,036	*4,540
6-16 YEARS-----	54,829	9,691	8,881	...	13,809	32,273
17-44 YEARS-----	346,656	79,316	70,755	108,250	61,138	121,763
45-64 YEARS-----	198,585	35,676	30,364	59,477	59,153	65,343
65 YEARS AND OVER-----	134,374	13,016	11,431	8,558	68,516	47,044
<u>MALE</u>		DAYS OF RESTRICTED ACTIVITY IN THOUSANDS				
ALL AGES-----	381,819	70,702	57,439	123,853	79,586	141,581
UNDER 6 YEARS-----	6,218	-	-	...	*4,512	*1,706
6-16 YEARS-----	34,239	8,027	7,637	...	7,293	19,012
17-44 YEARS-----	202,766	43,469	35,940	77,558	26,721	70,293
45-64 YEARS-----	91,774	14,225	10,256	38,611	24,532	30,447
65 YEARS AND OVER-----	46,823	*4,981	*3,606	7,684	16,528	20,124
<u>FEMALE</u>		DAYS OF RESTRICTED ACTIVITY IN THOUSANDS				
ALL AGES-----	363,201	66,996	63,991	52,431	129,066	129,382
UNDER 6 YEARS-----	*4,359	-	-	...	*1,524	*2,835
6-16 YEARS-----	20,590	*1,664	*1,244	...	6,516	13,261
17-44 YEARS-----	143,890	35,847	34,815	30,692	34,417	51,470
45-64 YEARS-----	106,811	21,451	20,108	20,866	34,620	34,896
65 YEARS AND OVER-----	87,551	8,034	7,825	*874	51,988	26,920
<u>BOTH SEXES</u>		DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR				
ALL AGES-----	345.4	63.8	56.3	81.7	96.7	125.6
UNDER 6 YEARS-----	56.7	-	-	...	32.3	*24.3
6-16 YEARS-----	138.5	24.5	22.4	...	34.9	81.5
17-44 YEARS-----	382.3	87.5	78.0	119.4	67.4	134.3
45-64 YEARS-----	457.0	82.1	69.9	136.9	136.1	150.4
65 YEARS AND OVER-----	575.7	55.8	49.0	36.7	293.5	201.5
<u>MALE</u>		DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR				
ALL AGES-----	366.8	67.9	55.2	119.0	76.5	136.0
UNDER 6 YEARS-----	64.9	-	-	...	*47.1	*17.8
6-16 YEARS-----	170.1	39.9	37.9	...	36.2	94.4
17-44 YEARS-----	460.9	98.8	81.7	176.3	60.7	159.8
45-64 YEARS-----	441.8	68.5	49.4	185.9	118.1	146.6
65 YEARS AND OVER-----	486.9	*51.8	*37.5	79.9	171.9	209.3
<u>FEMALE</u>		DAYS OF RESTRICTED ACTIVITY PER 100 PERSONS PER YEAR				
ALL AGES-----	325.4	60.0	57.3	47.0	115.6	115.9
UNDER 6 YEARS-----	*48.0	-	-	...	*16.8	*31.2
6-16 YEARS-----	105.8	*8.6	*6.4	...	33.5	68.2
17-44 YEARS-----	308.2	76.8	74.6	65.7	73.7	110.3
45-64 YEARS-----	470.9	94.6	88.6	92.0	152.6	153.8
65 YEARS AND OVER-----	637.8	58.5	57.0	*6.4	378.8	196.1

NOTES: INCLUDES DISABILITY DAYS ASSOCIATED WITH CURRENT INJURIES AND IMPAIRMENTS DUE TO INJURY.

THE SUM OF DATA FOR THE FOUR CLASSES OF ACCIDENTS MAY BE GREATER THAN THE TOTAL BECAUSE THE CLASSES ARE NOT MUTUALLY EXCLUSIVE.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 11. DAYS OF BED DISABILITY ASSOCIATED WITH INJURY AND DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR, BY CLASS OF ACCIDENT, SEX, AND AGE: UNITED STATES, 1979

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

SEX AND AGE	TOTAL	CLASS OF ACCIDENT				
		MOVING MOTOR VEHICLE		WHILE AT WORK	HOME	OTHER
		TOTAL	TRAFFIC			
BOTH SEXES		DAYS OF BED DISABILITY IN THOUSANDS				
ALL AGES-----	199,622	35,068	30,588	40,707	61,071	74,737
UNDER 6 YEARS-----	*3,515	-	-	...	*1,285	*2,230
6-16 YEARS-----	11,556	*3,787	*3,610	...	*2,035	5,781
17-44 YEARS-----	82,779	16,010	15,247	23,031	17,118	30,872
45-64 YEARS-----	48,615	11,183	8,290	15,292	15,180	14,328
65 YEARS AND OVER-----	53,158	*4,087	*3,441	*2,384	25,453	21,525
MALE						
ALL AGES-----	91,458	14,721	11,213	28,429	21,647	34,483
UNDER 6 YEARS-----	*2,112	-	-	...	*1,285	*827
6-16 YEARS-----	8,733	*3,433	*3,303	...	*1,518	*3,829
17-44 YEARS-----	41,637	*5,372	*4,857	16,820	6,748	15,050
45-64 YEARS-----	22,322	*3,967	*1,750	9,225	6,833	7,429
65 YEARS AND OVER-----	16,654	*1,949	*1,303	*2,384	*5,264	7,348
FEMALE						
ALL AGES-----	108,164	20,347	19,375	12,277	39,424	40,254
UNDER 6 YEARS-----	*1,403	-	-	...	-	*1,403
6-16 YEARS-----	*2,823	*354	*307	...	*517	*1,952
17-44 YEARS-----	41,141	10,638	10,391	6,211	10,370	15,822
45-64 YEARS-----	26,293	7,217	6,539	6,067	8,347	6,899
65 YEARS AND OVER-----	36,504	*2,139	*2,139	-	20,189	14,177
BOTH SEXES		DAYS OF BED DISABILITY PER 100 PERSONS PER YEAR				
ALL AGES-----	92.5	16.3	14.2	18.9	28.3	34.6
UNDER 6 YEARS-----	*18.8	-	-	...	*6.9	*11.9
6-16 YEARS-----	29.2	*9.6	*9.1	...	*5.1	14.6
17-44 YEARS-----	91.3	17.7	16.8	25.4	18.9	34.0
45-64 YEARS-----	111.9	25.7	19.1	35.2	34.9	35.0
65 YEARS AND OVER-----	227.7	*17.5	*14.7	*10.2	109.0	92.2
MALE						
ALL AGES-----	87.9	14.1	10.8	27.3	20.8	33.1
UNDER 6 YEARS-----	*22.0	-	-	...	*13.4	*8.6
6-16 YEARS-----	43.4	*17.1	*16.4	...	*7.5	*19.0
17-44 YEARS-----	94.6	*12.2	*11.0	38.2	15.3	34.2
45-64 YEARS-----	107.5	*19.1	*8.4	44.4	32.9	35.8
65 YEARS AND OVER-----	173.2	*20.3	*13.5	*24.8	*54.7	76.4
FEMALE						
ALL AGES-----	96.9	18.2	17.4	11.0	35.3	36.1
UNDER 6 YEARS-----	*15.4	-	-	...	-	*15.4
6-16 YEARS-----	*14.5	*1.8	*1.6	...	*2.7	*10.0
17-44 YEARS-----	88.1	22.8	22.3	13.3	22.2	33.9
45-64 YEARS-----	115.9	31.8	28.8	26.7	36.8	30.4
65 YEARS AND OVER-----	265.9	*15.6	*15.6	-	147.1	103.3

NOTES: INCLUDES DISABILITY DAYS ASSOCIATED WITH CURRENT INJURIES AND IMPAIRMENTS DUE TO INJURY.

THE SUM OF DATA FOR THE FOUR CLASSES OF ACCIDENTS MAY BE GREATER THAN THE TOTAL BECAUSE THE CLASSES ARE NOT MUTUALLY EXCLUSIVE.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 12. DAYS OF DISABILITY AND DAYS OF DISABILITY PER PERSON PER YEAR, BY SEX AND AGE: UNITED STATES, 1979

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

SEX AND AGE	RESTRICTED ACTIVITY DAYS	BED- DISABILITY DAYS	WORK-LOSS DAYS
<u>BOTH SEXES</u>			
DAYS OF DISABILITY IN THOUSANDS			
ALL AGES-----	4,105,759	1,455,156	483,152
UNDER 17 YEARS-----	639,922	286,402	...
17-24 YEARS-----	408,235	159,355	105,448
25-44 YEARS-----	950,349	331,305	208,921
45-64 YEARS-----	1,129,547	359,365	153,964
65 YEARS AND OVER-----	977,706	318,731	14,818
<u>MALE</u>			
ALL AGES-----	1,755,133	584,715	261,354
UNDER 17 YEARS-----	319,507	134,903	...
17-24 YEARS-----	182,622	62,516	55,794
25-44 YEARS-----	387,717	113,276	105,210
45-64 YEARS-----	498,222	151,977	90,513
65 YEARS AND OVER-----	367,066	122,043	9,839
<u>FEMALE</u>			
ALL AGES-----	2,350,626	870,442	221,797
UNDER 17 YEARS-----	320,415	151,499	...
17-24 YEARS-----	225,613	96,839	49,655
25-44 YEARS-----	562,632	218,029	103,711
45-64 YEARS-----	631,324	207,388	63,452
65 YEARS AND OVER-----	610,640	196,688	4,980
<u>BOTH SEXES</u>			
DAYS OF DISABILITY PER PERSON PER YEAR			
ALL AGES-----	19.0	6.7	5.0
UNDER 17 YEARS-----	11.0	4.9	...
17-24 YEARS-----	12.8	5.0	4.9
25-44 YEARS-----	16.2	5.6	4.7
45-64 YEARS-----	26.0	8.3	5.6
65 YEARS AND OVER-----	41.9	13.7	4.6
<u>MALE</u>			
ALL AGES-----	16.9	5.6	4.7
UNDER 17 YEARS-----	10.8	4.5	...
17-24 YEARS-----	11.7	4.0	4.9
25-44 YEARS-----	13.7	4.0	4.1
45-64 YEARS-----	24.0	7.3	5.5
65 YEARS AND OVER-----	38.2	12.7	4.9
<u>FEMALE</u>			
ALL AGES-----	21.1	7.8	5.4
UNDER 17 YEARS-----	11.2	5.3	...
17-24 YEARS-----	13.8	5.9	5.0
25-44 YEARS-----	18.6	7.2	5.6
45-64 YEARS-----	27.8	9.1	5.7
65 YEARS AND OVER-----	44.5	14.3	4.2

NOTES: WORK LOSS REPORTED FOR CURRENTLY EMPLOYED PERSONS AGED 17 YEARS AND OVER.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 13. DAYS LOST FROM SCHOOL AND DAYS LOST FROM SCHOOL PER CHILD 6-16 YEARS OF AGE PER YEAR, BY SEX: UNITED STATES, 1979

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

AGE	BOTH SEXES	MALE	FEMALE
	DAYS LOST FROM SCHOOL IN THOUSANDS		
ALL AGES- 6-16 YEARS-----	208,758	101,348	107,409
	NUMBER OF SCHOOL-LOSS DAYS PER CHILD PER YEAR		
ALL AGES- 6-16 YEARS-----	5.3	5.0	5.5

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 14. NUMBER AND PERCENT DISTRIBUTION OF PERSONS WITH LIMITATION OF ACTIVITY DUE TO CHRONIC CONDITIONS, BY DEGREE OF LIMITATION ACCORDING TO SEX AND AGE: UNITED STATES, 1979

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

SEX AND AGE	TOTAL POPULATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	WITH NO ACTIVITY LIMITATION	TOTAL POPULATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	WITH NO ACTIVITY LIMITATION
<u>BOTH SEXES</u>	NUMBER IN THOUSANDS				PERCENT DISTRIBUTION			
ALL AGES-----	215,723	31,496	23,477	184,227	100.0	14.6	10.9	85.4
UNDER 17 YEARS-----	58,250	2,291	1,232	55,959	100.0	3.9	2.1	96.1
17-44 YEARS-----	90,673	8,006	5,013	82,667	100.0	8.8	5.5	91.2
45-64 YEARS-----	43,457	10,452	8,084	33,005	100.0	24.1	18.6	75.9
65 YEARS AND OVER---	23,343	10,747	9,148	12,595	100.0	46.0	39.2	54.0
<u>MALE</u>								
ALL AGES-----	104,097	15,337	11,561	88,760	100.0	14.7	11.1	85.3
UNDER 17 YEARS-----	29,714	1,310	708	28,404	100.0	4.4	2.4	95.6
17-44 YEARS-----	43,993	4,073	2,497	39,920	100.0	9.3	5.7	90.7
45-64 YEARS-----	20,773	5,232	4,135	15,541	100.0	25.2	19.9	74.8
65 YEARS AND OVER---	9,617	4,721	4,221	4,895	100.0	49.1	43.9	50.9
<u>FEMALE</u>								
ALL AGES-----	111,626	16,159	11,916	95,467	100.0	14.5	10.7	85.5
UNDER 17 YEARS-----	28,537	981	524	27,555	100.0	3.4	1.8	96.6
17-44 YEARS-----	46,680	3,933	2,516	42,747	100.0	8.4	5.4	91.6
45-64 YEARS-----	22,684	5,219	3,949	17,464	100.0	23.0	17.4	77.0
65 YEARS AND OVER---	13,726	6,026	4,927	7,700	100.0	43.9	35.9	56.1

NOTES: MAJOR ACTIVITY REFERS TO ABILITY TO WORK, KEEP HOUSE, OR ENGAGE IN SCHOOL OR PRESCHOOL ACTIVITIES.

FOR OFFICIAL POPULATION ESTIMATES FOR MORE GENERAL USE, SEE BUREAU OF THE CENSUS REPORTS ON THE CIVILIAN POPULATION OF THE UNITED STATES, IN CURRENT POPULATION REPORTS: SERIES P-20, P-25, AND P-60.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURES IV AND VIII.

TABLE 15. NUMBER OF DISCHARGES FROM SHORT-STAY HOSPITALS, NUMBER OF DISCHARGES PER 100 PERSONS PER YEAR, NUMBER OF HOSPITAL DAYS, AND AVERAGE LENGTH OF STAY, BY SEX AND AGE: UNITED STATES, BASED ON DATA COLLECTED IN HEALTH INTERVIEWS IN 1979

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

AGE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
	NUMBER OF DISCHARGES IN THOUSANDS			NUMBER OF DISCHARGES PER 100 PERSONS PER YEAR		
ALL AGES-----	30,070	12,125	17,945	13.9	11.6	16.1
UNDER 17 YEARS-----	3,782	2,070	1,711	6.5	7.0	6.0
17-24 YEARS-----	4,378	1,395	2,983	13.7	8.9	18.2
25-34 YEARS-----	5,184	1,286	3,898	15.2	7.8	22.3
35-44 YEARS-----	3,191	1,102	2,089	13.0	9.3	16.3
45-64 YEARS-----	7,235	3,508	3,726	16.6	16.9	16.4
65 YEARS AND OVER-----	6,301	2,764	3,537	27.0	28.7	25.8
	NUMBER OF HOSPITAL DAYS IN THOUSANDS			AVERAGE LENGTH OF STAY		
ALL AGES-----	235,747	107,611	128,135	7.8	8.9	7.1
UNDER 17 YEARS-----	21,111	11,981	9,130	5.6	5.8	5.3
17-24 YEARS-----	24,369	10,067	14,303	5.6	7.2	4.8
25-34 YEARS-----	28,674	8,824	19,850	5.5	6.9	5.1
35-44 YEARS-----	25,612	11,058	14,554	8.0	10.0	7.0
45-64 YEARS-----	67,897	36,053	31,845	9.4	10.3	8.5
65 YEARS AND OVER-----	68,083	29,630	38,453	10.8	10.7	10.9

NOTES: THESE STATISTICS ARE BASED ON DATA COLLECTED IN HOUSEHOLD HEALTH INTERVIEWS. THEY WILL DIFFER FROM THOSE REPORTED BY THE NCHS'S HOSPITAL DISCHARGE SURVEY AND OTHER STUDIES BECAUSE OF DIFFERENCES IN THE POPULATION COVERED, THE SOURCES OF DATA, AND TYPES OF HOSPITALS INCLUDED, E.G., DATA IN THIS REPORT INCLUDE VETERANS ADMINISTRATION AND OTHER FEDERAL HOSPITALS, BUT EXCLUDE PERSONS WHO DIED IN THE HOSPITAL, AND PERSONS WITH STAYS OF LESS THAN ONE DAY.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE III.

TABLE 16. NUMBER AND PERCENT DISTRIBUTION OF PERSONS WITH SHORT-STAY HOSPITAL EPISODES DURING THE PAST YEAR BY NUMBER OF EPISODES, ACCORDING TO SEX AND AGE: UNITED STATES, BASED ON DATA COLLECTED IN HEALTH INTERVIEWS IN 1979

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

SEX AND AGE	POPULATION	NUMBER OF HOSPITAL EPISODES				POPULATION	NUMBER OF HOSPITAL EPISODES			
		NONE	1	2	3+		NONE	1	2	3+
<u>BOTH SEXES</u>	NUMBER OF PERSONS IN THOUSANDS					PERCENT DISTRIBUTION				
ALL AGES-----	215,723	193,522	18,251	2,831	1,119	100.0	89.7	8.5	1.3	0.5
UNDER 17 YEARS-----	58,250	55,253	2,653	247	96	100.0	94.9	4.6	0.4	0.2
17-24 YEARS-----	32,003	28,522	3,052	324	106	100.0	89.1	9.5	1.0	0.3
25-34 YEARS-----	34,051	29,908	3,513	492	137	100.0	87.8	10.3	1.4	0.4
35-44 YEARS-----	24,618	22,221	1,978	302	117	100.0	90.3	8.0	1.2	0.5
45-64 YEARS-----	43,457	38,528	3,815	755	360	100.0	88.7	8.8	1.7	0.8
65 YEARS AND OVER----	23,343	19,089	3,240	710	303	100.0	81.8	13.9	3.0	1.3
<u>MALE</u>										
ALL AGES-----	104,097	95,343	7,117	1,172	464	100.0	91.6	6.8	1.1	0.4
UNDER 17 YEARS-----	29,714	28,020	1,494	147	53	100.0	94.3	5.0	0.5	0.2
17-24 YEARS-----	15,603	14,615	859	94	*34	100.0	93.7	5.5	0.6	*0.2
25-34 YEARS-----	16,552	15,525	852	140	*34	100.0	93.8	5.1	0.8	*0.2
35-44 YEARS-----	11,838	11,003	692	97	45	100.0	92.9	5.8	0.8	0.4
45-64 YEARS-----	20,773	18,379	1,845	365	185	100.0	88.5	8.9	1.8	0.9
65 YEARS AND OVER----	9,617	7,800	1,375	329	113	100.0	81.1	14.3	3.4	1.2
<u>FEMALE</u>										
ALL AGES-----	111,626	98,179	11,134	1,659	655	100.0	88.0	10.0	1.5	0.6
UNDER 17 YEARS-----	28,537	27,233	1,160	100	43	100.0	95.4	4.1	0.4	0.2
17-24 YEARS-----	16,400	13,907	2,192	231	71	100.0	84.8	13.4	1.4	0.4
25-34 YEARS-----	17,499	14,383	2,661	352	103	100.0	82.2	15.2	2.0	0.6
35-44 YEARS-----	12,781	11,218	1,286	205	71	100.0	87.8	10.1	1.6	0.6
45-64 YEARS-----	22,684	20,149	1,970	390	175	100.0	88.8	8.7	1.7	0.8
65 YEARS AND OVER----	13,726	11,289	1,865	382	191	100.0	82.2	13.6	2.8	1.4

NOTES: FOR OFFICIAL POPULATION ESTIMATES FOR MORE GENERAL USE, SEE BUREAU OF THE CENSUS REPORTS ON THE CIVILIAN POPULATION OF THE UNITED STATES, IN CURRENT POPULATION REPORTS: SERIES P-20, P-25, AND P-60.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURES IV AND VIII.

TABLE 17. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE PAST YEAR AND NUMBER OF DAYS PER PERSON WITH ONE HOSPITAL EPISODE OR MORE, BY NUMBER OF EPISODES, SEX, AND AGE: UNITED STATES, BASED ON DATA COLLECTED IN HEALTH INTERVIEWS IN 1979

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

SEX AND AGE	NUMBER OF HOSPITAL EPISODES							
	ALL EPISODES	1	2	3+	ALL EPISODES	1	2	3+
<u>BOTH SEXES</u>	HOSPITAL DAYS IN THOUSANDS				DAYS PER PERSON WITH EPISODES			
ALL AGES-----	212,860	121,354	49,426	42,080	9.6	6.6	17.5	37.6
UNDER 17 YEARS-----	19,524	13,294	3,083	3,147	6.5	5.0	12.5	32.8
17-24 YEARS-----	21,549	14,587	3,870	3,092	6.2	4.8	11.9	29.2
25-34 YEARS-----	26,787	16,992	6,004	3,792	6.5	4.8	12.2	27.7
35-44 YEARS-----	22,615	13,171	5,394	4,050	9.4	6.7	17.9	34.6
45-64 YEARS-----	61,674	30,609	15,302	15,763	12.5	8.0	20.3	43.8
65 YEARS AND OVER-----	60,712	32,701	15,775	12,236	14.3	10.1	22.2	40.4
<u>MALE</u>	HOSPITAL DAYS IN THOUSANDS				DAYS PER PERSON WITH EPISODES			
ALL AGES-----	94,160	52,113	22,310	19,736	10.8	7.3	19.0	42.5
UNDER 17 YEARS-----	10,657	7,060	1,919	1,678	6.3	4.7	13.1	31.7
17-24 YEARS-----	8,433	5,197	1,566	1,671	8.5	6.1	16.7	49.1
25-34 YEARS-----	8,079	5,298	1,940	841	7.9	6.2	13.9	44.7
35-44 YEARS-----	8,779	5,246	1,837	1,695	10.5	7.6	18.9	37.7
45-64 YEARS-----	32,576	15,133	8,286	9,157	13.6	8.2	22.7	49.5
65 YEARS AND OVER-----	25,636	14,179	6,763	4,694	14.1	10.3	20.6	41.5
<u>FEMALE</u>	HOSPITAL DAYS IN THOUSANDS				DAYS PER PERSON WITH EPISODES			
ALL AGES-----	118,700	69,240	27,116	22,344	8.8	6.2	16.3	34.1
UNDER 17 YEARS-----	8,866	6,234	1,163	1,469	6.8	5.4	11.6	34.2
17-24 YEARS-----	13,116	9,390	2,304	1,421	5.3	4.3	10.0	20.0
25-34 YEARS-----	18,708	11,694	4,064	2,951	6.0	4.4	11.5	28.7
35-44 YEARS-----	13,836	7,924	3,557	2,355	8.9	6.2	17.4	33.2
45-64 YEARS-----	29,098	15,476	7,016	6,606	11.5	7.9	18.0	37.7
65 YEARS AND OVER-----	35,076	18,522	9,012	7,542	14.4	9.9	23.6	39.5

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE IV.

ESTIMATES OF THE NUMBER OF HOSPITAL DAYS SHOWN ABOVE ARE BASED ON INFORMATION FOR THE 12-MONTH PERIOD PRIOR TO THE TIME OF INTERVIEW, AND BECAUSE OF MEMORY DECAY ARE LOWER THAN THE ESTIMATES OF HOSPITAL DAYS SHOWN IN TABLE 15 WHICH ARE BASED ON A 6-MONTH REFERENCE PERIOD.

TABLE 18. NUMBER OF DENTAL VISITS AND NUMBER OF DENTAL VISITS PER PERSON PER YEAR, BY AGE AND SEX: UNITED STATES, 1979

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

SEX	ALL AGES	UNDER 17 YEARS	17-24 YEARS	25-44 YEARS	45-64 YEARS	65 YEARS AND OVER
NUMBER OF DENTAL VISITS IN THOUSANDS						
BOTH SEXES-----	366,270	93,893	51,863	104,487	83,004	33,024
MALE-----	161,811	44,532	20,809	45,608	38,391	12,471
FEMALE-----	204,459	49,360	31,054	58,879	44,612	20,553
NUMBER OF DENTAL VISITS PER PERSON PER YEAR						
BOTH SEXES-----	1.7	1.6	1.6	1.8	1.9	1.4
MALE-----	1.6	1.5	1.3	1.6	1.8	1.3
FEMALE-----	1.8	1.7	1.9	1.9	2.0	1.5

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE V.

TABLE 19. NUMBER AND PERCENT DISTRIBUTION OF PERSONS BY TIME INTERVAL SINCE LAST DENTAL VISIT ACCORDING TO SEX AND AGE: UNITED STATES, 1979

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

SEX AND AGE	TOTAL POPULATION	TIME INTERVAL SINCE LAST DENTAL VISIT						
		UNDER 6 MONTHS	6-11 MONTHS	1 YEAR	2-4 YEARS	5 YEARS AND OVER	NEVER	UNKNOWN
BOTH SEXES		NUMBER OF PERSONS IN THOUSANDS						
ALL AGES-----	215,723	76,904	31,305	28,157	27,463	29,267	19,562	3,065
UNDER 17 YEARS-----	58,250	21,227	8,438	6,123	3,598	968	17,260	635
17-24 YEARS-----	32,003	11,667	5,842	5,690	5,033	2,164	1,021	587
25-44 YEARS-----	58,670	22,448	9,614	9,399	9,181	6,402	791	835
45-64 YEARS-----	43,457	15,863	5,444	5,177	6,444	9,540	334	655
65 YEARS AND OVER-----	23,343	5,698	1,967	1,769	3,206	10,193	157	352
MALE		NUMBER OF PERSONS IN THOUSANDS						
ALL AGES-----	104,097	35,588	14,763	13,788	13,788	14,316	10,247	1,607
UNDER 17 YEARS-----	29,714	10,579	4,277	3,196	1,938	522	8,900	301
17-24 YEARS-----	15,603	5,238	2,748	2,788	2,661	1,238	613	317
25-44 YEARS-----	28,390	10,078	4,452	4,571	4,673	3,697	456	463
45-64 YEARS-----	20,773	7,451	2,515	2,509	3,148	4,581	195	375
65 YEARS AND OVER-----	9,617	2,241	770	723	1,369	4,279	84	151
FEMALE		NUMBER OF PERSONS IN THOUSANDS						
ALL AGES-----	111,626	41,316	16,542	14,369	13,674	14,951	9,316	1,458
UNDER 17 YEARS-----	28,537	10,648	4,161	2,926	1,660	446	8,360	335
17-24 YEARS-----	16,400	6,430	3,093	2,901	2,372	926	408	270
25-44 YEARS-----	30,280	12,370	5,162	4,827	4,508	2,706	335	372
45-64 YEARS-----	22,684	8,412	2,929	2,668	3,297	4,958	139	281
65 YEARS AND OVER-----	13,726	3,457	1,197	1,046	1,837	5,915	73	201
BOTH SEXES		PERCENT DISTRIBUTION						
ALL AGES-----	100.0	35.6	14.5	13.1	12.7	13.6	9.1	1.4
UNDER 17 YEARS-----	100.0	36.4	14.5	10.5	6.2	1.7	29.6	1.1
17-24 YEARS-----	100.0	36.5	18.3	17.8	15.7	6.8	3.2	1.8
25-44 YEARS-----	100.0	38.3	16.4	16.0	15.6	10.9	1.3	1.4
45-64 YEARS-----	100.0	36.5	12.5	11.9	14.8	22.0	0.8	1.5
65 YEARS AND OVER-----	100.0	24.4	8.4	7.6	13.7	43.7	0.7	1.5
MALE		PERCENT DISTRIBUTION						
ALL AGES-----	100.0	34.2	14.2	13.2	13.2	13.8	9.8	1.5
UNDER 17 YEARS-----	100.0	35.6	14.4	10.8	6.5	1.8	30.0	1.0
17-24 YEARS-----	100.0	33.6	17.6	17.9	17.1	7.9	3.9	2.0
25-44 YEARS-----	100.0	35.5	15.7	16.1	16.5	13.0	1.6	1.6
45-64 YEARS-----	100.0	35.9	12.1	12.1	15.2	22.1	0.9	1.8
65 YEARS AND OVER-----	100.0	23.3	8.0	7.5	14.2	44.5	0.9	1.6
FEMALE		PERCENT DISTRIBUTION						
ALL AGES-----	100.0	37.0	14.8	12.9	12.2	13.4	8.3	1.3
UNDER 17 YEARS-----	100.0	37.3	14.6	10.3	5.8	1.6	29.3	1.2
17-24 YEARS-----	100.0	39.2	18.9	17.7	14.5	5.6	2.5	1.6
25-44 YEARS-----	100.0	40.9	17.0	15.9	14.9	8.9	1.1	1.2
45-64 YEARS-----	100.0	37.1	12.9	11.8	14.5	21.9	0.6	1.2
65 YEARS AND OVER-----	100.0	25.2	8.7	7.6	13.4	43.1	0.5	1.5

NOTES: FOR OFFICIAL POPULATION ESTIMATES FOR MORE GENERAL USE, SEE BUREAU OF THE CENSUS REPORTS ON THE CIVILIAN POPULATION OF THE UNITED STATES, IN CURRENT POPULATION REPORTS: SERIES P-20, P-25, AND P-60.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE V.

TABLE 20. NUMBER OF PHYSICIAN VISITS AND NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY AGE AND SEX: UNITED STATES, 1979

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

SEX	ALL AGES	UNDER 17 YEARS	17-24 YEARS	25-44 YEARS	45-64 YEARS	65-74 YEARS	75 YEARS AND OVER
NUMBER OF PHYSICIAN VISITS IN THOUSANDS							
BOTH SEXES-----	1,021,986	241,153	138,600	266,735	227,292	92,601	55,606
MALE-----	421,832	124,579	49,810	93,188	97,555	37,823	18,878
FEMALE-----	600,154	116,573	88,790	173,548	129,737	54,778	36,728
NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR							
BOTH SEXES-----	4.7	4.1	4.3	4.5	5.2	6.2	6.6
MALE-----	4.1	4.2	3.2	3.3	4.7	5.8	6.0
FEMALE-----	5.4	4.1	5.4	5.7	5.7	6.5	6.9

NOTE: EXCLUDES VISITS TO INPATIENTS IN THE HOSPITAL.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE V.

