

VITAL and HEALTH STATISTICS

DATA FROM THE NATIONAL HEALTH SURVEY

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Illness, Disability, and Hospitalization Among Veterans

United States - July 1957 - June 1961

Selected statistics relating to disability days, the prevalence of chronic conditions, limitations affecting activity and mobility, hearing impairments, edentulous persons, hospital discharges, and days of hospitalization, by veteran status, age, family income, and work status. Based on data collected in household interviews during the period July 1957-June 1961.

Washington, D.C.

March 1965

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

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Secretary

Public Health Service

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Surgeon General



Public Health Service Publication No. 1000-Series 10-No. 14

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Public Health Service Publication No. 1000-Series 10-No. 14

Library of Congress Card Number 65-60030

CONTENTS

	Page
Introduction -----	1
Source of Data-----	1
I. Population-----	2
Table	
1. Average population used in obtaining rates shown in this publication, by veteran status and age: United States, July 1957-June 1961-----	3
2. Usually working population used in obtaining rates shown in this publication, by veteran status and age: United States, July 1957-June 1961--	3
3. Average population used in obtaining rates shown in this publication, by veteran status and family income: United States, July 1957-June 1961--	4
4. Average population used in obtaining rates for men with hearing aids and impaired hearing shown in this publication, by veteran status and age: United States, July 1958-June 1959-----	4
5. Average population used in obtaining rates for men who had lost all of their teeth shown in this publication, by veteran status, family income, and age: United States, July 1957-June 1958-----	5
II. Disability Days-----	6
Days of Restricted Activity-----	6
Days of Bed Disability-----	6
Days of Work Loss-----	6
Table	
6. Average annual number and rate per person per year of days of restricted activity, bed disability, and work loss, by veteran status and age: United States, July 1957-June 1961-----	7
III. Chronic Illness and Long-Term Disability-----	8
Men With One or More Chronic Conditions-----	8
Prevalence of Selected Chronic Conditions-----	8
Chronically Limited in Ability to Work-----	9
Chronic Mobility Limitation-----	9

CONTENTS—Con.

	Page
Table	
7. Average annual number of men and percent of total population with one or more chronic conditions under medical care, with one or more days of bed disability, by veteran status and age: United States, July 1957-June 1961-----	11
8. Average prevalence and rate per 1,000 population of selected medically attended chronic conditions, by veteran status, age, and condition group: United States, July 1957-June 1961-----	12
9. Average annual number and percent of usually working veterans and nonveterans who are limited in their ability to work, by veteran status and age: United States, July 1957-June 1961-----	14
10. Average annual number and percent of men with mobility limitations, by veteran status and age: United States, July 1957-June 1961-----	14
IV. Hearing Impairments and Aids-----	15
Table	
11. Average annual number and rate of men per 1,000 population with hearing aids and impaired hearing, by veteran status and age: United States, July 1958-June 1959-----	15
V. Loss of Teeth-----	16
Table	
12. Average annual number and rate per 100 population of men who had lost all of their teeth, by veteran status and age: United States, July 1957-June 1958-----	16
13. Average annual number and rate per 100 population of men who had lost all of their teeth, by veteran status, family income, and age: United States, July 1957-June 1958-----	17
VI. Hospital Discharges From Short-Stay Hospitals-----	18
Hospital Days and Average Length of Hospital Stay-----	19
Table	
14. Average annual number of discharges and number of discharges per 1,000 men per year, by veteran status, hospital ownership, and age: short-stay hospitals, United States, July 1957-June 1961-----	21
15. Average annual number and percent distribution of discharges, by hospital ownership according to veteran status and family income: short-stay hospitals, United States, July 1957-June 1961-----	22
16. Average annual number of hospital days and average length of stay, by veteran status, hospital ownership, and age: short-stay hospitals, United States, July 1957-June 1961-----	23
17. Average annual number and percent distribution of discharges, by length-of-stay intervals according to hospital ownership and veteran status: short-stay hospitals, United States, July 1957-June 1961-----	24
18. Effect of diagnosis in determining whether veterans utilize non-Veterans Administration hospitals: short-stay hospitals, United States, July 1957-June 1961-----	25

CONTENTS—Con.

	Page
Appendix I. Technical Notes on Methods-----	26
Background of This Report-----	26
Statistical Design of the Health Interview Survey-----	26
General Qualifications-----	27
Reliability of Estimates-----	27
Guide to Use of Relative Standard Error Charts-----	29
 Appendix II. Definitions of Certain Terms Used in This Report-----	 36
Terms Relating to Disability-----	36
Terms Relating to Chronic Conditions-----	36
Classification of Impairments (X-Code)-----	37
Terms Relating to Long-Term Disability-----	38
Terms Relating to Hospitalization-----	38
Terms Relating to Special Aids-----	39
Dental Terms-----	39
Demographic, Social, Economic, and Other Terms-----	39
 Appendix III. Questionnaire-----	 41

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-----	*

ILLNESS, DISABILITY, AND HOSPITALIZATION AMONG VETERANS

Robert R. Fuchsberg, *Division of Health Interview Statistics*

INTRODUCTION

Many organizations both governmental and nongovernmental are concerned with the problems of veterans. These organizations provide financial aid, insurance, loans, workshops, job placement, individual and family counseling, medical care, hospital services, health appliances, and transportation equipment to selected groups of the veteran population. Current statistics describing the health, disability, medical, and hospital care status of the veteran population may provide these organizations and the general population with a better understanding of the health problems and medical needs of this group.

All data in this report exclude women. In this report, the veteran is defined as the *man* who has served in the Armed Forces of the *United States* during a war (including the Korean conflict). Men who have served in the U.S. Armed Forces during peacetime only are included in the nonveteran category. Current members of the Armed Forces and persons in institutions other than short-stay hospitals are also excluded from the data. Therefore, veterans in nursing homes or other institutions are not represented in either the health characteristics or in the population data upon which rates are based.

SOURCE OF DATA

The information contained in this report was obtained from nationwide household interviews conducted by the Health Interview Survey, National Center for Health Statistics. The data in this report represent annual averages and annual rates

which are, for the most part, based on 4 years of data collection covering the period July 1957-June 1961 and are estimated from information obtained from about 485,000 persons in 149,000 households. Data in Section IV on hearing impairments and aids and data in Section V on loss of teeth are based on information obtained from interviews conducted during a 12-month period. Section IV data were obtained during the period July 1958-June 1959 when interviews were conducted in 37,000 households including about 120,000 persons. Data in Section V were obtained during July 1957-June 1958 from information obtained in 36,000 households including 115,000 persons.

From a wide range of topics included in the basic survey, certain health topics were selected for presentation in this report because of their importance in describing the health characteristics of veterans. In selecting these topics, the criteria for selection included the reliability and completeness of household interview data plus the need for information to determine both the health status of veterans and their use of short-stay hospitals. The reader should bear in mind when using these data that the Health Interview Survey covers the health and hospital experiences of persons living in the household at time of interview. The hospital experience of persons who died prior to the date of interview, but who were hospitalized during the previous year, is excluded from the data by this procedure. Because of the higher mortality rate, this limitation particularly affects the data for the older age groups.

This report is divided into six sections: (1) population, (2) disability days, (3) chronic illness and long-term disability, (4) hearing

impairments and aids, (5) loss of teeth, and (6) hospital discharges from short-stay hospitals.

A description of the design of the Survey, the methods used in estimation, and the general qualifications of the data obtained from the Survey is presented in Appendix I. Since the estimates shown in this report are based on a sample of the population rather than on the entire population, they are subject to sampling errors. Therefore, particular attention should be paid to the section entitled, "Reliability of Estimates." Sampling errors for most of the estimates are of relatively low magnitude. However, where an estimated number or the numerator or the 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.

Definitions of certain terms used in this report are shown in Appendix II. Since many of the terms have specialized meanings, it is suggested that the reader familiarize himself with these definitions. A facsimile of the Health Interview Survey Questionnaire used during the period July 1957-June 1958, plus a question dealing with special aids (including hearing aids) which was used during July 1958-June 1959, are illustrated in Appendix III.

I. POPULATION

The distribution of the veteran population by age group varies significantly from that of the nonveteran population. These differences are due to the large number of men 18-35 years of age recruited or drafted into the military services during wartime.

Persons who served in the Armed Forces during wartime only represent a major part of the veteran population. Because of the wide fluctuations in the size of the military population throughout the years, the veteran and nonveteran population have peculiarly skewed age distributions which make comparisons difficult. Figure 1 shows the veteran population composed almost exclusively of veterans of the Korean conflict (persons under 35 years of age), World War II veterans (persons 35-59 years), and World War I veterans (persons 60 years and older). The peaks approxi-

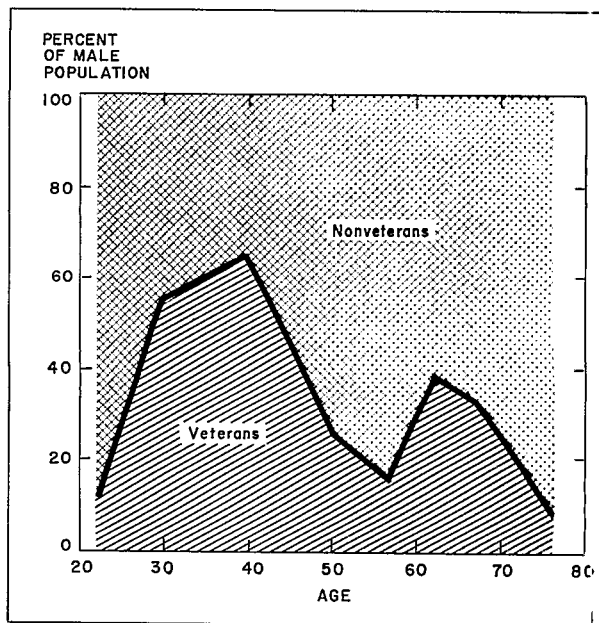


Figure 1. Proportion of veterans and nonveterans in the male population, by age.

mate the average age of the veterans of each of these wars.

Because of this problem of differing age composition of the veteran and nonveteran population, most of the tables included in this report present age-specific rates, with age-adjusted rates for the total group. Each age-adjusted rate may be identified in the tables since these are underlined. These rates have been adjusted to the age distribution of the male civilian, noninstitutional population of the United States 20 years of age and over shown in the following tables.

Another factor which should be considered in comparing the veteran with the nonveteran population is the basis for selection of members of the Armed Forces. Each male who attempts to enlist or who is drafted for service in the Armed Forces is given a comprehensive health examination prior to his induction. He is accepted for military service only if he meets certain standards of health. Therefore, the veteran population which is drawn from the military services was preselected on the

basis of physical and mental tests. An offsetting factor is the military service during wartime which imposes physical and mental stresses that may have adverse effects on the health of members of the Armed Forces and be reflected later in the health status of the veteran population.

In this report, the veteran and the nonveteran are compared as to health status and the use of health facilities but it should be borne in mind that during the time when the country was at war, a segment of the adult male population was selected for military service on the basis of age, health, and other specific characteristics. Those who

were selected are now the veteran population. The males that were not selected for military service during a war comprise the nonveteran population.

The veteran population data were derived from the sample of the Health Interview Survey and are intended for use in connection with the health data presented. They may differ from official estimates of the Bureau of the Census. For estimates of the veteran population for more general use, see Bureau of the Census reports based on the 1960 Census of Population, Series PC(2), Volume 8C.

Table 1. Average population used in obtaining rates shown in this publication, by veteran status and age: United States, July 1957-June 1961

Data are based on household interviews of the civilian, non-institutional 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	Veteran status		
	All men	Veterans	Non-veterans
	Population in thousands		
All ages-20+ years-	50,207	19,406	30,801
20-24 years----	4,505	557	3,948
25-34 years----	10,652	5,934	4,718
35-44 years----	11,147	7,265	3,882
45-54 years----	9,833	2,525	7,307
55-59 years----	3,934	593	3,340
60-64 years----	3,343	1,295	2,049
65-69 years----	2,666	873	1,793
70+ years-----	4,127	364	3,763

NOTE: For official estimates of the veteran population for more general use, see Bureau of the Census reports based on the 1960 Census of Population, Series PC(2), Volume 8C.

Table 2. Usually working population used in obtaining rates shown in this publication, by veteran status and age: United States, July 1957-June 1961

Data are based on household interviews of the civilian, non-institutional 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	Veteran status		
	All men	Veterans	Non-veterans
	Population in thousands		
All ages-20+ years-	41,362	17,295	24,067
20-34 years----	13,265	5,968	7,297
35-44 years----	10,661	7,008	3,653
45-54 years----	9,198	2,364	6,834
55-64 years----	6,165	1,504	4,662
65+ years-----	2,072	451	1,621

NOTE: For official estimates of the veteran population for more general use, see Bureau of the Census reports based on the 1960 Census of Population, Series PC(2), Volume 8C.

Table 3. Average population used in obtaining rates shown in this publication, by veteran status and family income: United States, July 1957-June 1961

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

Family income	Veteran status		
	All men	Veterans	Non-veterans
	Population in thousands		
All incomes--	50,207	19,406	30,801
Under \$2,000---	7,117	1,558	5,559
\$2,000-\$3,999--	10,062	3,341	6,721
\$4,000-\$6,999--	17,446	7,879	9,567
\$7,000+-----	12,348	5,615	6,733
Unknown-----	3,234	1,013	2,221

NOTE: For official estimates of the veteran population for more general use, see Bureau of the Census reports based on the 1960 Census of Population, Series PC(2), Volume 8C.

Table 4. Average population used in obtaining rates for men with hearing aids and impaired hearing shown in this publication, by veteran status and age: United States, July 1958-June 1959

[Data are based on household interviews of the civilian, non-institutional 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	Veteran status		
	All men	Veterans	Non-veterans
	Population in thousands		
All ages-20+ years-	49,932	20,244	29,688
20-44 years----	26,222	14,898	11,323
45-54 years----	9,759	2,301	7,458
55-64 years----	7,219	1,923	5,297
65-69 years----	2,679	789	1,890
70+ years-----	4,053	333	3,721

NOTE: For official estimates of the veteran population for more general use, see Bureau of the Census reports based on the 1960 Census of Population, Series PC(2), Volume 8C.