TABLE 21. NUMBER AND PERCENT DISTRIBUTION OF PERSONS BY TIME INTERVAL SINCE LAST PHYSICIAN VISIT ACCORDING TO SEX AND AGE: UNITED STATES, 1979

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

SEX AND AGE	TOTAL POPULATION	TIME INTERVAL SINCE LAST PHYSICIAN VISIT						
		UNDER 6 MONTHS	6-11 MONTHS	1 YEAR	2-4 YEARS	5 YEARS AND OVER	NEVER	UNKNOWN
<u>BOTH SEXES</u>		NUMBER OF PERSONS IN THOUSANDS						
ALL AGES-----	215,723	126,235	35,696	23,546	19,972	7,630	361	2,284
UNDER 17 YEARS-----	58,250	33,732	10,323	8,000	4,329	1,007	173	687
17-24 YEARS-----	32,003	18,141	5,566	3,849	3,203	792	51	402
25-44 YEARS-----	58,670	32,632	10,914	6,331	6,112	2,010	75	595
45-64 YEARS-----	43,457	25,526	6,459	4,034	4,515	2,445	36	442
65 YEARS AND OVER-----	23,343	16,204	2,433	1,332	1,813	1,376	*26	158
<u>MALE</u>		NUMBER OF PERSONS IN THOUSANDS						
ALL AGES-----	104,097	55,265	17,920	12,724	11,988	4,685	208	1,306
UNDER 17 YEARS-----	29,714	17,238	5,339	4,048	2,179	472	83	355
17-24 YEARS-----	15,603	7,297	3,014	2,325	2,084	569	*34	280
25-44 YEARS-----	28,390	13,122	5,430	3,633	4,288	1,507	56	354
45-64 YEARS-----	20,773	11,336	3,110	2,130	2,558	1,363	*22	253
65 YEARS AND OVER-----	9,617	6,271	1,027	588	880	773	*13	64
<u>FEMALE</u>		NUMBER OF PERSONS IN THOUSANDS						
ALL AGES-----	111,626	70,969	17,776	10,822	7,984	2,945	153	978
UNDER 17 YEARS-----	28,537	16,494	4,984	3,952	2,150	535	90	332
17-24 YEARS-----	16,400	10,843	2,552	1,525	1,119	222	*18	122
25-44 YEARS-----	30,280	19,510	5,484	2,698	1,824	504	*19	241
45-64 YEARS-----	22,684	14,150	3,349	1,903	1,958	1,082	*13	189
65 YEARS AND OVER-----	13,726	9,933	1,406	744	933	603	*13	93
<u>BOTH SEXES</u>		PERCENT DISTRIBUTION						
ALL AGES-----	100.0	58.5	16.5	10.9	9.3	3.5	0.2	1.1
UNDER 17 YEARS-----	100.0	57.9	17.7	13.7	7.4	1.7	0.3	1.2
17-24 YEARS-----	100.0	56.7	17.4	12.0	10.0	2.5	0.2	1.3
25-44 YEARS-----	100.0	55.6	18.6	10.8	10.4	3.4	0.1	1.0
45-64 YEARS-----	100.0	58.7	14.9	9.3	10.4	5.6	0.1	1.0
65 YEARS AND OVER-----	100.0	69.4	10.4	5.7	7.8	5.9	*0.1	0.7
<u>MALE</u>		PERCENT DISTRIBUTION						
ALL AGES-----	100.0	53.1	17.2	12.2	11.5	4.5	0.2	1.3
UNDER 17 YEARS-----	100.0	58.0	18.0	13.6	7.3	1.6	0.3	1.2
17-24 YEARS-----	100.0	46.8	19.3	14.9	13.4	3.6	*0.2	1.8
25-44 YEARS-----	100.0	46.2	19.1	12.8	15.1	5.3	0.2	1.2
45-64 YEARS-----	100.0	54.6	15.0	10.3	12.3	6.6	*0.1	1.2
65 YEARS AND OVER-----	100.0	65.2	10.7	6.1	9.2	8.0	*0.1	0.7
<u>FEMALE</u>		PERCENT DISTRIBUTION						
ALL AGES-----	100.0	63.6	15.9	9.7	7.2	2.6	0.1	0.9
UNDER 17 YEARS-----	100.0	57.8	17.5	13.8	7.5	1.9	0.3	1.2
17-24 YEARS-----	100.0	66.1	15.6	9.3	6.8	1.4	*0.1	0.7
25-44 YEARS-----	100.0	64.4	18.1	8.9	6.0	1.7	*0.1	0.8
45-64 YEARS-----	100.0	62.6	14.8	8.4	8.6	4.8	*0.1	0.8
65 YEARS AND OVER-----	100.0	72.4	10.2	5.4	6.8	4.4	*0.1	0.7

NOTES: FOR OFFICIAL POPULATION ESTIMATES FOR MORE GENERAL USE, SEE BUREAU OF THE CENSUS REPORTS ON THE CIVILIAN POPULATION OF THE UNITED STATES, IN CURRENT POPULATION REPORTS: SERIES P-20, P-25, AND P-60.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE V.

TABLE 22. NUMBER OF PERSONS WITH SELECTED REPORTED CHRONIC CONDITIONS; RATES PER 1,000 PERSONS BY SEX, AGE, AND CONDITION; AND PERCENT OF CONDITIONS CAUSING LIMITATION OF ACTIVITY, 1 OR MORE BED DAYS IN PAST YEAR, AND 1 OR MORE PHYSICIAN VISITS IN PAST YEAR: UNITED STATES, 1979

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

CHRONIC CONDITION AND ICD CODE ¹	NUMBER OF PERSONS IN THOUSANDS	BOTH SEXES, ALL AGES	SEX	
			MALE	FEMALE
CIRCULATORY CONDITIONS				
	NUMBER	RATE PER 1,000 PERSONS		
1 HEART CONDITIONS.....390; 392-398; 402.1, 9; 404.1, 9; 410-414; 415.0; 416; 417.8, 9; 420.9; 421.0, 9; 422.9; 423; 424; 425.0-2, 4, 9; 426-428; 429.0-3, 5, 6, 8, 9; 785.0-3; 794.3	16,428	76.2	71.3	80.7
2 HYPERTENSIVE DISEASE, N.E.C.401; 402.0; 403; 404.0; 405; 796.2	23,745	110.1	95.2	123.9
3 CEREBROVASCULAR DISEASE.....348.5; 430-436; 437.0-2, 4-6, 8, 9; 438	1,740	8.1	7.0	9.0
4 ARTERIOSCLEROSIS, N.E.C.440	3,894	18.1	17.3	18.8
5 VARICOSE VEINS, N.E.C.454; 456	6,030	28.0	10.2	44.5
6 HEMORRHOIDS.....455	8,813	40.9	36.1	45.3
7 POOR CIRCULATION, N.O.S.459.9	1,002	4.6	3.7	5.5
RESPIRATORY CONDITIONS				
1 CHRONIC BRONCHITIS490, 491	7,474	34.6	31.6	37.4
2 EMPHYSEMA.....492; 518.1, 2	2,137	9.9	13.1	6.9
3 ASTHMA, WITH OR WITHOUT HAY FEVER.....493	6,402	29.7	29.9	29.5
4 HYPERTROPHY OF TONSILS AND ADENOIDS.....474	3,334	15.5	12.4	18.3
5 CHRONIC SINUSITIS.....473	28,054	130.0	110.6	148.2
6 DEFLECTED NASAL SEPTUM.....470	1,083	5.0	6.7	3.4
7 HAY FEVER, WITHOUT ASTHMA (INCLUDES UPPER RESPIRATORY ALLERGY)477, 478.8	15,620	72.4	67.5	76.9
DIGESTIVE CONDITIONS				
1 ULCER OF STOMACH AND DUODENUM.....531-534	3,824	17.7	17.0	18.4
2 FREQUENT CONSTIPATION564.0	3,873	18.0	8.2	27.1
3 HERNIA OF ABDOMINAL CAVITY.....550-553; 750.6	4,121	19.1	21.7	16.7
4 FUNCTIONAL AND SYMPTOMATIC UPPER GASTRO-INTESTINAL DISORDER536; 783.0; 787.0, 1	4,097	19.0	21.3	16.9
5 GALLBLADDER CONDITION.....574; 575; 576.1-5, 8, 9; 793.3	1,614	7.5	3.3	11.4
6 GASTRITIS AND DUODENITIS535.0-2, 4-6	1,877	8.7	8.3	9.1
7 DIVERTICULA OF INTESTINE.....562	1,371	6.4	4.5	8.1
8 CHRONIC ENTERITIS AND COLITIS.....555; 556; 558	1,913	8.9	4.6	12.9
9 INTESTINAL CONDITION.....564.1, 5, 6, 8, 9; 569.9; 787.3, 5	1,561	7.2	4.5	9.8
SKIN AND MUSCULOSKELETAL CONDITIONS				
1 NEOPLASMS OF SKIN.....172, 173; 216	1,228	5.7	6.1	5.3
2 ECZEMA, DERMATITIS, AND URTICARIA, N.E.C.277.6; 373.3; 690-692; 693.1; 694.0-3; 708; 995.1, 3	7,754	35.9	28.8	42.6
3 PSORIASIS AND SIMILAR DISORDERS696	2,043	9.5	9.4	9.5
4 CORNS AND CALLOSITIES700	4,801	22.3	13.5	30.4
5 DISEASES OF NAIL.....703	4,302	19.9	17.2	22.5
6 DISEASES OF SEBACEOUS GLANDS, N.E.C. (ACNE).....706	6,450	29.9	29.3	30.5
7 ARTHRITIS, N.E.C.711.0, 9; 712.8, 9; 714; 715.0, 1, 3, 8, 9; 716; 719.3; 720.0, 8, 9; 721.0, 2, 3, 5-7, 9	25,868	119.9	87.3	150.4
8 DISPLACEMENT OF INTERVERTEBRAL DISC.....722.0-7	2,554	11.8	12.9	10.8
9 BUNION.....727.1	1,783	8.3	2.7	13.5
10 SYNOVITIS, BURSTITIS, AND TENOSYNOVITIS.....719.2; 720.1; 726.1, 3-9; 727.0, 2-5	4,637	21.5	17.4	25.3
11 GOUT.....274	1,718	8.0	10.5	5.6

See footnotes at end of table.

TABLE 22. NUMBER OF PERSONS WITH SELECTED REPORTED CHRONIC CONDITIONS; RATES PER 1,000 PERSONS BY SEX, AGE, AND CONDITION; AND PERCENT OF CONDITIONS CAUSING LIMITATION OF ACTIVITY, 1 OR MORE BED DAYS IN PAST YEAR, AND 1 OR MORE PHYSICIAN VISITS IN PAST YEAR: UNITED STATES, 1979—CON.

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

CHRONIC CONDITION AND ICD CODE ¹	AGE				CONDITIONS CAUSING:		
	UNDER 17 YEARS	17-44 YEARS	45-64 YEARS	65 YEARS AND OVER	LIMITATION OF ACTIVITY	1 OR MORE BED DAYS IN PAST YEAR	1 OR MORE PHYSICIAN VISITS IN PAST YEAR
CIRCULATORY CONDITIONS							
RATE PER 1,000 PERSONS				PERCENT			
1 HEART CONDITIONS.....390; 392-398; 402.1, 9; 404.1, 9; 410-414; 415.0; 416; 417.8, 9; 420.9; 421.0, 9; 422.9; 423; 424; 425.0-2, 4, 9; 426-428; 429.0-3, 5, 6, 8, 9; 785.0-3; 794.3	17.9	37.5	128.5	274.4	32.3	20.1	71.4
2 HYPERTENSIVE DISEASE, N.E.C.401; 402.0; 403; 404.0; 405; 796.2	*1.9	58.8	214.4	385.1	13.5	8.1	85.8
3 CEREBROVASCULAR DISEASE.....348.5; 430-436; 437.0-2, 4-6, 8, 9; 438	.*	*1.3	15.9	40.1	35.3	31.0	67.0
4 ARTERIOSCLEROSIS, N.E.C.440	.*	*0.8	21.6	123.5	15.8	11.8	69.7
5 VARICOSE VEINS, N.E.C.454; 456	*0.4	18.6	51.3	89.4	4.1	*3.4	39.0
6 HEMORRHOIDS.....455	*1.0	48.5	64.7	66.1	*0.9	7.3	45.0
7 POOR CIRCULATION, N.O.S.459.9	.*	*1.6	6.8	24.2	25.8	*6.1	84.4
RESPIRATORY CONDITIONS							
1 CHRONIC BRONCHITIS490, 491	42.2	26.6	35.6	45.4	5.1	46.0	78.8
2 EMPHYSEMA.....492; 518.1, 2	*0.2	*1.4	23.2	42.4	52.3	26.8	73.0
3 ASTHMA, WITH OR WITHOUT HAY FEVER493	38.2	24.3	34.1	20.9	19.9	30.1	68.4
4 HYPERTROPHY OF TONSILS AND ADENOIDS.....474	32.1	13.7	*3.9	*2.4	*1.4	60.7	85.5
5 CHRONIC SINUSITIS473	46.8	148.4	189.2	156.4	1.0	10.4	52.5
6 DEFLECTED NASAL SEPTUM.....470	*1.2	5.7	8.5	*5.4	*2.1	*10.6	39.9
7 HAY FEVER, WITHOUT ASTHMA (INCLUDES UPPER RESPIRATORY ALLERGY)477, 478.8	54.1	91.3	69.3	50.6	2.3	5.1	48.2
DIGESTIVE CONDITIONS							
1 ULCER OF STOMACH AND DUODENUM531-534	*1.5	18.7	29.7	32.0	7.6	21.3	66.7
2 FREQUENT CONSTIPATION564.0	*3.7	11.1	26.8	63.9	*0.0	*3.8	54.3
3 HERNIA OF ABDOMINAL CAVITY.....550-553; 750.6	4.0	8.2	38.7	62.6	17.1	21.8	62.9
4 FUNCTIONAL AND SYMPTOMATIC UPPER GASTRO-INTESTINAL DISORDER536; 783.0; 787.0, 1	*2.3	20.7	30.8	31.9	*2.6	7.9	63.7
5 GALLBLADDER CONDITION574; 575; 576.1-5, 8, 9; 793.3	.*	6.8	12.9	18.7	*2.2	38.5	69.0
6 GASTRITIS AND DUODENITIS535.0-2, 4-6	*0.7	7.1	17.5	18.4	*2.9	22.7	73.1
7 DIVERTICULA OF INTESTINE.....562	*0.2	*0.5	14.9	28.6	*6.8	18.5	58.6
8 CHRONIC ENTERITIS AND COLITIS.....555; 556; 558	*2.2	8.4	14.0	17.6	*5.2	25.0	64.3
9 INTESTINAL CONDITION.....564.1, 5, 6, 8, 9; 569.9; 787.3, 5	*1.7	6.0	14.5	12.4	*5.7	22.4	76.4
SKIN AND MUSCULOSKELETAL CONDITIONS							
1 NEOPLASMS OF SKIN172, 173; 216	*0.6	3.6	10.7	17.2	*0.9	*7.1	89.8
2 ECZEMA, DERMATITIS, AND URTICARIA, N.E.C.277.6; 373.3; 690-692; 693.1; 694.0-3; 708; 995.1, 3	36.2	37.2	38.0	26.6	2.9	*2.9	61.4
3 PSORIASIS AND SIMILAR DISORDERS696	*2.0	8.2	18.1	16.8	*1.2	*1.6	40.0
4 CORNS AND CALLOSITIES700	*2.5	17.6	40.5	55.7	*0.7	*1.2	57.0
5 DISEASES OF NAIL.....703	4.7	20.6	26.3	43.5	*0.3	*1.9	50.7
6 DISEASES OF SEBACEOUS GLANDS, N.E.C. (ACNE).....706	26.6	46.7	12.2	*5.8	*0.7	*1.7	68.3
7 ARTHRITIS, N.E.C.711.0, 9; 712.8, 9; 714; 715.0, 1, 3, 8, 9; 716; 719.3; 720.0, 8, 9; 721.0, 2, 3, 5-7, 9	3.7	47.8	252.7	442.7	20.8	10.7	64.1
8 DISPLACEMENT OF INTERVERTEBRAL DISC.....722.0-7	*0.3	10.4	24.6	22.6	47.3	34.6	56.7
9 BUNION727.1	*0.2	5.2	15.6	26.8	*1.2	*4.6	63.1
10 SYNOVITIS, BURSITIS, AND TENOSYNOVITIS.....719.2; 720.1; 726.1, 3-9; 727.0, 2-5	*1.6	17.0	51.3	33.1	7.2	9.3	60.3
11 GOUT.....274	.*	2.8	19.1	27.2	*10.7	18.2	72.5

See footnotes at end of table.

TABLE 22. NUMBER OF PERSONS WITH SELECTED REPORTED CHRONIC CONDITIONS; RATES PER 1,000 PERSONS BY SEX, AGE, AND CONDITION; AND PERCENT OF CONDITIONS CAUSING LIMITATION OF ACTIVITY, 1 OR MORE BED DAYS IN PAST YEAR, AND 1 OR MORE PHYSICIAN VISITS IN PAST YEAR: UNITED STATES, 1979—CON.

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

CHRONIC CONDITION AND ICD CODE ¹	NUMBER OF PERSONS IN THOUSANDS	BOTH SEXES, ALL AGES	SEX	
			MALE	FEMALE
<u>GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD FORMING SYSTEMS, AND OTHER SELECTED CONDITIONS</u>				
	NUMBER	RATE PER 1,000 PERSONS		
1 THYROID CONDITIONS.....226; 240-246; 648.1; 775.3; 794.5	2,925	13.6	4.2	22.3
2 DIABETES250; 648.0; 775.1	5,236	24.3	21.8	26.6
3 ANEMIA CONDITIONS.....280-285; 648.2; 776.6	2,845	13.2	4.8	21.0
4 MIGRAINE.....346	5,348	24.8	11.8	38.9
5 SCIATICA355.0; 724.3	1,322	6.1	3.2	8.9
6 NEURALGIA, NEURITIS, SPECIFIED SITES AND TYPES, N.E.C.350.1, 2; 351; 352.1; 355.1, 2, 8; 357.0	1,180	5.5	3.7	7.1
7 DISEASES OF URINARY SYSTEM099.4; 344.6; 580-583; 584.5-9; 585; 587; 588.0, 8, 9; 589-591; 592.0, 1; 593; 595.0-3, 8, 9; 596-598; 599.0-6, 8, 9; 619.0; 788.6-8; 793.5; 794.4	5,602	26.0	12.4	38.6
8 DISEASES OF PROSTATE600; 601.0-3, 8, 9; 602	1,081	5.0	10.4	*
9 FEMALE TROUBLES EXCEPT BREAST.....614; 615; 616.0, 1, 3-5, 8, 9; 617; 618; 619.1, 2, 8, 9; 620.0, 1, 3-9; 621.1-9; 622.0-6, 8, 9; 623.0-6, 8, 9; 624.0-5, 8, 9; 625.2-5, 8; 626; 627; 628.0, 2-4, 8, 9; 629	2,249	10.4	*	20.1
<u>IMPAIRMENTS</u>				
1 VISUAL IMPAIRMENTSX00-X04	8,568	39.7	47.1	32.8
2 HEARING IMPAIRMENTSX05-X09	16,663	77.2	88.8	66.4
3 SPEECH IMPAIRMENTSX10-X11	1,968	9.1	11.7	6.7
4 ABSENCE OF EXTREMITIES OR PARTS OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....X20-X29	1,849	8.6	14.2	3.3
5 PARALYSIS, COMPLETE OR PARTIAL, OF EXTREMITIES OR PARTS OF EXTREMITIES.....X40-X59	1,074	5.0	5.7	4.3
6 DEFORMITIES OR ORTHOPEDIC IMPAIRMENTS.....X70-X76; X78-X89	18,364	85.1	84.7	85.5

See footnotes at end of table.

TABLE 22. NUMBER OF PERSONS WITH SELECTED REPORTED CHRONIC CONDITIONS; RATES PER 1,000 PERSONS BY SEX, AGE, AND CONDITION; AND PERCENT OF CONDITIONS CAUSING LIMITATION OF ACTIVITY, 1 OR MORE BED DAYS IN PAST YEAR, AND 1 OR MORE PHYSICIAN VISITS IN PAST YEAR: UNITED STATES, 1979—CON.

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

CHRONIC CONDITION AND ICD CODE ¹	AGE				CONDITIONS CAUSING:		
	UNDER 17 YEARS	17-44 YEARS	45-64 YEARS	65 YEARS AND OVER	LIMITATION OF ACTIVITY	1 OR MORE BED DAYS IN PAST YEAR	1 OR MORE PHYSICIAN VISITS IN PAST YEAR
<u>GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD FORMING SYSTEMS, AND OTHER SELECTED CONDITIONS</u>	RATE PER 1,000 PERSONS				PERCENT		
1 THYROID CONDITIONS226; 240-246; 648.1; 775.3; 794.5	*1.0	12.2	26.4	26.4	*7.0	10.5	74.0
2 DIABETES250; 648.0; 775.1	*1.1	8.7	57.9	79.7	30.4	15.1	88.0
3 ANEMIA CONDITIONS280-285; 648.2; 776.6	7.9	14.8	10.3	25.4	7.9	10.8	77.9
4 MIGRAINE346	5.4	32.0	41.0	15.3	4.7	43.0	60.2
5 SCIATICA355.0; 724.3	*	5.3	11.8	14.2	*9.6	25.8	68.0
6 NEURALGIA, NEURITIS, SPECIFIED SITES AND TYPES, N.E.C.350.1, 2; 351; 352.1; 355.1, 2, 8; 357.0	*	*1.5	11.5	23.1	*9.0	*18.1	71.1
7 DISEASES OF URINARY SYSTEM099.4; 344.6; 580-583; 584.5-9; 585; 587; 588.0, 8, 9; 589-591; 592.0, 1; 593; 595.0-3, 8, 9; 596-598; 599.0-6, 8, 9; 619.0; 788.6-8; 793.5; 794.4	8.1	26.8	31.5	56.8	11.4	26.2	81.5
8 DISEASES OF PROSTATE600; 601.0-3, 8, 9; 602	*	*2.3	7.3	23.9	*7.2	25.1	83.1
9 FEMALE TROUBLES EXCEPT BREAST614; 615; 616.0, 1, 3-5, 8, 9; 617; 618; 619.1, 2, 8, 9; 620.0, 1, 3-9; 621.1-9; 622.0-6, 8, 9; 623.0-6, 8, 9; 624.0-5, 8, 9; 625.2-5, 8; 626; 627; 628.0, 2-4, 8, 9; 629	*1.3	18.0	8.6	*7.0	*4.4	48.8	92.4
<u>IMPAIRMENTS</u>							
1 VISUAL IMPAIRMENTS X00-X04	10.5	29.3	58.2	118.5	17.3	*2.8	52.5
2 HEARING IMPAIRMENTS X05-X09	14.4	44.9	119.2	281.6	4.7	1.7	36.6
3 SPEECH IMPAIRMENTS X10-X11	15.9	6.2	6.5	*8.4	*8.2	*1.5	43.9
4 ABSENCE OF EXTREMITIES OR PARTS OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY) X20-X29	*0.9	4.0	19.8	24.5	15.8	*13.3	*15.4
5 PARALYSIS, COMPLETE OR PARTIAL, OF EXTREMITIES OR PARTS OF EXTREMITIES X40-X59	*1.8	2.6	6.6	19.0	70.1	*15.1	57.0
6 DEFORMITIES OR ORTHOPEDIC IMPAIRMENTS X70-X76; X78-X89	14.2	95.2	117.9	162.1	30.6	18.0	45.4

¹WORLD HEALTH ORGANIZATION: *MANUAL OF THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, INJURIES, AND CAUSES OF DEATH*. BASED ON THE RECOMMENDATIONS OF THE NINTH REVISION CONFERENCE, 1975. GENEVA. WORLD HEALTH ORGANIZATION, 1977.

NOTES: N.O.S. -- NOT OTHERWISE SPECIFIED; N.E.C. -- NOT ELSEWHERE CLASSIFIED.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURES VI AND IX.

TABLE 23. INCIDENCE OF ALL ACUTE CONDITIONS AND ACUTE RESPIRATORY CONDITIONS PER 100 PERSONS PER QUARTER, BY SEX AND AGE: UNITED STATES, 1979

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

SEX AND AGE	ALL ACUTE CONDITIONS				ACUTE RESPIRATORY CONDITIONS			
	JAN.-MAR.	APR.-JUNE	JULY-SEPT.	OCT.-DEC.	JAN.-MAR.	APR.-JUNE	JULY-SEPT.	OCT.-DEC.
NUMBER OF CONDITIONS PER 100 PERSONS PER QUARTER								
BOTH SEXES, ALL AGES-----	67.0	44.6	44.0	59.8	39.4	17.0	17.5	33.5
UNDER 6 YEARS-----	112.3	95.9	81.1	98.0	65.2	38.0	32.9	60.5
6-16 YEARS-----	99.5	50.1	47.7	77.4	62.2	20.7	20.4	44.4
17-44 YEARS-----	64.2	44.4	47.1	63.6	37.3	16.7	19.2	33.4
45 YEARS AND OVER-----	38.7	27.2	27.3	33.6	21.4	9.3	9.0	19.5
MALE, ALL AGES-----	61.0	43.5	41.2	55.8	36.4	15.5	15.6	31.8
UNDER 6 YEARS-----	107.9	98.1	85.4	96.1	62.2	35.0	32.0	61.1
6-16 YEARS-----	91.7	49.5	47.7	73.1	56.0	19.0	19.1	41.1
17-44 YEARS-----	55.7	41.3	39.7	54.4	33.5	14.6	15.8	28.5
45 YEARS AND OVER-----	33.3	25.6	25.1	33.8	19.3	8.4	8.1	21.3
FEMALE, ALL AGES-----	72.6	45.5	46.6	63.6	42.2	18.3	19.1	35.0
UNDER 6 YEARS-----	117.0	93.6	76.6	99.9	68.4	41.1	33.8	60.0
6-16 YEARS-----	107.4	50.7	47.6	82.0	68.7	22.5	21.8	47.8
17-44 YEARS-----	72.2	47.3	54.0	72.3	40.8	18.6	22.4	38.0
45 YEARS AND OVER-----	43.2	28.5	29.1	33.5	23.2	10.0	9.8	18.0

NOTES: EXCLUDED FROM THESE STATISTICS ARE ALL CONDITIONS INVOLVING NEITHER RESTRICTED ACTIVITY NOR MEDICAL ATTENTION.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE I.

TABLE 24. NUMBER OF PERSONS INJURED PER 100 PERSONS PER QUARTER, BY SEX AND AGE: UNITED STATES, 1979

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

SEX AND AGE	JAN.-MAR.	APR.-JUNE	JULY-SEPT.	OCT.-DEC.
NUMBER OF PERSONS INJURED PER 100 PERSONS PER QUARTER				
BOTH SEXES, ALL AGES-----	6.5	9.4	8.8	7.4
UNDER 17 YEARS-----	6.5	11.6	10.7	7.1
17 YEARS AND OVER-----	6.5	8.6	8.1	7.4
MALE, ALL AGES-----	7.1	12.0	10.5	9.0
UNDER 17 YEARS-----	7.2	15.0	12.0	9.2
17 YEARS AND OVER-----	7.0	10.8	9.9	9.0
FEMALE, ALL AGES-----	5.9	6.9	7.2	5.8
UNDER 17 YEARS-----	5.8	8.1	9.2	5.0
17 YEARS AND OVER-----	6.0	6.5	6.6	6.1

NOTES: EXCLUDED FROM THESE STATISTICS ARE ALL CONDITIONS INVOLVING NEITHER RESTRICTED ACTIVITY NOR MEDICAL ATTENTION.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE I.

TABLE 25. DAYS OF DISABILITY PER PERSON PER QUARTER, BY SEX, TYPE OF DISABILITY, AND AGE: UNITED STATES, 1979

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

TYPE OF DISABILITY AND AGE	BOTH SEXES				MALE				FEMALE			
	JAN.- MAR.	APR.- JUNE	JULY- SEPT.	OCT.- DEC.	JAN.- MAR.	APR.- JUNE	JULY- SEPT.	OCT.- DEC.	JAN.- MAR.	APR.- JUNE	JULY- SEPT.	OCT.- DEC.
	DAYS OF DISABILITY PER PERSON PER QUARTER											
DAYS OF RESTRICTED ACTIVITY, ALL AGES----	5.2	4.5	4.3	4.9	4.7	4.0	3.9	4.3	5.8	5.0	4.7	5.5
UNDER 6 YEARS-----	4.3	3.0	2.0	3.1	4.3	3.0	1.8	3.2	4.3	3.0	2.1	3.1
6-16 YEARS-----	3.5	2.1	1.7	3.0	3.4	2.1	1.7	2.8	3.7	2.1	1.7	3.2
17-44 YEARS-----	4.0	3.4	3.4	4.1	3.8	2.9	3.0	3.4	4.3	3.9	3.9	4.8
45-64 YEARS-----	6.7	6.4	6.3	6.6	5.7	5.8	6.2	6.3	7.5	6.9	6.5	7.0
65 YEARS AND OVER-----	10.9	10.9	10.5	9.7	9.6	10.0	9.9	8.7	11.8	11.5	10.9	10.3
DAYS OF BED DISABILITY, ALL AGES-----	2.0	1.6	1.4	1.8	1.7	1.3	1.2	1.4	2.3	1.9	1.5	2.1
UNDER 6 YEARS-----	2.2	1.3	0.8	1.5	2.3	1.3	0.7	1.4	2.1	1.4	0.9	1.7
6-16 YEARS-----	1.6	0.9	0.6	1.3	1.4	0.9	0.5	1.2	1.8	0.9	0.8	1.5
17-44 YEARS-----	1.6	1.2	1.1	1.6	1.3	0.8	0.9	1.0	1.9	1.5	1.3	2.1
45-64 YEARS-----	2.1	2.2	1.9	2.0	1.9	1.9	1.8	1.7	2.3	2.5	2.0	2.3
65 YEARS AND OVER-----	3.8	3.4	3.1	3.3	3.2	3.0	3.2	3.2	4.2	3.8	3.0	3.4
DAYS LOST FROM WORK, 17 YEARS AND OVER---	1.4	1.2	1.2	1.2	1.4	1.0	1.1	1.2	1.4	1.5	1.3	1.3
17-44 YEARS-----	1.4	1.1	1.1	1.2	1.3	0.9	1.0	1.1	1.4	1.4	1.2	1.3
45-64 YEARS-----	1.6	1.4	1.3	1.3	1.7	1.1	1.4	1.4	1.5	1.8	1.2	1.2
65 YEARS AND OVER-----	1.2	*0.8	*1.2	1.4	*1.6	*1.2	*0.7	*1.3	*0.7	*	*1.9	*1.5
DAYS LOST FROM SCHOOL, 6-16 YEARS-----	2.2	1.0	0.4	1.6	2.1	1.0	0.4	1.5	2.3	0.9	0.4	1.8

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE II.

TABLE 26. POPULATION USED IN COMPUTING ANNUAL RATES SHOWN IN THIS PUBLICATION, BY SEX AND AGE: UNITED STATES, 1979

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

AGE	BOTH SEXES	MALE	FEMALE
	POPULATION IN THOUSANDS		
ALL AGES-----	215,723	104,097	111,626
UNDER 17 YEARS-----	58,250	29,714	28,537
UNDER 6 YEARS-----	18,663	9,580	9,083
6-16 YEARS-----	39,587	20,134	19,453
17-44 YEARS-----	90,673	43,993	46,680
17-24 YEARS-----	32,003	15,603	16,400
25-44 YEARS-----	58,670	28,390	30,280
25-34 YEARS-----	34,051	16,552	17,499
35-44 YEARS-----	24,618	11,838	12,781
45 YEARS AND OVER-----	66,800	30,390	36,409
45-64 YEARS-----	43,457	20,773	22,684
65 YEARS AND OVER-----	23,343	9,617	13,726
65-74 YEARS-----	14,929	6,494	8,435
75 YEARS AND OVER-----	8,414	3,122	5,291
	CURRENTLY EMPLOYED POPULATION		
ALL AGES-17 YEARS AND OVER-----	96,616	55,838	40,778
17-44 YEARS-----	65,743	37,299	28,444
17-24 YEARS-----	21,320	11,481	9,840
25-44 YEARS-----	44,423	25,819	18,605
45 YEARS AND OVER-----	30,873	18,539	12,334
45-64 YEARS-----	27,650	16,514	11,136
65 YEARS AND OVER-----	3,223	2,025	1,198

NOTES: FOR OFFICIAL POPULATION ESTIMATES FOR MORE GENERAL USE, SEE BUREAU OF THE CENSUS REPORTS ON THE CIVILIAN POPULATION OF THE UNITED STATES, IN CURRENT POPULATION REPORTS: SERIES P-20, P-25, AND P-60; AND BUREAU OF LABOR STATISTICS MONTHLY REPORT, EMPLOYMENT AND EARNINGS.

THE APPROPRIATE RELATIVE STANDARD ERRORS OF THE CURRENTLY EMPLOYED ESTIMATES SHOWN IN THIS TABLE ARE FOUND IN APPENDIX I, FIGURE IV. THE NUMBER OF PERSONS IN EACH AGE-SEX CATEGORY OF THE TOTAL POPULATION IS ADJUSTED TO OFFICIAL BUREAU OF THE CENSUS FIGURES AND IS NOT SUBJECT TO SAMPLING ERROR.

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APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report is one of a series of statistical reports prepared by the National Center for Health Statistics (NCHS). It is based on information collected in a continuing nationwide sample of households in the National Health Interview Survey (NHIS).

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

The population covered by the sample for the National Health Interview Survey is the civilian, noninstitutionalized population of the United States living at the time of the interview. The sample does not include members of the Armed Forces or U.S. nationals living in foreign countries. It should also be noted that the estimates shown do not represent a complete measure of any given topic during the specified calendar period since data are not collected in the interview for persons who died during the reference period. For many types of statistics collected in the survey, the reference period covers the 2 weeks prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (e.g., 1 year) might be sizable, especially for older persons.

Statistical Design of the National Health Interview Survey

General plan. The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian noninstitutionalized population of the United States. The sample is designed in such a way that the sample of households interviewed each week is representative of the target population and that weekly samples are additive over time. This feature of the design permits both continuous measurement of characteristics of samples and more detailed analysis of less common characteristics and smaller categories of health-related items. The continuous collection has administrative and operational advantages as well as technical assets since it permits fieldwork to be handled with an experienced, stable staff.

The overall sample was designed so that tabulations can be provided for each of the four major geographic regions and for selected places of residence in the United States.

The first stage of the sample design consists of drawing a sample of 376 primary sampling units (PSU's) from approximately 1,900 geographically defined PSU's. A PSU consists of a county, a small group of contiguous counties, or a standard metropolitan statistical area. The PSU's collectively cover the 50 States and the District of Columbia.

With no loss in general understanding, the remaining stages can be combined and treated in this discussion as an ultimate stage. Within PSU's, then, ultimate stage units called segments are defined in such a manner that each segment

contains an expected six households. Three general types of segments are used.

Area segments which are defined geographically.

List segments, using 1970 census registers as the frame.

Permit segments, using updated lists of building permits issued in sample PSU's since 1970.

Census address listings were used for all areas of the country where addresses were well defined and could be used to locate housing units. In general the list frame included the larger urban areas of the United States from which about two-thirds of the NHIS sample was selected.

The usual NHIS sample consists of approximately 12,000 segments containing about 50,000 assigned households, of which 9,000 were vacant, demolished, or occupied by persons not in the scope of the survey. The 42,000 eligible occupied households yield a probability sample of about 111,000 persons.

Descriptive material on data collection, field procedures, and questionnaire development in the NHIS have been published^{5,6} as well as a detailed description of the sample design and estimation procedure.^{7,8}

Collection of data.—Field operations for the survey are performed by the U.S. Bureau of the Census under specifications established by the National Center for Health Statistics. In accordance with these specifications the Bureau of the Census participates in survey planning, selects the sample, and conducts the field interviewing as an agent of NCHS. The data are coded, edited, and tabulated by NCHS.

Estimating procedures.—Since the design of the NHIS is a complex multistage probability sample, it is necessary to use complex procedures in the derivation of estimates. Four basic operations are involved.

1. *Inflation by the reciprocal of the probability of selection.*—The probability of

selection is the product of the probabilities of selection from each step of selection in the design (PSU, segment, and household).

2. *Nonresponse adjustment.*—The estimates are inflated by a multiplication factor which has as its numerator the number of sample households in a given segment and as its denominator the number of households interviewed in that segment.
3. *First-stage ratio adjustment.*—Sampling theory indicates that the use of auxiliary information which is highly correlated with the variables being estimated improves the reliability of the estimates. To reduce the variability between PSU's within a region, the estimates are ratio adjusted to the 1970 populations within 12 color-residence classes.
4. *Poststratification by age-sex-color.*—The estimates are ratio adjusted within each of 60 age-sex-color cells to an independent estimate of the population of each cell for the survey period. These independent estimates are prepared by the Bureau of the Census. Both the first-stage and poststratified ratio adjustments take the form of multiplication factors applied to the weight of each elementary unit (person, household, condition, and hospitalization).

The effect of the ratio-estimating process is to make the sample more closely representative of the civilian noninstitutionalized population by age, sex, color, and residence, which thereby reduces sampling variance.

As noted, each week's sample represents the population living during that week and characteristics of the population. Consolidation of samples over a time period, e.g., a calendar quarter, produces estimates of average characteristics of the U.S. population for the calendar quarter. Similarly, population data for a year are averages of the four quarterly figures.

For prevalence statistics, such as number of persons with speech impairments or number of

NOTE: A list of references follows the text.

persons classified by time interval since last physician visit, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in the quarter. Prevalence data for a year are then obtained by averaging the four quarterly figures.

For other types of statistics—namely those measuring the number of occurrences during a specified time period—such as incidence of acute conditions, number of disability days, or number of visits to a doctor or dentist, a similar computational procedure is used, but the statistics are interpreted differently. For these items, the questionnaire asks for the respondent's experience over the 2 calendar weeks prior to the week of interview. In such instances the estimated quarterly total for the statistic is 6.5 times the average 2-week estimate produced by the 13 successive samples taken during the period. The annual total is the sum of the four quarters. Thus the experience of persons *interviewed during a year*—experience which actually occurred for each person in a 2-calendar-week interval prior to week of interview—is treated as though it measured the total of such experience *during the year*. Such interpretation leads to no significant bias.

Explanation of hospital recall.—The survey questionnaire uses a 12-month-recall period for hospitalizations. That is, the respondent is asked to report hospitalizations which occurred during the 12 months prior to the week of interview. Information is also obtained as to the date of entry into the hospital and duration of stay. Analysis of this information, and also the results of special studies, has shown that there is an increase in underreporting of hospitalizations with increase in time interval between the discharge and the interview. Exclusive of the hospital experience of decedents, the net underreporting with a 12-month recall is in the neighborhood of 10 percent, but underreporting of discharges within 6 months of the week of interview is estimated to be less than 5 percent. For this reason hospital discharge data in this report are based on hospital discharges reported to have occurred within 6 months of the week of interview. Since the interviews were evenly distributed according to weekly probability samples throughout any interviewing year, no seasonal bias was introduced by doubling the 6-month-recall data to

produce an annual estimate for that year of interviewing. Doubling the 6-month data in effect imputes to the entire year preceding the interview the rate of hospital discharges actually observed during the 6 months prior to interview. However, estimates of the number of persons with hospital episodes (as opposed to estimates of the number of hospital discharges) are based on 12-month recall data since a person's 12-month experiences cannot be obtained by doubling his most recent 6-month experience.

General Qualifications

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

The interview process.—The statistics presented in this report are based on replies obtained in interviews with persons in the sample households. Each person 19 years of age and over present at the time of interview was interviewed individually. For children and for adults not present in the home at the time of the interview, the information was obtained from a related household member such as a spouse or the mother of a child.

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

Rounding of numbers.—The original tabulations on which the data in this report are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables, the figures are rounded to the nearest thousand, although these are not necessarily accurate to that detail. Devised

statistics such as rates and percent distributions are computed after the estimates on which these are based have been rounded to the nearest thousand.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain overall totals by age, sex, and color, which are adjusted to independent estimates, these figures are based on the sample of households in the NHIS. These are given primarily to provide denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. With the exception of the overall totals by age, sex, and color mentioned above, the population figures differ from figures (which are derived from different sources) published in reports of the Bureau of the Census. Official population estimates are presented in Bureau of the Census reports in Series P-20, P-25, and P-60.

Reliability of Estimates

Since the statistics presented in this report are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures.

As in any survey, the results are also subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures.⁹ Although it is very difficult to measure the extent of bias in the National Health Interview Survey, a number of studies have been conducted to study this problem. The results have been published in several reports.¹⁰⁻¹³ The standard errors shown in this report were computed using the balanced half-sample replication procedure.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might be in the data. The chances

are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

Standard error charts.—The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. For this report, asterisks are shown for any cell with more than a 30-percent relative standard error. Included in this appendix are charts from which the relative standard errors can be determined for estimates shown in the report. In order to derive relative errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the charts provide an estimate of the approximate relative standard error rather than the precise error for any specific aggregate or percentage.

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

1. *Narrow range.*—This class consists of (1) statistics which estimate a population attribute, e.g., the number of persons in a particular income group, and (2) statistics for which the measure for a single individual during the reference period used in data collection is usually either 0 to 1 and, on occasion, may take on the value 2 or very rarely 3.
2. *Medium range.*—This class consists of other statistics for which the measure for a single individual during the reference period used in data collection will rarely lie outside the range 0 to 5.
3. *Wide range.*—This class consists of statistics for which the measure for a single individual during the reference period used in data collection can range from 0 to a number in excess of 5, e.g., the number of days of bed disability.

In addition to classifying variables according to whether they are narrow-, medium-, or wide-

range, statistics in the survey are further classified as to whether they are based on a reference period of 2 weeks, 6 months, or 12 months.

General rules for determining relative standard errors.—The following rules will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report. These charts represent standard errors of NHIS data. They should be used in preference to the charts which have appeared in all previous Series 10 publications.

Rule 1. *Estimates of aggregates:* Approximate relative standard errors for estimates of aggregates such as the number of persons with a given characteristic are obtained from appropriate curves, figures I-VI. The number of persons in the total U.S. population or in an age-sex-color class of the total population is adjusted to official Bureau of the Census figures and is not subject to sampling error.

Rule 2. *Estimates of percentages in a percent distribution:* Relative standard errors for percentages in a percent distribution of a total are obtained from appropriate curves, figures VII-IX. For values which do not fall on one of the curves presented in the chart, visual interpolation will provide a satisfactory approximation.

Rule 3. *Estimates of rates where the numerator is a subclass of the denominator:* This rule applies for prevalence rates or where a unit of the numerator occurs, with few exceptions, only once in the year for any one unit in the denominator. For example, in computing the rate of visual impairments per 1,000 population, the numerator consisting of persons with the impairment is a subclass of the denominator, which includes all persons in the population. Such rates if converted to rates per 100 may be treated as though they were percentages and the relative standard errors obtained from the percentage charts for

population estimates. Rates per 1,000, or on any other base, must first be converted to rates per 100; then the percentage chart will provide the relative standard error per 100.

Rule 4. *Estimates of rates where the numerator is not a subclass of the denominator:* This rule applies where a unit of the numerator often occurs more than once for any one unit in the denominator. For example, in the computation of the number of persons injured per 100 currently employed persons per year, it is possible that a person in the denominator could have sustained more than one of the injuries included in the numerator. Approximate relative standard errors for rates of this kind may be computed as follows:

(a) Where the denominator is the total U.S. population or includes all persons in one or more of the age-sex-color groups of the total population, the relative error of the rate is equivalent to the relative error of the numerator, which can be obtained directly from the appropriate chart.

(b) In other cases the relative standard error of the numerator and of the denominator can be obtained from the appropriate curve. Square each of these relative errors, add the resulting values, and extract the square root of the sum. This procedure will result in an upper bound on the standard error and often will overstate the error.

Rule 5. *Estimates of difference between two statistics (mean, rate, total, etc.):* The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. A formula for the standard error of a difference,

$$d = X_1 - X_2$$

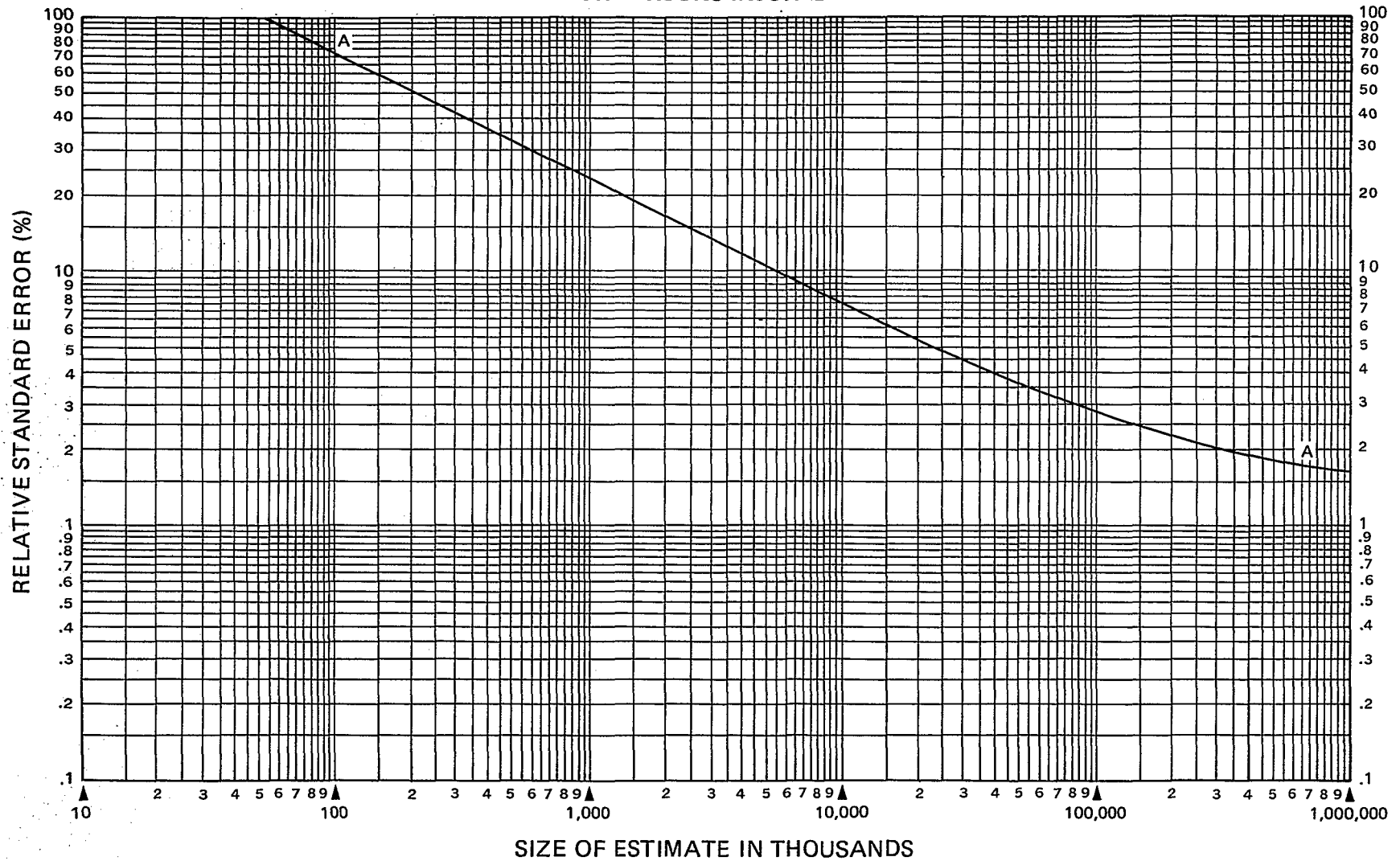
is

$$\sigma_d = \sqrt{(X_1 V_{x1})^2 + (X_2 V_{x2})^2}$$

where X_1 is the estimate for class 1, X_2 is the estimate for class 2, and V_{x1} and V_{x2} are the relative errors of X_1 and

X_2 respectively. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics although it is only a rough approximation in most other cases. The relative standard error of each estimate involved in such a difference can be determined by one of the four rules above, whichever is appropriate.

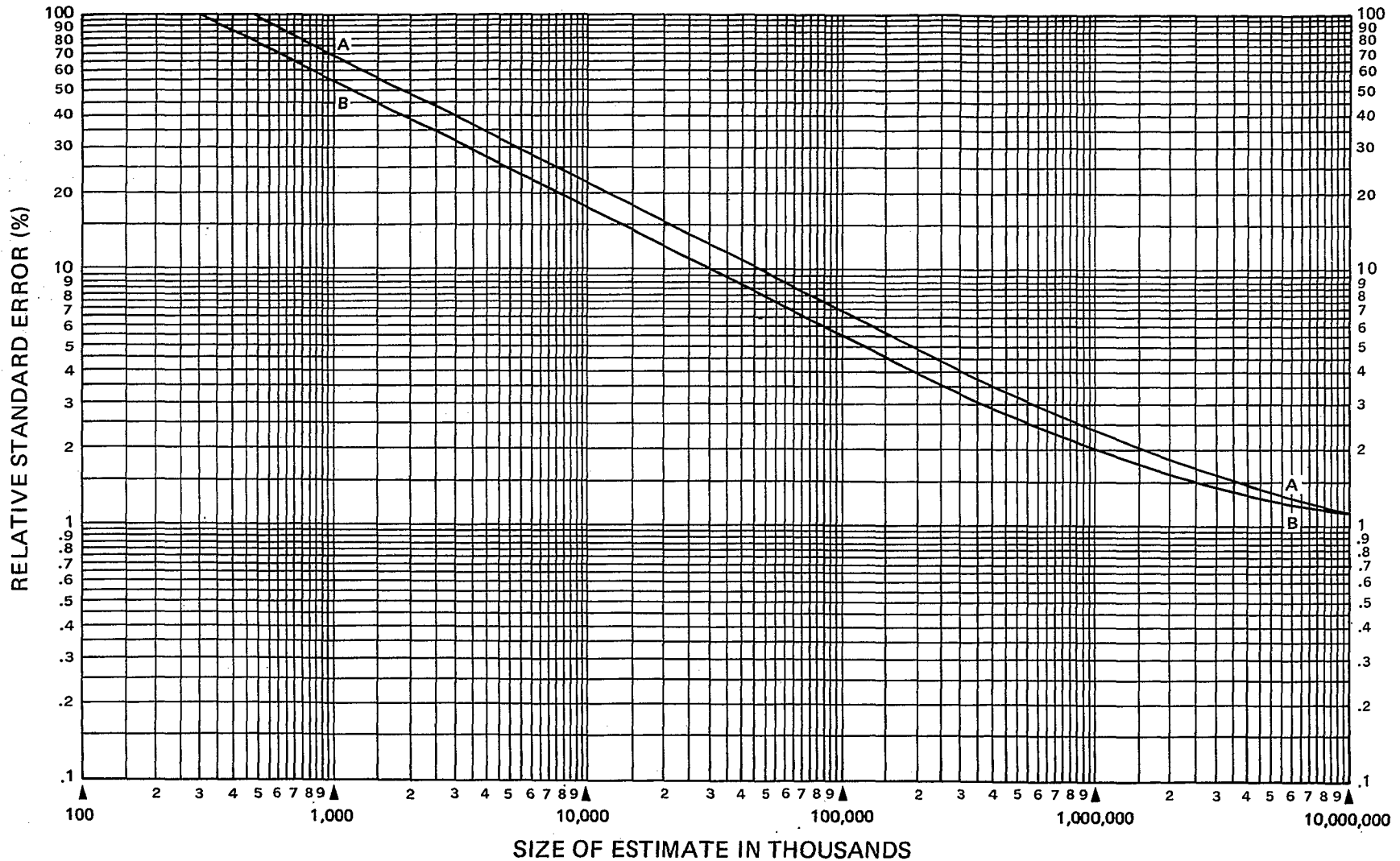
Figure I. RELATIVE STANDARD ERRORS FOR NUMBER OF ACUTE CONDITIONS OR PERSONS INJURED¹



¹This curve represents estimates of relative standard errors based on 1 to 4 quarters of data collection for narrow range estimates of aggregates using a 2-week reference period.

Example of use of chart: An estimate of 1,000,000 acute respiratory conditions (on scale at bottom of chart) has a relative standard error of 23 percent (read from scale at left side of chart), or a standard error of 230,000 (23 percent of 1,000,000).

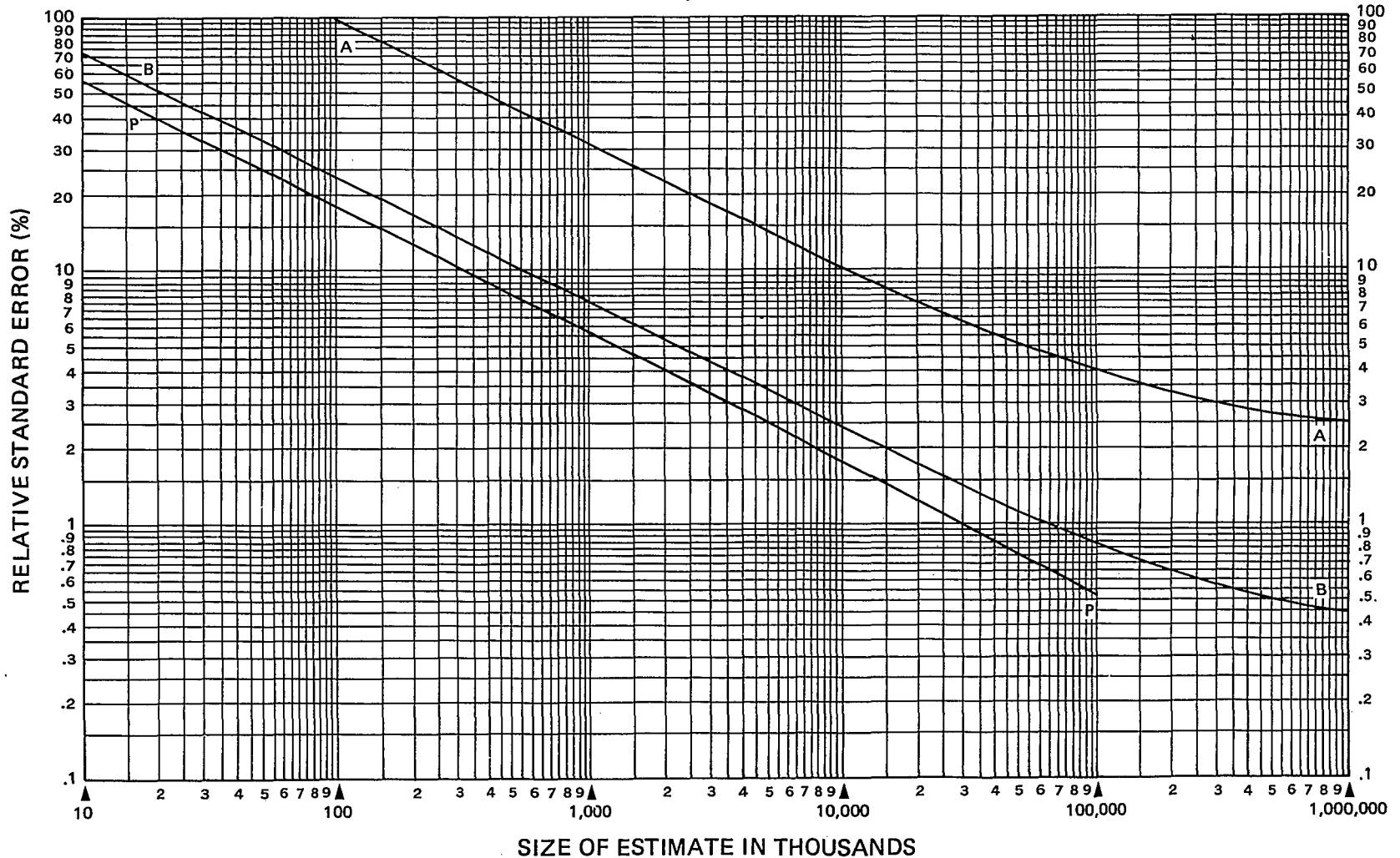
Figure II. RELATIVE STANDARD ERRORS FOR DAYS OF RESTRICTED ACTIVITY OR BED DISABILITY (A) AND FOR DAYS LOST FROM WORK OR SCHOOL (B)¹



¹These curves represent estimates of relative standard errors based on 1 to 4 quarters of data collection for wide range estimates of aggregates using a 2-week reference period.

Example of use of chart: An estimate of 10,000,000 days of restricted activity (on scale at bottom of chart) has a relative standard error of 22 percent (read from curve A on scale at left side of chart), or a standard error of 2,200,000 (22 percent of 10,000,000).

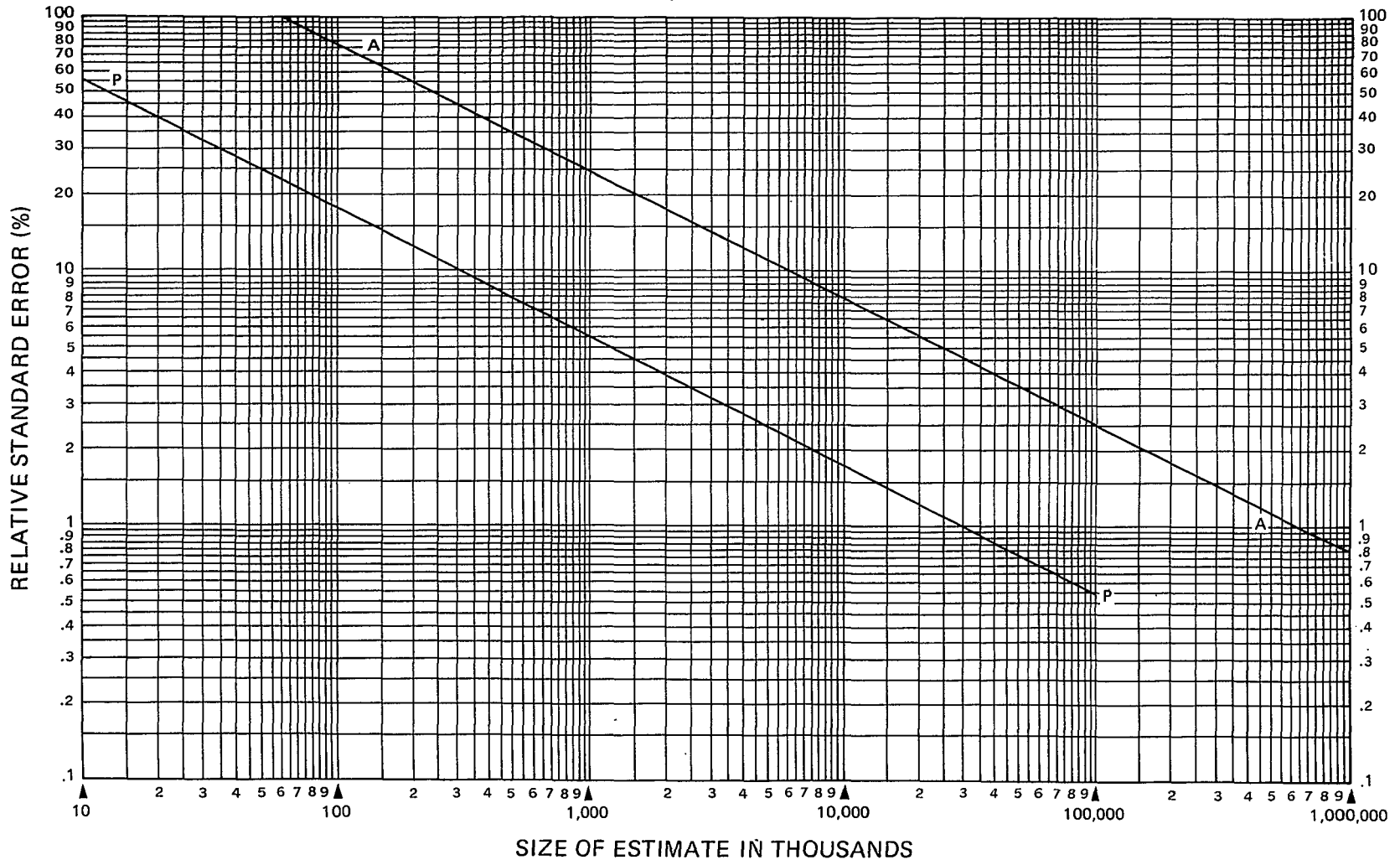
Figure III. RELATIVE STANDARD ERRORS FOR NUMBER OF SHORT-STAY HOSPITAL DAYS (A), SHORT-STAY HOSPITAL DISCHARGES (B), AND POPULATION CHARACTERISTICS (P)¹



¹The curves related to short-stay hospital days and discharges are based on 4 quarters of data collection for wide and narrow range estimates of aggregates using a 6-month reference period; the curve for population characteristics is based on 4 quarters of data collection for narrow range estimates of aggregates.

Example of use of chart: An estimate of 10,000,000 hospital days (on scale at bottom of chart) has a relative standard error of 10.2 percent (read from curve A on scale at left side of chart), or a standard error of 1,020,000 (10.2 percent of 10,000,000). An estimate of 1,000,000 discharges from short-stay hospitals (curve B) has a relative standard error of 7.4 percent. An estimate of 1,000,000 persons in the Northeast Region (curve P) has a relative standard error of 5.7 percent.

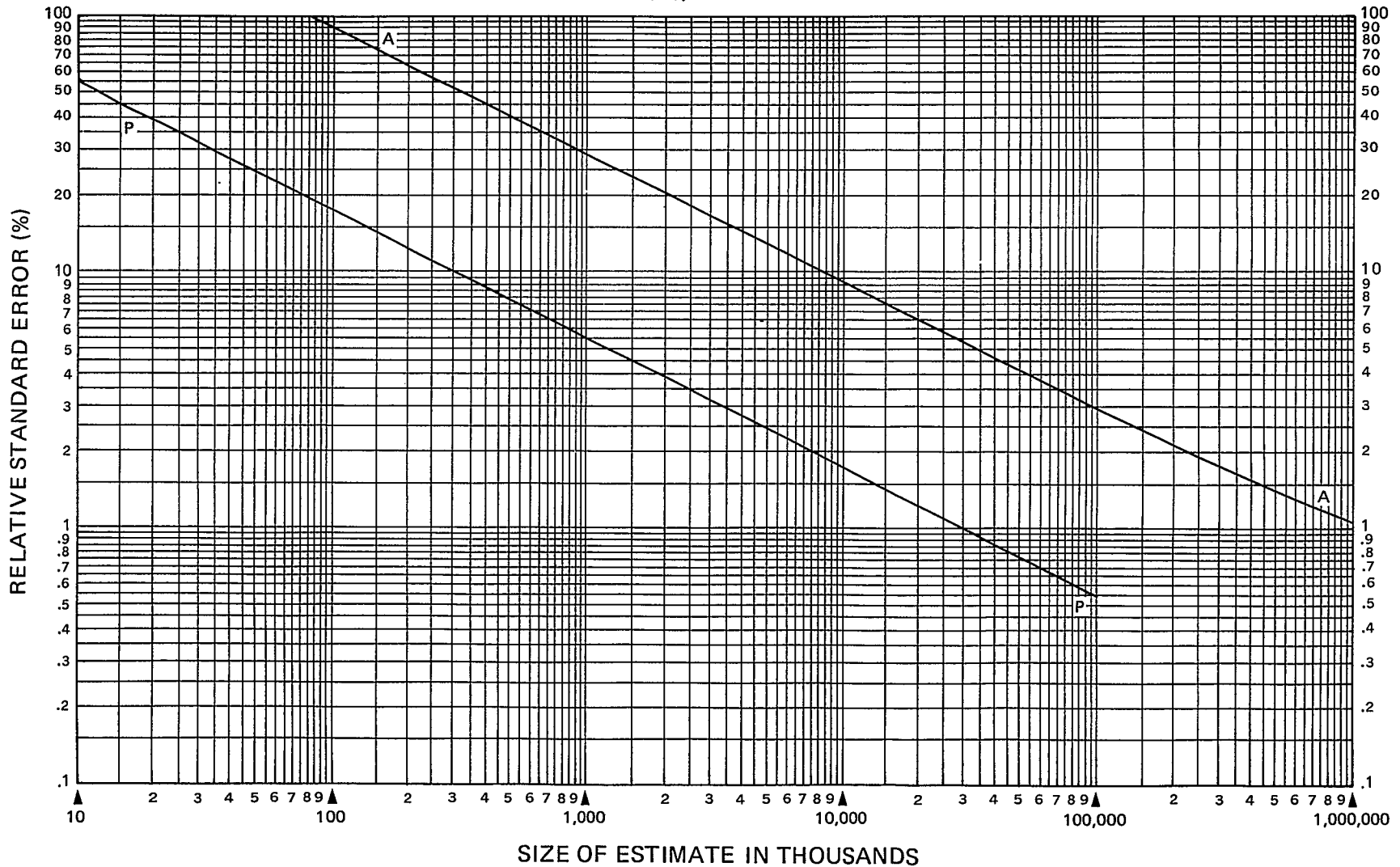
Figure IV. RELATIVE STANDARD ERRORS FOR SHORT-STAY HOSPITAL DAYS BASED ON A 12-MONTH REFERENCE PERIOD (A), AND POPULATION CHARACTERISTICS (P)¹



¹The curve related to hospital days is based on 4 quarters of data collection for wide range estimates of aggregates using a 12-month reference period; the curve for population characteristics is based on 4 quarters of data collection for narrow range estimates of aggregates.

Example of use of chart: An estimate of 10,000,000 days of hospitalization in the past year (on scale at bottom of chart) has a relative standard error of 7.8 percent (read from curve A on scale at left side of chart), or a standard error of 780,000 (7.8 percent of 10,000,000). An estimate of 1,000,000 persons with 1 hospital episode or more (curve P) has a relative standard error of 5.7 percent.