Table 5. Average population used in obtaining rates for men who had lost all of their teeth shown in this publication, by veteran status, family income, and age: United States, July 1957-June 1958

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

Family income and age	Veteran status		
	All men	Veterans	Nonveterans
<u>All incomes</u>	Population in thousands		
All ages-20+ years-----	49,530	19,999	29,532
20-44 years-----	26,150	14,678	11,472
45-54 years-----	9,592	2,115	7,478
55-59 years-----	3,807	796	3,012
60-64 years-----	3,339	1,485	1,854
65-69 years-----	2,567	679	1,888
70+ years-----	4,074	247	3,828
<u>Under \$4,000</u>			
All ages-20+ years-----	17,729	5,426	12,303
20-44 years-----	7,766	3,472	4,294
45-54 years-----	2,839	539	2,300
55-59 years-----	1,440	265	1,174
60-64 years-----	1,371	556	815
65-69 years-----	1,500	420	1,080
70+ years-----	2,814	173	2,640
<u>\$4,000-\$6,999</u>			
All ages-20+ years-----	17,808	8,601	9,208
20-44 years-----	11,097	6,899	4,199
45-54 years-----	3,468	817	2,652
55-59 years-----	1,136	227	908
60-64 years-----	1,006	477	529
65-69 years-----	490	138	353
70+ years-----	611	43	567
<u>\$7,000+</u>			
All ages-20+ years-----	10,896	4,983	5,913
20-44 years-----	6,016	3,692	2,324
45-54 years-----	2,681	638	2,043
55-59 years-----	896	240	655
60-64 years-----	637	308	328
65-69 years-----	347	85	262
70+ years-----	319	18	301

NOTE: For official estimates of the veteran population for more general use, see Bureau of the Census reports based on the 1960 Census of Population, Series PC(2), Volume 8C.

II. DISABILITY DAYS

Illness or injury may result in one or several of the following types of short-term disability: the condition may cause a person to restrict his usual activities; the condition may be serious enough to cause the person to stay in bed; and, if the restriction of activities occurs on a day when the person would have been working, time loss from work will result. Days of restricted activity, days in bed, and days lost from work are all considered to be measures of disability. However, because the same disability day may be counted in each of several of these measures of disability, they are not additive.

Although the disability rates for veterans are generally higher than for nonveterans within the age-specific groups, the nonveteran disability rates for the all ages group are consistently higher than the rates for veterans. This is due to the difference in the age composition of the veteran and nonveteran population since age adjustment causes a reversal of the rate pattern in the all ages group for both days of restricted activity and days of bed disability. Age adjustment also brings the work-loss rate for veterans to within one-half day of the rate for nonveterans.

Days of Restricted Activity

The temporary disability caused by illness or injury resulted in an annual average of 17.4 days of activity restriction for each male in the population 20 years of age and older based on data collected during the 4-year period July 1957-June 1961. Veterans averaged 15.3 days of restricted activity per year while nonveterans averaged 18.7 days. This rate variation was due to the difference in the age composition of the veteran and nonveteran population. When these data were adjusted for age, there was a reversal in the pattern and the rate for veterans became 18.6 days compared with 17.0 days of restricted activity for nonveterans (table 6).

In table 6 the number and rate of restricted-activity days by age group and veteran status are shown. The rates of restricted-activity days consistently increased with age from a rate of 8.1 days per year for men 20-24 years of age to 41.1 days for men 70 years and older. Both veteran and non-

veteran rates are similarly related to age but in each age group except for the 25-44 group, the restricted-activity rates were higher for veterans than for nonveterans.

Days of Bed Disability

Men 20 years of age and older averaged 6.0 days of bed disability per year; that is, 6.0 days on which they were kept in bed either all or most of the day because of illness or injury. As was the case with days of restricted activity, the nonveterans had a higher rate of bed disability (6.3) than the veterans (5.4). When these rates were adjusted for the age difference in the two population groups, again there was a reversal and the rate for veterans became 6.6 days compared with 5.7 days for nonveterans (table 6).

Within age groups, the rates of bed disability ranged from 3.4 bed days for men 20-24 years of age to 14.3 days for those 70 years of age and over. The rates were the same for veterans and nonveterans under 45 years of age, but in each of the age groups over 45, the veteran group reported higher rates of bed disability than the nonveteran group.

Days of Work Loss

The last of these disability measures, days of work loss, combines a measurement of the disabling effects of illness and injury with a measurement of economic impact in terms of days lost from work by currently employed persons. Currently employed men (20 years of age and older) lost 6.7 days from work per year due to illness or injury during the 4-year period July 1957-June 1961. Veterans averaged about 1 day less of work loss than nonveterans but when these rates were age adjusted, the rate for veterans (7.1) was one-half of a day less than the rate for nonveterans (7.6). In several of the age groups veterans had a higher rate of days lost from work than nonveterans. In the age groups 20-24 and 60-64 years, veterans reported higher rates of work loss than nonveterans. In the 55-59, 65-69, and the 70 years and over groups the work-loss rate for nonveterans was higher. Rates for each of the other age groups were about the same for the veteran and the nonveteran population (table 6).

Table 6. Average annual number and rate per person per year of days of restricted activity, bed disability, and work loss, by veteran status and age: United States, July 1957-June 1961

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

Age	Veteran status					
	All men	Veterans	Non-veterans	All men	Veterans	Non-veterans
	Average number of days of restricted activity in thousands			Number of days of restricted activity per person per year		
All ages-20+ years---	871,783	296,460	575,324	17.4	15.3	18.7
Age-adjusted rate-----					18.6	17.0
20-24 years-----	36,651	5,003	31,648	8.1	9.0	8.0
25-44 years-----	230,824	137,167	93,657	10.6	10.4	10.9
45-54 years-----	157,306	42,102	115,204	16.0	16.7	15.8
55-59 years-----	82,669	13,221	69,448	21.0	22.3	20.8
60-64 years-----	98,501	44,592	53,909	29.5	34.4	26.3
65-69 years-----	96,265	38,184	58,082	36.1	43.7	32.4
70+ years-----	169,566	16,190	153,376	41.1	44.5	40.8
	Average number of days of bed disability in thousands			Number of days of bed disability per person per year		
All ages-20+ years---	299,040	104,888	194,152	6.0	5.4	6.3
Age-adjusted rate-----					6.6	5.7
20-24 years-----	15,320	1,823	13,497	3.4	3.3	3.4
25-44 years-----	82,635	49,635	33,000	3.8	3.8	3.8
45-54 years-----	52,237	14,997	37,240	5.3	5.9	5.1
55-59 years-----	28,520	5,171	23,349	7.2	8.7	7.0
60-64 years-----	30,959	14,819	16,140	9.3	11.4	7.9
65-69 years-----	30,329	12,696	17,633	11.4	14.5	9.8
70+ years-----	59,040	5,746	53,294	14.3	15.8	14.2
	Average number of days lost from work in thousands			Number of days lost from work per currently employed person per year		
All ages-20+ years---	276,510	102,236	174,274	6.7	5.9	7.2
Age-adjusted rate-----					7.1	7.6
20-24 years-----	17,446	2,451	14,995	5.2	6.1	5.1
25-44 years-----	102,739	60,966	41,773	5.0	4.8	5.2
45-54 years-----	65,587	17,401	48,187	7.1	7.4	7.1
55-59 years-----	29,064	3,177	25,887	8.3	6.3	8.7
60-64 years-----	31,666	12,974	18,692	11.9	13.0	11.2
65-69 years-----	16,357	4,274	12,082	13.6	11.5	14.5
70+ years-----	13,651	993	12,658	15.7	12.6	16.0

III. CHRONIC ILLNESS AND LONG-TERM DISABILITY

Available from the data collected in the Health Interview Survey are many measures of health status which may be used to compare the veteran and the nonveteran population. Among the most significant of these measures are the rates of chronic illness and impairments and the rates of persons who are limited in their activity or mobility because of chronic illness.

Men With One or More Chronic Conditions

The most comprehensive of these measures of the extent of chronic illness in these population groups is the proportion of persons with one or more chronic conditions. Based on data collected during July 1957-June 1961, excluding persons in institutions, an estimated total of 26,693,000 men 20 years of age and over in the United States had one or more chronic conditions. This total represents 53.2 percent of the adult male population. Men with at least one chronic condition include persons with life-threatening diseases such as heart disease or cancer as well as persons with minor ailments such as sinusitis or hay fever (table 7).

Among veterans, 9,834,000 men or 50.7 percent reported that they had one or more chronic conditions. In the nonveteran group, 16,859,000 or 54.7 percent had at least one chronic condition. This higher total rate for nonveterans is a function of the age distribution within the nonveteran and veteran population groups, since the age-adjusted proportion of persons with one or more chronic conditions was 53.5 percent for veterans and 53.1 for nonveterans. Although about half of the veteran and nonveteran population had one or more chronic conditions less than one-third of all veterans and also of nonveterans had one or more chronic conditions "under care." A condition "under care" is defined as one for which the person is still "under instruction" from a physician. "Under instruction" includes one or more of the following: (1) taking certain medicine or treatment prescribed by a physician, (2) observing a certain systematic course of diet or activity, (3) visiting the physician

regularly for checking on the condition, and (4) under instruction from the physician to return if some particular thing happens.

Adult males (10.8 percent) had one or more chronic conditions which caused them to be confined to their bed for at least 1 day during the 12 months preceding the week of interview. Thus among both veterans and nonveterans it is found that more than half of the population had chronic conditions, less than a third had one or more chronic conditions "under care," and about 11 percent had 1 or more days of bed disability in the year due to chronic illness.

Although there is a slight variation in some of the age-specific rates of chronic illness among veterans and nonveterans, there seems to be no consistent pattern. Analysis of table 7 reveals that with the exception of persons 60 years and over, there is little or no difference within each of the age groups in the proportion of veterans and nonveterans with chronic conditions nor in the severity of those conditions as measured by the "under care" and bed-disability criteria. When persons 60 years and over are considered as a composite age group, the percentage of veterans with chronic illness is practically the same as that for nonveterans. The apparent differences noted in table 7 for specific age groups are probably chance variations associated with small numbers of persons in the sample. The cumulative nature of chronic illness and the severity of chronic diseases among veterans and nonveterans increases with age.

Prevalence of Selected Chronic Conditions

Data on medically attended chronic illness obtained from household interviews may differ considerably from chronic illness data obtained from medical examinations. In a medical examination illness is detected through recognized diagnostic tests and clinically significant symptoms. In household interviews respondents report information received from the physician or symptoms which they have observed. A respondent cannot be expected to report in an interview a condition of which he is unaware, but such a condition may be detectable by clinical examination. In this report, the prevalence of selected medi-

cally attended chronic conditions should be regarded as those that had been brought to a physician's attention and those that respondents knew about and were willing to report in a household interview. Indications are that conditions which had been checked recently or repeatedly by a physician or which had resulted in some form of disability or physical distress were well reported.

The selected chronic condition groups are listed below with their equivalent International Classification Code Numbers or Supplementary Impairment Code Numbers. (See Appendix II for definition of Impairment Classifications.)

<i>Chronic Condition Group</i>	<i>International Classification Code Numbers, 1955 Revision</i>
Heart conditions	410-443
High blood pressure	444-447
Diabetes	260
Peptic ulcer	540-542
Arthritis and rheumatism	720-727
Hernia	560-561
Asthma-hay fever	240-241
Chronic bronchitis	502
<i>Impairment Group</i>	<i>Supplementary Impairment Code Numbers</i>
Visual impairments	X00-X05
Hearing impairments	X06-X09
Paralysis of major extremities and/or trunk	X40-X49, X50-X59, X60-X69

Average prevalence estimates of selected medically attended chronic conditions presented in table 8 are based on data gathered during July 1957-June 1961. The rates for 9 of the 11 condition groups shown in this table are higher for

nonveterans than for veterans. The other two conditions, peptic ulcer and chronic bronchitis, are the only conditions on this list which are not closely associated with the aging process. When these rates were age adjusted, the pattern changed to one which indicates that if these two population groups had a similar age composition, the difference in the rates between veterans and nonveterans in each condition group would be greater since age adjustment increases the rates for veterans and decreases the rates for nonveterans. Within the three broad age categories shown in table 8 there are many significant differences in the prevalence rates for veterans and nonveterans. True differences may be reflected in prevalence rates but an examination of the veteran and nonveteran population (fig. 1) reveals that the age composition within these broad age groups is quite different for these two populations. This could account for much of the difference in the rates.

Chronically Limited in Ability to Work

Among men who reported that their usual activity was working during the 12-month period preceding the date of interview, 6.7 percent indicated that they currently were unable to work or were limited in the amount or kind of work they could do because of their chronic illness (table 9). While the age-adjusted rates for the veteran and nonveteran groups were the same, veterans had a lower unadjusted rate. The proportion of men who reported that they were limited in their ability to work ranged from 3.2 percent for those in the 20-34 age group to 20.3 percent in the 65 years and over age group. Within each of the age groups shown in figure 2 the proportion of veterans and nonveterans who had such limitations was about the same.

Chronic Mobility Limitation

Persons with at least one chronic condition who reported any degree of limitation in their ability to perform usual activities are also classified to their limitations in mobility. Persons with mobility limitations include those confined to the

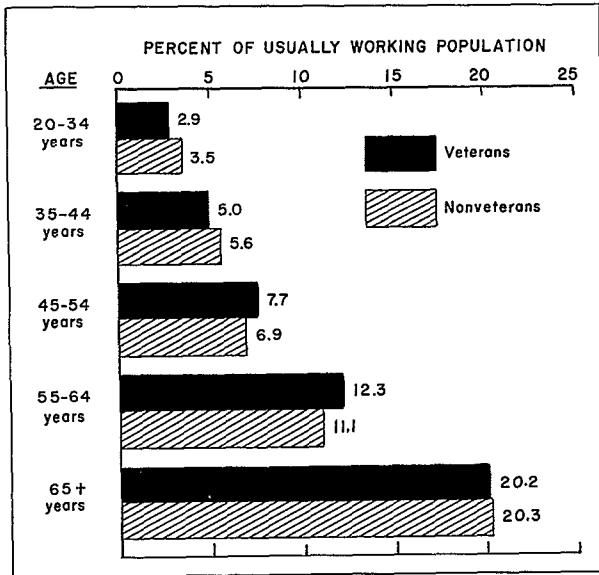


Figure 2. Percent of usually working veterans and nonveterans limited in ability to work, by age.

house as well as those who have difficulty in getting around alone. Of the 1,793,000 men 20 years of age and older who reported mobility limitations in the civilian, noninstitutional population 422,000 or 23.5 percent were veterans (table 10). The percentages of veterans and nonveterans who reported that they were limited in mobility were 2.2 and 4.4 percent, respectively. When these percentages were age adjusted, the proportion of veterans with mobility limitations was about equal to the proportion of nonveterans (about 3.5 percent). In all age groups except the 55-64 year group the percentage of nonveterans with mobility limitation was higher than the percentage of veterans. In the 55-64 year age group, the proportion of veterans with mobility limitations was 7.5 percent compared with 4.8 percent for nonveterans.