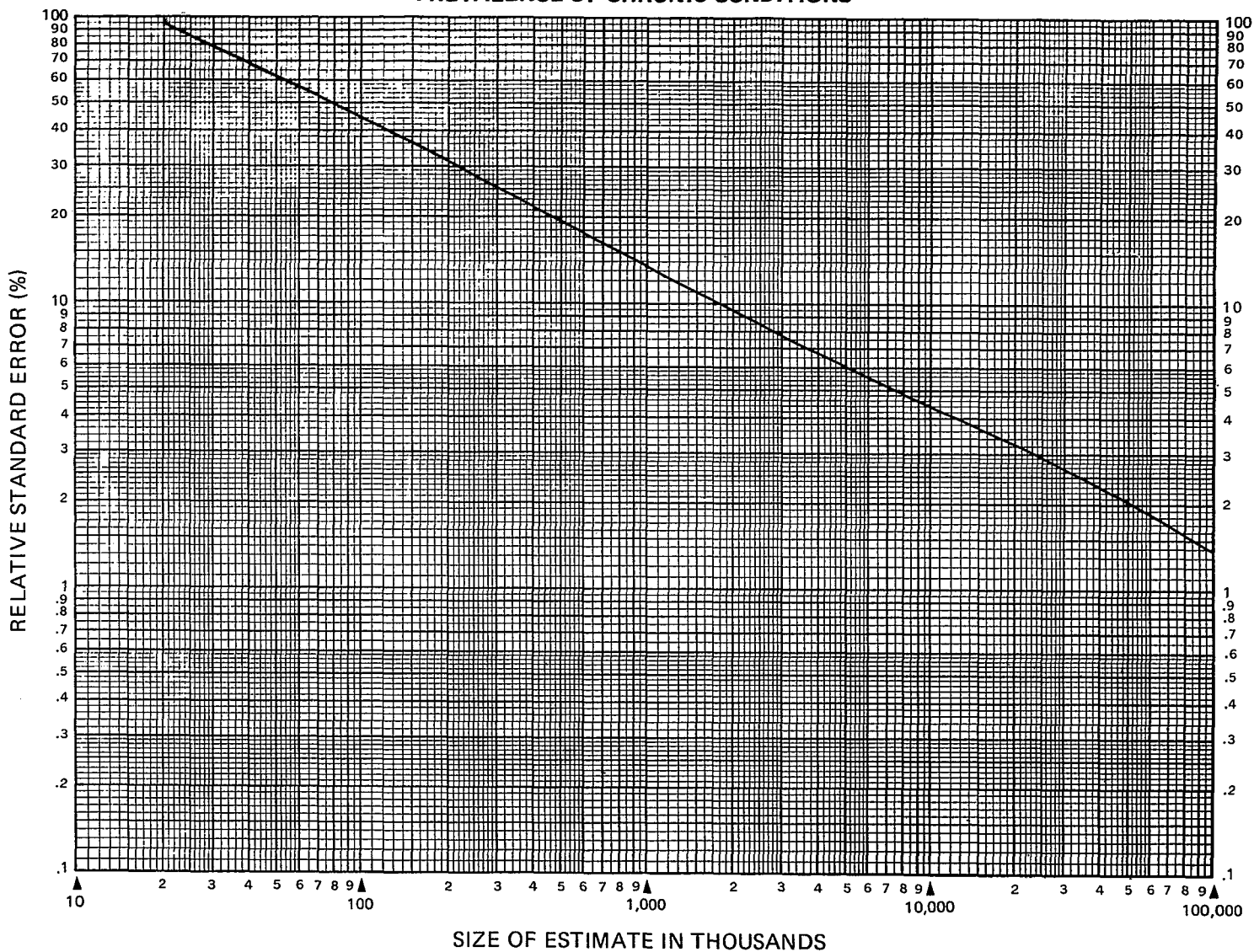
Figure V. RELATIVE STANDARD ERRORS FOR NUMBER OF PHYSICIAN OR DENTAL VISITS BASED ON A 2-WEEK REFERENCE PERIOD (A), AND POPULATION CHARACTERISTICS (P)¹



¹The curve related to physician or dental visits is based on 1 to 4 quarters of data collection for medium range estimates of aggregates using a 2-week reference period; the curve for population characteristics is based on 4 quarters of data collection for narrow range estimate of aggregates.

Example of use of chart: An estimate of 10,000,000 dental visits (on scale at bottom of chart) has a relative standard error of 9.2 percent (read from curve A on scale at left side of chart), or a standard error of 920,000 (9.2 percent of 10,000,000). An estimate of 1,000,000 persons in the Northeast Region (curve P) has a relative standard error of 5.7 percent.

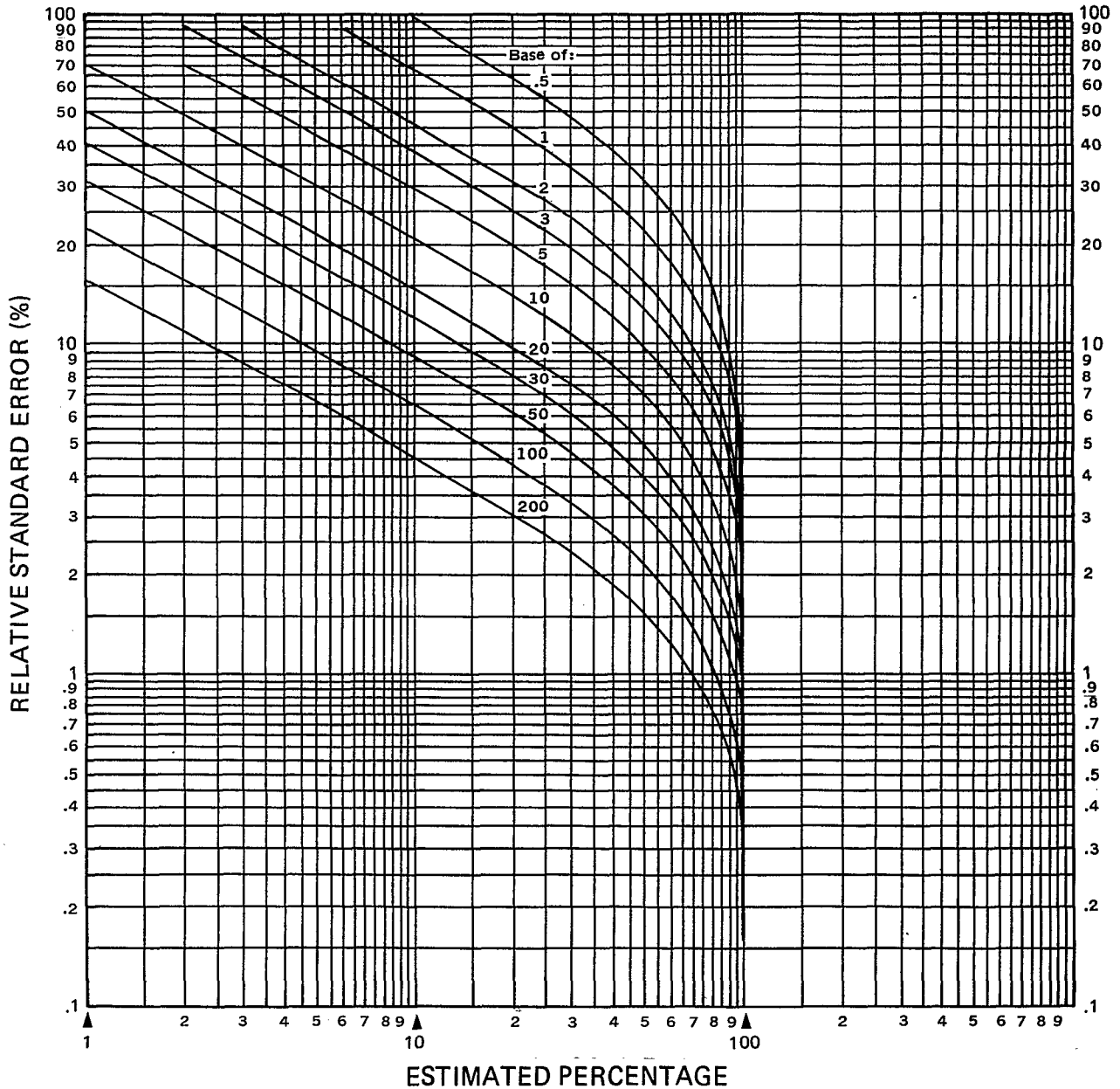
Figure VI. RELATIVE STANDARD ERRORS FOR CHARACTERISTICS RELATED TO THE PREVALENCE OF CHRONIC CONDITIONS¹



¹Based on a one-sixth subsample over 4 quarters of data collection for narrow range estimates of aggregates.

Example of use of chart: An estimate of 1,000,000 of a type of chronic condition (on scale at bottom of chart) has a relative standard error of 13.9 percent or a standard error of 139,000 (13.9 percent of 1,000,000).

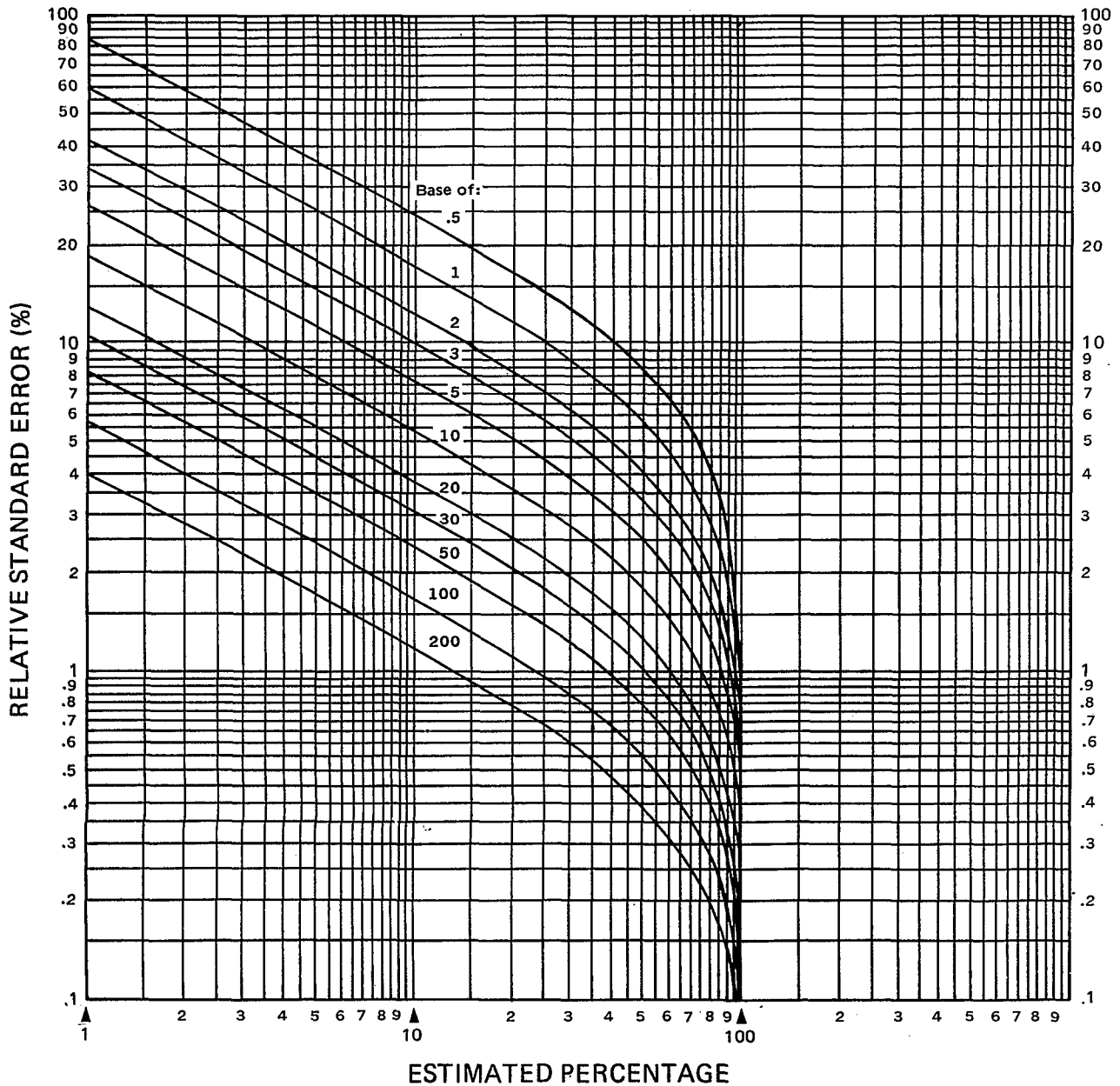
Figure VII. RELATIVE STANDARD ERRORS OF PERCENTAGES OF ACUTE CONDITIONS OR PERSONS INJURED¹
 (Base of percentage shown on curves in millions)



¹These curves represent estimates of relative standard errors of percentages of acute conditions or persons injured based on 1 to 4 quarters of data collection for narrow range data using a 2-week reference period.

Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 14.5 percent (read from the scale at the left side of chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent \times 14.5 percent; or 2.9 percentage points.

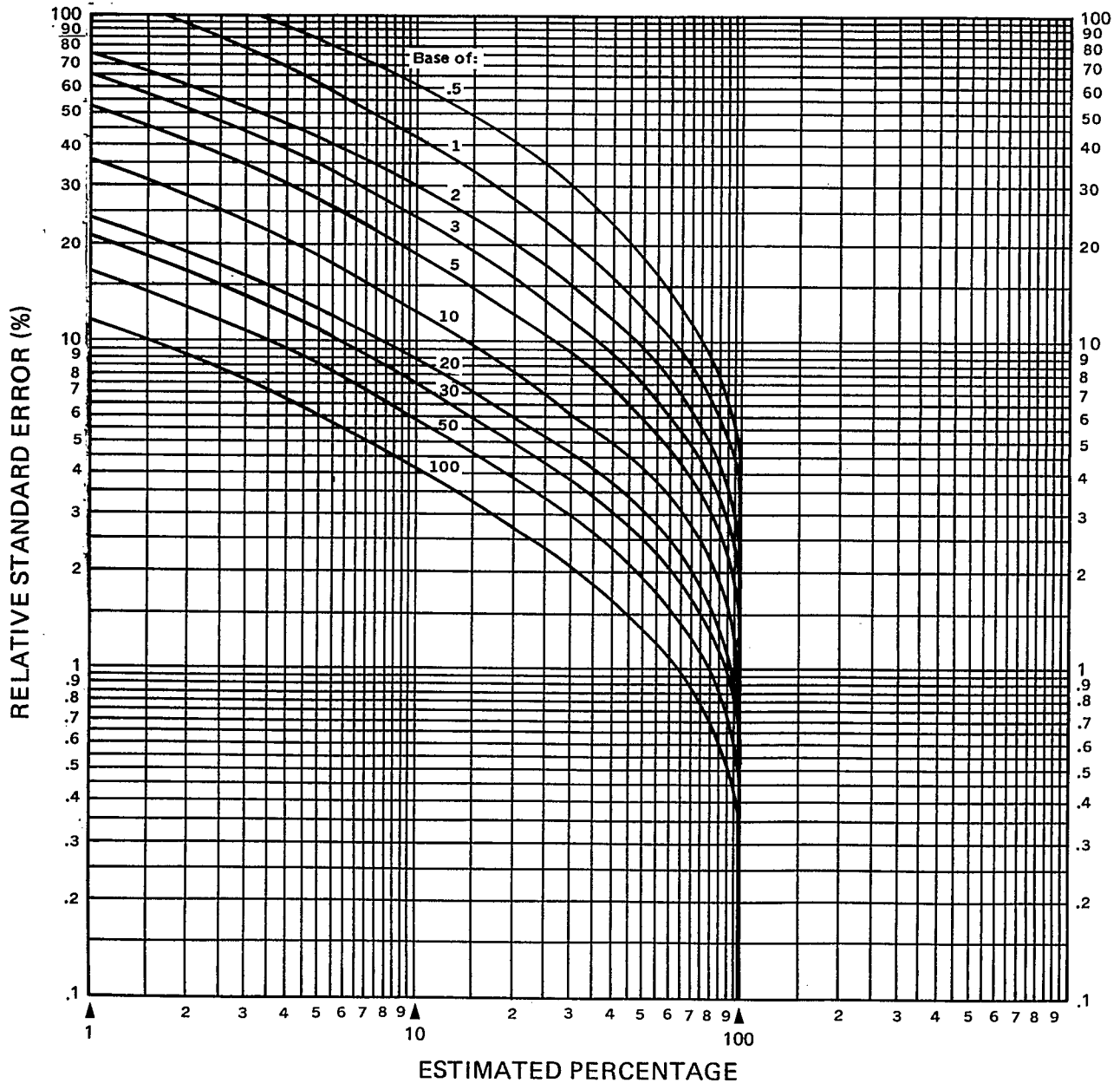
**Figure VIII. RELATIVE STANDARD ERRORS OF PERCENTAGES OF
POPULATION CHARACTERISTICS¹**
(Base of percentage shown on curves in millions)



¹These curves represent estimates of relative standard errors of percentages of population characteristics based on 4 quarters of data collection for narrow range estimates.

Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 3.6 percent (read from the scale at the left side of chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent \times 3.6 percent, or 0.72 percentage points.

Figure IX. RELATIVE STANDARD ERRORS OF PERCENTAGES OF CHARACTERISTICS RELATED TO CHRONIC CONDITIONS¹
 (Base of percentage shown on curves in millions)



¹These curves represent estimates of relative standard errors of percentages of characteristics related to chronic conditions based on a one-sixth subsample over 4 quarters of data collection for narrow range estimates.

Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 8.8 percent (read from the scale at the left side of chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent \times 8.8 percent, or 1.76 percentage points.



APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Conditions

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

Conditions except impairments are classified by type according to the ninth revision of the International Classification of Diseases,¹ with certain modifications adopted to make the code more suitable for a household interview survey.

Acute condition.—An acute condition is defined as a condition that has lasted less than 3 months and that has involved either medical attention or restricted activity. Because of the procedures used to estimate incidence, the acute conditions included in this report are the conditions that had their onset during the 2 weeks prior to the interview week and that involved either medical attention or restricted activity during the 2-week period. However, excluded are some conditions that are always classified as chronic even though the onset occurred within 3 months prior to the week of the interview. The codes refer to the ninth revision of the International Classification of Diseases, as modified by the NHIS Medical Coding Manual.

Acute condition groups.—In this report all tables with data classified by type of condition employ a five-category regrouping plus several selected subgroups.

Chronic condition.—A condition is considered chronic if (1) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview, or (2) it is one of the following conditions always classified as chronic regardless of the onset:

Tuberculosis.

Neoplasms (benign and malignant).

Diseases of the thyroid gland.

Diabetes.

Gout.

Psychoses and certain other mental disorders.

Multiple sclerosis and certain other diseases of the central nervous system.

Certain diseases and conditions of the eye.

Certain diseases of the circulatory system (includes rheumatic fever, hypertension, stroke; and all heart conditions).

Emphysema, asthma, hay fever, and bronchiectasis.

Ulcers and certain other diseases of the esophagus, stomach, and duodenum.

Hernia of abdominal cavity (includes rupture).

Gastroenteritis and colitis (with exceptions).

Calculus of kidney, ureter, and other parts of the urinary system.

Diseases of the prostate.

NOTE: A list of references follows the text.

Chronic cystic diseases of the breast.
Eczema and certain other dermatitis.
Arthritis and rheumatism.
Cyst of the bone (except jaw).
All congenital anomalies.

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

Incidence of conditions.—The incidence of conditions is the estimated number of conditions that have their onset within a specified time period. As previously mentioned, minor acute conditions that involve neither restricted activity nor medical attention are excluded from the statistics. The incidence data shown in some reports are further limited to various subclasses of conditions, such as “incidence of conditions involving bed disability.”

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

Activity-restricting condition.—An activity-restricting condition is one that had its onset in the 2 weeks prior to interview and that caused at least 1 day of restricted activity during the 2 calendar weeks before the interview week. (See “Restricted-activity day” under “Terms Relating to Disability.”)

Bed-disabling condition.—A condition with onset in the 2 weeks prior to interview that involved at least 1 day of bed disability is called a bed-disabling condition. (See “Bed-disability day” under “Terms Relating to Disability.”)

Medically attended condition.—A condition with onset in the 2 weeks prior to interview is considered medically attended if a physician had been consulted either at its onset or at any time thereafter. However, when the first medical attention for a condition does not occur until after the end of the 2-week period, the case is treated as though there was no medical attention. Medical attention includes consultation either in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted, as well as visits to physicians in clinics or hospitals. If during the course of a single visit the physician is consulted about more than one condition for each of several patients, each condition of each patient is counted as medically attended.

Discussions of a child’s condition between the physician and a responsible member of the household are considered as medical attention even if the child was not seen at that time.

For the purpose of this definition the term “physician” includes doctors of medicine and osteopathic physicians.

Terms Relating to Disability

Disability.—Disability is the general term used to describe any temporary or long-term reduction of a person’s activity as a result of an acute or chronic condition.

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

Restricted-activity day.—A day of restricted activity is one on which a person cuts down on his or her usual activities for the whole of that day because of an illness or an injury. The term “usual activities” for any day means the things

that the person would ordinarily do on that day. For children under school age, usual activities depend on whatever the usual pattern is for the child's day, which will in turn be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, usual activities might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays, usual activities are the things the person usually does on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth. Persons who have permanently reduced their usual activities because of a chronic condition might not report any restricted-activity days during a 2-week period. Therefore absence of restricted-activity days does *not* imply normal health.

Restricted activity does not imply complete inactivity, but it does imply only the minimum of usual activities. A special nap for an hour after lunch does not constitute cutting down on usual activities, nor does the elimination of a heavy chore such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or housewife carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day.

Bed-disability day.—A day of disability is one on which a person stays in bed for all or most of the day because of a specific illness or injury. All or most of the day is defined as more than half of the daylight hours. All hospital days for inpatients are considered to be days of bed disability even if the patient was not actually in bed at the hospital.

Work-loss day.—A day lost from work is a day on which a person did not work at his job or business for at least half of his normal workday because of a specific illness or injury. The number of days lost from work is determined only for persons 17 years of age and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business. (See "Currently employed" persons under "Demographic Terms.")

School-loss day.—A day lost from school is a normal school day on which a child did not attend school because of a specific illness or injury. The number of days lost from school is determined only for children 6-16 years of age.

Person-day.—Person-days of restricted activity, bed disability, and so forth are days of the various forms of disability experienced by any one person. The sum of days for all persons in a group represents an unduplicated count of all days of disability for the group.

Condition-day.—Condition-days of restricted activity, bed disability, and so forth are days of the various forms of disability associated with any one condition. Since any particular day of disability may be associated with more than one condition, the sum of days for conditions may add to more than the total number of person-days.

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

1. *Persons unable to carry on major activity for their group* (major activity refers to ability to work, keep house, or engage in school or preschool activities)

Preschool children:

Inability to take part in ordinary play with other children.

School-age children:

Inability to go to school.

Housewives:

Inability to do any housework.

Workers and all other persons:

Inability to work at a job or business.

2. *Persons limited in amount or kind of major activity performed* (major activity refers to ability to work, keep house, or engage in school or preschool activities)

Preschool children:

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

School-age children:

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

Housewives:

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

Workers and all other persons:

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

3. *Persons not limited in major activity but otherwise limited* (major activity refers to ability to work, keep house, or engage in school or preschool activities)

Preschool children:

Not classified in this category.

School-age children:

Not limited in going to school but limited in participation in athletics or other extracurricular activities.

Housewives:

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

Workers and all other persons:

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

4. *Persons not limited in activities* (includes persons whose activities are not limited in any of the ways described above)

Chronic mobility limitation.—Persons are classified into five categories according to the

extent to which their mobility is limited at present as a result of chronic conditions. The categories are as follows:

Stays in bed.—Must stay in bed all or most of the time.

Stays in the house.—Must stay in the house, but not in bed, all or most of the time.

Needs help getting around.—Able to go outside but needs the help of another person or of a special aid such as a cane or wheelchair in getting around.

Has trouble getting around freely.—Does not need the help of another person or a special aid but has trouble in getting around freely.

Is not limited in mobility.—Not limited in any of the ways described above.

Terms Relating to Persons Injured

Injury condition.—An injury condition, or simply an injury, is a condition of the type that is classified according to the nature of injury code numbers (800-999) in the International Classification of Diseases. In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes includes effects of exposure, such as sunburn; adverse reactions to immunization and other medical procedures; and poisonings. Unless otherwise specified, the term injury is used to cover all of these.

Since a person may sustain more than one injury in a single accident, e.g., a broken leg and laceration of the scalp, the number of injury conditions may exceed the number of persons injured.

Statistics of acute injury conditions include only those injuries which involved at least 1 full day of restricted activity or medical attendance.

Person injured.—A person injured is one who has sustained one or more injuries in an accident or in some type of nonaccidental violence. (See definition of injury condition.) Each time a person is involved in an accident or in nonaccidental violence causing injury that results in at least 1 full day of restricted activity or medical attention he is included in the statistics as a separate person injured; hence one person may be included more than once.

The number of persons injured is not equivalent to the number of accidents for several reasons: (1) the term "accident" as commonly used may not involve injury at all, (2) more than one injured person may be involved in a single accident, so the number of accidents resulting in injury would be less than the number of persons injured in accidents, and (3) the term "accident" ordinarily implies an accidental origin whereas "persons injured" as used in the National Health Interview Survey includes persons whose injuries resulted from certain nonaccidental violence.

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

Terms Relating to Class of Accident

Class of accident.—Injuries, injured persons, and resulting days of disability may be grouped according to class of accident. This is a broad classification of the types of events which resulted in personal injuries. Most of these events are accidents in the usual sense of the word, but some are other kinds of mishap, such as overexposure to the sun or adverse reactions to medical procedures, and others are nonaccidental violence, such as attempted suicide. The classes of accident are (1) moving motor vehicle accidents, (2) accidents occurring while at work, (3) home accidents, and (4) other accidents. These categories are not mutually exclusive. For example, a person may be injured in a moving motor vehicle accident which occurred while the person was at home or at work. The accident class "moving motor vehicle" includes "home-moving motor vehicle" and "while at work-moving motor vehicle." Similarly, the classes "while at work" and "home" include duplicated counts, e.g., "moving motor vehicle-while at work" is included under "while at work."

Motor vehicle.—A motor vehicle is any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a land highway. Any object, such as a trailer, coaster, sled, or wagon, being towed by a motor vehicle is considered a part of the motor vehicle. Devices used solely for moving persons

or materials within the confines of a building and its premises are not counted as motor vehicles.

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

Traffic moving motor vehicle accident.—The accident is in the "traffic" category if it occurred on a public highway. It is considered to have occurred on the highway if it occurred wholly on the highway, if it originated on the highway, if it terminated on the highway, or if it involved a vehicle partially on the highway. A public highway is the entire width between boundary lines of every way or place of which any part is open to the use of the public for the purposes of vehicular traffic as a matter of right or custom.

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

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

Accident while at work.—The class of accident is "while at work" if the injured person was 17 years of age or over and was at work at a job or a business at the time the accident happened.

Home accident.—The class of accident is "home" if the injury occurred either inside or outside the house. "Outside the house" refers to the yard, buildings, and sidewalks on the property. "Home" includes not only the person's own home but also any other home in which he may have been when he was injured.

Other accident.—The class of accident is "other" if the occurrence of injury cannot be classified in one or more of the first three class-of-accident categories (e.g., moving motor vehicle, while at work, or home). This category therefore includes persons injured in public places (e.g., tripping and falling in a store or on a public sidewalk) and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting

from prior injury occurring while the person was in the Armed Forces is covered and is included in this class. The class also includes mishaps for which the class of accident could not be ascertained.

Terms Relating to Hospitalization

Hospital.—For this survey a hospital is defined as any institution meeting one of the following criteria: (1) named in the listing of hospitals in the current *American Hospital Association, Guide to the Health Care Field* or (2) found on the Master Facility Inventory List maintained by the National Center for Health Statistics.

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

Hospital day.—A hospital day is a day on which a person is confined to a hospital. The day is counted as a hospital day only if the patient stays overnight. Thus a patient who enters the hospital on Monday afternoon and leaves Wednesday noon is considered to have had 2 hospital days.

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

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

Hospital discharge.—A hospital discharge is the completion of any continuous period of stay of 1 or more nights in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12-month period prior to the interview week.

(Estimates were based on discharges which occurred during the 6-month period prior to the interview.)

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

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

Terms Relating to Dental Visits

Dental visit.—A dental visit is defined as any visit to a dentist's office for treatment or advice, including services by a technician or hygienist acting under a dentist's supervision.

Interval since last dental visit.—The interval since the last dental visit is the length of time prior to the week of interview since a dentist or dental hygienist was last visited for treatment or advice of any type.

Terms Relating to Physician Visits

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

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

Physician visits to hospital inpatients are not included.

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

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

Interval since last physician visit.—The interval since the last physician visit is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatever. A physician visit to a hospital inpatient may be counted as the last time a physician was seen.

Demographic Terms

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

Currently employed.—Persons 17 years of age and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business are currently employed. Current employment includes paid work as an employee of someone else; self-employment in business, farming, or professional practice; and unpaid work in a family business or farm. Persons who were temporarily absent from a job or business because of a temporary illness, vacation, strike,

or bad weather are considered as currently employed if they expected to work as soon as the particular event causing the absence no longer existed.

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

Excluded from the currently employed population are persons who have no definite employment schedule but work only when their services are needed. Also excluded from the currently employed population are (1) persons receiving revenue from an enterprise but not participating in its operation, (2) persons doing housework or charity work for which they receive no pay, (3) seasonal workers during the portion of the year they were not working, and (4) persons who were not working, even though having a job or business, but were on layoff or looking for work.

The number of currently employed persons estimated from the National Health Interview Survey (NHIS) will differ from the estimates prepared from the Current Population Survey (CPS) of the U.S. Bureau of the Census for several reasons. In addition to sampling variability they include three primary conceptual differences, namely: (1) NHIS estimates are for persons 17 years of age and over; CPS estimates are for persons 16 years of age and over. (2) NHIS uses a 2-week reference period, while CPS uses a 1-week reference period. (3) NHIS is a continuing survey with separate samples taken weekly; CPS is a monthly sample taken for the survey week which includes the 12th of the month.



APPENDIX III
QUESTIONNAIRE AND FLASH CARDS

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. Book _____ of _____ books

FORM HIS-1 (1979)
 U.S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 ACTING AS COLLECTING AGENT FOR THE
 U.S. PUBLIC HEALTH SERVICE
U.S. HEALTH INTERVIEW SURVEY

2. R.O. number _____ 3. Sample _____ 4. Segment type
 Area
 Permit
 Address
 Cen-Sup
 Special Place

5. Control number
 PSU Segment Serial

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

 City State ZIP code County
 b. Is this your mailing address? Same as 6a
 Mark box or specify if different. Include ZIP code.

 City State ZIP code County
 c. Special place name _____ Sample unit number _____ Type code _____

18. Noninterview reason
TYPE A
 1 Refusal - Describe in a footnote } Fill items 1-6a, 7, 9, 10, 12a-c as applicable, 16-19
 2 No one at home - repeated calls
 3 Temporarily absent - Footnote
 4 Other (Specify) _____
TYPE B
 1 Vacant - nonseasonal
 2 Vacant - seasonal
 3 Usual residence elsewhere } Fill items 1-6a, 7-10, 12a-c as applicable, 16-19
 4 Armed Forces
 5 Other (Specify) _____
TYPE C
 1 Unused line of listing sheet
 2 Demolished
 3 Merged
 4 Outside segment
 5 Built after April 1, 1970
 6 Other (Specify) _____

7. YEAR BUILT Ask Do NOT Ask
 When was this structure originally built?
 Before 4-1-70 After 4-1-70 (Go to 9c, complete if required and end interview)

8. Type of living quarters Housing unit OTHER unit

9. Area segments ONLY
 a. Are there any occupied or vacant living quarters besides your own in this building?
 Y (fill Table X) N
 b. Are there any occupied or vacant living quarters besides your own on this floor?
 Y (fill Table X) N
 c. Is there any other building on this property for people to live in - either occupied or vacant?
 Y (fill Table X) N
 d. None

GO TO PROBE PAGE 2

10. Land use RURAL URBAN (13)
 -- Regular units and Special Place units coded 85-88 in 6c, go to 11.
 -- Special Place units not coded 85-88 in 6c, go to 13.

11. Do you own or rent this place? Own Rent Rent for free

12a. Does this place you (own/rent/rent for free) have 10 acres or more? 1 Y (12b) 2 N (12c)
 b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$50 or more? 1 Y (13) 2 N (13)
 c. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$250 or more? 1 Y 2 N

13. How many rooms are in this ---? Rooms 14. How many bedrooms are in this ---? Bedrooms
 Count the kitchen but not the bathroom. If "None" describe in footnotes.

15. What is the telephone number here? Area code: Number None
 16. Was this interview observed? 1 Y 2 N

17. Interviewer's name _____ Code _____

BEFORE LEAVING HOUSEHOLD, CHECK THAT ITEM 20 HAS AN ENTRY.
 Determine the best time for callbacks.

FOOTNOTES

19. Record of calls

Month	Date	Beginning time	Ending time	Completed Mark (X)
		a.m.	a.m.	
		p.m.	p.m.	
		a.m.	a.m.	
		p.m.	p.m.	
		a.m.	a.m.	
		p.m.	p.m.	
		a.m.	a.m.	
		p.m.	p.m.	

20. List column numbers of sample persons not interviewed during initial interview.
 None

Col. No.	SS Req.	Eye Care Req.	Pref. Resp. for Eye Care
	Y N	Y N	
	Y N	Y N	
	Y N	Y N	

21. Record of additional contacts

Month	Date	Beginning time	Ending time	Col. Nos. completed	
				SS	EC
		a.m.	a.m.		
		p.m.	p.m.		
		a.m.	a.m.		
		p.m.	p.m.		
		a.m.	a.m.		
		p.m.	p.m.		

		SP	H
		<input type="checkbox"/>	<input type="checkbox"/>
<p>1a. What is the name of the head of this household? - Enter name in first column</p> <p>b. What are the names of all other persons who live here? - List all persons who live here.</p> <p>c. I have listed (Read names). Is there anyone else staying here now, such as friends, relatives, or roomers? <input type="checkbox"/> Yes * <input type="checkbox"/> No</p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes * <input type="checkbox"/> No</p> <p>e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes * <input type="checkbox"/> No</p> <p>* Apply household membership rules.</p> <p>f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? t Y Col(s) _____ (Delete) z N</p>		1a. First name	AGE
		1	
		Last name	RACE
			1 W
			2 B
			3 OT
2. How is --- related to --- (Head of household)?		2. Relationship	SEX
		HEAD	1 M
			2 F
3. What is ---'s date of birth? (Enter date and Age, and circle Race and Sex)		3. Month	Date
			Year
L Ask Condition list _____ Use Flashcard _____ to determine Sample persons; mark SP boxes.	C 1. Record the number of Bed Days, Doctor Visits, and Hospitalizations	BED DAYS	DV
		HOSP.	
		<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)
		<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)
	2. Record each condition in the person's column, with the question number(s) where it was reported.	Q. No.	Condition
	Reference dates		
	2-week period _____, _____		
	12-month Bed Days and Doctor visit probe _____		
	Hospital probe _____		
If 17+, ask:			
4. Is --- now married, widowed, divorced, separated, or never married?		4.	0 <input type="checkbox"/> Under 17
			1 <input type="checkbox"/> Married - spouse present
			6 <input type="checkbox"/> Married - spouse absent
			2 <input type="checkbox"/> Widowed
			4 <input type="checkbox"/> Divorced
			5 <input type="checkbox"/> Separated
			3 <input type="checkbox"/> Never married
If related persons 17 years old or over are listed in addition to the respondent, say:			
H We would like to have all adults who are at home take part in the interview. Is your ---, your ---, etc., at home now? If "Yes," ask: Please ask them to join us.		H	0 <input type="checkbox"/> Under 17
			1 <input type="checkbox"/> At home
			2 <input type="checkbox"/> Not at home
This survey is being conducted to collect information on the Nation's health. I will ask about visits to doctors and dentists, illness in the family, and other health related items. (Hand calendar)			
The next few questions refer to the past 2 weeks, the 2 weeks outlined in red on that calendar, beginning Monday, _____ (date), and ending this past Sunday, _____ (date).			
5a. During those 2 weeks, did --- stay in bed because of any illness or injury?		5a.	00 N } If age: 17+ (8)
b. During that 2-week period, how many days did --- stay in bed all or most of the day?		b.	_____ Days } 6-16 (7) Under 6 (9)
6. During those 2 weeks, how many days did illness or injury keep --- from work? (For females): not counting work around the house?		6.	_____ WL days (8)
			00 <input type="checkbox"/> None (9)
7. During those 2 weeks, how many days did illness or injury keep --- from school?		7.	_____ SL days
			00 <input type="checkbox"/> None (9)
If one or more days in 5b, ask 8; otherwise go to 9			
8. On how many of these --- days lost from { work school } did --- stay in bed all or most of the day?		8.	_____ Days
			00 <input type="checkbox"/> None
9a. (NOT COUNTING the day(s) { in bed lost from work lost from school })		9a.	1 Y
Were there any (other) days during the past 2 weeks that --- cut down on the things he usually does because of illness or injury?			2 N (10)
b. (Again, not counting the day(s) { in bed lost from work lost from school })		b.	_____ Days
During that period, how many (other) days did he cut down for as much as a day?			00 <input type="checkbox"/> None
If one or more days in 5-9, ask 10; otherwise go to next person.			
10a. What condition caused --- to { stay in bed miss work miss school cut down } during the past 2 weeks?		10a.	Enter condition in Item C Ask 10b
b. Did any other condition cause him to { stay in bed miss work miss school cut down } during that period?		b.	Y
			N (NP)
c. What condition?		c.	Enter condition in Item C (10b)

Fill item C, (BED DAYS), from 5b for all persons.

<input type="checkbox"/> Under 17 <input type="checkbox"/> Married - spouse present <input type="checkbox"/> Married - spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	4.	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married - spouse present <input type="checkbox"/> Married - spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married - spouse present <input type="checkbox"/> Married - spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	4.	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married - spouse present <input type="checkbox"/> Married - spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married - spouse present <input type="checkbox"/> Married - spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	H	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	H	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home
Y (5b) 00 N } If age: ___ Days } 17+ (6) 6-16 (7) Under 6 (9)	5a.	Y (5b) 00 N } If age: ___ Days } 17+ (6) 6-16 (7) Under 6 (9)	Y (5b) 00 N } If age: ___ Days } 17+ (6) 6-16 (7) Under 6 (9)	5a.	Y (5b) 00 N } If age: ___ Days } 17+ (6) 6-16 (7) Under 6 (9)	Y (5b) 00 N } If age: ___ Days } 17+ (6) 6-16 (7) Under 6 (9)
___ WL days (8) 00 <input type="checkbox"/> None (9)	6.	___ WL days (8) 00 <input type="checkbox"/> None (9)	___ WL days (8) 00 <input type="checkbox"/> None (9)	6.	___ WL days (8) 00 <input type="checkbox"/> None (9)	___ WL days (8) 00 <input type="checkbox"/> None (9)
___ SL days 00 <input type="checkbox"/> None (9)	7.	___ SL days 00 <input type="checkbox"/> None (9)	___ SL days 00 <input type="checkbox"/> None (9)	7.	___ SL days 00 <input type="checkbox"/> None (9)	___ SL days 00 <input type="checkbox"/> None (9)
___ Days 00 <input type="checkbox"/> None	8.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None	8.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None
1 Y 2 N (10)	9a.	1 Y 2 N (10)	1 Y 2 N (10)	9a.	1 Y 2 N (10)	1 Y 2 N (10)
___ Days 00 <input type="checkbox"/> None	b.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None	b.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None
Enter condition in Item C Ask 10b	10a.	Enter condition in Item C Ask 10b	Enter condition in Item C Ask 10b	10a.	Enter condition in Item C Ask 10b	Enter condition in Item C Ask 10b
Y N (NP)	b.	Y N (NP)	Y N (NP)	b.	Y N (NP)	Y N (NP)
Enter condition in Item C (10b)	c.	Enter condition in Item C (10b)	Enter condition in Item C (10b)	c.	Enter condition in Item C (10b)	Enter condition in Item C (10b)

Fill item C, (BED DAYS), from 5b for all persons.

<p>11a. During the past 2 weeks, did anyone in the family, that is you, your --, etc., have any (other) accidents or injuries? Y N (12)</p>		
<p>b. Who was this? -- Mark "Accident or injury" box in person's column.</p>	11b.	<input type="checkbox"/> Accident or injury
<p>c. What was the injury?</p>	c.	injury
<p>d. Did anyone have any other accidents or injuries during that period? Y (Reask 11b and c) N</p> <p>If "Accident or injury," ask:</p>		Y (Enter injury in item C) N
<p>e. As a result of the accident, did -- see a doctor or did he cut down on the things he usually does?</p>	e.	Y N
<p>12a. During the past 2 weeks, did anyone in the family go to the dentist? Y N (13)</p>		
<p>b. Who was this? -- Mark "Dental visit" box in person's column.</p>	12b.	<input type="checkbox"/> Dental visit
<p>c. During the past 2 weeks, did anyone else in the family go to a dentist? Y (Reask 12b and c) N</p> <p>If "Dental visit," ask:</p>		
<p>d. During the past 2 weeks, how many times did -- go to a dentist?</p>	d.	____ No. of dental visits (NP)
<p>Do not ask for children 1 yr. old and under.</p>		
<p>Mark box or ask:</p> <p>13. ABOUT how long has it been since -- LAST went to a dentist?</p>	13.	<input type="checkbox"/> 2-week dental visit <input type="checkbox"/> Past 2 weeks not reported (12) <input type="checkbox"/> 2 weeks--6months <input type="checkbox"/> Over 6--12 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2--4 years <input type="checkbox"/> 5+ years <input type="checkbox"/> Never/age 1 or under
<p>FOOTNOTES</p>		

<input type="checkbox"/> Accident or injury Injury	11b.	<input type="checkbox"/> Accident or injury Injury	<input type="checkbox"/> Accident or injury Injury	11b.	<input type="checkbox"/> Accident or injury Injury	<input type="checkbox"/> Accident or injury Injury
Y (Enter injury in item C) N	e.	Y (Enter injury in item C) N	Y (Enter injury in item C) N	e.	Y (Enter injury in item C) N	Y (Enter injury in item C) N
<input type="checkbox"/> Dental visit	12b.	<input type="checkbox"/> Dental visit	<input type="checkbox"/> Dental visit	12b.	<input type="checkbox"/> Dental visit	<input type="checkbox"/> Dental visit
____ No. of dental visits (NP)	d.	____ No. of dental visits (NP)	____ No. of dental visits (NP)	d.	____ No. of dental visits (NP)	____ No. of dental visits (NP)
1 <input type="checkbox"/> 2-week dental visit	13.	1 <input type="checkbox"/> 2-week dental visit	1 <input type="checkbox"/> 2-week dental visit	13.	1 <input type="checkbox"/> 2-week dental visit	1 <input type="checkbox"/> 2-week dental visit
2 <input type="checkbox"/> Past 2 weeks not reported (12)		2 <input type="checkbox"/> Past 2 weeks not reported (12)	2 <input type="checkbox"/> Past 2 weeks not reported (12)		2 <input type="checkbox"/> Past 2 weeks not reported (12)	2 <input type="checkbox"/> Past 2 weeks not reported (12)
3 <input type="checkbox"/> 2 weeks-6 months		3 <input type="checkbox"/> 2 weeks-6 months	3 <input type="checkbox"/> 2 weeks-6 months		3 <input type="checkbox"/> 2 weeks-6 months	3 <input type="checkbox"/> 2 weeks-6 months
4 <input type="checkbox"/> Over 6-12 months		4 <input type="checkbox"/> Over 6-12 months	4 <input type="checkbox"/> Over 6-12 months		4 <input type="checkbox"/> Over 6-12 months	4 <input type="checkbox"/> Over 6-12 months
5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year
6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years
7 <input type="checkbox"/> 5+ Years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years
8 <input type="checkbox"/> Never/age 1 or under		8 <input type="checkbox"/> Never/age 1 or under	8 <input type="checkbox"/> Never/age 1 or under		8 <input type="checkbox"/> Never/age 1 or under	8 <input type="checkbox"/> Never/age 1 or under
FOOTNOTES						

14. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did --- see a medical doctor? Do not count doctors seen while a patient in a hospital.	14.	00 <input type="checkbox"/> None ____ Number of visits } NP
(Besides those visits)		
15a. During that 2-week period did anyone in the family go to a doctor's office or clinic for shots, X-rays, tests, or examinations?	Y N (16)	
b. Who was this? - Mark "Doctor visit" box in person's column.		15b. <input type="checkbox"/> Doctor visit
c. Anyone else?	Y (Reask 15b and c) N	
If "Doctor visit," ask:		
d. How many times did --- visit the doctor during that period?		d. ____ Number of visits (NP)
16a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	Y N (17)	
b. Who was the phone call about? - Mark "Phone call" box in person's column.		16b. <input type="checkbox"/> Phone call
c. Any calls about anyone else?	Y (Reask 16b and c) N	
If "Phone call," ask:		
d. How many telephone calls were made to get medical advice about --- ?		d. ____ Number of calls (NP)
Fill item C, (DV), from 14-16 for all persons. Ask 17a for each person with visits in DV box.		<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition
17a. For what condition did --- see or talk to a doctor during the past 2 weeks?		17a.
b. Did --- see or talk to a doctor about any specific condition?		b. Y N (NP)
c. What condition?		c. Enter condition in item C Ask 17d
d. During that period, did --- see or talk to a doctor about any other condition?		d. Y (17c) N (NP)
e. During the past 2 weeks was --- sick because of her pregnancy?		e. Y N (17d)
f. What was the matter?		f. Enter condition in item C (17d)
18a. During the past 12 months, (that is since ___(date)___ a year ago), about how many times did --- see or talk to a medical doctor? (Do not count doctors seen while a patient in a hospital.) (Include the --- visits you already told me about.)		18a. 000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits
b. ABOUT how long has it been since --- LAST saw or talked to a medical doctor? Include doctors seen while a patient in a hospital.		b. 1 <input type="checkbox"/> 2-week DV 2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17) 3 <input type="checkbox"/> 2 wks.-6 mos. 4 <input type="checkbox"/> Over 6-12 mos. 5 <input type="checkbox"/> 1 year 6 <input type="checkbox"/> 2-4 years 7 <input type="checkbox"/> 5+ years 8 <input type="checkbox"/> Never

00 <input type="checkbox"/> None ____ Number of visits } NP	14.	00 <input type="checkbox"/> None ____ Number of visits } NP	00 <input type="checkbox"/> None ____ Number of visits } NP	14.	00 <input type="checkbox"/> None ____ Number of visits } NP	00 <input type="checkbox"/> None ____ Number of visits } NP
<input type="checkbox"/> Doctor visit	15b.	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit	15b.	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit
____ Number of visits (NP)	d.	____ Number of visits (NP)	____ Number of visits (NP)	d.	____ Number of visits (NP)	____ Number of visits (NP)
<input type="checkbox"/> Phone call	16b.	<input type="checkbox"/> Phone call	<input type="checkbox"/> Phone call	16b.	<input type="checkbox"/> Phone call	<input type="checkbox"/> Phone call
____ Number of calls (NP)	d.	____ Number of calls (NP)	____ Number of calls (NP)	d.	____ Number of calls (NP)	____ Number of calls (NP)
<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	17a.	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	17a.	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition
Y N (NP)	b.	Y N (NP)	Y N (NP)	b.	Y N (NP)	Y N (NP)
Enter condition in Item C Ask 17d	c.	Enter condition in Item C Ask 17d	Enter condition in Item C Ask 17d	c.	Enter condition in Item C Ask 17d	Enter condition in Item C Ask 17d
Y (17c) N (NP)	d.	Y (17c) N (NP)	Y (17c) N (NP)	d.	Y (17c) N (NP)	Y (17c) N (NP)
Y N (17d)	e.	Y N (17d)	Y N (17d)	e.	Y N (17d)	Y N (17d)
Enter condition in Item C (17d)	f.	Enter condition in Item C (17d)	Enter condition in Item C (17d)	f.	Enter condition in Item C (17d)	Enter condition in item C (17d)
000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	18a.	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	18a.	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits
1 <input type="checkbox"/> 2-week DV	b.	1 <input type="checkbox"/> 2-week DV	1 <input type="checkbox"/> 2-week DV	b.	1 <input type="checkbox"/> 2-week DV	1 <input type="checkbox"/> 2-week DV
2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)		2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)	2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)		2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)	2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)
3 <input type="checkbox"/> 2 wks.-6 mos.		3 <input type="checkbox"/> 2 wks.-6 mos.	3 <input type="checkbox"/> 2 wks.-6 mos.		3 <input type="checkbox"/> 2 wks.-6 mos.	3 <input type="checkbox"/> 2 wks.-6 mos.
4 <input type="checkbox"/> Over 6-12 mos.		4 <input type="checkbox"/> Over 6-12 mos.	4 <input type="checkbox"/> Over 6-12 mos.		4 <input type="checkbox"/> Over 6-12 mos.	4 <input type="checkbox"/> Over 6-12 mos.
5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year
6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years
7 <input type="checkbox"/> 5+ years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years
8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never

Ages 17+	<p>19a. What was -- doing MOST OF THE PAST 12 MONTHS -- (For males): working or doing something else? If "something else," ask: (For females): keeping house, working, or doing something else?</p> <p>b. What was -- doing? If 45+ years and was not "working," "keeping house," or "going to school," ask:</p> <p>c. Is -- retired?</p> <p>d. If "retired," ask: Did he retire because of his health?</p>	19. & 20.	<p>1 <input type="checkbox"/> Working (24a)</p> <p>2 <input type="checkbox"/> Keeping house (24b)</p> <p>3 <input type="checkbox"/> Retired, health (23)</p> <p>4 <input type="checkbox"/> Retired, other (23)</p> <p>5 <input type="checkbox"/> Going to school (26)</p> <p>6 <input type="checkbox"/> 17+ something else (23)</p> <p>7 <input type="checkbox"/> 6-16 something else (25)</p>
Ages 6-16	<p>20a. What was -- doing MOST OF THE PAST 12 MONTHS -- going to school or doing something else? If "something else," ask:</p> <p>b. What was -- doing?</p>		
Ages under 6			<p>0 <input type="checkbox"/> 1-5 years (27)</p> <p>0 <input type="checkbox"/> Under 1 (22)</p>
21a.	Is -- able to take part at all in ordinary play with other children?	21a.	Y 1 N (28)
b.	Is he limited in the kind of play he can do because of his health?	b.	2 Y (28) N
c.	Is he limited in the amount of play because of his health?	c.	2 Y (28) N (27)
22a.	Is -- limited in any way because of his health?	22a.	1 Y 5 N (NP)
b.	In what way is he limited? Record limitation, not condition.	b.	_____ (28)
23a.	Does -- health now keep him from working?	23a.	1 Y (28) N
b.	Is he limited in the kind of work he could do because of his health?	b.	2 Y (28) N
c.	Is he limited in the amount of work he could do because of his health?	c.	2 Y (28) N
d.	Is he limited in the kind or amount of other activities because of his health?	d.	3 Y (28) N (27)
24a.	Does -- NOW have a job?	24a.	Y (24c) N
b.	In terms of health, is -- NOW able to (work - keep house) at all?	b.	Y 1 N (28)
c.	Is he limited in the kind of (work - housework) he can do because of his health?	c.	2 Y (28) N
d.	Is he limited in the amount of (work - housework) he can do because of his health?	d.	2 Y (28) N
e.	Is he limited in the kind or amount of other activities because of his health?	e.	3 Y (28) N (27)
25.	In terms of health would -- be able to go to school?	25.	Y 1 N (28)
26a.	Does (would) -- have to go to a certain type of school because of his health?	26a.	2 Y (28) N
b.	Is he (would he be) limited in school attendance because of his health?	b.	2 Y (28) N
c.	Is he limited in the kind or amount of other activities because of his health?	c.	3 Y (28) N
27a.	Is -- limited in ANY WAY because of a disability or health?	27a.	4 Y 5 N (NP)
b.	In what way is he limited? Record limitation, not condition.	b.	_____
28a.	About how long has he { been limited in -- been unable to -- had to go to a certain type of school? }	28a.	000 <input type="checkbox"/> Less than 1 month
b.	What (other) condition causes this limitation?	b.	1 _____ Mos. 2 _____ Yrs. Enter condition in item C Ask 28c
c.	Is this limitation caused by any specific condition? If "old age" only, ask: Is this limitation caused by any specific condition?	c.	<input type="checkbox"/> Old age only (NP)
d.	Is this limitation caused by any other condition?	d.	Y (Reask 28b and c) N
Mark box or ask:			<input type="checkbox"/> Only 1 condition
d.	Which of these conditions would you say is the MAIN cause of his limitation?	d.	Enter main condition

1 <input type="checkbox"/> Working (24a) 2 <input type="checkbox"/> Keeping house (24b) 3 <input type="checkbox"/> Retired, health (23) 4 <input type="checkbox"/> Retired, other (23) 5 <input type="checkbox"/> Going to school (26) 6 <input type="checkbox"/> 17+ something else (23) 7 <input type="checkbox"/> 6-16 something else (25)	19. & 20.	1 <input type="checkbox"/> Working (24a) 2 <input type="checkbox"/> Keeping house (24b) 3 <input type="checkbox"/> Retired, health (23) 4 <input type="checkbox"/> Retired, other (23) 5 <input type="checkbox"/> Going to school (26) 6 <input type="checkbox"/> 17+ something else (23) 7 <input type="checkbox"/> 6-16 something else (25)	1 <input type="checkbox"/> Working (24a) 2 <input type="checkbox"/> Keeping house (24b) 3 <input type="checkbox"/> Retired, health (23) 4 <input type="checkbox"/> Retired, other (23) 5 <input type="checkbox"/> Going to school (26) 6 <input type="checkbox"/> 17+ something else (23) 7 <input type="checkbox"/> 6-16 something else (25)	19. & 20.	1 <input type="checkbox"/> Working (24a) 2 <input type="checkbox"/> Keeping house (24b) 3 <input type="checkbox"/> Retired, health (23) 4 <input type="checkbox"/> Retired, other (23) 5 <input type="checkbox"/> Going to school (26) 6 <input type="checkbox"/> 17+ something else (23) 7 <input type="checkbox"/> 6-16 something else (25)	1 <input type="checkbox"/> Working (24a) 2 <input type="checkbox"/> Keeping house (24b) 3 <input type="checkbox"/> Retired, health (23) 4 <input type="checkbox"/> Retired, other (23) 5 <input type="checkbox"/> Going to school (26) 6 <input type="checkbox"/> 17+ something else (23) 7 <input type="checkbox"/> 6-16 something else (25)
0 <input type="checkbox"/> 1-5 years (21) 0 <input type="checkbox"/> Under 1 (22)		0 <input type="checkbox"/> 1-5 years (21) 0 <input type="checkbox"/> Under 1 (22)	0 <input type="checkbox"/> 1-5 years (21) 0 <input type="checkbox"/> Under 1 (22)		0 <input type="checkbox"/> 1-5 years (21) 0 <input type="checkbox"/> Under 1 (22)	0 <input type="checkbox"/> 1-5 years (21) 0 <input type="checkbox"/> Under 1 (22)
Y 1 N (28)	21a.	Y 1 N (28)	Y 1 N (28)	21a.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
2 Y (28) N (27)	c.	2 Y (28) N (27)	2 Y (28) N (27)	c.	2 Y (28) N (27)	2 Y (28) N (27)
1 Y 5 N (NP)	22a.	1 Y 5 N (NP)	1 Y 5 N (NP)	22a.	1 Y 5 N (NP)	1 Y 5 N (NP)
_____ (28)	b.	_____ (28)	_____ (28)	b.	_____ (28)	_____ (28)
1 Y (28) N	23a.	1 Y (28) N	1 Y (28) N	23a.	1 Y (28) N	1 Y (28) N
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
2 Y (28) N	c.	2 Y (28) N	2 Y (28) N	c.	2 Y (28) N	2 Y (28) N
3 Y (28) N (27)	d.	3 Y (28) N (27)	3 Y (28) N (27)	d.	3 Y (28) N (27)	3 Y (28) N (27)
Y (24c) N	24a.	Y (24c) N	Y (24c) N	24a.	Y (24c) N	Y (24c) N
Y 1 N (28)	b.	Y 1 N (28)	Y 1 N (28)	b.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	c.	2 Y (28) N	2 Y (28) N	c.	2 Y (28) N	2 Y (28) N
2 Y (28) N	d.	2 Y (28) N	2 Y (28) N	d.	2 Y (28) N	2 Y (28) N
3 Y (28) N (27)	e.	3 Y (28) N (27)	3 Y (28) N (27)	e.	3 Y (28) N (27)	3 Y (28) N (27)
Y 1 N (28)	25.	Y 1 N (28)	Y 1 N (28)	25.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	26a.	2 Y (28) N	2 Y (28) N	26a.	2 Y (28) N	2 Y (28) N
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
3 Y (28) N	c.	3 Y (28) N	3 Y (28) N	c.	3 Y (28) N	3 Y (28) N
4 Y 5 N (NP)	27a.	4 Y 5 N (NP)	4 Y 5 N (NP)	27a.	4 Y 5 N (NP)	4 Y 5 N (NP)
_____	b.	_____	_____	b.	_____	_____
000 <input type="checkbox"/> Less than 1 month	28a.	000 <input type="checkbox"/> Less than 1 month	000 <input type="checkbox"/> Less than 1 month	28a.	000 <input type="checkbox"/> Less than 1 month	000 <input type="checkbox"/> Less than 1 month
1 _____ Mos. 2 _____ Yrs.	b.	1 _____ Mos. 2 _____ Yrs.	1 _____ Mos. 2 _____ Yrs.	b.	1 _____ Mos. 2 _____ Yrs.	1 _____ Mos. 2 _____ Yrs.
Enter condition in item C Ask 28c	c.	Enter condition in item C Ask 28c	Enter condition in item C Ask 28c	c.	Enter condition in item C Ask 28c	Enter condition in item C Ask 28c
<input type="checkbox"/> Old age only (NP)	d.	<input type="checkbox"/> Old age only (NP)	<input type="checkbox"/> Old age only (NP)	d.	<input type="checkbox"/> Old age only (NP)	<input type="checkbox"/> Old age only (NP)
Y (Reask 28b and c) N		Y (Reask 28b and c) N	Y (Reask 28b and c) N		Y (Reask 28b and c) N	Y (Reask 28b and c) N
<input type="checkbox"/> Only 1 condition		<input type="checkbox"/> Only 1 condition	<input type="checkbox"/> Only 1 condition		<input type="checkbox"/> Only 1 condition	<input type="checkbox"/> Only 1 condition
_____		_____	_____		_____	_____
Enter main condition		Enter main condition	Enter main condition		Enter main condition	Enter main condition

29a. Was -- a patient in a hospital at any time since (date) a year ago?	29a.	Y	N (Item C)
b. How many times was -- in a hospital since (date) a year ago?	b.	____ Times (Item C)	
30a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?		Y	N (31)
b. Who was this? - Circle "Y" in person's column. If "Y," ask:	30b.	Y	
c. During that period, how many times was -- in a nursing home or similar place?	c.	____ Times (Item C)	
31a. Was -- born in a hospital? Ask for each child 1 year old or under if date of birth is on or after reference date. If "Yes," and no hospitalizations entered in his and/or mother's column, enter "1" in 29b and item C. If "Yes," and a hospitalization is entered for the mother and/or baby, ask 31b for each.	31a.	Y	N (NP)
b. Is this hospitalization included in the number you gave me for --? If "No," correct entries in 29 and item C for mother and/or baby.	b.	Y	N

FOOTNOTES

Y	N (Item C)	29a.	Y	N (Item C)	Y	N (Item C)	29a.	Y	N (Item C)	Y	N (Item C)
___	Times (Item C)	b.	___	Times (Item C)	___	Times (Item C)	b.	___	Times (Item C)	___	Times (Item C)
Y		30b.	Y		Y		30b.	Y		Y	
___	Times (Item C)	c.	___	Times (Item C)	___	Times (Item C)	c.	___	Times (Item C)	___	Times (Item C)
Y	N (NP)	31a.	Y	N (NP)	Y	N (NP)	31a.	Y	N (NP)	Y	N (NP)
Y	N	b.	Y	N	Y	N	b.	Y	N	Y	N

FOOTNOTES

1	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have -- If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ? Conditions affecting the digestive system. Make no entry in item C for cold, flu, or grippe even if reported in question 32.</p>	A. Gallstones?	I. Any disease of the pancreas?
		B. Any other <i>gallbladder</i> trouble?	J. Ulcer?
		C. Cirrhosis of the liver?	K. Hernia or rupture?
		D. Fatty liver?	L. A disease of the <i>esophagus</i> ?
		E. Hepatitis?	M. Gastritis?
		F. Yellow jaundice?	N. FREQUENT indigestion?
		G. Any other <i>liver</i> trouble?	O. Any other <i>stomach</i> trouble?
		H. Diabetes?	P. Enteritis?
2	<p>32a. Does anyone in the family (you, your --, etc.) NOW have -- If "Yes," ask 32b and c.</p> <p>b. Who is this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. Does anyone else have . . . ?</p>	A. Permanent stiffness or any deformity of the foot, leg, fingers, arm or back? (Permanent stiffness -- joints will not move at all)	
		B. Paralysis of any kind?	
		C. Arthritis of any kind or Rheumatism?	I. Trick knee?
		D. Gout?	J. A slipped or ruptured disc?
	<p>32d. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have -- If "Yes," ask 32e and f.</p> <p>e. Who was this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>f. During the past 12 months, did anyone else have . . . ? Conditions C--N and V are conditions affecting the bone and muscle.</p>	E. Lumbago?	K. Curvature of the spine?
		F. Osteomyelitis? (os-tee-oh-my-uh-lite-iss)	L. REPEATED trouble with neck, back, or spine?
		G. A bone cyst or bone spur?	M. Bursitis or Synovitis? (sin-uh-vite-iss)
		H. Any other disease of the bone or cartilage?	N. Any disease of the muscles or tendons?
3	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have -- If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ?</p>	A. Goiter or other thyroid trouble?	} Glandular disorders
		B. Diabetes?	
		C. Cystic fibrosis?	} Blood disorder
		D. Anemia?	
		E. Epilepsy?	} Conditions affecting the nervous system
		F. Multiple sclerosis?	
		G. Migraine?	

1	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have –</p> <p>If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ?</p> <p>Conditions affecting the digestive system.</p> <p>Make no entry in item C for cold, flu, or grippe even if reported in question 32.</p>	Q. Diverticulitis?	W. Cancer of the stomach, colon or rectum?
		R. Colitis?	<p>X. During the past 12 months, did anyone in the family have any other condition of the digestive system? If "Yes," ask: Who was this? – What was the condition? (Enter in item C)</p>
		S. Spastic colon?	
		T. FREQUENT constipation?	
		U. Any other bowel trouble?	
		V. Any other intestinal trouble?	
2	<p>32d. DURING THE PAST 12 MONTHS, did anyone in the family have –</p> <p>If "Yes," ask 32e and f.</p> <p>e. Who was this? Enter in item C.</p> <p>f. During the past 12 months, did anyone else have . . . ?</p> <p>Conditions O–U and W–Z are conditions affecting the skin.</p>	O. A tumor, cyst or growth of the skin?	U. Dermatitis or any other skin trouble?
		P. Eczema or psoriasis? (so-rye-uh-sis)	V. TROUBLE with fallen arches, flatfeet or clubfoot?
		Q. TROUBLE with dry or itching skin?	W. TROUBLE with ingrown toenails or fingernails?
		R. TROUBLE with acne?	X. TROUBLE with bunions, corns, or calluses?
		S. A skin ulcer?	Y. A disease of the hair or scalp?
		T. Any kind of skin allergy?	Z. Any disease of the lymph or sweat glands?
3	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have –</p> <p>If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ?</p>	H. N�uralgia or neuritis?	} Conditions affecting the nervous system
		I. Sciatica?	
		J. Nephritis?	} Genito-urinary conditions
		K. Kidney stones?	
		L. Any other kidney trouble?	
		M. Bladder trouble?	
		N. Prostate trouble?	
		O. Disease of the uterus or ovary?	
P. Any other female trouble?			