Table 7. Average annual number of men and percent of total population with one or more chronic conditions under medical care, with one or more days of bed disability, by veteran status and age: United States, July 1957-June 1961

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

Veteran status and age	Population	With 1+ chronic conditions			With 1+ chronic conditions			
		Total	Under care	With 1+ bed-days	Total	Under care	With 1+ bed-days	
<u>All men</u>		Average number in thousands				Percent of population		
All ages-20+ years-	50,207	26,693	13,924	5,408	53.2	27.7	10.8	
20-24 years-----	4,505	1,519	582	273	33.7	12.9	6.1	
25-34 years-----	10,652	4,472	1,910	857	42.0	17.9	8.0	
35-44 years-----	11,147	5,475	2,675	1,072	49.1	24.0	9.6	
45-54 years-----	9,833	5,400	2,853	1,104	54.9	29.0	11.2	
55-59 years-----	3,934	2,368	1,326	523	60.2	33.7	13.3	
60-64 years-----	3,343	2,247	1,346	491	67.2	40.3	14.7	
65-69 years-----	2,666	1,947	1,200	419	73.0	45.0	15.7	
70+ years-----	4,127	3,265	2,033	670	79.1	49.3	16.2	
<u>Veterans</u>								
All ages-20+ years-	19,406	9,834	5,027	2,060	50.7	25.9	10.6	
Age-adjusted rate-----					<u>53.5</u>	<u>28.6</u>	<u>11.5</u>	
20-24 years-----	557	180	64	35	32.3	11.5	6.3	
25-34 years-----	5,934	2,494	1,069	487	42.0	18.0	8.2	
35-44 years-----	7,265	3,548	1,759	709	48.8	24.2	9.8	
45-54 years-----	2,525	1,386	747	306	54.9	29.6	12.1	
55-59 years-----	593	357	209	92	60.2	35.2	15.5	
60-64 years-----	1,295	887	548	208	68.5	42.3	16.1	
65-69 years-----	873	687	439	158	78.7	50.3	18.1	
70+ years-----	364	295	192	64	81.0	52.7	17.6	
<u>Nonveterans</u>								
All ages-20+ years-	30,801	16,859	8,898	3,348	54.7	28.9	10.9	
Age-adjusted rate-----					<u>53.1</u>	<u>27.3</u>	<u>10.4</u>	
20-24 years-----	3,948	1,339	517	238	33.9	13.1	6.0	
25-34 years-----	4,718	1,978	841	370	41.9	17.8	7.8	
35-44 years-----	3,882	1,927	916	363	49.6	23.6	9.4	
45-54 years-----	7,307	4,013	2,106	798	54.9	28.8	10.9	
55-59 years-----	3,340	2,012	1,118	430	60.2	33.5	12.9	
60-64 years-----	2,049	1,360	798	283	66.4	38.9	13.8	
65-69 years-----	1,793	1,260	761	261	70.3	42.4	14.6	
70+ years-----	3,763	2,970	1,841	605	78.9	48.9	16.1	

Table 8. Average prevalence and rate per 1,000 population of selected medically attended chronic conditions, by veteran status, age, and condition group: United States, July 1957-June 1961

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

Age and condition group	Veteran status					
	All men-20+ years	Veterans	Non-veterans	All men-20+ years	Veterans	Non-veterans
<u>All ages-20+ years</u>	Average prevalence in thousands			Rate per 1,000 population		
Arthritis and rheumatism---	3,000	959	2,041	59.8	49.4	66.3
Asthma-hay fever-----	2,460	914	1,545	49.0	47.1	50.2
Heart conditions-----	2,352	650	1,702	46.8	33.5	55.3
Hearing impairments-----	1,999	644	1,356	39.8	33.2	44.0
Peptic ulcer-----	1,774	742	1,031	35.3	38.2	33.5
High blood pressure-----	1,529	460	1,069	30.5	23.7	34.7
Hernia-----	1,433	384	1,050	28.5	19.8	34.1
Visual impairments-----	1,246	295	951	24.8	15.2	30.9
Diabetes-----	687	183	504	13.7	9.4	16.4
Chronic bronchitis-----	469	189	280	9.3	9.7	9.1
Paralysis-----	415	103	312	8.3	5.3	10.1
<u>Age-adjusted rate-20+ years</u>						
Arthritis and rheumatism---	-----	-----	-----	-----	70.7	55.5
Asthma-hay fever-----	-----	-----	-----	-----	49.9	50.1
Heart conditions-----	-----	-----	-----	-----	51.4	46.2
Hearing impairments-----	-----	-----	-----	-----	44.0	38.3
Peptic ulcer-----	-----	-----	-----	-----	39.9	32.3
High blood pressure-----	-----	-----	-----	-----	31.3	30.2
Hernia-----	-----	-----	-----	-----	26.9	29.4
Visual impairments-----	-----	-----	-----	-----	21.5	26.7
Diabetes-----	-----	-----	-----	-----	13.5	14.0
Chronic bronchitis-----	-----	-----	-----	-----	12.7	8.1
Paralysis-----	-----	-----	-----	-----	7.1	8.9
<u>20-44 years</u>						
Arthritis and rheumatism---	482	299	184	18.3	21.7	14.7
Asthma-hay fever-----	1,225	601	624	46.6	43.7	49.7
Heart conditions-----	307	138	169	11.7	10.0	13.5
Hearing impairments-----	506	270	236	19.2	19.6	18.8
Peptic ulcer-----	830	491	339	31.6	35.7	27.0
High blood pressure-----	356	188	167	13.5	13.7	13.3
Hernia-----	313	151	162	11.9	11.0	12.9
Visual impairments-----	267	108	159	10.2	7.9	12.7
Diabetes-----	119	57	62	4.5	4.1	4.9
Chronic bronchitis-----	134	80	54	5.1	5.8	4.3
Paralysis-----	99	40	59	3.8	2.9	4.7

Table 8. Average prevalence and rate per 1,000 population of selected medically attended chronic conditions, by veteran status, age, and condition group: United States, July 1957-June 1961—Con.

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

Age and condition group	Veteran status					
	All men-20+ years	Veterans	Non-veterans	All men-20+ years	Veterans	Non-veterans
<u>45-64 years</u>	Average prevalence in thousands			Rate per 1,000 population		
Arthritis and rheumatism---	1,430	402	1,029	83.6	91.1	81.0
Asthma-hay fever-----	862	226	636	50.4	51.2	50.1
Heart conditions-----	1,034	307	727	60.4	69.6	57.3
Hearing impairments-----	720	222	498	42.1	50.3	39.2
Peptic ulcer-----	724	193	530	42.3	43.7	41.7
High blood pressure-----	675	174	501	39.5	39.4	39.5
Hernia-----	558	134	424	32.6	30.4	33.4
Visual impairments-----	394	95	299	23.0	21.5	23.6
Diabetes-----	336	81	255	19.6	18.4	20.1
Chronic bronchitis-----	202	71	132	11.8	16.1	10.4
Paralysis-----	157	40	116	9.2	9.1	9.1
<u>65+ years</u>						
Arthritis and rheumatism---	1,088	259	829	160.2	209.4	149.2
Asthma-hay fever-----	373	87	286	54.9	70.3	51.5
Heart conditions-----	1,011	205	805	148.8	165.7	144.9
Hearing impairments-----	773	152	621	113.8	122.9	111.8
Peptic ulcer-----	220	58	162	32.4	46.9	29.2
High blood pressure-----	498	98	401	73.3	79.2	72.2
Hernia-----	562	99	463	82.7	80.0	83.3
Visual impairments-----	586	92	493	86.3	74.4	88.7
Diabetes-----	232	46	187	34.2	37.2	33.7
Chronic bronchitis-----	133	38	95	19.6	30.7	17.1
Paralysis-----	160	23	136	23.6	18.6	24.5

Table 9. Average annual number and percent of usually working veterans and nonveterans who are limited in their ability to work, by veteran status and age: United States, July 1957-June 1961

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

Age	Veteran status					
	All men	Veterans	Non-veterans	All men	Veterans	Non-veterans
	Average number limited in ability to work in thousands			Percent of usually working population		
All ages-20+ years---	2,756	978	1,778	6.7	5.7	7.4
Age-adjusted rate-----					6.8	6.8
20-34 years-----	424	173	252	3.2	2.9	3.5
35-44 years-----	555	349	205	5.2	5.0	5.6
45-54 years-----	654	181	474	7.1	7.7	6.9
55-64 years-----	703	185	518	11.4	12.3	11.1
65+ years-----	420	91	329	20.3	20.2	20.3

Table 10. Average annual number and percent of men with mobility limitations, by veteran status and age: United States, July 1957-June 1961

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

Age	Veteran status					
	All men	Veterans	Non-veterans	All men	Veterans	Non-veterans
	Average number of men in thousands			Percent of population		
All ages-20+ years---	1,793	422	1,370	3.6	2.2	4.4
Age-adjusted rate-----					3.4	3.7
20-34 years-----	89	29	60	0.6	0.4	0.7
35-44 years-----	110	52	58	1.0	0.7	1.5
45-54 years-----	189	46	143	1.9	1.8	2.0
55-64 years-----	401	141	260	5.5	7.5	4.8
65+ years-----	1,003	154	850	14.8	12.4	15.3

IV. HEARING IMPAIRMENTS AND AIDS

From data obtained in the Health Interview Survey during July 1958-June 1959, it is estimated that 130,000 veterans and 443,000 nonveterans had hearing aids (table 11). This equals an age-adjusted rate of 10.0 and 11.5 per 1,000 veterans and nonveterans, respectively. These rates are not significantly different since the sampling error on estimates of this size exceeds the difference in rate.

In this population group, which consists entirely of men 20 years of age and older, there were 853,000 veterans and 2,161,000 nonveterans with impaired hearing. These prevalence totals result in age-adjusted rates of 61.4 per 1,000 men

for veterans compared with 59.3 per 1,000 for nonveterans.

Although overall the age-adjusted rates for the prevalence of hearing impairments were about the same for veterans and nonveterans, the rates within some of the age groups differed appreciably. In the age group 55-64 years, 103.8 of each 1,000 veterans reported a hearing impairment compared with 81.4 per 1,000 in the nonveteran group. Veterans also had a considerably higher rate of hearing impairments than nonveterans in the 65-69 year age group—151.4 per 1,000 for veterans and 119.1 per 1,000 for nonveterans. Since most of the veterans in these age groups served in World War I, it appears that service in this war may have contributed to these higher rates of hearing impairments.

Table 11. Average annual number and rate of men per 1,000 population with hearing aids and impaired hearing, by veteran status and age: United States, July 1958-June 1959

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

Age	Veteran status					
	All men	Veterans	Non-veterans	All men	Veterans	Non-veterans
	Average number of men with hearing aids in thousands			Rate per 1,000 population		
All ages-20+ years---	573	130	443	11.5	6.4	15.0
Age-adjusted rate-----					10.0	11.5
20-44 years-----	78	46	32	3.0	3.1	2.8
45-54 years-----	81	16	65	8.3	6.9	8.7
55-64 years-----	116	34	82	16.1	17.6	15.5
65-69 years-----	60	21	39	22.4	26.3	20.7
70+ years-----	239	13	226	59.0	37.2	61.0
	Average number of men with hearing impairments in thousands			Rate per 1,000 population		
All ages-20+ years---	3,014	853	2,161	60.4	41.9	73.0
Age-adjusted rate-----					61.4	59.3
20-44 years-----	631	360	271	24.1	24.1	24.0
45-54 years-----	428	95	333	43.9	40.8	44.8
55-64 years-----	631	201	430	87.4	103.8	81.4
65-69 years-----	344	121	224	128.4	151.4	119.1
70+ years-----	980	76	904	241.8	217.8	244.1

V. LOSS OF TEETH

Loss of permanent teeth usually occurs as the result of two of the most common diseases which affect the American people—dental caries and periodontal disease. Nearly every person has one or both of these diseases at some time during his lifetime but tooth loss is primarily associated with lack of treatment. Since accrued tooth loss in individuals leads ultimately to edentulousness (total loss of permanent teeth), the number and distribution of edentulous persons provide an index to both the prevalence of dental disease and the extent of dental neglect in the population of the United States.

Based on data reported in household interviews conducted during the period July 1957-June 1958, there were 9,691,000 men 20 years and older who had lost all of their natural teeth. This means that 1 out of every 5 men (20 years and older) was edentulous. The edentulous rate was twice as high for nonveterans (1 out of 4) as for veterans (1 out of 8) largely because the non-veteran population was older. When these rates were age adjusted to minimize the effect of the difference in the age composition of the veteran and nonveteran population, it was revealed that about 1 out of 5 persons in the veteran population

as well as in the nonveteran population would be edentulous if the age distribution within these groups was the same as the distribution in the general population.

By age group, the rate of men who had lost all of their teeth ranged from 5.0 per 100 in the 20-44 age group to 60.3 per 100 in the 70 years and over group. In each of the age categories under 65 years shown in table 12, veterans reported slightly lower rates of edentulous persons than nonveterans. In the 65-69 age group, the rates were about the same for the veteran and non-veteran group and in the 70 years and over group, veterans reported a slightly higher rate than non-veterans.

Table 13 shows these rates of edentulous persons classified by family income, age, and veteran status. As might be expected, edentulous person rates varied inversely with income. In families with incomes less than \$4,000, 25.7 percent of the men 20 years and older had lost all their teeth. The comparable percentage for men in families with incomes of \$4,000-\$6,999 was 16.5 percent and for men with family income of \$7,000 or more only 13.2 percent.