4	<p>32a. Does anyone in the family (you, your --, etc.) NOW have -- If "Yes," ask 32b and c.</p> <p>b. Who is this? -- Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. Does anyone else have . . . ?</p> <p>A-L are conditions affecting { hearing vision speech }</p>	<p>A. Deafness in one or both ears?</p> <p>B. Any other trouble hearing with one or both ears?</p> <p>C. Tinnitus or ringing in the ears?</p> <p>D. Blindness in one or both eyes?</p> <p>E. Cataracts?</p> <p>F. Glaucoma?</p> <p>G. Color blindness?</p>	<p>H. A detached retina or any other condition of the retina?</p> <p>I. Any other trouble seeing with one or both eyes even when wearing glasses?</p> <p>J. A cleft palate or harelip?</p> <p>K. Stammering or stuttering?</p> <p>L. Any other speech defect?</p> <p>M. A missing finger, hand, or arm, toe, foot, or leg?</p> <p>N. A missing (breast), kidney or lung?</p>	
5	<p>32a. Has anyone in the family (you, your --, etc.) EVER had -- If "Yes," ask 32b and c.</p> <p>b. Who was this? -- Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. Has anyone else ever had . . . ?</p> <p>Conditions affecting the heart and circulatory system.</p>	<p>A. Rheumatic fever?</p> <p>B. Rheumatic heart disease?</p> <p>C. Hardening of the arteries or arteriosclerosis?</p> <p>D. Congenital heart disease?</p> <p>E. Coronary heart disease?</p> <p>F. High blood pressure?</p>	<p>G. Stroke or a cerebrovascular accident?</p> <p>H. Hemorrhage of the brain?</p> <p>I. Angina pectoris?</p> <p>J. Myocardial infarction?</p> <p>K. Any other heart attack?</p>	
6	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have -- If "Yes," ask 32b and c.</p> <p>b. Who was this? -- Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. During the past 12 months did anyone else have . . . ?</p> <p>Conditions affecting the respiratory system.</p>	<p>A. Bronchitis?</p> <p>B. Bronchiectasis? (brong ke-ek tah-sis)</p> <p>C. Asthma?</p> <p>D. Hay fever?</p> <p>E. Nasal polyp?</p> <p>*If reported in question 32 only, ask:</p> <p>1. How many times did -- have . . . in the past 12 months? -- If 2+ enter in item C.</p> <p>If only 1 time, ask:</p> <p>2. How long did it last? -- If 1 month or longer, enter in item C. If less than 1 month, do not record.</p> <p>If tonsils or adenoids removed during the past 12 months, enter condition causing removal in item C.</p> <p>Make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 32.</p>	<p>F. Sinus trouble?</p> <p>G. Deflected or deviated nasal septum?</p> <p>H. *Tonsillitis or enlargement of the tonsils or adenoids?</p> <p>I. *Laryngitis?</p>	

4	<p>32a. Does anyone in the family NOW have – If "Yes," ask 32b and c.</p> <p>b. Who is this? Enter in item C.</p> <p>c. Does anyone else have . . . ? Conditions O–W are impairments. Conditions Y and Z affect the nervous system.</p>	<p>O. Palsy or cerebral palsy?</p> <p>P. Paralysis of any kind?</p> <p>Q. Curvature of the spine?</p> <p>R. REPEATED trouble with back or spine?</p> <p>S. Any TROUBLE with fallen arches or flatfeet?</p> <p>T. A clubfoot?</p>	<p>U. PERMANENT stiffness or any deformity of the back, foot, or leg? (Permanent stiffness – joints will not move at all)</p> <p>V. PERMANENT stiffness or any deformity of the fingers, hand, or arm?</p> <p>W. Mental retardation?</p> <p>X. Any condition caused by an old accident or injury? If "Yes," ask: What is the condition?</p> <p>Y. Epilepsy?</p> <p>Z. REPEATED convulsions, seizures, or blackouts?</p>
5	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your —, etc.) have – If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months did anyone else have . . . ? Conditions affecting the heart and circulatory system.</p>	<p>L. Damaged heart valves?</p> <p>M. Tachycardia or rapid heart?</p> <p>N. Heart murmur?</p> <p>O. Any other heart trouble?</p> <p>P. Aneurysm?</p> <p>Q. Any blood clots?</p>	<p>R. Gangrene?</p> <p>S. Varicose veins?</p> <p>T. Hemorrhoids or piles?</p> <p>U. Phlebitis or thrombophlebitis?</p> <p>V. Any other condition affecting blood circulation?</p>
6	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ? Make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 32. Conditions affecting the respiratory system.</p>	<p>J. Tumor, cyst, or growth of the bronchial tube or lung?</p> <p>K. Emphysema?</p> <p>L. Pleurisy?</p> <p>M. Tuberculosis?</p> <p>N. Abscess of the lung?</p>	<p>O. Tumor, cyst, or growth of the throat, larynx, or trachea?</p> <p>P. Any work-related respiratory condition such as dust on the lungs, silicosis or pneu-mo-co-ni-o-sis?</p> <p>Q. During the past 12 months did anyone in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? – What was the condition? (Enter in item C)</p>

33. Compared to other persons --'s age, would you say that his health is excellent, good, fair, or poor?		33.	1 E 2 G 3 F 4 P
BD	Mark box(es) from item C.	BD	<input type="checkbox"/> 1+ Bed Days <input type="checkbox"/> 2+ Hospital Stays <input type="checkbox"/> 3 No Bed Days
34. During the past 12 months (that is since ____ (date) ____ a year ago), ABOUT how many days did illness or injury keep -- in bed all or most of the day? (Include the days in the past 2 weeks.) (Include the days while a patient in a hospital.) (Was it more than 7 days or less than 7 days?) (Was it more than 30 days or less than 30 days?) (Was it more than half the year or less than half the year?)		34.	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 1-7 <input type="checkbox"/> 2 8-30 <input type="checkbox"/> 3 31-180 (1-6 months) <input type="checkbox"/> 4 181+ (6 months +)
R Q's 4-34	For persons 17 years or over, show who responded for (or was present during the asking of) Questions 4-34. If persons responded for self, show whether entirely or partly. For persons under 17, show who responded for them.	R	<input type="checkbox"/> 1 Responded for self-entirely <input type="checkbox"/> 2 Responded for self-partly Person ____ was respondent
FOOTNOTES			

1 E 2 G 3 F 4 P	33.	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	33.	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P
1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	BD	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	BD	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days
0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)	34.	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)	34.	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)
1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent	R	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent	R	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent
FOOTNOTES						

CONDITION 1

1. Person number _____ **Name of condition** _____

2. When did -- last see or talk to a doctor about his ... ?

1 <input type="checkbox"/> In interview week (Reask 2)	1 <input type="checkbox"/> Past 2 wks. (Item C)	5 <input type="checkbox"/> 2-4 yrs.
2 <input type="checkbox"/> 2 wks.-6 mos.	6 <input type="checkbox"/> 5+ yrs.	6 <input type="checkbox"/> 5+ yrs.
3 <input type="checkbox"/> Over 6-12 mos.	7 <input type="checkbox"/> Never	7 <input type="checkbox"/> Never
4 <input type="checkbox"/> 1 yr.	8 <input type="checkbox"/> DK if Dr. seen	8 <input type="checkbox"/> DK if Dr. seen
	9 <input type="checkbox"/> DK when Dr. seen	9 <input type="checkbox"/> DK when Dr. seen

A1 Examine "Name of condition" entry and mark

<input type="checkbox"/> Color blindness (NC)	<input type="checkbox"/> On Card C (A2)
<input type="checkbox"/> Accident or injury (A2)	<input type="checkbox"/> Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask:

3a. What did the doctor say it was? - Did he give it a medical name?

Do not ask for Cancer On Card C (A2)

b. What was the cause of ... ?

Accident or injury (A2)

If the entry in 3a or 3b includes the words:

Ailment	Condition	Disorder	Trouble	} Ask c:
Anemia	Cyst	Growth	Tumor	
Asthma	Defect	Measles	Ulcer	
Attack	Disease	Rupture		

c. What kind of ... is it?

For allergy or stroke, ask:

d. How does the allergy (stroke) affect him?

If in 3a-d there is an impairment or any of the following entries:

Abscess	Damage	Paralysis	} Ask c:
Ache (except head or ear)	Growth	Rupture	
Bleeding	Hemorrhage	Sore	
Blood clot	Infection	Soreness	
Boil	Inflammation	Tumor	
Cancer	Neuralgia	Ulcer	
Cramps (except menstrual)	Neuritis	Varicose veins	
Cyst	Pain	Weak	
	Palsy	Weakness	

e. What part of the body is affected?

Show the following detail:

Head skull, scalp, face

Back/spine/vertebra upper, middle, lower

Ear or eye one or both

Arm one or both; shoulder, upper, elbow, lower, wrist, hand

Leg one or both; hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in:

1 <input type="checkbox"/> Item 1	3 <input type="checkbox"/> Q. 3b	5 <input type="checkbox"/> Q. 3d
2 <input type="checkbox"/> Q. 3a	4 <input type="checkbox"/> Q. 3c	6 <input type="checkbox"/> Q. 3e

4. During the past 2 weeks, did his ... cause him to cut down on the things he usually does?

1 Y 2 N (9)

5. During that period, how many days did he cut down for as much as a day?

____ Days

00 None (9)

6. During that 2-week period, how many days did his ... keep him in bed all or most of the day?

____ Days

00 None

Ask if 17+ years:

7. How many days did his ... keep him from work during that 2-week period? (For females): not counting work around the house?

____ Days (9)

00 None (9)

Ask if 6-16 years:

8. How many days did his ... keep him from school during that 2-week period?

____ Days

00 None

9. When did -- first notice his ... ?

1 <input type="checkbox"/> Last week	4 <input type="checkbox"/> 2 weeks-3 months
2 <input type="checkbox"/> Week before	5 <input type="checkbox"/> Over 3-12 months
3 <input type="checkbox"/> Past 2 weeks-DK which	6 <input type="checkbox"/> More than 12 months ago

(Was it during the past 12 months or before that time?)

(Was it during the past 3 months or before that time?)

(Was it during the past 2 weeks or before that time?)

A3

1 <input type="checkbox"/> Not an eye cond. (AA)	3 <input type="checkbox"/> First eye cond. (6+ yrs.) (10)
2 <input type="checkbox"/> First eye cond. (under 6) (AA)	4 <input type="checkbox"/> Not first eye cond. (AA)

10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his {left} eye? ... 1 Y 2 N

{right} eye? ... 1 Y 2 N

FOOTNOTES

AA

1 Missing extremity (A4)
 2 Condition in C2 does not have a letter as source (A4)
 3 Condition in C2 has a letter as source, Doctor seen (11)
 4 Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . . ?
 1 Y
 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor?
 1 Y
 2 N

12. Has he ever had surgery for this condition?
 1 Y
 2 N

13. Was he ever hospitalized for this condition?
 1 Y
 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ?
 (Do not count visits while a patient in a hospital.) _____ Times
 000 None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day?
 _____ Days
 000 None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work?
 _____ Days
 For females: Not counting work around the house? 000 None

16a. How often does his . . . bother him -- all of the time, often, once in a while, or never?
 1 All the time 2 Often 3 Once in a while
 0 Never (16c) 4 Other -- Specify _____

b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
 4 Other -- Specify _____

All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
 1 Y (A4) N

d. Is this condition completely cured or is it under control?
 2 Cured 3 Under control (A4)
 4 Other -- Specify _____ (A4)

e. About how long did -- have this condition before it was cured?
 0 Less than one month _____ Months _____ Years

A4 Accident or injury Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years Before 2 years (18a)

b. When did the accident happen?
 Last week Over 3-12 months
 Week before 1-2 years
 2 weeks-3 months

18a. At the time of the accident what part of the body was hurt?
 What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
 How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises)
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other -- Specify _____

20. Was -- at work at his job or business when the accident happened?
 1 Y 3 While in Armed Services
 2 N 4 Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

CONDITION 2

1. Person number _____ **Name of condition** _____

2. When did -- last see or talk to a doctor about his . . . ?

1 <input type="checkbox"/> In interview week (Reask 2)	2 <input type="checkbox"/> Past 2 wks. (-6 mos.)	3 <input type="checkbox"/> Over 6-12 mos.	4 <input type="checkbox"/> 1 yr.	5 <input type="checkbox"/> 2-4 yrs.	6 <input type="checkbox"/> 5+ yrs.	7 <input type="checkbox"/> Never	8 <input type="checkbox"/> DK if Dr. seen	9 <input type="checkbox"/> DK when Dr. seen
--	--	---	----------------------------------	-------------------------------------	------------------------------------	----------------------------------	---	---

A1 Examine "Name of condition" entry and mark

<input type="checkbox"/> Color blindness (NC)	<input type="checkbox"/> On Card C (A2)
<input type="checkbox"/> Accident or injury (A2)	<input type="checkbox"/> Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask:

3a. What did the doctor say it was? - Did he give it a medical name?

Do not ask for Cancer On Card C (A2)

b. What was the cause of . . . ?

Accident or injury (A2)

If the entry in 3a or 3b includes the words:

Ailment	Condition	Disorder	Trouble	} Ask c:
Anemia	Cyst	Growth	Tumor	
Asthma	Defect	Measles	Ulcer	
Attack	Disease	Rupture		

c. What kind of . . . is it?

For allergy or stroke, ask:

d. How does the allergy (stroke) affect him?

If in 3a-d there is an impairment or any of the following entries:

Abscess	Damage	Paralysis	} Ask e:
Ache (except head or ear)	Growth	Rupture	
Bleeding	Hemorrhage	Sore	
Blood clot	Infection	Soreness	
Boil	Inflammation	Tumor	
Cancer	Neuralgia	Ulcer	
Cramps (except menstrual)	Neuritis	Varicose veins	
Cyst	Pain	Weak	
	Palsy	Weakness	

e. What part of the body is affected?

Show the following detail:

Head skull, scalp, face

Back/spine/vertebra upper, middle, lower

Ear or eye one or both

Arm one or both; shoulder, upper, elbow, lower, wrist, hand

Leg one or both; hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in:

1 <input type="checkbox"/> Item 1	3 <input type="checkbox"/> Q. 3b	5 <input type="checkbox"/> Q. 3d
2 <input type="checkbox"/> Q. 3a	4 <input type="checkbox"/> Q. 3c	6 <input type="checkbox"/> Q. 3e

4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does?

1 Y 2 N (9)

5. During that period, how many days did he cut down for as much as a day?

____ Days
00 None (9)

6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?

____ Days
00 None

Ask if 17+ years:

7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house?

____ Days (9)
00 None (9)

Ask if 6-16 years:

8. How many days did his . . . keep him from school during that 2-week period?

____ Days
00 None

9. When did -- first notice his . . . ?

1 <input type="checkbox"/> Last week	4 <input type="checkbox"/> 2 weeks-3 months
2 <input type="checkbox"/> Week before	5 <input type="checkbox"/> Over 3-12 months
3 <input type="checkbox"/> Past 2 weeks-DK which	6 <input type="checkbox"/> More than 12 months ago

(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
(Was it during the past 2 weeks or before that time?)

A3

1 <input type="checkbox"/> Not an eye cond. (AA)	3 <input type="checkbox"/> First eye cond. (6+ yrs.) (10)
2 <input type="checkbox"/> First eye cond. (under 6) (AA)	4 <input type="checkbox"/> Not first eye cond. (AA)

10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his { left eye? . . . 1 Y 2 N
right eye? . . . 1 Y 2 N

FOOTNOTES

AA

1 Missing extremity (A4)
 2 Condition in C2 does not have a letter as source (A4)
 3 Condition in C2 has a letter as source, Doctor seen (11)
 4 Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . . ?
 1 Y
 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor?
 1 Y
 2 N

12. Has he ever had surgery for this condition?
 1 Y
 2 N

13. Was he ever hospitalized for this condition?
 1 Y
 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ?
 (Do not count visits while a patient in a hospital.) ___ Times
 000 None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day?
 ___ Days
 000 None
 Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work?
 ___ Days
 For females: Not counting work around the house? 000 None

16a. How often does his . . . bother him - all of the time, often, once in a while, or never?
 1 All the time 2 Often 3 Once in a while
 0 Never (16c) 4 Other - Specify _____

b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
 4 Other - Specify _____

All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
 1 Y (A4) N

d. Is this condition completely cured or is it under control?
 2 Cured 3 Under control (A4)
 4 Other - Specify _____ (A4)

e. About how long did -- have this condition before it was cured?
 0 Less than one month ___ Months ___ Years

A4 Accident or injury Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years Before 2 years (18a)

b. When did the accident happen?
 Last week Over 3-12 months
 Week before 1-2 years
 2 weeks-3 months

18a. At the time of the accident what part of the body was hurt?
 What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
 How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises)
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other - Specify _____

20. Was -- at work at his job or business when the accident happened?
 1 Y 3 While in Armed Services
 2 N 4 Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

AA

1 Missing extremity (A4)
 2 Condition in C2 does not have a letter as source (A4)
 3 Condition in C2 has a letter as source, Doctor seen (11)
 4 Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his ...? 1 Y 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N

12. Has he ever had surgery for this condition? 1 Y 2 N

13. Was he ever hospitalized for this condition? 1 Y 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his ...? ___ Times
 (Do not count visits while a patient in a hospital.) 000 None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day? ___ Days
 000 None
 Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work? ___ Days
 For females: Not counting work around the house? 000 None

16a. How often does his ... bother him -- all of the time, often, once in a while, or never?
 1 All the time 2 Often 3 Once in a while
 0 Never (16c) 4 Other -- Specify _____

b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
 4 Other -- Specify _____
 All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
 1 Y (A4) N

d. Is this condition completely cured or is it under control?
 2 Cured 3 Under control (A4)
 4 Other -- Specify _____ (A4)

e. About how long did -- have this condition before it was cured?
 0 Less than one month _____ Months _____ Years

A4 Accident or injury Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years Before 2 years (18a)

b. When did the accident happen?
 Last week Over 3-12 months
 Week before 1-2 years
 2 weeks-3 months

18a. At the time of the accident what part of the body was hurt?
 What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
 How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises)
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other -- Specify _____

20. Was -- at work at his job or business when the accident happened?
 1 Y 3 While in Armed Services
 2 N 4 Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

CONDITION 4

1. Person number	Name of condition		
2. When did -- last see or talk to a doctor about his . . . ?			
1 <input type="checkbox"/> In interview week (Reask 2)	1 <input type="checkbox"/> Past 2 wks. (Item C)	5 <input type="checkbox"/> 2-4 yrs.	
	2 <input type="checkbox"/> 2 wks.-6 mos.	6 <input type="checkbox"/> 5 yrs.	
	3 <input type="checkbox"/> Over 6-12 mos.	7 <input type="checkbox"/> Never	
	4 <input type="checkbox"/> 1 yr.	8 <input type="checkbox"/> DK if Dr. seen	
		9 <input type="checkbox"/> DK when Dr. seen	
A1	Examine "Name of condition" entry and mark <input type="checkbox"/> Color blindness (NC) <input type="checkbox"/> On Card C (A2) <input type="checkbox"/> Accident or injury (A2) <input type="checkbox"/> Neither (3a)		
If "Doctor not talked to," transcribe entry from item 1. If "Doctor talked to," ask:			
3a. What did the doctor say it was? - Did he give it a medical name?			

Do not ask for Cancer <input type="checkbox"/> On Card C (A2)			
b. What was the cause of . . . ?			
<input type="checkbox"/> Accident or injury (A2)			

If the entry in 3a or 3b includes the words:			
Ailment	Condition	Disorder	Trouble
Anemia	Cyst	Growth	Tumor
Asthma	Defect	Measles	Ulcer
Attack	Disease	Rupture	
			} Ask c:
c. What kind of . . . is it?			

For allergy or stroke, ask:			
d. How does the allergy (stroke) affect him?			

If in 3a-d there is an impairment or any of the following entries:			
Abscess	Damage	Paralysis	} Ask e:
Ache (except head or ear)	Growth	Rupture	
Bleeding	Hemorrhage	Sore	
Blood clot	Infection	Soreness	
Bull	Inflammation	Tumor	
Cancer	Neuralgia	Ulcer	
Cramps (except menstrual)	Neuritis	Varicose veins	
Cyst	Pain	Weak	
	Palsy	Weakness	
e. What part of the body is affected?			

Show the following detail:			
Head	skull, scalp, face		
Back/spine/vertebra	upper, middle, lower		
Ear or eye	one or both		
Arm	one or both; shoulder, upper, elbow, lower, wrist, hand		
Leg	one or both; hip, upper, knee, lower, ankle, foot		

A2	Ask remaining questions as appropriate for the condition entered in:		
	1 <input type="checkbox"/> Item 1	3 <input type="checkbox"/> Q. 3b	5 <input type="checkbox"/> Q. 3d
	2 <input type="checkbox"/> Q. 3a	4 <input type="checkbox"/> Q. 3c	6 <input type="checkbox"/> Q. 3e
4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does?		1 Y 2 N (9)	
5. During that period, how many days did he cut down for as much as a day?		____ Days 00 <input type="checkbox"/> None (9)	
6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?		____ Days 00 <input type="checkbox"/> None	
Ask if 17+ years:			
7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house?		____ Days (9) 00 <input type="checkbox"/> None (9)	
Ask if 6-16 years:			
8. How many days did his . . . keep him from school during that 2-week period?		____ Days 00 <input type="checkbox"/> None	
9. When did -- first notice his . . . ?			
1 <input type="checkbox"/> Last week	4 <input type="checkbox"/> 2 weeks-3 months		
2 <input type="checkbox"/> Week before	5 <input type="checkbox"/> Over 3-12 months		
3 <input type="checkbox"/> Past 2 weeks-DK which	6 <input type="checkbox"/> More than 12 months ago		
(Was it during the past 12 months or before that time?)			
(Was it during the past 3 months or before that time?)			
(Was it during the past 2 weeks or before that time?)			
A3	1 <input type="checkbox"/> Not an eye cond. (AA)	3 <input type="checkbox"/> First eye cond. (6+ yrs.) (10)	
	2 <input type="checkbox"/> First eye cond. (under 6) (AA)	4 <input type="checkbox"/> Not first eye cond. (AA)	
10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his {left right} eye? . . . 1 Y 2 N			
eye? . . . 1 Y 2 N			

FOOTNOTES

AA

1 Missing extremity (A4)
 2 Condition in C2 does not have a letter as source (A4)
 3 Condition in C2 has a letter as source, Doctor seen (11)
 4 Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . . ? 1 Y 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N

12. Has he ever had surgery for this condition? 1 Y 2 N

13. Was he ever hospitalized for this condition? 1 Y 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ? _____ Times (Do not count visits while a patient in a hospital.) 000 None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day? _____ Days 000 None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work? _____ Days For females: Not counting work around the house? 000 None

16a. How often does his . . . bother him -- all of the time; often, once in a while, or never?
 1 All the time 2 Often 3 Once in a while
 0 Never (16c) 4 Other -- Specify _____

b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
 4 Other -- Specify _____

All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
 1 Y (A4) N

d. Is this condition completely cured or is it under control?
 2 Cured 3 Under control (A4)
 4 Other -- Specify _____ (A4)

e. About how long did -- have this condition before it was cured?
 0 Less than one month _____ Months _____ Years

A4 Accident or injury Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years Before 2 years (18a)

b. When did the accident happen?
 Last week Over 3-12 months
 Week before 1-2 years
 2 weeks-3 months

18a. At the time of the accident what part of the body was hurt?
 What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
 How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises)
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other -- Specify _____

20. Was -- at work at his job or business when the accident happened?
 1 Y 3 While in Armed Services
 2 N 4 Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

AA

1 Missing extremity (A4)
 2 Condition in C2 does not have a letter as source (A4)
 3 Condition in C2 has a letter as source, Doctor seen (11)
 4 Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . . ? 1 Y
 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y
 2 N

12. Has he ever had surgery for this condition? 1 Y
 2 N

13. Was he ever hospitalized for this condition? 1 Y
 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ? ___ Times
 (Do not count visits while a patient in a hospital.) 000 None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day? ___ Days
 000 None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work? ___ Days
 For females: Not counting work around the house? 000 None

16a. How often does his . . . bother him - all of the time, often, once in a while, or never?
 1 All the time 2 Often 3 Once in a while
 0 Never (16c) 4 Other - Specify _____

b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
 4 Other - Specify _____

All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
 1 Y (A4) N

d. Is this condition completely cured or is it under control?
 2 Cured 3 Under control (A4)
 4 Other - Specify _____ (A4)

e. About how long did -- have this condition before it was cured?
 0 Less than one month _____ Months _____ Years

A4 Accident or injury Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years Before 2 years (18a)

b. When did the accident happen?
 Last week Over 3-12 months
 Week before 1-2 years
 2 weeks-3 months

18a. At the time of the accident what part of the body was hurt?
 What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
 How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises)
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other - Specify _____

20. Was -- at work at his job or business when the accident happened?
 1 Y 3 While in Armed Services
 2 N 4 Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

CONDITION 6

1. Person number	Name of condition
------------------	-------------------

2. When did -- last see or talk to a doctor about his . . . ?

<input type="checkbox"/> In interview week (Reask 2)	<input type="checkbox"/> Past 2 wks. (Item C)	<input type="checkbox"/> 2-4 yrs.
<input type="checkbox"/> 2 wks.-6 mos.	<input type="checkbox"/> 5+ yrs.	
<input type="checkbox"/> Over 6-12 mos.	<input type="checkbox"/> Never	
<input type="checkbox"/> 1 yr.	<input type="checkbox"/> DK if Dr. seen	
	<input type="checkbox"/> DK when Dr. seen	

A1 Examine "Name of condition" entry and mark

<input type="checkbox"/> Color blindness (NC)	<input type="checkbox"/> On Card C (A2)
<input type="checkbox"/> Accident or injury (A2)	<input type="checkbox"/> Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask:

3a. What did the doctor say it was? - Did he give it a medical name?

Do not ask for Cancer On Card C (A2)

b. What was the cause of . . . ?

Accident or injury (A2)

If the entry in 3a or 3b includes the words:

Ailment	Condition	Disorder	Trouble
Anemia	Cyst	Growth	Tumor
Asthma	Defect	Measles	Ulcer
Attack	Disease	Rupture	

Ask c:

c. What kind of . . . is it?

For allergy or stroke, ask:

d. How does the allergy (stroke) affect him?

If in 3a-d there is an impairment or any of the following entries:

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

Ask e:

e. What part of the body is affected?

Show the following detail:

Head	skull, scalp, face
Back/spine/vertebra	upper, middle, lower
Ear or eye	one or both
Arm	one or both; shoulder, upper, elbow, lower, wrist, hand
Leg	one or both; hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in:

1 <input type="checkbox"/> Item 1	3 <input type="checkbox"/> Q. 3b	5 <input type="checkbox"/> Q. 3d
2 <input type="checkbox"/> Q. 3a	4 <input type="checkbox"/> Q. 3c	6 <input type="checkbox"/> Q. 3e

4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does? 1 Y 2 N (9)

5. During that period, how many days did he cut down for as much as a day? ____ Days
00 None (9)

6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day? ____ Days
00 None

Ask if 17+ years:

7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house? ____ Days (9)
00 None (9)

Ask if 6-16 years:

8. How many days did his . . . keep him from school during that 2-week period? ____ Days
00 None

9. When did -- first notice his . . . ?

1 <input type="checkbox"/> Last week	4 <input type="checkbox"/> 2 weeks-3 months
2 <input type="checkbox"/> Week before	5 <input type="checkbox"/> Over 3-12 months
3 <input type="checkbox"/> Past 2 weeks-DK which	6 <input type="checkbox"/> More than 12 months ago

(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
(Was it during the past 2 weeks or before that time?)

A3

1 <input type="checkbox"/> Not an eye cond. (AA)	3 <input type="checkbox"/> First eye cond. (6+ yrs. (10))
2 <input type="checkbox"/> First eye cond. (under 6) (AA)	4 <input type="checkbox"/> Not first eye cond. (AA)

10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his

{	left
}	right

 eye? . . . 1 Y 2 N

eye? . . . 1 Y 2 N

FOOTNOTES

AA

- 1 Missing extremity (A4)
 2 Condition in C2 does not have a letter as source (A4)
 3 Condition in C2 has a letter as source, Doctor seen (11)
 4 Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . . ? 1 Y
 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y
 2 N

12. Has he ever had surgery for this condition? 1 Y
 2 N

13. Was he ever hospitalized for this condition? 1 Y
 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ? _____ Times
 (Do not count visits while a patient in a hospital.) 000 None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day? _____ Days
 000 None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work? _____ Days
 For females: Not counting work around the house? 000 None

16a. How often does his . . . bother him -- all of the time, often, once in a while, or never?
 1 All the time 2 Often 3 Once in a while
 0 Never (16c) 4 Other -- Specify _____

b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
 4 Other -- Specify _____

All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
 1 Y (A4) N

d. Is this condition completely cured or is it under control?
 2 Cured 3 Under control (A4)
 4 Other -- Specify _____ (A4)

e. About how long did -- have this condition before it was cured?
 0 Less than one month _____ Months _____ Years

A4

- Accident or injury Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years Before 2 years (18a)

b. When did the accident happen?

- Last week Over 3-12 months
 Week before 1-2 years
 2 weeks-3 months

18a. At the time of the accident what part of the body was hurt?
 What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?

How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?

- 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises)
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other -- Specify _____

20. Was -- at work at his job or business when the accident happened?

- 1 Y 3 While in Armed Services
 2 N 4 Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

2-WEEKS DOCTOR VISITS PAGE

<p>Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.</p> <p>2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor?</p> <p>b. Were there any other doctor visits for him during that period?</p> <p>3. Where did he see the doctor on the (date) at a clinic, hospital, doctor's office, or some other place?</p> <p>If Hospital: Was it the outpatient clinic or the emergency room?</p> <p>If Clinic: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?</p>	<p>1. Person number _____</p> <p>2a. _____ <div style="text-align: right;">OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before</div> Month _____ Date _____</p> <p>b. Y (Reask 2a and b) N (Ask 3-6 for each visit)</p> <p>3.</p> <p>0 <input type="checkbox"/> While inpatient in hospital (Next DV)</p> <p>1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic)</p> <p>2 <input type="checkbox"/> Telephone</p> <p>3 <input type="checkbox"/> Hospital Outpatient Clinic</p> <p>4 <input type="checkbox"/> Home</p> <p>5 <input type="checkbox"/> Hospital Emergency Room</p> <p>6 <input type="checkbox"/> Company or Industry Clinic</p> <p>7 <input type="checkbox"/> Other (Specify) _____</p>
<p>4. Was the doctor a general practitioner or a specialist?</p>	<p>4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist -- What kind of specialist is he? _____</p>
<p>5. During this visit (call) did -- actually see (talk to) the doctor?</p>	<p>5. 1 Y 2 N</p>
<p>6a. Why did he visit (call) the doctor on (date) ?</p> <p style="padding-left: 40px;">Write in reason _____</p> <p style="padding-left: 40px;">Mark appropriate box(es)</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Diag. or treatment (6c)</p> <p>3 <input type="checkbox"/> General checkup (6b)</p> <p>2 <input type="checkbox"/> Pre or Postnatal care</p> <p>4 <input type="checkbox"/> Eye exam. (glasses)</p> <p>5 <input type="checkbox"/> Immunization</p> <p>6 <input type="checkbox"/> Other _____ } (Next DV)</p>
<p>b. Was this for any specific condition?</p> <p>Mark box or ask:</p>	<p>b. Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV)</p> <p><input type="checkbox"/> Condition reported in 6a</p>
<p>c. For what condition did -- visit (call) the doctor on (date) ?</p>	<p>c. _____</p>
<p>FOOTNOTES</p>	
PI	<p>A Condition page is required for the condition in question 6. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required doctor visits.</p>

<p>1. Person number _____</p> <p>2a. _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before Month Date</p> <p>b. Y (Reask 2a and b) N (Ask 3-6 for each visit)</p> <p>3. 0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other (Specify) _____</p> <p>4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? _____</p> <p>5. 1 Y 2 N</p> <p>6a. 1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other _____ } (Next DV)</p> <p>b. Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV) <input type="checkbox"/> Condition reported in 6a</p> <p>c. _____</p>	<p>1. Person number _____</p> <p>2a. _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before Month Date</p> <p>b. Y (Reask 2a and b) N (Ask 3-6 for each visit)</p> <p>3. 0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other (Specify) _____</p> <p>4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? _____</p> <p>5. 1 Y 2 N</p> <p>6a. 1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other _____ } (Next DV)</p> <p>b. Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV) <input type="checkbox"/> Condition reported in 6a</p> <p>c. _____</p>	<p>1. Person number _____</p> <p>2a. _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before Month Date</p> <p>b. Y (Reask 2a and b) N (Ask 3-6 for each visit)</p> <p>3. 0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other (Specify) _____</p> <p>4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? _____</p> <p>5. 1 Y 2 N</p> <p>6a. 1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other _____ } (Next DV)</p> <p>b. Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV) <input type="checkbox"/> Condition reported in 6a</p> <p>c. _____</p>
<p>FOOTNOTES</p>		
<p>PI</p>	<p>A Condition page is required for the condition in question 6. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required doctor visits.</p>	

HOSPITAL PAGE

	1.	Person number _____														
<p>2. When did -- enter the hospital (nursing home) (the last time)?</p> <p><small>You said that -- was in the hospital (nursing home) during the past year. USE YOUR CALENDAR Make sure the YEAR is correct</small></p>	2.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Date</td> <td style="width:34%;">Year</td> </tr> <tr> <td></td> <td></td> <td align="right">19 ____</td> </tr> </table>	Month	Date	Year			19 ____								
Month	Date	Year														
		19 ____														
<p>3. What is the name and address of this hospital (nursing home)?</p>	3.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street</td> </tr> <tr> <td>City (or county)</td> <td>State</td> </tr> </table>	Name		Street		City (or county)	State								
Name																
Street																
City (or county)	State															
<p>4. How many nights was -- in the hospital (nursing home)?</p>	4.	_____ Nights														
<p><small>Complete 5 from entries in 2 and 4; if not clear, ask the questions.</small></p> <p>5a. How many of these -- nights were during the past 12 months?</p> <p>-----</p>	5a.	_____ Nights														
<p>b. How many of these -- nights were during the past 2 weeks?</p> <p>-----</p>	b.	_____ Nights														
<p>c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?</p>	c.	Y N														
<p>6. For what condition did -- enter the hospital (nursing home) - do you know the medical name? If medical name unknown, enter an adequate description.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; vertical-align: top;"> <p>For delivery ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth?</p> </td> <td style="width:10%; vertical-align: middle; font-size: 2em;">}</td> <td style="width:25%; vertical-align: top;"> <p>If "NO," ask: What was the matter?</p> </td> <td style="width:40%; vertical-align: top;"> <p>Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</p> </td> </tr> </table>	<p>For delivery ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth?</p>	}	<p>If "NO," ask: What was the matter?</p>	<p>Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</p>	6.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth </td> </tr> <tr> <td colspan="2">Condition</td> </tr> <tr> <td>Cause</td> <td><input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj.</td> </tr> <tr> <td colspan="2">Kind</td> </tr> <tr> <td colspan="2">Part of body</td> </tr> </table>	<input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth		Condition		Cause	<input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj.	Kind		Part of body	
<p>For delivery ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth?</p>	}	<p>If "NO," ask: What was the matter?</p>	<p>Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</p>													
<input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth																
Condition																
Cause	<input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj.															
Kind																
Part of body																
<p>7a. Were any operations performed on -- during this stay at the hospital (nursing home)?</p> <p>-----</p>	7a.	Y o N (Next Hosp)														
<p>b. What was the name of the operation?</p> <p>If name of operation is not known, describe what was done.</p> <p>-----</p>	b.															
<p>c. Any other operations during this stay?</p>	c.	Y (Describe) _____ N														
<p>FOOTNOTES</p>																
P2	<p>A Condition page is required if there is an entry of "1" or more nights in 5b. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.</p>															

<p>1. Person number _____</p> <p>2. Month _____ Date _____ Year 19 ____</p> <p>3. Name _____ Street _____ City (or county) _____ State _____</p> <p>4. _____ Nights</p> <p>5a. _____ Nights</p> <p>b. _____ Nights</p> <p>c. Y _____ N _____</p> <p>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition _____ Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. _____ Kind _____ Part of body _____</p> <p>7a. Y _____ o N (Next Hosp)</p> <p>b. _____</p> <p>c. Y (Describe) → _____ N _____</p>	<p>1. Person number _____</p> <p>2. Month _____ Date _____ Year 19 ____</p> <p>3. Name _____ Street _____ City (or county) _____ State _____</p> <p>4. _____ Nights</p> <p>5a. _____ Nights</p> <p>b. _____ Nights</p> <p>c. Y _____ N _____</p> <p>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition _____ Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. _____ Kind _____ Part of body _____</p> <p>7a. Y _____ o N (Next Hosp)</p> <p>b. _____</p> <p>c. Y (Describe) → _____ N _____</p>	<p>1. Person number _____</p> <p>2. Month _____ Date _____ Year 19 ____</p> <p>3. Name _____ Street _____ City (or county) _____ State _____</p> <p>4. _____ Nights</p> <p>5a. _____ Nights</p> <p>b. _____ Nights</p> <p>c. Y _____ N _____</p> <p>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition _____ Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. _____ Kind _____ Part of body _____</p> <p>7a. Y _____ o N (Next Hosp)</p> <p>b. _____</p> <p>c. Y (Describe) → _____ N _____</p>
---	---	---

FOOTNOTES

P2

A Condition page is required if there is an entry of "1" or more nights in 5b. If there is no Condition page, enter condition in Item C and fill a page for it after completing columns for all required hospitalizations.