While the unadjusted percentage of edentulous persons was considerably higher for nonveterans than for veterans in each of the income groups,

Table 12. Average annual number and rate per 100 population of men who had lost all of their teeth, by veteran status and age: United States, July 1957-June 1958

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

Age	Veteran status					
	All men	Veterans	Non-veterans	All men	Veterans	Non-veterans
	Average number of men in thousands			Rate per 100 population		
All ages-20+ years---	9,691	2,385	7,306	19.6	11.9	24.7
Age-adjusted rate-----					<u>18.8</u>	<u>20.1</u>
20-44 years-----	1,311	663	648	5.0	4.5	5.6
45-54 years-----	2,103	427	1,675	21.9	20.2	22.4
55-59 years-----	1,256	245	1,010	33.0	30.8	33.5
60-64 years-----	1,309	568	741	39.2	38.2	40.0
65-69 years-----	1,256	330	926	48.9	48.6	49.0
70+ years-----	2,457	151	2,306	60.3	61.1	60.2

Table 13. Average annual number and rate per 100 population of men who had lost all of their teeth, by veteran status, family income, and age: United States, July 1957-June 1958

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

Family income and age	Veteran status					
	All men	Veterans	Non-veterans	All men	Veterans	Non-veterans
<u>All incomes</u> ¹	Average number of men in thousands			Rate per 100 population		
All ages-20+ years---	9,691	2,385	7,306	19.6	11.9	24.7
Age-adjusted rate-----					<u>18.8</u>	<u>20.1</u>
20-44 years-----	1,311	663	648	5.0	4.5	5.6
45-54 years-----	2,103	427	1,675	21.9	20.2	22.4
55-59 years-----	1,256	245	1,010	33.0	30.8	33.5
60-64 years-----	1,309	568	741	39.2	38.2	40.0
65-69 years-----	1,256	330	926	48.9	48.6	49.0
70+ years-----	2,457	151	2,306	60.3	61.1	60.2
<u>Under \$4,000</u>						
All ages-20+ years---	4,564	949	3,614	25.7	17.5	29.4
Age-adjusted rate-----					<u>20.7</u>	<u>19.8</u>
20-44 years-----	341	173	168	4.4	5.0	3.9
45-54 years-----	695	146	549	24.5	27.1	23.9
55-59 years-----	490	77	413	34.0	29.1	35.2
60-64 years-----	555	228	327	40.5	41.0	40.1
65-69 years-----	772	218	554	51.5	51.9	51.3
70+ years-----	1,710	107	1,604	60.8	61.8	60.8
<u>\$4,000-\$6,999</u>						
All ages-20+ years---	2,937	880	2,057	16.5	10.2	22.3
Age-adjusted rate-----					<u>14.8</u>	<u>22.1</u>
20-44 years-----	645	331	314	5.8	4.8	7.5
45-54 years-----	819	168	651	23.6	20.6	24.5
55-59 years-----	431	87	344	37.9	38.3	37.9
60-64 years-----	438	197	241	43.5	41.3	45.6
65-69 years-----	239	67	172	48.8	48.6	48.7
70+ years-----	365	*	334	59.7	*	58.9
<u>\$7,000+</u>						
All ages-20+ years---	1,440	391	1,050	13.2	7.8	17.8
Age-adjusted rate-----					<u>8.2</u>	<u>17.4</u>
20-44 years-----	246	121	125	4.1	3.3	5.4
45-54 years-----	464	92	372	17.3	14.4	18.2
55-59 years-----	221	54	167	24.7	22.5	25.5
60-64 years-----	175	88	88	27.5	28.6	26.8
65-69 years-----	143	*	115	41.2	*	43.9
70+ years-----	191	*	183	59.9	*	60.8

¹ Includes persons with unknown family income.

age adjustment brought the rates much closer together. The age-adjusted rates were about the same for veterans (20.7 percent) and for non-veterans (19.8 percent) in families with less than \$4,000 annual incomes. In the \$4,000-\$6,999 and in the \$7,000 or more income group, the age-adjusted rate of edentulous persons was much higher in the nonveteran group. The age-specific percentages of edentulous persons by age group within the family income category revealed little consistency in the rate pattern.

VI. HOSPITAL DISCHARGES FROM SHORT-STAY HOSPITALS

Hospital discharges from short-stay hospitals in the United States averaged 5,116,000 annually based on data gathered during July 1957-June 1961 for men 20 years of age and older in the civilian, noninstitutional population. Veterans, who represented 39 percent of this population during the 4-year period, accounted for 36 percent (an annual average of 1,850,000) of these discharges. About 23 percent of the discharges of adult males were from government-owned facilities including Federal, State, and local government hospitals. Among veterans, 30 percent of the discharges were from government-owned facilities compared with only 19 percent for the nonveteran population. Because nonveterans are generally ineligible for care in most Federal hospitals, veterans accounted for 7 out of 8 of the discharges from Federal hospitals. Although only 6.9 percent of all hospitalizations of men 20 years of age and older take place in Federal facilities, 16.6 percent of the hospitalizations of veterans take place in Federal hospitals. Since 9 out of 10 hospitalizations of veterans in short-stay Federal hospitals occur in veteran hospitals, rates describing veteran short-stay hospitalizations in Federal hospitals and veteran hospitalizations in short-stay Veterans Administration facilities follow the same pattern.

The average annual total of 5,116,000 discharges equals a rate of 101.9 discharges per 1,000 men per year. Veterans averaged 95.3 discharges per 1,000 population while nonveterans averaged 106.0 discharges per 1,000. In the age

adjustment of these rates to obtain a better basis for comparison, it was found that the rate for veterans became 107.2 per 1,000 compared with 100.1 per 1,000 for nonveterans. Thus while the actual rate of discharges is lower for veterans, the age-adjusted rates indicate that the veterans would have a higher rate of discharges if the veteran population had the same age composition as the nonveteran population. This is quite apparent on examination of the age-specific rates shown in table 14. In each of the age groups except the 45-54 year group, the discharge rates for veterans exceeded the rates for nonveterans. The discharge rates for veterans increased with age from 73.5 per 1,000 for men in the 20-34 age group to 184.3 per 1,000 for men 65 years and over. The nonveteran discharge rates similarly increased with age from 70.4 per 1,000 for men in the 20-34 age group to 153.3 per 1,000 for the 65 years and over group.

Veterans accounted for 307,000 or 87 percent of the 354,000 discharges from Federal hospitals. Although the rate of hospitalization for veterans in short-stay Federal hospitals was about 15.8 discharges per 1,000 men per year, the rates ranged from 8.5 per 1,000 in the lowest age group to 63.1 per 1,000 for the 65 years and older group.

Since the bulk of the short-stay discharges from Federal hospitals were from Veterans Administration facilities, the discharge rates were quite similar. Of the 284,000 discharges from Veteran Administration hospitals, 270,000 represented discharges of veterans. Veterans utilized the Veterans Administration hospitals for about 14.6 percent of their hospitalizations in short-stay hospitals. Discharge rates for veterans in Veterans Administration hospitals ranged from 6.8 per 1,000 for men 20-34 years of age to 59.8 per 1,000 for men 65 years and over.

Non-Federal Government hospitals accounted for 806,000 or 15.8 percent of all discharges of men 20 years and older. Both the actual and age-adjusted rates of hospitalization of veterans in State and local government hospitals were lower than the rate for nonveterans. The lower rates for veterans discharged from non-Federal Government hospitals appear in each of the age-specific groups shown in table 14.

The "other" hospital ownership group includes all voluntary and proprietary (nongovernmental) hospitals. Hospitalizations in these types of hospitals accounted for 77.3 percent of all of the discharges of males 20 years and over. The discharge rate for veterans in these nongovernmental hospitals was 67.1 per 1,000 compared with 86.1 per 1,000 for nonveterans. Age adjusting these rates reduced the difference but the nonveteran discharge rate in these hospitals (81.1 per 1,000) was still considerably higher than the rate for veterans (72.0 per 1,000). The rates in each of the specific age groups shown in table 14 are lower for veterans than for nonveterans.

The hospital to which a person goes is often determined by his income. While 16.6 percent of all veteran short-stay hospital discharges were from Federal hospitals, the proportion was considerably higher among veterans in the lower income families (table 15 and fig. 3). In such families, where rates of hospital insurance are correspondingly low and hospitalization imposes a severe economic burden, veterans tend to use Federal hospitals to a much greater extent. Veterans with family income less than \$2,000 had 4 out of 10 of their hospitalizations in Federal hospitals. This proportion dropped to 3 in 10 in the \$2,000-\$3,999 family income group and down to less than 1 in 10 for the \$4,000 or more income groups. Similarly, the proportion of veterans hospitalized in non-Federal Government hospitals decreased with increased family income from a high of 16.4 percent in the lowest income group to a low of 9.3 percent in the \$7,000 or more group. These data undoubtedly reflect the lower cost of hospitalizations in governmental facilities. It also reflects the admission policies in Federal hospitals and particularly in Veterans Administration hospitals. Admission of veterans to Veterans Administration hospitals is possible under two general conditions: (1) treatment of conditions resulting from service in the Armed Forces or (2) care or treatment for persons certifying that they are unable to pay for the hospitalization.

Hospital Days and Average Length of Hospital Stay

Men 20 years and older averaged 61,512,000 days in short-stay hospitals annually or an

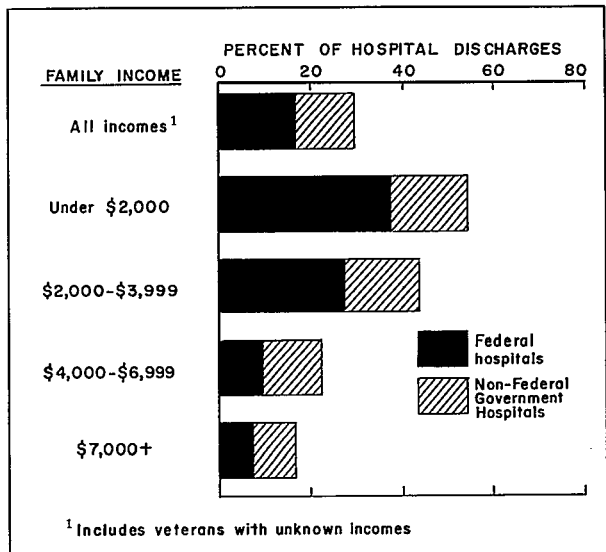


Figure 3. Percent of hospital discharges for the veteran population from government owned hospitals, by family income.

average of 12.0 hospital days per discharge. Veterans averaged 13.3 days per discharge while nonveterans averaged 11.3 days. Age adjusting these rates widened the gap so that the average length of stay for veterans increased to 13.6 days and the average stay for nonveterans decreased to 10.4 days. The average length of stay in Federal hospitals was three times the average length of stay in all hospitals. Patients discharged from all Federal hospitals including Veterans Administration and in the Veterans Administration hospitals alone averaged about 36 days of hospitalization per discharge compared with 11.6 days for the non-Federal Government hospitals and 9.9 days for the voluntary and proprietary hospitals. These overall length-of-stay rates for all men are quite similar to the range and pattern of the rates for veterans in each of these types of hospitals. These length-of-stay rates seem to be largely a characteristic of the type of hospital rather than the veteran status of the patient. In each age group shown in table 16, the length-of-stay rates for persons in all Federal-operated hospitals are appreciably longer than in other hospitals.

Table 17 which shows the discharges categorized by length of hospital-stay interval indicates that 35.8 percent of the veterans in Federal hospitals were hospitalized for 30 or more days, while only 3.5 percent of veterans in voluntary and proprietary hospitals were in the hospital 30 or more days. Only 6.7 percent of all nonveterans hospitalizations were 30 or more days.

There are a number of factors which might account for or at least contribute to the longer length of stay in Veterans Administration and other Federal hospitals as compared with voluntary and proprietary hospitals: (1) When the cost of hospitalization in voluntary and proprietary hospitals becomes prohibitive or insurance benefits are exhausted, patients in these hospitals may shorten their hospital stay by transferring to nursing homes or other institutions providing long-term care. (2) In Federal hospitals there is a high proportion of low income persons, a group known to have more hospital days per discharge. This may be due to reluctance to send patients home to inadequate care and food, and housing facilities which would delay their recovery. (3) Patients are more likely to use non-Federal hospitals for emergencies and short-stay treatment because of accessibility and ease of ad-

mission. Veterans Administration and other Federal facilities are utilized for conditions requiring extensive or prolonged treatment.

Table 18 provides some indication that Veterans Administration facilities are used more frequently than other types of hospitals for conditions that usually require long periods of treatment or care. Since 85.4 percent of all veterans hospitalizations were in non-Veterans Administration hospitals, it is significant that this proportion dropped to 65.0 percent for mental and personality disorders and 67.0 percent for arthritis and other diseases of the musculoskeletal system. These and other diseases normally requiring longer periods of treatment or prolonged disability make up a large proportion of the types of conditions cared for in Veterans Administration hospitals. On the other hand, well over 90 percent of veterans with appendicitis, upper respiratory conditions, hemorrhoids, diseases of the gallbladder, and current injuries were hospitalized in non-Veterans Administration facilities. Conditions in this latter group are generally of the type requiring comparatively short periods of hospitalization for which the hospital costs are within the economic means of the patient or in many cases are covered by hospital insurance.

Table 14. Average annual number of discharges and number of discharges per 1,000 men per year, by veteran status, hospital ownership, and age: short-stay hospitals, United States, July 1957-June 1961

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

Hospital ownership and age	Veteran status					
	All men	Veterans	Non-veterans	All men	Veterans	Non-veterans
<u>All hospitals</u>	Average number of discharges in thousands			Number of discharges per 1,000 men per year		
All ages-20+ years---	5,116	1,850	3,266	101.9	95.3	106.0
Age-adjusted rate-----					107.2	100.1
20-34 years-----	1,087	477	610	71.7	73.5	70.4
35-44 years-----	925	606	319	83.0	83.4	82.2
45-54 years-----	1,073	269	804	109.1	106.5	110.0
55-64 years-----	951	270	681	130.7	143.0	126.4
65+ years-----	1,080	228	852	159.0	184.3	153.3
<u>Federal hospitals (incl. VA)</u>						
All ages-20+ years---	354	307	*	7.1	15.8	*
Age-adjusted rate-----					21.2	*
20-34 years-----	81	55	*	5.3	8.5	*
35-44 years-----	71	67	*	6.4	9.2	*
45-54 years-----	60	53	*	6.1	21.0	*
55-64 years-----	61	52	*	8.4	27.5	*
65+ years-----	81	78	*	11.9	63.1	*
<u>Veterans hospitals</u>						
All ages-20+ years---	284	270	*	5.7	13.9	*
Age-adjusted rate-----					19.1	*
20-34 years-----	49	44	*	3.2	6.8	*
35-44 years-----	63	60	*	5.7	8.3	*
45-54 years-----	45	44	*	4.6	17.4	*
55-64 years-----	53	48	*	7.3	25.4	*
65+ years-----	74	74	*	10.9	59.8	*
<u>Non-Federal Government Hospitals</u>						
All ages-20+ years---	806	240	566	16.1	12.4	18.4
Age-adjusted rate-----					13.9	17.5
20-34 years-----	187	74	113	12.3	11.4	13.0
35-44 years-----	132	73	58	11.8	10.0	14.9
45-54 years-----	164	30	135	16.7	11.9	18.5
55-64 years-----	137	31	106	18.8	16.4	19.7
65+ years-----	187	32	155	27.5	25.9	27.9
<u>Other hospitals</u>						
All ages-20+ years---	3,956	1,303	2,653	78.8	67.1	86.1
Age-adjusted rate-----					72.0	81.1
20-34 years-----	819	347	472	54.0	53.5	54.5
35-44 years-----	723	466	257	64.9	64.1	66.2
45-54 years-----	849	186	663	86.3	73.7	90.7
55-64 years-----	753	186	567	103.5	98.5	105.2
65+ years-----	812	118	694	119.5	95.4	124.9

Table 15. Average annual number and percent distribution of discharges, by hospital ownership according to veteran status and family income: short-stay hospitals, United States, July 1957-June 1961

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

Family income and hospital ownership	Veteran status					
	All men-20+ years	Veterans	Non-veterans	All men-20+ years	Veterans	Non-veterans
<u>All incomes</u>	Average number of discharges in thousands			Percent distribution		
All hospitals-----	5,116	1,850	3,266	100.0	100.0	100.0
Federal-----	354	307	47	6.9	16.6	1.4
Non-Federal Government----	806	240	566	15.8	13.0	17.3
Other-----	3,956	1,303	2,653	77.3	70.4	81.2
<u>Under \$2,000</u>						
All hospitals-----	885	232	653	100.0	100.0	100.0
Federal-----	94	88	*	10.6	37.9	*
Non-Federal Government----	220	38	182	24.9	16.4	27.9
Other-----	570	106	464	64.4	45.8	71.1
<u>\$2,000-\$3,999</u>						
All hospitals-----	1,158	362	796	100.0	100.0	100.0
Federal-----	116	99	*	10.0	27.4	*
Non-Federal Government----	198	59	139	17.1	16.3	17.4
Other-----	843	204	640	72.9	56.3	80.4
<u>\$4,000-\$6,999</u>						
All hospitals-----	1,590	666	924	100.0	100.0	100.0
Federal-----	74	62	*	4.7	9.3	*
Non-Federal Government----	211	83	128	13.2	12.5	13.8
Other-----	1,305	520	785	82.1	78.1	84.9
<u>\$7,000+</u>						
All hospitals-----	1,184	502	682	100.0	100.0	100.0
Federal-----	46	36	*	3.9	7.2	*
Non-Federal Government----	127	47	80	10.7	9.3	11.7
Other-----	1,012	419	593	85.4	83.5	86.9
<u>Unknown</u>						
All hospitals-----	300	88	211	100.0	100.0	100.0
Federal-----	23	*	*	7.7	*	*
Non-Federal Government----	51	*	38	17.1	*	17.9
Other-----	225	53	172	75.2	60.3	81.5

Table 16. Average annual number of hospital days and average length of stay, by veteran status, hospital ownership, and age: short-stay hospitals, United States, July 1957-June 1961

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

Hospital ownership and age	Veteran status					
	All men	Veterans	Non-veterans	All men	Veterans	Non-veterans
<u>All hospitals</u>	Average number of hospital days in thousands			Average length of hospital stay in days		
All ages-20+ years---	61,512	24,594	36,917	12.0	13.3	11.3
Age-adjusted rate-----					13.6	10.4
20-34 years-----	10,614	4,843	5,771	9.8	10.2	9.5
35-44 years-----	9,215	6,563	2,652	10.0	10.8	8.3
45-54 years-----	12,422	3,878	8,544	11.6	14.4	10.6
55-64 years-----	12,362	4,287	8,075	13.0	15.9	11.9
65+ years-----	16,898	5,023	11,875	15.6	22.1	13.9
<u>Federal hospitals (incl. VA)</u>						
All ages-20+ years---	12,843	10,969	*	36.3	35.7	*
Age-adjusted rate-----					35.9	*
20-34 years-----	3,238	1,991	*	40.0	36.2	*
35-44 years-----	2,568	2,495	*	36.2	37.2	*
45-54 years-----	1,814	1,678	*	30.3	31.7	*
55-64 years-----	2,363	2,039	*	38.7	39.2	*
65+ years-----	2,860	2,765	*	35.3	35.4	*
<u>Veterans hospitals</u>						
All ages-20+ years---	10,279	9,688	*	36.2	35.9	*
Age-adjusted rate-----					35.7	*
20-34 years-----	2,108	1,673	*	43.0	38.0	*
35-44 years-----	2,117	2,074	*	33.7	34.5	*
45-54 years-----	1,321	1,296	*	29.5	29.5	*
55-64 years-----	2,033	1,943	*	38.4	40.5	*
65+ years-----	2,701	2,701	*	36.5	36.5	*
<u>Non-Federal Government Hospitals</u>						
All ages-20+ years---	9,318	2,764	6,554	11.6	11.5	11.6
Age-adjusted rate-----					11.7	10.7
20-34 years-----	1,524	528	996	8.1	7.1	8.8
35-44 years-----	1,277	745	532	9.7	10.1	9.1
45-54 years-----	2,124	362	1,762	12.9	12.2	13.1
55-64 years-----	1,584	333	1,252	11.6	10.7	11.8
65+ years-----	2,808	796	2,012	15.0	24.9	13.0
<u>Other hospitals</u>						
All ages-20+ years---	39,350	10,861	28,489	9.9	8.3	10.7
Age-adjusted rate-----					8.7	9.6
20-34 years-----	5,851	2,323	3,528	7.1	6.7	7.5
35-44 years-----	5,371	3,323	2,048	7.4	7.1	8.0
45-54 years-----	8,483	1,838	6,646	10.0	9.9	10.0
55-64 years-----	8,414	1,916	6,499	11.2	10.3	11.5
65+ years-----	11,230	1,462	9,769	13.8	12.4	14.1

Table 17. Average annual number and percent distribution of discharges, by length-of-stay intervals according to hospital ownership and veteran status: short-stay hospitals, United States, July 1957-June 1961

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

Veteran status and length-of-stay intervals	All hospitals	Government hospitals		Other
		Federal (including VA)	Non-Federal	
<u>Veterans</u>				
Average number of discharges in thousands				
Total-----	1,850	307	240	1,303
1-4 days-----	648	49	84	516
5-9 days-----	549	42	76	431
10-29 days-----	479	106	62	311
30+ days-----	174	110	*	46
<u>Nonveterans</u>				
Total-----	3,266	47	566	2,653
1-4 days-----	1,062	*	191	861
5-9 days-----	1,004	*	174	822
10-29 days-----	980	*	157	812
30+ days-----	220	*	44	159
<u>Veterans</u>				
Percent distribution				
Total-----	100.0	100.0	100.0	100.0
1-4 days-----	35.0	16.0	35.0	39.6
5-9 days-----	29.7	13.7	31.7	33.1
10-29 days-----	25.9	34.5	25.8	23.9
30+ days-----	9.4	35.8	*	3.5
<u>Nonveterans</u>				
Total-----	100.0	100.0	100.0	100.0
1-4 days-----	32.5	*	33.7	32.5
5-9 days-----	30.7	*	30.7	31.0
10-29 days-----	30.0	*	27.7	30.6
30+ days-----	6.7	*	7.8	6.0

Table 18. Effect of diagnosis in determining whether veterans utilize non-Veterans Administration hospitals: short-stay hospitals, United States, July 1957-June 1961

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

Type of condition	All hospitals	Non-VA hospitals	Percent of veteran discharges from Non-VA hospitals
	Average number of discharges for veterans		
All conditions-----	1,849,786	1,580,087	85.4
Infective and parasitic diseases-----	45,582	38,448	84.3
Neoplasms (malignant and benign)-----	113,279	90,731	80.1
Diabetes and other endocrine, allergic, and metabolic disorders-----	58,246	43,656	75.0
Mental and personality disorders-----	55,832	36,279	65.0
Diseases of the nervous system and sense organs--	80,445	60,708	75.5
Heart conditions-----	113,329	90,745	80.1
Hemorrhoids-----	59,642	55,701	93.4
All other circulatory conditions-----	59,355	43,605	73.5
Upper respiratory conditions-----	72,399	69,405	95.9
Other respiratory conditions-----	113,207	101,007	89.2
Ulcer of stomach and duodenum-----	99,896	82,418	82.5
Appendicitis-----	52,726	51,697	98.0
Hernia-----	88,200	75,373	85.5
Diseases of the gallbladder-----	39,779	37,554	94.4
Other digestive conditions-----	106,359	98,183	92.3
Male genital disorders-----	54,976	46,847	85.2
Other genitourinary conditions-----	89,653	83,111	92.7
Arthritis and other diseases of the musculoskeletal system-----	55,660	37,317	67.0
Other diseases of the bones and joints-----	89,358	75,779	84.8
Fractures and dislocations-----	113,224	101,652	89.8
Other current injuries-----	147,138	143,386	97.5
Other conditions and observations-----	141,501	116,485	82.3

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. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, a major part of the program.

The Health Interview Survey utilizes a questionnaire which, in addition to personal and demographic characteristics, obtains information on illnesses, injuries, chronic conditions and impairments, and other health topics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics. The present report is based primarily on the consolidated sample for 208 weeks of interviewing ending June 1961.

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

Statistical Design of the Health Interview Survey

General plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian, noninstitutional population of the United States. During the first 18 months of the survey the first stage of this design consisted of drawing a sample of 372 from the 1,900 geographically defined primary sampling units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a standard metropolitan statistical area. Beginning in January 1959 the sample size was increased to 500 PSU's. However, the basic sampling design and methods of estimating remained unchanged during the 4-year period covered by this report.

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

six households in the sample. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in these segments, household members are interviewed concerning factors related to health.

Since the household members interviewed each week are a representative sample of the population, samples for successive weeks can be combined into larger samples. Thus the design permits both continuous measurement of characteristics of high incidence or prevalence in the population, and through the larger consolidated samples, more detailed analysis of less common characteristics and smaller categories. The continuous collection has administrative and operational advantages as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail.—The national sample plan over the 4-year period ending June 1961 included about 485,000 persons from 149,000 households in 25,000 segments. The overall sample was designed in such a fashion that tabulations can be provided for each of the major geographic regions and for urban and rural sectors of the United States.

Collection of data.—Field operations for the household survey are performed by the Bureau of the Census under specifications established by the National Center for Health Statistics. In accordance with these specifications the Bureau of the Census selects the sample; conducts the field interviewing as an agent of the Center; and performs a manual edit and coding of the questionnaires. The Health Survey, using Center electronic computers, carries out further editing and tabulates the edited data.

Estimating methods.—Each statistic produced by the survey—for example, the number of disability days occurring in a specified period—is the result of two stages of ratio estimation. In the first of these, the factor is the ratio of the 1950 decennial population count to the 1950 estimated population in the National Health Survey's first-stage sample of PSU's. These factors are applied for some 50 color-residence classes. Prior to January 1959 about 132 color-residence classes were applied.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for

current population in about 60 age-sex-color classes (76 before January 1959) are computed, and serve as second-stage factors for ratio estimating.

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

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

For statistics measuring the number of occurrences during a specified time period, such as the number of bed-disability days, a similar computational procedure is used, but the statistics have a different interpretation. 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 simply 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.

General Qualifications

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

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

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information the household respondent can, at best, pass on to the interviewer only the information the physician has given the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other

types of facts such as those concerning the circumstances and consequences of illness or injury and the resulting action taken or sought by the individual can be obtained more accurately from household members than from any other source, since only the persons concerned are in a position to report 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 and sex, which are adjusted to independent estimates, these figures are based on the sample of households in the National Health Survey. 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. In some instances these will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the overall totals by age and sex, mentioned above, the population figures differ from corresponding figures (which are derived from different sources) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, and P-60 series.

Reliability of Estimates

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

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than $2\frac{1}{2}$ times as large.

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

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

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

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

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

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

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

Type B.—Incidence-type statistics for which the period of reference in the questionnaire is 2 weeks.

Type C.—Statistics on data, such as hospitalization, for which the period of reference is 6 months.

Only the charts on sampling error applicable to data contained in this report are presented.

General rules for determining relative sampling errors.—The "guide" on page 29, together with the following rules, will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report.

Rule 1. Estimates of aggregates: Approximate relative standard errors of estimates for aggregates, such as the number of persons with a given characteristic, are obtained from appropriate curves on pages 30-32. The number of persons in the total U.S. population or in an age 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 on pages 33-35. 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 chronic conditions per 1,000 population, the numerator consisting of persons with the condition is a subclass of the denominator which includes all persons in the population. Such rates if converted to rates per 100 may be treated as though they were percentages, and the relative standard errors obtained from the chart on page 33. 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 computing the number of hospital discharges per 1,000 persons per year, it is possible that a person in the denominator could have had more than one of the hospital discharges 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 groups of the 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, obtain the relative standard error of the numerator and of the denominator 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 and often will overstate the error.