HOME CARE PAGE

Some people are limited in what they can do because of a physical or mental condition; that is, they cannot do some of the daily activities that other people do.

	Person number	Activity	Doesn't do	If "doesn't do," go to next line. Does -- use any SPECIAL EQUIPMENT in (activity)?	Does -- receive or need the help of ANOTHER PERSON in (activity)?	Does -- need help from another person in (activity) most of the time, some of the time, or once in a while?
	(a)	(b)	(c)	(d)	(e)	(f)
1a. Because of a disability or health problem, does anyone in the family, (that is you, your --, etc.), receive or need help from another person, or use special equipment in -- If "Yes," ask 1b and c "doesn't do" Y or N						
(1) Walking, except for using stairs?			<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify
(2) Going outside?			<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify
(3) Using the toilet in the bathroom, including getting to the bathroom?			<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify
(4) Bathing, including sponge baths?			<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify
(5) Dressing?			<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify
(6) Eating?			<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify
(7) Getting in and out of bed or chairs?			<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify
b. Who is this?						
c. Does anyone else receive or need help or use special equipment in -- ?						

2a. BECAUSE OF A DISABILITY OR HEALTH PROBLEM, does anyone in the family receive or need help from another person in -- If "Yes," ask 2b and c.	Y N				
b. Who is this? c. Does anyone else receive or need help in -- ?			(1) Preparing their own meals? (2) Shopping for personal items, such as magazines, toilet items, or medicines? (3) Doing routine household chores, not including yard work? (4) Handling their own money?		2b. 1 <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money

3a. Because of a disability or health problem does anyone in the family usually stay in bed all or most of the time?	Y	N (4)		
b. Who is this? Mark box in person's column.				
c. Anyone else?				

Mark box or ask: 4a. What (other) condition causes -- to (need help in activities in 1 and 2/(or) stay in bed)?				
Mark box or ask: b. Does any other condition cause -- to (need help in activities in 1 and 2/(or) stay in bed)?				4a. <input type="checkbox"/> No H box (NP)
Mark box or ask: c. Which of these conditions would you say is the MAIN condition that causes -- to (need help in activities in 1 and 2/(or) stay in bed)?			1 Y (Reask 4a and b) 2 N <input type="checkbox"/> Old age only (NP) <input type="checkbox"/> Only one condition	Main condition

HC1 Refer to item C2 to determine if a condition page was completed for the main condition in 4. Enter condition number, or mark box.				HC1 Cond. number (NP) <input type="checkbox"/> No condition page
--	--	--	--	--

5. When did -- first notice his (main condition in 4)?				5. 1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks, DK which 4 <input type="checkbox"/> 2 weeks - 3 months 5 <input type="checkbox"/> Over 3-12 months 6 <input type="checkbox"/> More than 12 months ago
---	--	--	--	--

HOME CARE PAGE – Continued

Person number (a)	Activity (b)	Doesn't do (c) <input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	If "doesn't do," go to next line. Does — use any SPECIAL EQUIPMENT in (activity)? (d) 1 Y 2 N	Does — receive or need the help of ANOTHER PERSON in (activity)? (e) 1 Y 2 N (Next line)	Does — need help from another person in (activity) most of the time, some of the time, or once in a while? (f) 1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other — Specify
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other — Specify
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other — Specify
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other — Specify
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other — Specify

2		3		4		5		6	
1 <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money	2b. <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money	1 <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money	2b. <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money	1 <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money	2b. <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money	1 <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money	2b. <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money	1 <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money	2b. <input type="checkbox"/> Meals 2 <input type="checkbox"/> Shopping 3 <input type="checkbox"/> Chores 4 <input type="checkbox"/> Handling money
<input type="checkbox"/> Stays in bed (H box THEN 3c)		<input type="checkbox"/> Stays in bed (H box THEN 3c)		<input type="checkbox"/> Stays in bed (H box THEN 3c)		<input type="checkbox"/> Stays in bed (H box THEN 3c)		<input type="checkbox"/> Stays in bed (H box THEN 3c)	
<input type="checkbox"/> No H box (NP)		<input type="checkbox"/> No H box (NP)		<input type="checkbox"/> No H box (NP)		<input type="checkbox"/> No H box (NP)		<input type="checkbox"/> No H box (NP)	
1 Y (Reask 4a and b) 2 N		b. 1 Y (Reask 4a and b) 2 N		1 Y (Reask 4a and b) 2 N		b. 1 Y (Reask 4a and b) 2 N		1 Y (Reask 4a and b) 2 N	
<input type="checkbox"/> Old age only (NP) <input type="checkbox"/> Only one condition		<input type="checkbox"/> Old age only (NP) <input type="checkbox"/> Only one condition		<input type="checkbox"/> Old age only (NP) <input type="checkbox"/> Only one condition		<input type="checkbox"/> Old age only (NP) <input type="checkbox"/> Only one condition		<input type="checkbox"/> Old age only (NP) <input type="checkbox"/> Only one condition	
Main condition		Main condition		Main condition		Main condition		Main condition	
Cond. number (NP) <input type="checkbox"/> No condition page		HCl Cond. number (NP) <input type="checkbox"/> No condition page		Cond. number (NP) <input type="checkbox"/> No condition page		HCl Cond. number (NP) <input type="checkbox"/> No condition page		Cond. number (NP) <input type="checkbox"/> No condition page	
1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks, DK which 4 <input type="checkbox"/> 2 weeks – 3 months 5 <input type="checkbox"/> Over 3–12 months 6 <input type="checkbox"/> More than 12 months ago		5. 1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks, DK which 4 <input type="checkbox"/> 2 weeks – 3 months 5 <input type="checkbox"/> Over 3–12 months 6 <input type="checkbox"/> More than 12 months ago		1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks, DK which 4 <input type="checkbox"/> 2 weeks – 3 months 5 <input type="checkbox"/> Over 3–12 months 6 <input type="checkbox"/> More than 12 months ago		5. 1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks, DK which 4 <input type="checkbox"/> 2 weeks – 3 months 5 <input type="checkbox"/> Over 3–12 months 6 <input type="checkbox"/> More than 12 months ago		1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks, DK which 4 <input type="checkbox"/> 2 weeks – 3 months 5 <input type="checkbox"/> Over 3–12 months 6 <input type="checkbox"/> More than 12 months ago	

HOME CARE PAGE – Continued

<p>6a. Does anyone in the family have a colostomy, a urinary catheter, or any other device to help control bowel movements or urination? Y N (7)</p>																																			
<p>b. Who is this? Mark "Device" box in person's column.</p>		6b. 1 <input type="checkbox"/> Device																																	
<p>c. Anyone else? Y (Reask 6b and c) N</p> <p>If "Device," ask 6d and e</p>																																			
<p>d. Which does -- have -- a colostomy, a catheter, or another type of device?</p>		d. 1 <input type="checkbox"/> Colostomy 2 <input type="checkbox"/> Catheter 3 <input type="checkbox"/> Other -- Specify <i>P</i>																																	
<p>e. Does -- receive or need help from another person in taking care of his (device in 6d)?</p>		e. 1 Y (Mark H box THEN NP) 2 N																																	
<p>7a. (Besides --) Does anyone (else) in the family have any accidents or any trouble controlling their bowel movements or urination? Y N (8)</p>																																			
<p>b. Who is this? Mark "Trouble controlling" box in person's column.</p>		7b. 1 <input type="checkbox"/> Trouble controlling																																	
<p>c. Anyone else? Y (Reask 7b and c) N</p>																																			
<p>8a. Does anyone in the family (that is you, your, -- etc.) now use (any of the following special aids) --</p> <p>If "Yes," ask 8b and c</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>(1) An artificial arm? (1)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(2) An artificial leg? (2)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(3) A brace of any kind? (if "Yes," ask: On what part of the body is the brace worn?) (3)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(4) Crutches? (4)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(5) A cane or walking stick? (5)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(6) Special shoes? (6)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(7) A wheel chair? (7)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(8) A walker? (8)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(9) A guide dog? (9)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(10) Any other kind of aid for getting around? (10)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>b. Who is this? Mark box in person's column.</p> <p>c. Anyone else?</p>			Y	N	(1) An artificial arm? (1)	<input type="checkbox"/>	<input type="checkbox"/>	(2) An artificial leg? (2)	<input type="checkbox"/>	<input type="checkbox"/>	(3) A brace of any kind? (if "Yes," ask: On what part of the body is the brace worn?) (3)	<input type="checkbox"/>	<input type="checkbox"/>	(4) Crutches? (4)	<input type="checkbox"/>	<input type="checkbox"/>	(5) A cane or walking stick? (5)	<input type="checkbox"/>	<input type="checkbox"/>	(6) Special shoes? (6)	<input type="checkbox"/>	<input type="checkbox"/>	(7) A wheel chair? (7)	<input type="checkbox"/>	<input type="checkbox"/>	(8) A walker? (8)	<input type="checkbox"/>	<input type="checkbox"/>	(9) A guide dog? (9)	<input type="checkbox"/>	<input type="checkbox"/>	(10) Any other kind of aid for getting around? (10)	<input type="checkbox"/>	<input type="checkbox"/>	8b. 1 <input type="checkbox"/> Artificial arm 2 <input type="checkbox"/> Artificial leg 3 <input type="checkbox"/> Brace -- Part of body <i>P</i> 4 <input type="checkbox"/> Crutches 5 <input type="checkbox"/> Cane or walking stick 6 <input type="checkbox"/> Special shoes 7 <input type="checkbox"/> Wheel chair 8 <input type="checkbox"/> Walker 9 <input type="checkbox"/> Guide dog 10 <input type="checkbox"/> Other -- Specify <i>P</i>
	Y	N																																	
(1) An artificial arm? (1)	<input type="checkbox"/>	<input type="checkbox"/>																																	
(2) An artificial leg? (2)	<input type="checkbox"/>	<input type="checkbox"/>																																	
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(10) Any other kind of aid for getting around? (10)	<input type="checkbox"/>	<input type="checkbox"/>																																	
<p>9a. Does anyone in the family use --</p> <p>If "Yes," ask 9b and c</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>(1) Eyeglasses? (1)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(2) Contact lenses? (2)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(3) A hearing aid? (3)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>b. Who is this? Mark box in person's column</p> <p>c. Anyone else?</p>			Y	N	(1) Eyeglasses? (1)	<input type="checkbox"/>	<input type="checkbox"/>	(2) Contact lenses? (2)	<input type="checkbox"/>	<input type="checkbox"/>	(3) A hearing aid? (3)	<input type="checkbox"/>	<input type="checkbox"/>	9b. 1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid																					
	Y	N																																	
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(3) A hearing aid? (3)	<input type="checkbox"/>	<input type="checkbox"/>																																	
<p>10a. Does anyone in the family receive help here at home with --</p> <p>If "Yes," ask 10b and c</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>(1) Receiving injections or shots? (1)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(2) Physical therapy? (2)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(3) Changing bandages? (3)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(8) Any other nursing or medical treatments? (8)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>b. Who is this? Mark box in person's column</p> <p>c. Anyone else?</p>			Y	N	(1) Receiving injections or shots? (1)	<input type="checkbox"/>	<input type="checkbox"/>	(2) Physical therapy? (2)	<input type="checkbox"/>	<input type="checkbox"/>	(3) Changing bandages? (3)	<input type="checkbox"/>	<input type="checkbox"/>	(8) Any other nursing or medical treatments? (8)	<input type="checkbox"/>	<input type="checkbox"/>	10b. 1 <input type="checkbox"/> Injections 2 <input type="checkbox"/> Physical therapy 3 <input type="checkbox"/> Bandages 4 <input type="checkbox"/> Other -- Specify <i>P</i>																		
	Y	N																																	
(1) Receiving injections or shots? (1)	<input type="checkbox"/>	<input type="checkbox"/>																																	
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<input type="checkbox"/> Device	6b.	<input type="checkbox"/> Device	<input type="checkbox"/> Device	6b.	<input type="checkbox"/> Device	<input type="checkbox"/> Device
<input type="checkbox"/> Colostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Other - Specify <i>z</i>	d.	<input type="checkbox"/> Colostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Other - Specify <i>z</i>	<input type="checkbox"/> Colostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Other - Specify <i>z</i>	d.	<input type="checkbox"/> Colostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Other - Specify <i>z</i>	<input type="checkbox"/> Colostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Other - Specify <i>z</i>
1 Y (Mark H box THEN NP) 2 N	e.	1 Y (Mark H box THEN NP) 2 N	1 Y (Mark H box THEN NP) 2 N	e.	1 Y (Mark H box THEN NP) 2 N	1 Y (Mark H box THEN NP) 2 N
<input type="checkbox"/> Trouble controlling	7b.	<input type="checkbox"/> Trouble controlling	<input type="checkbox"/> Trouble controlling	7b.	<input type="checkbox"/> Trouble controlling	<input type="checkbox"/> Trouble controlling
<input type="checkbox"/> Artificial arm <input type="checkbox"/> Artificial leg <input type="checkbox"/> Brace - Part of body <i>z</i> <input type="checkbox"/> Crutches <input type="checkbox"/> Cane or walking stick <input type="checkbox"/> Special shoes <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker <input type="checkbox"/> Guide dog <input type="checkbox"/> Other - Specify <i>z</i>	8b.	<input type="checkbox"/> Artificial arm <input type="checkbox"/> Artificial leg <input type="checkbox"/> Brace - Part of body <i>z</i> <input type="checkbox"/> Crutches <input type="checkbox"/> Cane or walking stick <input type="checkbox"/> Special shoes <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker <input type="checkbox"/> Guide dog <input type="checkbox"/> Other - Specify <i>z</i>	<input type="checkbox"/> Artificial arm <input type="checkbox"/> Artificial leg <input type="checkbox"/> Brace - Part of body <i>z</i> <input type="checkbox"/> Crutches <input type="checkbox"/> Cane or walking stick <input type="checkbox"/> Special shoes <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker <input type="checkbox"/> Guide dog <input type="checkbox"/> Other - Specify <i>z</i>	8b.	<input type="checkbox"/> Artificial arm <input type="checkbox"/> Artificial leg <input type="checkbox"/> Brace - Part of body <i>z</i> <input type="checkbox"/> Crutches <input type="checkbox"/> Cane or walking stick <input type="checkbox"/> Special shoes <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker <input type="checkbox"/> Guide dog <input type="checkbox"/> Other - Specify <i>z</i>	<input type="checkbox"/> Artificial arm <input type="checkbox"/> Artificial leg <input type="checkbox"/> Brace - Part of body <i>z</i> <input type="checkbox"/> Crutches <input type="checkbox"/> Cane or walking stick <input type="checkbox"/> Special shoes <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker <input type="checkbox"/> Guide dog <input type="checkbox"/> Other - Specify <i>z</i>
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Hearing aid	9b.	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Hearing aid	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Hearing aid	9b.	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Hearing aid	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Hearing aid
<input type="checkbox"/> Injections <input type="checkbox"/> Physical therapy <input type="checkbox"/> Bandages <input type="checkbox"/> Other - Specify <i>z</i>	10b.	<input type="checkbox"/> Injections <input type="checkbox"/> Physical therapy <input type="checkbox"/> Bandages <input type="checkbox"/> Other - Specify <i>z</i>	<input type="checkbox"/> Injections <input type="checkbox"/> Physical therapy <input type="checkbox"/> Bandages <input type="checkbox"/> Other - Specify <i>z</i>	10b.	<input type="checkbox"/> Injections <input type="checkbox"/> Physical therapy <input type="checkbox"/> Bandages <input type="checkbox"/> Other - Specify <i>z</i>	<input type="checkbox"/> Injections <input type="checkbox"/> Physical therapy <input type="checkbox"/> Bandages <input type="checkbox"/> Other - Specify <i>z</i>

HOME CARE PAGE – Continued

11a. During the past 12 months, (that is since (date) a year ago) has anyone in the family received MEALS that were prepared outside the home and brought in on a fairly regular basis? Y N (12)

b. Who received the meals? Mark "Meals" box in person's column.

11b. 1 Meals

c. Anyone else?

Y (Reask 11b and c) N

If "Meals" in 11b, ask 11d-e

d. Does -- NOW regularly receive meals that are prepared outside the home and brought in?

d. 1 Y 2 N (NP)

e. What agency, organization or program provides these meals for --?

e.

12a. During the past 12 months, has anyone in the family received any care at home from a nurse? Exclude related HH members. Y N (IHCP)

b. Who received the care? Mark "Nurse" box in person's column.

12b. 1 Nurse

c. Anyone else?

Y (Reask 12b and c) N

FOOTNOTES

<input type="checkbox"/> Meals	11b. <input type="checkbox"/> Meals	<input type="checkbox"/> Meals	11b. <input type="checkbox"/> Meals	<input type="checkbox"/> Meals
1 Y 2 N (NP)	d. 1 Y 2 N (NP)	1 Y 2 N (NP)	d. 1 Y 2 N (NP)	1 Y 2 N (NP)
_____	e. _____	_____	e. _____	_____
<input type="checkbox"/> Nurse	12b. <input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse	12b. <input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse

FOOTNOTES

Complete for each person with H box		INDIVIDUAL HOME CARE PAGE		1. Person number _____
2a. Earlier you said that --- receives or needs the help of another person. Who helps ---? (Is --- helped by anyone who lives here, by any other friends or relatives, a nurse, or any other health care professionals who come into the home, or is --- helped by someone else?)		2a.		1 <input type="checkbox"/> Related HH members 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Other health worker - Specify _____ 4 <input type="checkbox"/> Other relatives or friends 5 <input type="checkbox"/> Other - Specify _____
b. Does anyone else help ---?		b.		Y (Reask 2a and b) N
If "Nurse" in 2a, ask:		3a.		_____ Days per week
3a. On the average, how many days per week does the nurse visit ---?		b.		00 <input type="checkbox"/> Less than 1 hour _____ Hours
b. When the nurse visits, how many hours per day does he or she usually spend helping ---?		c.		1 Y 2 N
c. Does anyone in the family, that is you, your ---, etc. pay any part of the cost for the nurse?		d.		1 Y 2 N (3f)
d. Does any government agency or program help pay for the nurse?		e.		1 <input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____ 2 <input type="checkbox"/> Medicare 3 <input type="checkbox"/> Health insurance
e. What agency or program helps pay?		f.		_____ Number of times
f. During the past 2 weeks, how many times was --- visited by the nurse?		4a.		_____ Days per week
If "Other health worker" in 2a, ask:		b.		00 <input type="checkbox"/> Less than 1 hour _____ Hours
4a. On the average, how many days per week does the (other health worker) visit ---?		c.		1 Y 2 N
b. When the (other health worker) visits, how many hours per day does he or she usually spend helping ---?		d.		1 Y 2 N (4f)
c. Does anyone in the family, that is you, your ---, etc. pay any part of the cost for the (other health worker)?		e.		1 <input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____ 2 <input type="checkbox"/> Medicare 3 <input type="checkbox"/> Health insurance
d. Does any government agency or program help pay for the (other health worker)?		f.		_____ Number of times
e. What agency or program helps pay?		HC2		1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17 +
f. During the past 2 weeks, how many times was --- visited by the (other health worker)?		5a.		1 Y (5) 2 N 4 <input type="checkbox"/> Doesn't use (5c)
HC2		b.		1 Y (5) 2 N
5a. Does --- receive or need help from others in using public transportation, such as buses, trains, subways, or planes?		c.		1 Y 2 N
b. Does --- use public transportation?		6a.		1 Y (7) 2 N
c. If --- had to use public transportation, would --- need the help of other persons?		b.		1 <input type="checkbox"/> Age 2 <input type="checkbox"/> Disability 3 <input type="checkbox"/> Other
6a. Does --- drive a car?		7a.		1 Y (8) 2 N
b. Does --- not drive a car because of a disability or health problem or because of some other reason?		b.		1 Y 2 N
7a. Does --- use the telephone without the help of another person?		8a.		1 Y 2 N (8c)
b. Would --- be able to use the telephone in an emergency?		b.		1 <input type="checkbox"/> 1-3 times 3 <input type="checkbox"/> 13+ times 2 <input type="checkbox"/> 4-12 times
8a. During the 2 weeks outlined in red on the calendar, did --- have any visits from a friend, relative or neighbor?		c.		1 Y 2 N (9)
b. How many times during that period was --- visited by friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)		d.		1 <input type="checkbox"/> 1-3 times 3 <input type="checkbox"/> 13+ times 2 <input type="checkbox"/> 4-12 times
c. During these 2 weeks, did --- go out to visit a friend, relative or neighbor?		9.		1 Y 2 N
d. How many times during that period did --- go out to visit friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)		10.		1 <input type="checkbox"/> Most/All 4 <input type="checkbox"/> Never 2 <input type="checkbox"/> Some 5 <input type="checkbox"/> Other - Specify _____ 3 <input type="checkbox"/> Once
9. During the past 12 months, did --- go on a vacation?		10.		
10. Because of a disability or health problem, how often must someone be here with ---, most of the time, some of the time, once in a while or never?				

1. Person number _____	1. Person number _____	1. Person number _____
2a. 1 <input type="checkbox"/> Related HH members 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Other health worker - Specify _____ 4 <input type="checkbox"/> Other relatives or friends 5 <input type="checkbox"/> Other - Specify _____	2a. 1 <input type="checkbox"/> Related HH members 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Other health worker - Specify _____ 4 <input type="checkbox"/> Other relatives or friends 5 <input type="checkbox"/> Other - Specify _____	2a. 1 <input type="checkbox"/> Related HH members 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Other health worker - Specify _____ 4 <input type="checkbox"/> Other relatives or friends 5 <input type="checkbox"/> Other - Specify _____
b. Y (Reask 2a and b) N	b. Y (Reask 2a and b) N	b. Y (Reask 2a and b) N
3a. _____ Days per week	3a. _____ Days per week	3a. _____ Days per week
b. 00 <input type="checkbox"/> Less than 1 hour _____ Hours	b. 00 <input type="checkbox"/> Less than 1 hour _____ Hours	b. 00 <input type="checkbox"/> Less than 1 hour _____ Hours
c. 1 Y 2 N	c. 1 Y 2 N	c. 1 Y 2 N
d. 1 Y 2 N (3f)	d. 1 Y 2 N (3f)	d. 1 Y 2 N (3f)
e. 1 <input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____ 2 <input type="checkbox"/> Medicare 3 <input type="checkbox"/> Health insurance	e. 1 <input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____ 2 <input type="checkbox"/> Medicare 3 <input type="checkbox"/> Health insurance	e. 1 <input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____ 2 <input type="checkbox"/> Medicare 3 <input type="checkbox"/> Health insurance
f. _____ Number of times	f. _____ Number of times	f. _____ Number of times
4a. _____ Days per week	4a. _____ Days per week	4a. _____ Days per week
b. 00 <input type="checkbox"/> Less than 1 hour _____ Hours	b. 00 <input type="checkbox"/> Less than 1 hour _____ Hours	b. 00 <input type="checkbox"/> Less than 1 hour _____ Hours
c. 1 Y 2 N	c. 1 Y 2 N	c. 1 Y 2 N
d. 1 Y 2 N (4f)	d. 1 Y 2 N (4f)	d. 1 Y 2 N (4f)
e. 1 <input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____ 2 <input type="checkbox"/> Medicare 3 <input type="checkbox"/> Health insurance	e. 1 <input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____ 2 <input type="checkbox"/> Medicare 3 <input type="checkbox"/> Health insurance	e. 1 <input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____ 2 <input type="checkbox"/> Medicare 3 <input type="checkbox"/> Health insurance
f. _____ Number of times	f. _____ Number of times	f. _____ Number of times
HC2 1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17+	HC2 1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17+	HC2 1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17+
5a. 1 Y (6) 2 N 4 <input type="checkbox"/> Doesn't use (5c)	5a. 1 Y (6) 2 N 4 <input type="checkbox"/> Doesn't use (5c)	5a. 1 Y (6) 2 N 4 <input type="checkbox"/> Doesn't use (5c)
b. 1 Y (6) 2 N	b. 1 Y (6) 2 N	b. 1 Y (6) 2 N
c. 1 Y 2 N	c. 1 Y 2 N	c. 1 Y 2 N
6a. 1 Y (7) 2 N	6a. 1 Y (7) 2 N	6a. 1 Y (7) 2 N
b. 1 <input type="checkbox"/> Age 2 <input type="checkbox"/> Disability 3 <input type="checkbox"/> Other	b. 1 <input type="checkbox"/> Age 2 <input type="checkbox"/> Disability 3 <input type="checkbox"/> Other	b. 1 <input type="checkbox"/> Age 2 <input type="checkbox"/> Disability 3 <input type="checkbox"/> Other
7a. 1 Y (8) 2 N	7a. 1 Y (8) 2 N	7a. 1 Y (8) 2 N
b. 1 Y 2 N	b. 1 Y 2 N	b. 1 Y 2 N
8a. 1 Y 2 N (8c)	8a. 1 Y 2 N (8c)	8a. 1 Y 2 N (8c)
b. 1 <input type="checkbox"/> 1-3 times 3 <input type="checkbox"/> 13+ times 2 <input type="checkbox"/> 4-12 times	b. 1 <input type="checkbox"/> 1-3 times 3 <input type="checkbox"/> 13+ times 2 <input type="checkbox"/> 4-12 times	b. 1 <input type="checkbox"/> 1-3 times 3 <input type="checkbox"/> 13+ times 2 <input type="checkbox"/> 4-12 times
c. 1 Y 2 N (9)	c. 1 Y 2 N (9)	c. 1 Y 2 N (9)
d. 1 <input type="checkbox"/> 1-3 times 3 <input type="checkbox"/> 13+ times 2 <input type="checkbox"/> 4-12 times	d. 1 <input type="checkbox"/> 1-3 times 3 <input type="checkbox"/> 13+ times 2 <input type="checkbox"/> 4-12 times	d. 1 <input type="checkbox"/> 1-3 times 3 <input type="checkbox"/> 13+ times 2 <input type="checkbox"/> 4-12 times
9. 1 Y 2 N	9. 1 Y 2 N	9. 1 Y 2 N
10. 1 <input type="checkbox"/> Most/All 4 <input type="checkbox"/> Never 2 <input type="checkbox"/> Some 5 <input type="checkbox"/> Other - Specify _____ 3 <input type="checkbox"/> Once	10. 1 <input type="checkbox"/> Most/All 4 <input type="checkbox"/> Never 2 <input type="checkbox"/> Some 5 <input type="checkbox"/> Other - Specify _____ 3 <input type="checkbox"/> Once	10. 1 <input type="checkbox"/> Most/All 4 <input type="checkbox"/> Never 2 <input type="checkbox"/> Some 5 <input type="checkbox"/> Other - Specify _____ 3 <input type="checkbox"/> Once

IMMUNIZATION PAGE

		1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17+ (NP)
5		
1a. Since the first of (hospital probe month) 1979, has -- received a DPT shot? - A DPT shot is to prevent diphtheria, tetanus, and pertussis or whooping cough.	1a.	1 Y 2 N (2) 9 DK (2)
b. When did -- receive the DPT shot?	b.	Mo. _____ Date _____
c. Where did -- receive the DPT shot - at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 - Doctor's office (Group practice or doctor's clinic) 3 - Public Health Clinic 8 - Other - Specify 2 - Hospital outpatient clinic or emergency room 4 - School	c.	1 2 3 4 8 7 (Specify)
2a. Since the first of (hospital probe month) 1979, has -- received a polio shot or polio vaccine by mouth?	2a.	1 Y 2 N (3) 9 DK (3)
b. Was it a shot or did -- receive the vaccine by mouth?	b.	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot
c. When did -- receive the polio (vaccine/shot)?	c.	Mo. _____ Date _____
d. Where did -- receive the polio (vaccine/shot) - at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 - Doctor's office (Group practice or doctor's clinic) 3 - Public Health Clinic 8 - Other - Specify 2 - Hospital outpatient clinic or emergency room 4 - School	d.	1 2 3 4 8 7 (Specify)
3a. Since the first of (hospital probe month) 1979, has -- received a mumps shot?	3a.	1 Y 2 N (4) 9 DK (4)
b. When did -- receive the mumps shot?	b.	Mo. _____ Date _____
c. Where did -- receive the mumps shot - at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 - Doctor's office (Group practice or doctor's clinic) 3 - Public Health Clinic 8 - Other - Specify 2 - Hospital outpatient clinic or emergency room 4 - School	c.	1 2 3 4 8 7 (Specify)
There are two basic types of measles for which shots can be received: German measles, sometimes known as Rubella or 3-day measles AND Red measles, sometimes known as 8-day measles.		
4a. Since the first of (hospital probe month) 1979, has -- received any kind of measles shot?	4a.	1 Y 2 N (NP) 9 DK (NP)
b. What types of measles shots did -- receive? (Was it for German measles, sometimes known as Rubella or 3-day measles, OR was it for Red measles, sometimes known as 8-day measles, OR did -- receive shots for both?)	b.	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind
5a. When did -- receive the measles shot?	5a.	Mo. _____ Date _____
b. Where did -- receive the measles shot - at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 - Doctor's office (Group practice or doctor's clinic) 3 - Public Health Clinic 8 - Other - Specify 2 - Hospital outpatient clinic or emergency room 4 - School	b.	1 2 3 4 8 7 } (NP) (Specify)
6a. When did -- receive the shot for Red measles, sometimes known as 8-day measles?	6a.	Mo. _____ Date _____
b. Where did -- receive this shot - at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 - Doctor's office (Group practice or doctor's clinic) 3 - Public Health Clinic 8 - Other - Specify 2 - Hospital outpatient clinic or emergency room 4 - School	b.	1 2 3 4 8 7 (Specify)
7a. When did -- receive the shot for German measles, sometimes known as Rubella or 3-day measles?	7a.	Mo. _____ Date _____
b. Where did -- receive this shot - at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 - Doctor's office (Group practice or doctor's clinic) 3 - Public Health Clinic 8 - Other - Specify 2 - Hospital outpatient clinic or emergency room 4 - School	b.	1 2 3 4 8 7 (Specify)

1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)	5	1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)	1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)	5	1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)	1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)
1 Y 2 N (2) 9 DK (2)	1a.	1 Y 2 N (2) 9 DK (2)	1 Y 2 N (2) 9 DK (2)	1a.	1 Y 2 N (2) 9 DK (2)	1 Y 2 N (2) 9 DK (2)
Mo. _____ Date _____	b.	Mo. _____ Date _____	Mo. _____ Date _____	b.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	c.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	c.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)
1 Y 2 N (3) 9 DK (3)	2a.	1 Y 2 N (3) 9 DK (3)	1 Y 2 N (3) 9 DK (3)	2a.	1 Y 2 N (3) 9 DK (3)	1 Y 2 N (3) 9 DK (3)
1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot	b.	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot	b.	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot
Mo. _____ Date _____	c.	Mo. _____ Date _____	Mo. _____ Date _____	c.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	d.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	d.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)
1 Y 2 N (4) 9 DK (4)	3a.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)	3a.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)
Mo. _____ Date _____	b.	Mo. _____ Date _____	Mo. _____ Date _____	b.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	c.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	c.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)
1 Y 2 N (NP) 9 DK (NP)	4a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)	4a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)
1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind	b.	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind	b.	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind
Mo. _____ Date _____	5a.	Mo. _____ Date _____	Mo. _____ Date _____	5a.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 } (NP) _____ (Specify)	b.	1 2 3 4 8 7 } (NP) _____ (Specify)	1 2 3 4 8 7 } (NP) _____ (Specify)	b.	1 2 3 4 8 7 } (NP) _____ (Specify)	1 2 3 4 8 7 } (NP) _____ (Specify)
Mo. _____ Date _____	6a.	Mo. _____ Date _____	Mo. _____ Date _____	6a.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	b.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	b.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)
Mo. _____ Date _____	7a.	Mo. _____ Date _____	Mo. _____ Date _____	7a.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	b.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	b.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)

Complete for each SP
(19+: Self; 17-18: Self or parent; Under 17: Parent) **EYE CARE PAGE**

E2

2+ visits in 4 Other (E3)

1. Person number **E1** Refer to Flashcard Booklet
 1 Callback required (Next SP)
 2 Eligible resp. available

When people need help or advice about their eyes they go to their regular doctor or someone else who takes care of the eyes. Eye care includes examinations, treatments, and surgery. It also includes fitting or adjusting of contact lenses. Eye care does NOT include visits which were only for adjusting frames.