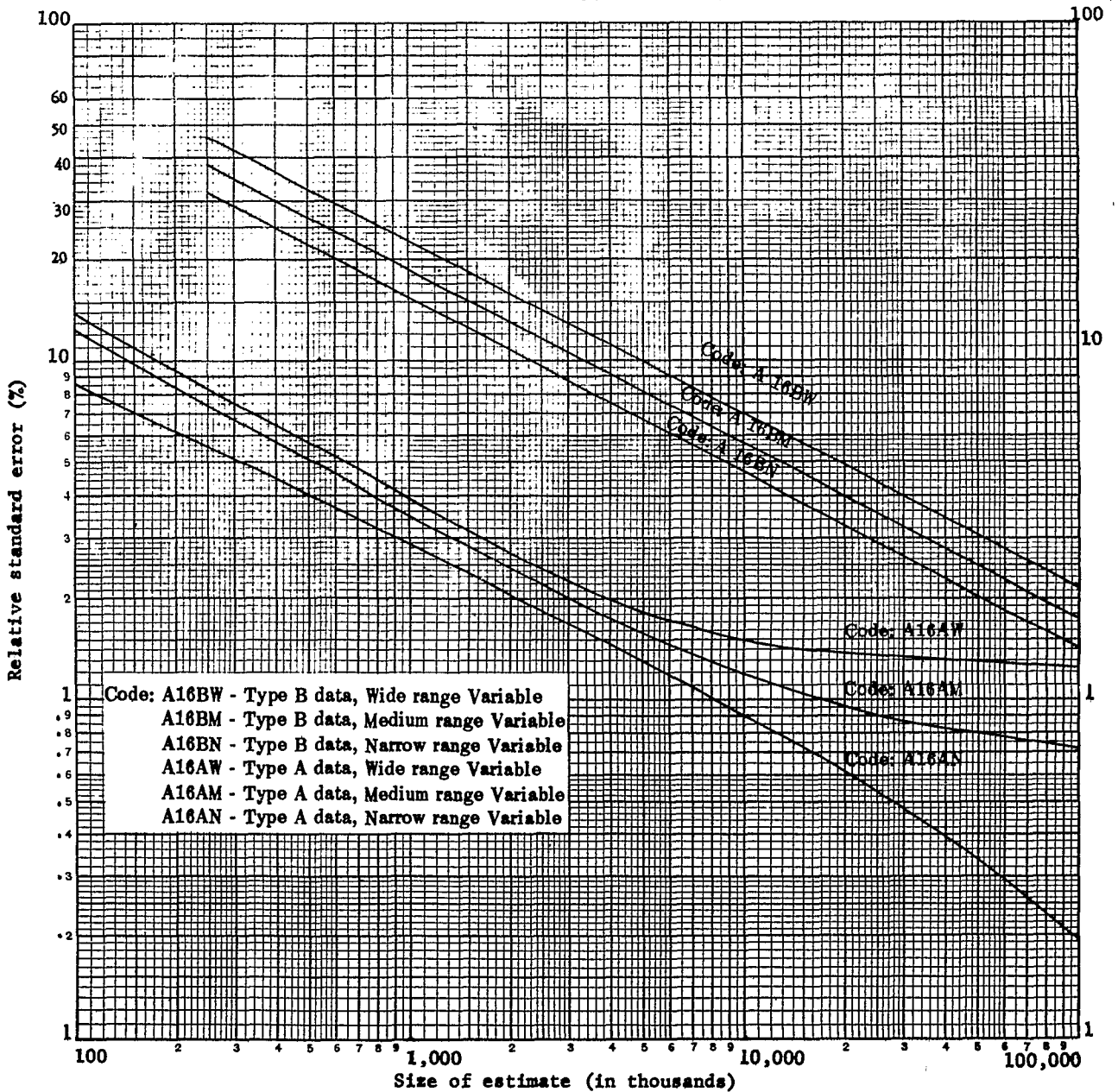
Guide to Use of Relative Standard Error Charts

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

A = aggregate, P = percentage; (2) the number of calendar quarters of data collection; (3) the type of the statistic as described on page 28; and (4) the range of the statistic as described on page 28.

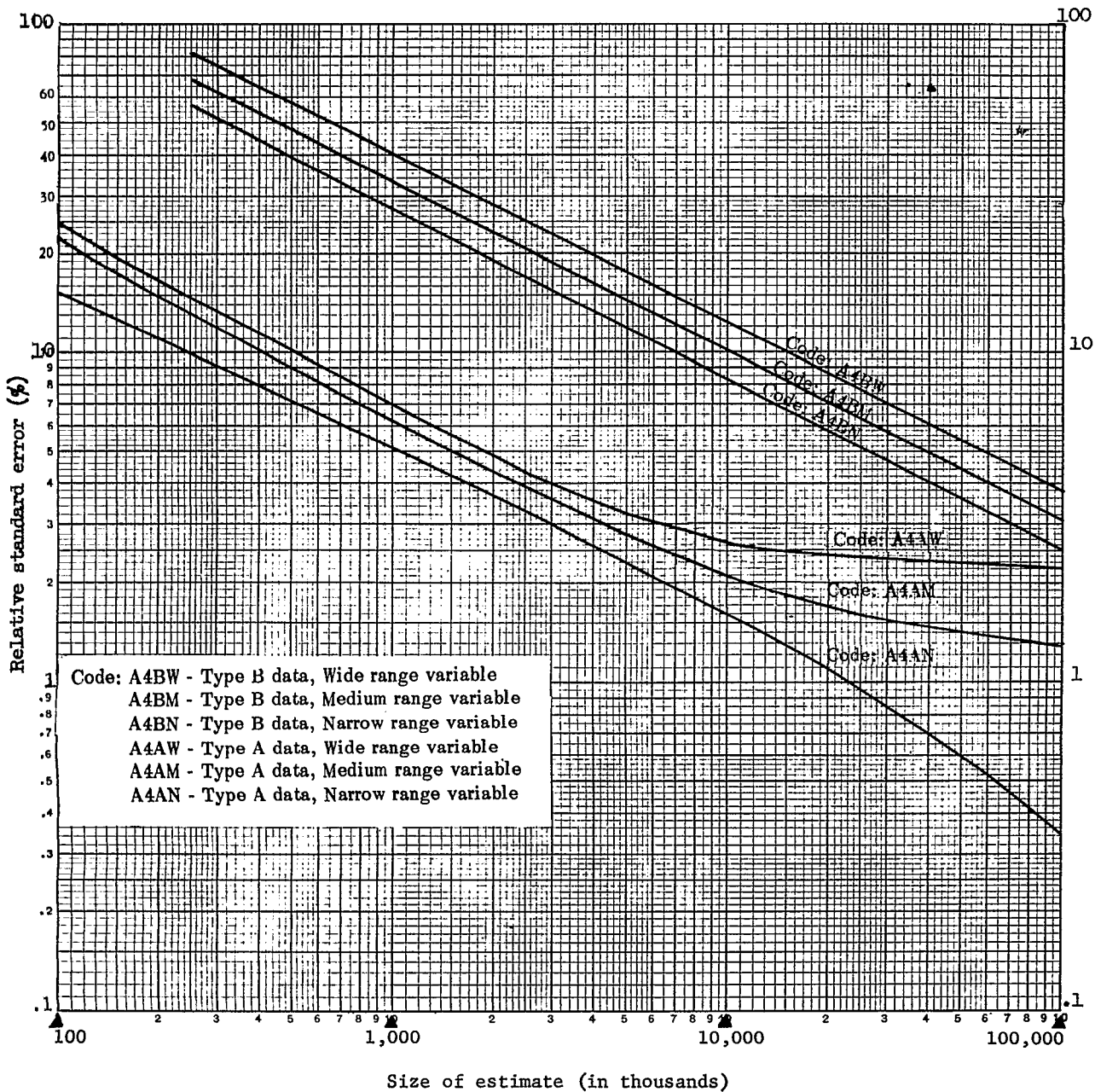
Statistic	Use:		
	Rule	Code on	page
Number of:			
Males in the U.S. population, or any age category thereof-----		Not subject to sampling error	
Males in any other population group-----	1	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="margin-right: 5px;">A16AN</div> <div style="margin-right: 5px;">A4AN</div> </div>	30 31
Disability days per year-----	1	A16BW	30
Chronic conditions by type-----	1	A16AN	30
Condition causing hospitalization-----	1	A16CN	32
Hospital discharges-----	1	A16CN	32
Hospital days-----	1	A16CW	32
Percentage distribution of:			
Males in a population group-----	2	P16AN-M	33
Hospital discharges by characteristic-----	2	P16CN-M	34
Prevalence rates of chronic conditions-----	3	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="margin-right: 5px;">P16AN-M</div> <div style="margin-right: 5px;">P4AN-M</div> </div>	33 35
Number of disability days:			
Per male in any age category of the total U.S. population-----	4(a)	A16BW	30
Per male in any other population group-----	4(b)	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="margin-right: 5px;">Number: A16BW</div> <div style="margin-right: 5px;">Denom.: A16AN</div> </div>	30 30
Number of hospital discharges:			
Per 1,000 men in any age category of the total U.S. population-----	4(a)	A16CN	32
Per 1,000 men in any other population group-----	4(b)	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="margin-right: 5px;">Number: A16CN</div> <div style="margin-right: 5px;">Denom.: A16AN</div> </div>	32 30
Average length of hospital stay-----	4(b)	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="margin-right: 5px;">Number: A16CW</div> <div style="margin-right: 5px;">Denom.: A16CN</div> </div>	32 32

Relative standard errors for aggregates based on sixteen quarters of data collection
for data of all types and ranges



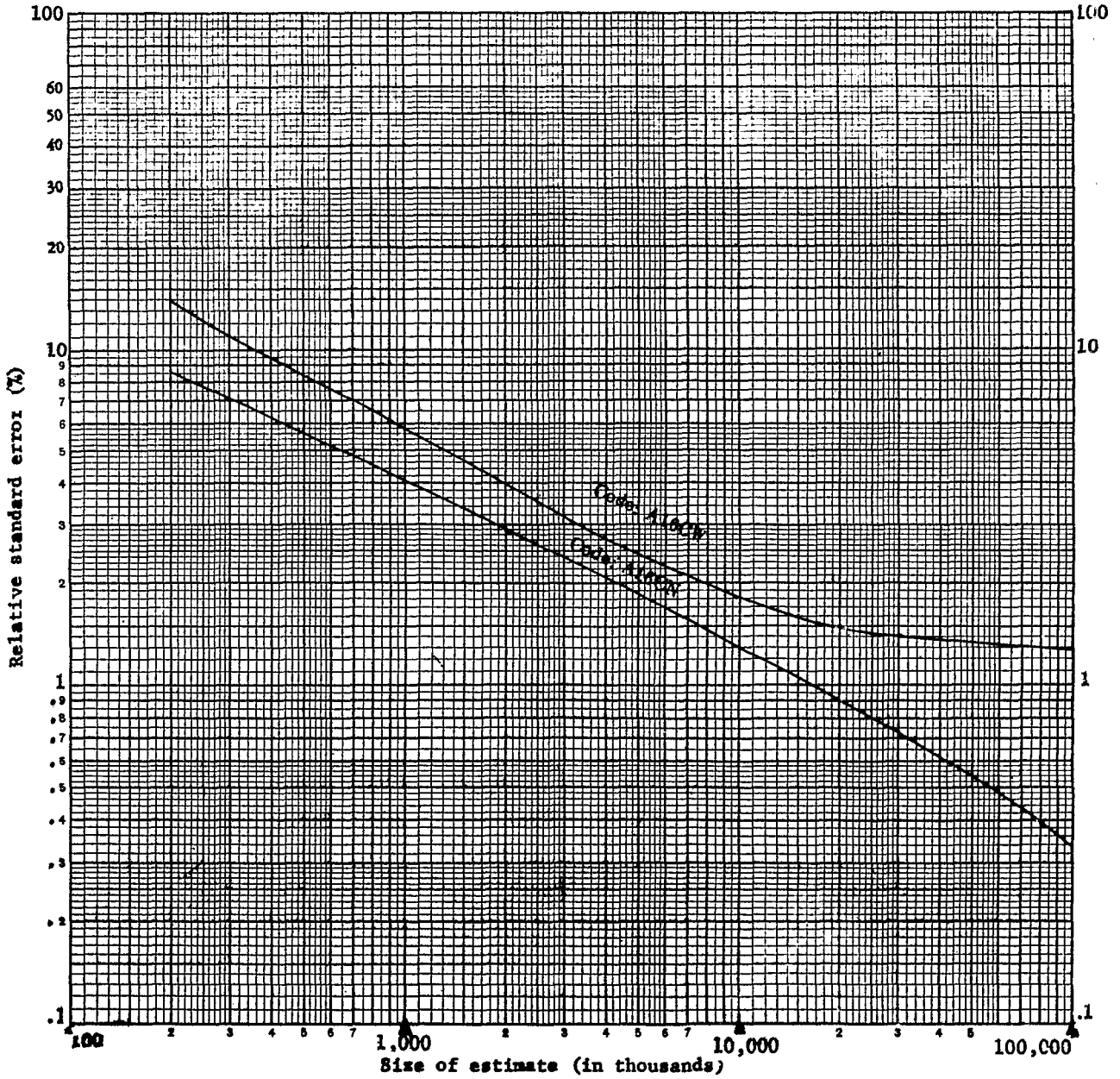
Example of use of chart: An aggregate of 10,000,000 (on scale at bottom of chart) for a Narrow range Type A statistic (code: A16AN) has a relative standard error of 0.9 percent, read from scale at left side of chart, or a standard error of 90,000 (0.9 percent of 10,000,000). For a Wide range Type B statistic (code: A16BW), an aggregate of 10,000,000 has a relative error of 7.0 percent or a standard error of 700,000 (7.0 percent of 10,000,000).

Relative standard errors for aggregates based on four quarters of data collection
for data of all types and ranges



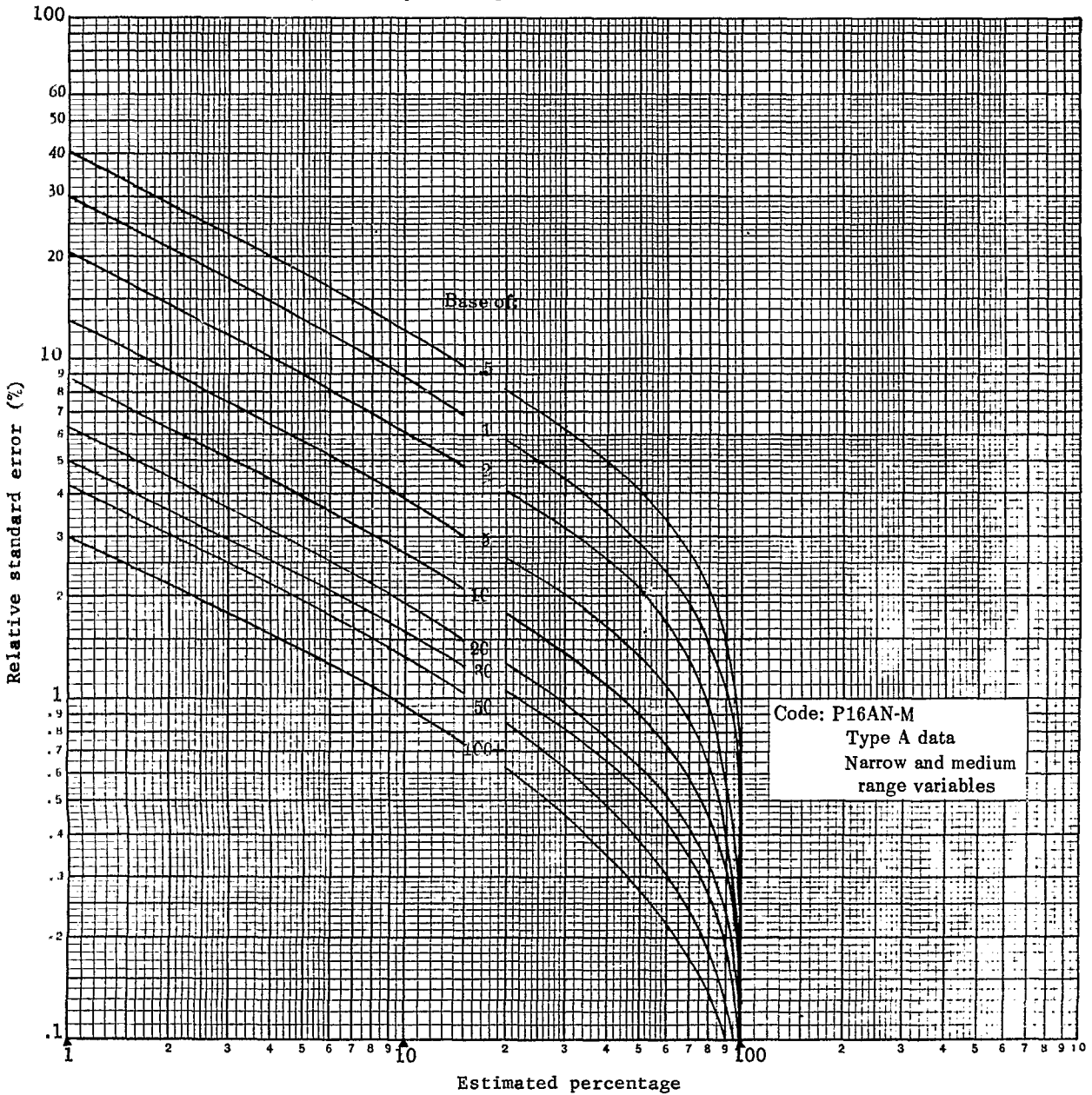
Example of use of chart: An aggregate of 2,000,000 (on scale at bottom of chart) for a Narrow range Type A statistic (code: A4AN) has a relative standard error of 3.6 percent, (read from scale at left side of chart), or a standard error of 72,000 (3.6 percent of 2,000,000). For a Wide range Type B statistic (code: A4BW), an aggregate of 6,000,000 has a relative error of 16.0 percent or a standard error of 960,000 (16 percent of 6,000,000).

Relative standard errors for aggregates based on sixteen quarters of data collection for type C, Narrow range, and type C, Wide range data



Example of use of chart: An aggregate of 1,000,000 (on scale at bottom of chart) for a Wide range type C statistic (code: A16CW) has a relative standard error of 5.8 percent, read from scale at left side of chart, or a standard error of 58,000 (5.8 percent of 1,000,000).

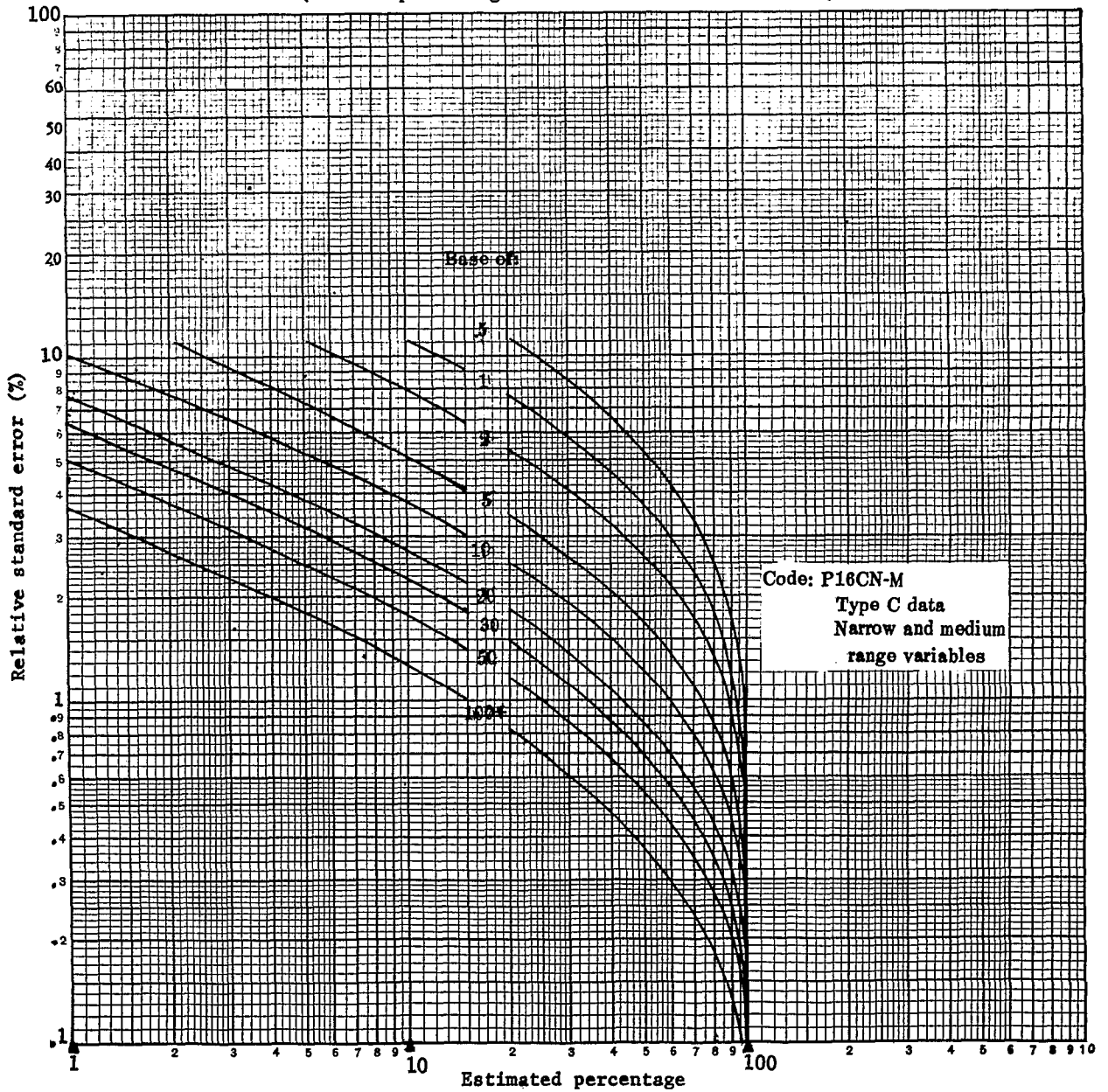
Relative standard errors for percentages based on sixteen quarters of data collection
for type A data, Narrow and Medium range
(Base of percentage shown on curves in millions)



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 1.8 percent (read from the scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 1.8 percent or 0.36 percentage points.

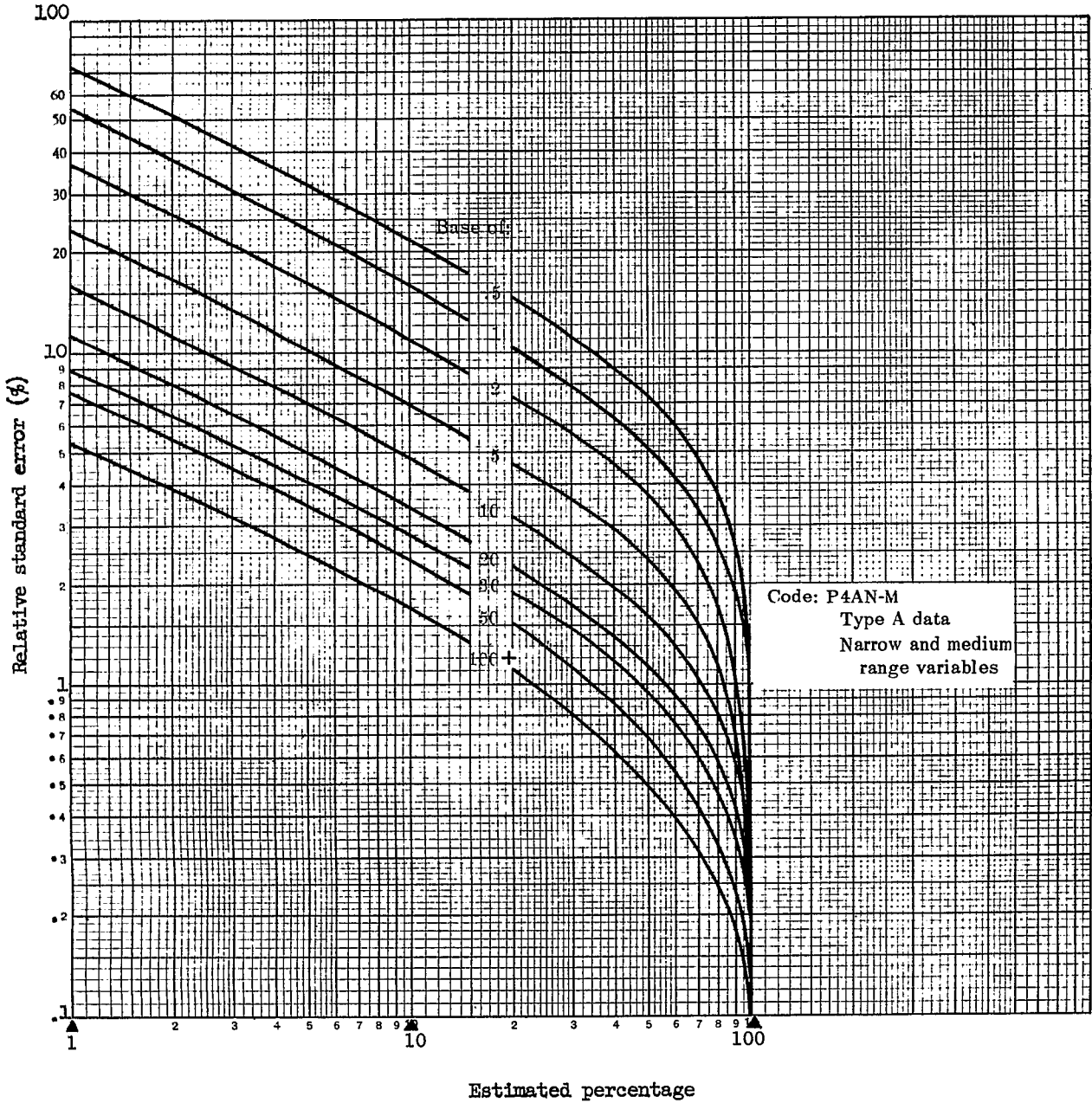
Relative standard errors for percentages based on sixteen quarters of data collection for type C data, Narrow and Medium range

(Base of percentage shown on curves in millions)



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 2.5 percent (read from scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 2.5 percent or 0.5 percentage points.

Relative standard errors for percentages based on four quarters of data collection
 for type A data, Narrow and Medium range
 (Base of percentage shown on curves in millions)



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 3.2 percent (read from the scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 3.2 percent or 0.64 percentage points.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Disability

Disability.—Disability is a general term used to describe any temporary or long-term reduction of a person's activity as a result of illness or injury.

Disability days are classified as follows: days of restricted activity, days of bed disability, and days lost from work. 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 is a special term which applies to the currently employed. These are also days of restricted activity. See the definition of "Work-loss day."

Restricted-activity day.—A day of restricted activity is a day when a person cuts down on his usual activities for the whole of that day on account 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 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 taken to be 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, watching television, and so forth. The type of reduction of usual activity varies with the age and occupation of the individual as well as with the day of the week or season of the year.

Restricted activity covers the range from substantial reduction to complete inactivity for the entire day. 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 bed 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 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 is counted as lost from work if the person would have been going to work at a job or business that day but instead lost the entire work day because of an illness or an injury. If the person's

regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. Work-loss days are determined only for currently employed persons 17 years of age and over.

Person-days of restricted activity, bed disability, etc.—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, i.e., a person with 2 condition-days of disability on a given day is included only once in the person-day count.

Terms Relating to Chronic Conditions

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

Conditions, except impairments, are coded by type according to the International Classification of Diseases with certain modifications adopted to make the code more suitable for a household-interview-type survey. Impairments are coded according to a special supplementary classification. (See definition of "Impairments." See also definitions of "Chronic condition," "Injury condition," and "Hospitalized condition.")

Chronic condition.—A condition is considered to be chronic if (1) it is described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" (Appendix III, Card A) or in terms of one of the types of impairments on the "Check List of Selected Impairments" (Appendix III, Card B) or (2) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview.

Persons with chronic conditions.—The estimated number of persons with chronic conditions is based on the number of persons who at the time of the interview were reported to have one or more chronic conditions. (See definition of "Chronic condition.")

Injury condition.—An injury condition, or simply an injury, is a condition of the type that is classified to the nature of injury code numbers (N800-N999) 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 the effects of exposure, such as sunburn, adverse reactions to immunizations and other medical procedures, and poisonings. Unless otherwise specified, the term injury is used to cover all of these.

Chronic effect of injury.—A chronic condition resulting from an injury may be either an impairment, such as paralysis, or some other type of late effect of the injury, such as arthritis. Disability from such conditions is included with that resulting directly from the injuries, unless otherwise specified.

With a few exceptions, injuries that are still giving trouble are classified according to the chronic effect of the injury if the injury occurred 3 months or more before the interview week, but to the injury itself if the injury occurred less than 3 months before.

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

CLASSIFICATION OF IMPAIRMENTS (X-Code)

Impairment of Vision (X00-X05)

- X00 Blindness, both eyes; blindness NOS.
- X01 Blind in one eye, other eye defective but not blind
- X02 Blind in one eye, other eye good or not mentioned
- X05 Impaired vision except as in X00-X02, one or both eyes

Impairment of Hearing (X06-X09)

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

Paralysis, Complete or Partial, All Sites

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

- X40 Upper extremity, one, except fingers only
- X41 Upper extremities, both
- X42 Finger(s) only
- X43 Lower extremity, one, any part except toes only
- X44 Lower extremities, both (paraplegia)
- X45 Toes only
- X46 Paraplegia with bladder or anal sphincter involvement
- X47 One side of body, one upper and one lower, same side (hemiplegia)
- X48 Three or more major members, or entire body (quadriplegia)
- X49 Paralysis NOS, or of other sites of extremities or trunk (complete)

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

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

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

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

Abbreviation

NOS = not otherwise specified

Prevalence of conditions.—In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a specified time or the average number existing during a specified interval of time. The number of chronic cases reported to be present or assumed to be present at the time of the interview are those reported by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" and reported to have been present at some time during the 12-month period prior to the interview.

Estimates of the prevalence of chronic conditions may be restricted to cases that satisfy certain additional stated criteria, such as cases involving a day or more in bed in the past year, cases still under medical care, or those with specified degrees of limitation. (See definitions of "Chronic limitation in ability to work" and "Chronic mobility limitation.")

Medically attended condition.—A condition about which a physician was consulted is called a medically attended condition. Consulting a physician includes consultation in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as medical consultation as well as visits to physicians in clinics or hospitals. If at one visit the physician is consulted about more than one condition for each of several patients, each condition is counted as medically attended.