2. Since (12-month date) a year ago, has -- visited a doctor, eye specialist, or someone else for any type of eye care? Please count times a doctor examined --'s eyes even if the visit was not made only for this purpose.

1 Y
2 N (E3)

3. How many total times since (12-month date) a year ago, has -- visited someone for eye care?

Number _____

4. How many times did -- visit someone for eye care since the first of (hospital probe month) 1979?

0 None (E3)
Number _____

5a. On what date did -- visit someone for eye care (the last time)?

Month _____ Date _____ OR 7777 Last week before 8888 Week before

b. Where did -- go for that visit -- to a doctor's office, an optical store, or some other place?

1 Doctor's office (group practice or doctor's clinic)
 2 Optical store
 Other - Specify _____

c. What is the (name and) address of this (place in 5b)?

Name _____
 Street _____
 City _____ State _____

d. Who did -- see at the (place in 5b) on that visit?

Name _____ Spec. code _____

e. Is (person in 5d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

1 Ophthalmologist
 2 Optometrist
 3 Optician
 Other - Specify _____ (E3)

f. Is this person a medical doctor?

1 Y
2 N
9 DK

6a. On what date did -- visit someone for eye care the time before last?

Month _____ Date _____ OR 7777 Last week before 8888 Week before

b. Where did -- go for that visit -- to a doctor's office, an optical store, or some other place?

1 Doctor's office (group practice or doctor's clinic)
 2 Optical store
 Other - Specify _____

c. What is the (name and) address of this (place in 6b)?

Name _____
 Street _____
 City _____ State _____

d. Who did -- see at the (place in 6b) on that visit?

Name _____ Spec. code _____

e. Is (person in 6d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

1 Ophthalmologist
 2 Optometrist
 3 Optician
 Other - Specify _____ (E2)

f. Is this person a medical doctor?

1 Y
2 N
9 DK

E3

a. MARK FIRST APPROPRIATE BOX.

1 Under 17
 2 Present for all questions
 3 Present for 1+ questions
 4 Not present

b. ENTER PERSON NUMBER(S) OF PERSON WHO RESPONDED

Person No. of respondent(s) _____

SPECIALTY CODES

- 1-Ophthalmologist
- 2-Optometrist
- 3-Optician
- 4-M.D. - not ophthalmologist
- 5-M.D. - DK type
- 6-Not an M.D.
- 7-DK if M.D.

E4

1 Complete-Personal visit
 2 Complete-telephone
 3 Refused
 8 Other - Specify _____

Complete for each SP
 (19+: Self; 17-18: Self or parent; Under 17: Parent) **EYE CARE PAGE**

E2

2+ visits in 4 Other (E3)

1. Person number **E1** Refer to Flashcard Booklet

1 Callback required (Next SP)
 2 Eligible resp. available

When people need help or advice about their eyes they go to their regular doctor or someone else who takes care of the eyes. Eye care includes examinations, treatments, and surgery. It also includes fitting or adjusting of contact lenses. Eye care does NOT include visits which were only for adjusting frames.

2. Since (12-month date) a year ago, has -- visited a doctor, eye specialist, or someone else for any type of eye care? Please count times a doctor examined --'s eyes even if the visit was not made only for this purpose.

1 Y
 2 N (E3)

3. How many total times since (12-month date) a year ago, has -- visited someone for eye care?

Number

4. How many times did -- visit someone for eye care since the first of (hospital probe month) 1979?

0 None (E3)
 Number

5a. On what date did -- visit someone for eye care (the last time)?

Month Date OR 7777 Last week
 8888 Week before

b. Where did -- go for that visit - to a doctor's office, an optical store, or some other place?

1 Doctor's office (group practice or doctor's clinic)
 2 Optical store
 Other - Specify 7

c. What is the (name and) address of this (place in 5b)?

Name
 Street
 City State

d. Who did -- see at the (place in 5b) on that visit?

Name Spec. code

e. Is (person in 5d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

1 Ophthalmologist
 2 Optometrist
 3 Optician
 Other - Specify 7 (E2)

f. Is this person a medical doctor?

1 Y
 2 N
 9 DK

6a. On what date did -- visit someone for eye care the time before last?

Month Date OR 7777 Last week
 8888 Week before

b. Where did -- go for that visit - to a doctor's office, an optical store, or some other place?

1 Doctor's office (group practice or doctor's clinic)
 2 Optical store
 Other - Specify 7

c. What is the (name and) address of this (place in 6b)?

Name
 Street
 City State

d. Who did -- see at the (place in 6b) on that visit?

Name Spec. code

e. Is (person in 6d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

1 Ophthalmologist
 2 Optometrist
 3 Optician
 Other - Specify 7 (E3)

f. Is this person a medical doctor?

1 Y
 2 N
 9 DK

E3

a. MARK FIRST APPROPRIATE BOX.

1 Under 17
 2 Present for all questions
 3 Present for 1+ questions
 4 Not present

b. ENTER PERSON NUMBER(S) OF PERSON WHO RESPONDED

Person No. of respondent(s)

SPECIALTY CODES

1-Ophthalmologist
 2-Optometrist
 3-Optician
 4-M.D. - not ophthalmologist

5-M.D. - DK type
 6-Not an M.D.
 7-DK if M.D.

E4

1 Complete-Personal visit
 2 Complete-telephone
 3 Refused
 8 Other - Specify 7

RESIDENTIAL MOBILITY PAGE		
RM1		RM1 <input type="checkbox"/> H box, 17+ (1) <input type="checkbox"/> SP, 17 + (1) <input type="checkbox"/> Other (NP)
	Complete 1a and b from household composition items, if not clear, ask: 1a. Is --- related to any persons now living in this household?	1a. 1 Y 2 N (2)
	b. Is --- now living with ---'s: (1) Brother or sister? (3) Father or mother? (5) (Husband/wife)? (7) Son or daughter? MARK ALL THAT APPLY	b. <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> None of the above
	2. How long has --- lived at this address? Enter number, then mark box If "3" years, ask: Was it less than 3 years or more than 3 years?	2. _____ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years
RM2		RM2 <input type="checkbox"/> 3+ years in 2 (RM3) <input type="checkbox"/> Less than 3 years in 2
	3. Including the time --- moved here, how many times has --- moved in the past 3 years, that is, since (12-month date), 1976?	3. _____ Number
	4a. What was ---'s address, including county (12-month date), 1976? Enter only county and State	4a. County _____ State _____
	b. About how many miles is that address from here?	b. <input type="checkbox"/> Initial DK - PROBE _____ Miles
	c. How many people was --- living with at that time, not counting ---?	c. <input type="checkbox"/> Lived alone (5) _____ Number
	d. Were any of these people related to ---?	d. 1 Y 2 N (5)
	e. Was --- living with ---'s: (1) Brother or sister? (3) Father or mother? (5) (Husband/wife)? (7) Son or daughter? MARK ALL THAT APPLY	e. <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> None of the above
	5a. What is the (other) reason --- moved HERE? Was it because --- changed jobs, because --- retired, because of ---'s health, or was it for some other reason?	5a. <input type="checkbox"/> Job-self <input type="checkbox"/> Retired-self <input type="checkbox"/> Health-self <input type="checkbox"/> Job-other person <input type="checkbox"/> Retired-other person <input type="checkbox"/> Health-other person <input type="checkbox"/> Other - Specify _____
	b. Any other reason? Mark box or ask: c. What is the MAIN reason --- moved?	b. Y (Reask 5a and b) N <input type="checkbox"/> Only one reason c.
RM3 Q's 1-5	For persons 17 years or over, show who responded for (or was present during the asking of) Questions 1-5. If persons responded for self, show whether entirely or partly.	RM3 <input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly Person _____ was respondent

1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)	RM1	1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)	1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)	RM1	1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)	1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)
1 Y 2 N (2)	1a.	1 Y 2 N (2)	1 Y 2 N (2)	1a.	1 Y 2 N (2)	1 Y 2 N (2)
1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	b.	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	b.	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above
Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	2.	Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	2.	Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years
1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2	RM2	1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2	1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2	RM2	1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2	1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2
_____ Number	3.	_____ Number	_____ Number	3.	_____ Number	_____ Number
County _____ State _____	4a.	County _____ State _____	County _____ State _____	4a.	County _____ State _____	County _____ State _____
<input type="checkbox"/> Initial DK - PROBE _____ Miles	b.	<input type="checkbox"/> Initial DK - PROBE _____ Miles	1 <input type="checkbox"/> Initial DK - PROBE _____ Miles	b.	<input type="checkbox"/> Initial DK - PROBE _____ Miles	<input type="checkbox"/> Initial DK - PROBE _____ Miles
00 <input type="checkbox"/> Lived alone (5) _____ Number	c.	00 <input type="checkbox"/> Lived alone (5) _____ Number	00 <input type="checkbox"/> Lived alone (5) _____ Number	c.	00 <input type="checkbox"/> Lived alone (5) _____ Number	00 <input type="checkbox"/> Lived alone (5) _____ Number
1 Y 2 N (5)	d.	1 Y 2 N (5)	1 Y 2 N (5)	d.	1 Y 2 N (5)	1 Y 2 N (5)
1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	e.	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	e.	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above
1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u> ?</u>	5a.	1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u> ?</u>	1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u> ?</u>	5a.	1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u> ?</u>	1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u> ?</u>
Y (Reask 5a and b) N <input type="checkbox"/> Only one reason	b.	Y (Reask 5a and b) N <input type="checkbox"/> Only one reason	Y (Reask 5a and b) N <input type="checkbox"/> Only one reason	b.	Y (Reask 5a and b) N <input type="checkbox"/> Only one reason	Y (Reask 5a and b) N <input type="checkbox"/> Only one reason
1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	RM3	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	RM3	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent

Mark box or ask: 1a. About how tall is -- without shoes?		<input type="checkbox"/> Under 17 (NP) _____ Feet _____ Inches
b. About how much does -- weigh without shoes?		_____ Pounds
Mark box or ask: 2a. What is the highest grade or year -- attended in school?		<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
b. Did -- finish the -- grade (year)?		1 Y 2 N
3a. Did -- ever serve in the Armed Forces of the United States?		1 Y 2 N (NP)
b. When did he serve? Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.		1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI
Vietnam Era (Aug. '64 to April '75) VN Korean War (June '50-Jan. '55) KW World War II (Sept. '40-July '47) WWII World War I (April '17-Nov. '18) WWI Post Vietnam (May '75 to present) PVN Other Service (all other periods) OS		
Hand Card R — Mark box or ask: 4a. Please give me the number of the group or groups which describes --'s racial background. Circle all that apply. 1 — Aleut, Eskimo or American Indian 2 — Asian or Pacific Islander 3 — Black 4 — White 5 — Another group not listed — <i>Please specify</i>		<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 — <i>Specify</i> <u> </u> <u> </u> <u> </u>
If multiple entries ask: b. Which of those groups, that is, (entries in 4a) would you say BEST describes --'s racial background?		1 2 3 4 5 — <i>Specify</i> <u> </u> <u> </u>
Hand Card O — Mark box or ask: 5a. Are any of those groups --'s national origin or ancestry? (Where did --'s ancestors come from?)		<input type="checkbox"/> Under 17 (NP) 1 Y 2 N(NP)
b. Please give me the number of the group. Circle all that apply. 1 — Puerto Rican 5 — Mexican-American 2 — Cuban 6 — Chicano 3 — Mexican 7 — Other Latin American 4 — Mexicano 8 — Other Spanish		1 2 3 4 5 6 7 8

<input type="checkbox"/> Under 17 (NP) ___ Feet ___ Inches ___ Pounds	1a.	<input type="checkbox"/> Under 17 (NP) ___ Feet ___ Inches ___ Pounds	<input type="checkbox"/> Under 17 (NP) ___ Feet ___ Inches ___ Pounds	1a.	<input type="checkbox"/> Under 17 (NP) ___ Feet ___ Inches ___ Pounds	<input type="checkbox"/> Under 17 (NP) ___ Feet ___ Inches ___ Pounds
<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	2a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	2a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
1 Y 2 N	b.	1 Y 2 N	1 Y 2 N	b.	1 Y 2 N	1 Y 2 N
1 Y 2 N (NP)	3a.	1 Y 2 N (NP)	1 Y 2 N (NP)	3a.	1 Y 2 N (NP)	1 Y 2 N (NP)
1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	b.	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	b.	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI
<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 - Specify \bar{p} _____ _____	4a.	<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 - Specify \bar{p} _____ _____	<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 - Specify \bar{p} _____ _____	4a.	<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 - Specify \bar{p} _____ _____	<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 - Specify \bar{p} _____ _____
1 2 3 4 5 - Specify \bar{p} _____	b.	1 2 3 4 5 - Specify \bar{p} _____	1 2 3 4 5 - Specify \bar{p} _____	b.	1 2 3 4 5 - Specify \bar{p} _____	1 2 3 4 5 - Specify \bar{p} _____
<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)	5a.	<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)	<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)	5a.	<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)	<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)
1 2 3 4 5 6 7 8	b.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	b.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8

Mark box or ask: 6a. Did -- work at any time last week or the week before - not counting work around the house?		<input type="checkbox"/> Under 17 (NP) 6a. 1 Y (7) 2 N
b. Even though -- did not work during these 2 weeks, does -- have a job or business?		b. 1 Y 2 N
c. Was -- looking for work or on layoff from a job?		c. 1 Y 2 N (7)
d. Which - looking for work or on layoff from a job?		d. 1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Ask for all persons with a "Yes" in 6a, b; or c. If "Yes" in 6c only, questions 7a through 7e apply to this person's LAST full-time civilian job.	7a. For whom did -- work? Name of company, business, organization, or other employer	7a. Employer
	b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm	b. Industry
	c. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer	c. Occupation
	d. What were --'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete	d. Duties
	Complete from entries in 7a-d; if not clear, ask: e. Was -- an employee of PRIVATE company, business, or individual for wages, salary, or commission? P -- a FEDERAL government employee? F -- a STATE government employee? S -- a LOCAL government employee? L -- self-employed in OWN business, professional practice, or farm? If not a farm, ask: Is the business incorporated? Yes I No (or farm) SE -- working WITHOUT PAY in family business or farm? WP -- NEVER WORKED. NEV	Class of worker e. 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV (8)
	f. How many hours a week (does/did) -- usually work at that job?	f. _____ Hours
	If "N" in 6b, go to 8; otherwise ask: g. During the past 2 weeks, did -- have any other job or business?	g. 1 Y 2 N(8)
	h. How many hours a week does -- usually work for pay at ALL jobs?	h. _____ Hours
8. Since (12-month date) a year ago, how many weeks did -- work, either part-time or full-time, not counting work around the house? Include paid sick leave and paid vacation.		8. 00 <input type="checkbox"/> None 52 <input type="checkbox"/> All year-52 weeks _____ Weeks
If "Y" in 6a, go to NP; otherwise ask: 9. How long has it been since -- last worked at a job or business for two or more weeks, either full-time or part-time?		9. <input type="checkbox"/> Never worked <input type="checkbox"/> Less than 1 year _____ Number of years

<input type="checkbox"/> Under 17 (NP) 1 Y (7) 2 N	6a.	<input type="checkbox"/> Under 17 (NP) 1 Y (7) 2 N	<input type="checkbox"/> Under 17 (NP) 1 Y (7) 2 N	6a.	<input type="checkbox"/> Under 17 (NP) 1 Y (7) 2 N	<input type="checkbox"/> Under 17 (NP) 1 Y (7) 2 N
1 Y 2 N	b.	1 Y 2 N	1 Y 2 N	b.	1 Y 2 N	1 Y 2 N
1 Y 2 N (7)	c.	1 Y 2 N (7)	1 Y 2 N (7)	c.	1 Y 2 N (7)	1 Y 2 N (7)
1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	d.	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	d.	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Employer	7a.	Employer	Employer	7a.	Employer	Employer
Industry	b.	Industry	Industry	b.	Industry	Industry
Occupation	c.	Occupation	Occupation	c.	Occupation	Occupation
Duties	d.	Duties	Duties	d.	Duties	Duties
Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV(8)	e.	Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV(8)	Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV(8)	e.	Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV(8)	Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV(8)
_____ Hours	f.	_____ Hours	_____ Hours	f.	_____ Hours	_____ Hours
1 Y 2 N (8)	g.	1 Y 2 N (8)	1 Y 2 N (8)	g.	1 Y 2 N (8)	1 Y 2 N (8)
_____ Hours	h.	_____ Hours	_____ Hours	h.	_____ Hours	_____ Hours
00 <input type="checkbox"/> None 52 <input type="checkbox"/> All year—52 weeks _____ Weeks	8.	00 <input type="checkbox"/> None 52 <input type="checkbox"/> All year—52 weeks _____ Weeks	00 <input type="checkbox"/> None 52 <input type="checkbox"/> All year—52 weeks _____ Weeks	8.	00 <input type="checkbox"/> None 52 <input type="checkbox"/> All year—52 weeks _____ Weeks	00 <input type="checkbox"/> None 52 <input type="checkbox"/> All year—52 weeks _____ Weeks
<input type="checkbox"/> Never worked <input type="checkbox"/> Less than 1 year _____ Number of years	9.	<input type="checkbox"/> Never worked <input type="checkbox"/> Less than 1 year _____ Number of years	<input type="checkbox"/> Never worked <input type="checkbox"/> Less than 1 year _____ Number of years	9.	<input type="checkbox"/> Never worked <input type="checkbox"/> Less than 1 year _____ Number of years	<input type="checkbox"/> Never worked <input type="checkbox"/> Less than 1 year _____ Number of years

<p>10a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called _____.) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or _____)?</p>	<p>Y N (11)</p>	
<p>b. Who was this? Mark "Medicaid" box in person's column.</p>		<p>10b. 1 <input type="checkbox"/> Medicaid</p>
<p>c. Anyone else?</p>	<p>Y (Reask 10b and c) N</p>	
<p>11a. Does anyone in the family now have a Medicaid (or _____) card which looks like this? Show Medicaid card.</p>	<p>Y N (12)</p>	
<p>b. Who is this? Mark "Card" box in person's column.</p>		<p>11b. 1 <input type="checkbox"/> Card</p>
<p>c. Anyone else?</p>	<p>Y (Reask 11b and c) N</p>	
<p>If "Card," ask: d. May I please see ---'s (and ---) card(s)? Mark appropriate box(es) in person's column.</p>		<p>d. <input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen (Specify)</p>
<p>Hand Card I. 12. Which of these income groups represents your total combined family income for the past 12 months -- that is, yours, your ---'s, etc.? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.</p>		<p>12. 00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F</p>
<p>13a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p>		<p>13a. <input type="checkbox"/> Income</p>
<p>b. Did any other family members receive any income during the past 12 months?</p>	<p>Y (Reask 13a and b) N</p>	
<p>If only one person with "Income" box marked, go to 15. If 2 or more persons with "Income" box marked, ask 14 for each. 14. Which of these income groups represents ---'s income for the past 12 months?</p>		<p>14. 00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F</p>
<p>15a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?</p>	<p>Y N (16)</p>	
<p>b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.</p>		<p>15b. 1 <input type="checkbox"/> AFDC</p>
<p>c. Are any other family members included in this program?</p>	<p>Y (Reask 15b and c) N</p>	

<input type="checkbox"/> Medicaid	10b.	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid	10b.	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Card	11b.	<input type="checkbox"/> Card	<input type="checkbox"/> Card	11b.	<input type="checkbox"/> Card	<input type="checkbox"/> Card
<input type="checkbox"/> Medicaid card seen \nearrow 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen \nearrow _____ (Specify)	d.	<input type="checkbox"/> Medicaid card seen \nearrow 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen \nearrow _____ (Specify)	<input type="checkbox"/> Medicaid card seen \nearrow 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen \nearrow _____ (Specify)	d.	<input type="checkbox"/> Medicaid card seen \nearrow 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen \nearrow _____ (Specify)	<input type="checkbox"/> Medicaid card seen \nearrow 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen \nearrow _____ (Specify)
<input type="checkbox"/> Income	13a.	<input type="checkbox"/> Income	<input type="checkbox"/> Income	13a.	<input type="checkbox"/> Income	<input type="checkbox"/> Income
00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F	14.	00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F	00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F	14.	00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F	00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F
<input type="checkbox"/> AFDC	15b.	<input type="checkbox"/> AFDC	<input type="checkbox"/> AFDC	15b.	<input type="checkbox"/> AFDC	<input type="checkbox"/> AFDC

16a. Does anyone in the family receive the "Supplemental Security Income" or "SSI" gold-colored check?	Y N (17)																
b. Who receives this check? Mark "SSI" box in person's column.		16b. 1 <input type="checkbox"/> SSI															
c. Anyone else?	Y (Reask 16b and c) N																
17a. Does anyone in the family receive any (other) income from Social Security?	Y N (19)																
b. Who is this? Mark "Social Security" box in person's column.		17b. 1 <input type="checkbox"/> Social Security															
c. Anyone else?	Y (Reask 17b and c) N																
People may receive Social Security benefits because of their own work experience or because they are dependents or survivors of someone who qualified, based on work experience. If "Social Security" ask:																	
18. Does (person in 17b) receive Social Security payments because of --'s own work experience or because -- is a dependent or survivor of someone who worked?		18. 1 <input type="checkbox"/> Work experience 2 <input type="checkbox"/> Dependent or survivor															
19a. Including retirement payments received because of disability, does anyone in the family, (that is you, your --, etc.) receive any income from -- If "Yes," ask 19b and c	Y N (1) Railroad retirement? <input type="checkbox"/> <input type="checkbox"/> (2) Pension as a military retiree? <input type="checkbox"/> <input type="checkbox"/> (3) Government employee pension? (Federal, State, or local government) <input type="checkbox"/> <input type="checkbox"/> (4) Private employer or union pension? <input type="checkbox"/> <input type="checkbox"/>	19b. 1 <input type="checkbox"/> Railroad 2 <input type="checkbox"/> Military 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Private or union															
b. Who is this? Mark box in person's column. c. Anyone else?																	
For each income reported in 19b, ask:																	
20. Does -- receive the (entry in 19b) because of --'s own work experience or because -- is a dependent or survivor of someone who worked?		20. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px 5px;"></th> <th style="padding: 2px 5px;">OWN</th> <th style="padding: 2px 5px;">SURV</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">RR</td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px 5px;">Military</td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px 5px;">Gov't</td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px 5px;">Private</td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </tbody> </table>		OWN	SURV	RR			Military			Gov't			Private		
	OWN	SURV															
RR																	
Military																	
Gov't																	
Private																	
FOOTNOTES																	

<input type="checkbox"/> SP	<input type="checkbox"/> H	<input type="checkbox"/> SP	<input type="checkbox"/> H	<input type="checkbox"/> SP	<input type="checkbox"/> H	<input type="checkbox"/> SP	<input type="checkbox"/> H	<input type="checkbox"/> SP	<input type="checkbox"/> H					
2 First name AGE RACE Last name 1 W 2 B 3 OT			3 First name AGE RACE Last name 1 W 2 B 3 OT			4 First name AGE RACE Last name 1 W 2 B 3 OT			5 First name AGE RACE Last name 1 W 2 B 3 OT			6 First name AGE RACE Last name 1 W 2 B 3 OT		
Relationship SEX 1 M 2 F			Relationship SEX 1 M 2 F			Relationship SEX 1 M 2 F			Relationship SEX 1 M 2 F			Relationship SEX 1 M 2 F		
Month	Date	Year	Month	Date	Year	Month	Date	Year	Month	Date	Year	Month	Date	Year
BED DAYS	DV	HOSP.	BED DAYS	DV	HOSP.	BED DAYS	DV	HOSP.	BED DAYS	DV	HOSP.	BED DAYS	DV	HOSP.
<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)
___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)	___ (NP)
Q. No.	Condition		Q. No.	Condition		Q. No.	Condition		Q. No.	Condition		Q. No.	Condition	
1 <input type="checkbox"/> SSI			16b. 1 <input type="checkbox"/> SSI			1 <input type="checkbox"/> SSI			16b. 1 <input type="checkbox"/> SSI			1 <input type="checkbox"/> SSI		
1 <input type="checkbox"/> Social Security			17b. 1 <input type="checkbox"/> Social Security			1 <input type="checkbox"/> Social Security			17b. 1 <input type="checkbox"/> Social Security			1 <input type="checkbox"/> Social Security		
1 <input type="checkbox"/> Work experience 2 <input type="checkbox"/> Dependent or survivor			18. 1 <input type="checkbox"/> Work experience 2 <input type="checkbox"/> Dependent or survivor			1 <input type="checkbox"/> Work experience 2 <input type="checkbox"/> Dependent or survivor			18. 1 <input type="checkbox"/> Work experience 2 <input type="checkbox"/> Dependent or survivor			1 <input type="checkbox"/> Work experience 2 <input type="checkbox"/> Dependent or survivor		
1 <input type="checkbox"/> Railroad 2 <input type="checkbox"/> Military 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Private or union			19b. 1 <input type="checkbox"/> Railroad 2 <input type="checkbox"/> Military 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Private or union			1 <input type="checkbox"/> Railroad 2 <input type="checkbox"/> Military 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Private or union			19b. 1 <input type="checkbox"/> Railroad 2 <input type="checkbox"/> Military 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Private or union			1 <input type="checkbox"/> Railroad 2 <input type="checkbox"/> Military 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Private or union		
RR	OWN	SURV	RR	OWN	SURV	RR	OWN	SURV	RR	OWN	SURV	RR	OWN	SURV
Military			Military			Military			Military			Military		
Gov't			Gov't			Gov't			Gov't			Gov't		
Private			Private			Private			Private			Private		
FOOTNOTES														

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit → _____	If in AREA SEGMENT, also enter for FIRST unit listed on property → _____	LISTING SHEET Sheet number _____ Line number _____
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TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

Line No.	LOCATION OF UNIT	If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit. If unlisted, - And Area Segment, go to (4). - And another type of Segment, go to (5) (3)	If outside Area Segment boundary, mark box below, STOP and - ● Go to next line of Table X, if additional quarters determined. OR ● Go to Household page, item 9, or Probe page, question 1 (as applicable). (4)	Are these (Specify location) quarters for more than one group of people? If "Yes," fill one line for each group. (5)	USE OR CHARACTERISTICS				CLASSIFICATION			
	Where are these quarters located? Enter exact description or location, e.g., basement; 2nd floor, rear After entering description or location: ● in Area Segment, go to (3) ● In other type of Segments, - If living quarters are not within the same specific sample address (and structure, if Permit Segment) – STOP TABLE X - Otherwise, go to (3)				OCCUPIED Do the occupants of these (Specify location) quarters live and eat with any other group of people? (6)	ALL QUARTERS Do these quarters in (Specify location) have: Direct access from the outside or through a common hall? (7)		Complete kitchen facilities for this unit only? (8)		N – Not a separate unit – Add occupants to this questionnaire. (Complete a separate questionnaire for each unrelated person or family group.) HU } Separate unit – interview on a separate questionnaire. OT }		
(1)	(2)											
1		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N	HU	OT	
2		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N	HU	OT	
3		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N	HU	OT	

NOTE: Be sure to continue interview for original sample unit.

FOOTNOTES

Please give my household's identifiable information to the National Center for Health Statistics so that my answers can be counted in the survey.

Signature

Date

CARD C

CARD I

Conditions reported for which questions 3a-3e need not be asked:

Acne	Hemorrhoids or piles (any kind)	Under \$1,000 (including loss)	Group A
Appendicitis	Hernia (any type)	\$ 1,000 – \$ 1,999	Group B
Arteriosclerosis	Kidney stones	\$ 2,000 – \$ 2,999	Group C
Arthritis (any kind)	Laryngitis	\$ 3,000 – \$ 3,999	Group D
Athlete's foot	Migraine (any kind)	\$ 4,000 – \$ 4,999	Group E
Bronchitis (any kind)	Mumps	\$ 5,000 – \$ 5,999	Group F
Bunions	Normal delivery	\$ 6,000 – \$ 6,999	Group G
Bursitis	Phlebitis (Thrombophlebitis)	\$ 7,000 – \$ 9,999	Group H
Calluses	Pneumonia	\$10,000 – \$14,999	Group I
Chickenpox	Pregnancy	\$15,000 – \$24,999	Group J
Cold	Sciatica	\$25,000 and over	Group K
Corns	Sinus (any kind)		
Croup	Strep (Streptococcus) throat		
Diabetes (any type)	Tonsillitis		
Epilepsy (any kind)	Ulcer (duodenal, stomach, peptic or gastric only)		
Gallstones	Vasectomy		
Golter	Warts		
Hardening of the arteries	Whooping cough		
Hay fever			

CARD O

CARD E2

Show detail in question 3e, Condition page and/or question 6, Hospital page for these IMPAIRMENTS.

Deafness	1. Puerto Rican	5. Mexican-American
Trouble hearing	2. Cuban	6. Chicano
Other ear condition	3. Mexican	7. Other Latin American
Blindness	4. Mexicano	8. Other Spanish

CARD R

Missing hand – all or part	1. Aleut, Eskimo or American Indian
Missing arm – all or part	2. Asian or Pacific Islander
Missing foot – all or part	3. Black
Missing leg – all or part	4. White
Trouble, stiffness or any deformity of – foot, leg, fingers, arm, or back	5. Another group not listed – Specify

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