For the purpose of this definition, "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

A condition is counted as medically attended if a physician was consulted about it at its onset or at any time thereafter. However, the first medical attention for a condition that was present in the 2 weeks before the interview may not occur until after the end of the 2-week period. In fact, it may not occur until after the interview. Such cases are necessarily treated as though there had been no medical attention.

Under care.—This information is obtained only for chronic conditions. A chronic condition which is "under care" is one for which the person is "under instruction" from a physician. By "under instruction" is meant one or more of the following: (1) taking certain medicine or treatment prescribed by a physician, (2) observing a certain systematic course of diet or activity, (3) visiting the physician regularly for checking on the condition, and (4) under instruction from the physician to return if some particular thing happens.

For the purposes of this definition "physician" is defined as in "Medically attended condition."

Terms Relating to Long-Term Disability

Chronic limitation in ability to work.—Persons, whose usual activity during the 12 months prior to interview was working, are classified as limited in their

ability to work if they indicate that they are unable to work at a job or business or that they are limited in the amount or kind of work, e.g., need special working aids or special rest periods at work, cannot work full time or for long periods at a time, cannot do strenuous work.

Chronic mobility limitation.—Persons with chronic activity limitation of some degree as a result of one or more chronic conditions are classified as limited in their mobility if they are:

1. Confined to the house all the time except in emergencies.
2. Able to go outside but need the help of another person in getting around outside.
3. Able to go outside alone but have trouble getting around freely.

Terms Relating to Hospitalization

Hospital episode.—A hospital episode is any continuous period of stay of 1 or more nights in a hospital as an inpatient.

Hospital.—A hospital is defined as any institution meeting one of the following criteria: (1) named in the listing of hospitals in the current Guide Issue of Hospitals, the Journal of the American Hospital Association; (2) named in the listing of hospitals in the Directories of the American Osteopathic Hospital Association; or (3) named in the annual inventory of hospitals and related facilities submitted by the States to the Division of Hospital and Medical Facilities of the Public Health Service in conjunction with the Hill Burton program.

Hospital ownership.—Hospital ownership is a classification of hospitals according to the type of organization that controls and operates the hospital. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Type of hospital service.—Type of hospital service is a classification of hospitals according to the predominant type of cases for which they provide care. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Short-stay hospital.—A short-stay hospital is one for which the type of service is general; maternity; eye, ear, nose, and throat; children's; osteopathic hospital; or hospital department of institution.

Hospital discharge.—A hospital discharge is a hospital episode that ended during a specified period of time covered by the survey. (See definition of "Hospital episode.")

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. For certain reports of the National Health Survey, estimates were based on discharges which occurred during the 6-month period prior to the interview.

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.

Estimates of the total number of hospital days are derived by summing the days for all hospital episodes of a particular type. See definition of "Hospital episode.") For example, the number of hospital days may be summed for all hospital discharges. (See definition of "Hospital discharge.")

Hospital days per year.—These are the total number of days 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.

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 hospital stay.—The average length of hospital 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.

Hospitalized condition.—A hospitalized condition is a condition responsible for a hospital episode. (See definition of "Hospital episode.") If there is more than one hospitalized condition for any one episode, only that one believed to be chiefly responsible for the stay in the hospital is tabulated. If a person enters a hospital for diagnostic tests, or for an operation, the condition that made the tests or operation necessary is considered to be the hospitalized condition.

Conditions, except impairments, are coded by type according to the International Classification of Diseases with certain modifications adopted to make the code more suitable for a household-interview type survey. For survey results included in this report the 1955 Revision of the International Classification was used. Impairments are coded according to a special supplementary classification. (See definition of "Impairments.") The code numbers included in each of the diagnostic groups appear in an earlier report, *Health Statistics*, Series B, No. 32, p. 50.

Terms Relating to Special Aids

Special aid.—A special aid is a device used to compensate for defects resulting from disease, injury, impairment, or congenital malformation. Information is recorded about special aids even though the persons possessing them do not use them.

Hearing aid.—A hearing aid is any kind of mechanical or electrical device used to improve hearing.

Dental Terms

Edentulous persons.—Persons who have lost all of their permanent teeth or who have a congenital absence of permanent teeth are classed as edentulous persons. An edentulous person may have dentures but does not have any natural teeth.

Demographic, Social, Economic, and Other Terms

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

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

The income recorded is the total of all income received by members of the family in the 12-month period prior to the week of interview. Income from all sources is included, e.g., wages, salaries, rents from property, pensions, help from relatives, and so forth.

Veteran status.—In order to establish veteran status, information is secured concerning service in the Armed Forces. The information is obtained only for males 17 years of age and over.

Service in the Armed Forces means active duty for any period of time in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard. Peacetime service in the Merchant Marine, in a National Guard unit, or in active reserve training is not considered to be service in the Armed Forces.

If a man has served in more than one war, he is classified according to the latest war in which he served.

When males 17 years of age and over are grouped into two classes, veterans and nonveterans, men with peacetime service only are included, with those having no military service as nonveterans.

Usual activity status.—All persons in the population are classified according to their usual activity status during the 12-month period prior to the week of interview. The "usual" activity status, in case more than one is reported, is the one at which the person spent the most time during the 12-month period.

The categories of usual activity status used for persons aged 17 years and over are: usually working, retired, and other. For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. First, the responses concerning usual activity status are accepted without detailed questioning, since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify

crudely certain population groups which may have differing health problems. Second, the figures represent the usual activity status over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually 1 week. Third, the minimum age for usually working persons is age 17 in the National Health Survey and the official labor force categories include all persons age 14 or older. Finally in the definitions of specific categories which follow, certain marginal groups are classified differently to simplify procedures.

Usually working includes persons 17 years of age or older who are paid employees; self employed in their own business, profession, or in farming; or unpaid employees in a family business or farm. Work around the house, or volunteer or unpaid work, such as for a church, etc., is not counted as working.

Retired includes persons 45 years old or over who consider themselves to be retired. In case of doubt, a person 45 years of age or older is counted as retired if he has either voluntarily or involuntarily stopped working and is not looking for work. A retired person may or may not be unable to work.

Other in this report includes males 17 years of age or older not classified as "working" or "retired." Persons aged 17 years and over who are going to school are included in this group.

The labor force.—This includes all persons 17 years of age and older who worked at or had a job or business or were looking for work during the 2-week period prior to week of interview. The labor force consists of persons currently employed and those unemployed as defined below.

Currently employed describes persons 17 years of age or 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. 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 their 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 their absence no longer existed.

Free-lance workers are considered as currently employed if they had a definite arrangement with one or more employers to work for pay according to a weekly or monthly schedule either full time or part time. Excluded from the currently employed are such persons who have no definite employment schedule but work only when their services are needed.



APPENDIX III

QUESTIONNAIRE

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

<p>The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).</p>											
Form NHE-1 (3-16-57)				U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS Acting as Collecting Agent for the U.S. PUBLIC HEALTH SERVICE NATIONAL HEALTH SURVEY		1. Questionnaire _____ of _____ Questionnaires					
2. (a) Address or description of location				3. Ident. Code	4. Sub-sample weight	5. Sample	6. PSU Number				
(b) Type of living quarters: <input type="checkbox"/> Dwelling unit <input type="checkbox"/> Other				(c) Name of Special Dwelling Place: _____ Code: _____		7. Segment No. _____ 8. Serial No. _____					
12. Are there any other living quarters, occupied or vacant, in this building (apartment)? <input type="checkbox"/> Yes <input type="checkbox"/> No				9. Is this house on a farm or ranch? <input type="checkbox"/> Yes <input type="checkbox"/> No							
13. Are there any other buildings on this property for people to live in - either occupied or vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No				10. What is the telephone number here? <input type="checkbox"/> No phone		11. What is the best time to call? _____					
14. Does anyone else living in this building use YOUR ENTRANCE to get to his living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No				INSTRUCTIONS If "Yes" to questions 12, 13 or 14 apply definition of a dwelling unit to determine whether one or more additional questionnaires should be filled and whether the listing is to be corrected.							
15. RECORD OF CALLS AT HOUSEHOLDS											
Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.
Entire household		Date - Time									
Callbacks for individual respondents		Col. No.	Date - Time								
16. REASON FOR NON-INTERVIEW											
TYPE:	A		B		C		Z				
Reason:	<input type="checkbox"/> Refusal <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Vacant - Non-seasonal <input type="checkbox"/> Vacant - seasonal <input type="checkbox"/> Usual residence elsewhere <input type="checkbox"/> Armed Forces <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Desoliated <input type="checkbox"/> In sample by mistake <input type="checkbox"/> Eliminated in sub-sample <input type="checkbox"/> Other (Specify)		Interview not obtained for: Cole. _____ because: _____				
Comments on non-interview: _____											
17. Signature of Interviewer: _____						18. Code: _____					
Special instructions or notes: _____											
EDITING RECORD FOR OFFICE USE ONLY											
a. Result of edit		b. Type of follow-up		d. Edited		e. Re-edited		f. Re-edited			
<input type="checkbox"/> Passed <input type="checkbox"/> Passed (EPQ) <input type="checkbox"/> Failed - no follow-up <input type="checkbox"/> Failed - follow-up		<input type="checkbox"/> Office telephone <input type="checkbox"/> Interviewer telephone <input type="checkbox"/> Personal		Editor Date		Editor Date		Editor Date			
		c. Result of follow-up <input type="checkbox"/> Completed <input type="checkbox"/> Non-interview									
1. (a) What is the name of the head of this household? (Enter name in first column) (b) What are the names of all other persons who live here? (List all persons who usually live here, and all persons staying here who have no usual place of residence elsewhere. List these persons in the prescribed order.) (c) Do any (other) lodgers or roomers live here? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____ (d) Is there anyone else who lives here who is now away on business? On a visit? Temporarily in a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____ (e) Is there anyone else staying here now? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____ (f) Do any of these people have a home elsewhere? <input type="checkbox"/> No (leave on questionnaire) <input type="checkbox"/> Yes (if not a household member, delete)						Last name _____ First name and initial _____					
2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, partner, lodger, lodger's wife, etc.)						Relationship _____					
3. Race (Check one box for each person)						<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other					
4. SEX (Check one box for each person)						<input type="checkbox"/> Male <input type="checkbox"/> Female					
5. How old were you on your last birthday?						Age <input type="checkbox"/> Under 1 year					
6. Where were you born? (Record state or foreign country)						(State or foreign country) _____					
If 14 years old or over, ask: 7. Are you now married, widowed, divorced, separated or never married? (Check one box for each person)						<input type="checkbox"/> Under 14 years <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never married					
If 14 years old or over, ask: 8. What is the highest grade you completed in school? (Circle highest grade completed or check "None")						<input type="checkbox"/> Under 14 years High: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5					

If Male and 14 years old or over, ask: 9. (a) Did you ever serve in the Armed Forces of the United States? If "Yes," ask: (b) Are you now in the Armed Forces, not counting the reserves? (If "Yes," delete this person from questionnaire) →		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Was any of your service during a war or was it peace-time only? If "war," ask: (d) During which war did you serve? If "peace-time" only, ask: (e) Was any of your service between June 27, 1950 and January 31, 1953?		<input type="checkbox"/> War <input type="checkbox"/> Peace-time only <input type="checkbox"/> Spanish American <input type="checkbox"/> WW-II <input type="checkbox"/> WW-I <input type="checkbox"/> Korean <input type="checkbox"/> Yes <input type="checkbox"/> No
If 6 years old or over, ask: 10. (a) What were you doing most of the past 12 months -- (For males over 16): working, looking for work, or doing something else? (For females over 16): working, looking for work, keeping house, or doing something else? (For children 6 - 15): going to school or doing something else? If "something else" checked, and person is 50 years old or over, ask: (b) Are you retired?		<input type="checkbox"/> Under 6 years <input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Keeping house <input type="checkbox"/> Going to school <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No
Interview each adult person for himself for questions 11-26 and Tables I, II, and A, if he is at home. Enter column number of respondent in each column.		<input type="checkbox"/> Responded for self Col. No. _____ was respondent
We are interested in all kinds of illness, whether serious or not -- 11. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (a) What was the matter? (b) Anything else?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Last week or the week before did you have any accidents or injuries, either at home or away from home? (a) What were they? (b) Anything else?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Last week or the week before did you feel any ill effects from an earlier accident or injury? (a) What were these effects? (b) Anything else?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Last week or the week before did you take any medicine or treatment for any condition (besides ... which you told me about)? (a) For what conditions? (b) Anything else?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. AT THE PRESENT TIME do you have any ailments or conditions that have continued for a long time? (If "No") Even though they don't bother you all the time? (a) What are they? (b) Anything else?		<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Has anyone in the family - you, your-, etc. - had any of these conditions DURING THE PAST 12 MONTHS? (Read Card A, condition by condition; record any conditions mentioned in the column for the person)		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does anyone in the family have any of these conditions? (Read Card B, condition by condition; record any conditions mentioned in the column for the person)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Table I - ILLNESSES, IMPAIRMENTS AND ACCIDENTS										
Line Number	Col. No. of person	Question No.	Did you ever talk to a doctor about ...?	What did the doctor say it was? -- did he use any medical terms? (If doctor not talked to - "No," in col. (c) - record respondent's description) (If ill-effects of earlier accident also fill Table A) For an accident or injury occurring during past 2 weeks, ask: What part of the body was hurt? What kind of injury was it? Anything else? (Also, fill Table A)	If an impairment or symptom, ask:		What kind of ... trouble is it? (If kind of trouble already entered in col. (d-1), circle "X" without asking the question)	What part of the body was affected? (If part of body can be determined from entries in cols. (d-1) through (d-4), circle "X" without asking the question)	LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on your usual activities for as much as a day?	
					What was the cause of ...? (If cause is already entered in (d-1) circle "X" without asking the question) (If accident or injury, fill Table A)	(If eye trouble of any kind and 6 years old or over, ask: Can you read ordinary newspaper print with glasses?)			(d-4)	(d-5)
(a)	(b)	(c)	(d-1)	(d-2)	(d-3)	(d-4)	(d-5)	(e)	(f)	
1			<input type="checkbox"/> Yes <input type="checkbox"/> No		X	<input type="checkbox"/> Yes <input type="checkbox"/> No	X	X		

Table II - HOSPITALIZATION DURING PAST 12 MONTHS								
Line Number	Col. No. of person	Question No.	When did you enter the hospital? (Month, Year)	How many days were you in the hospital, not counting the day you left?	To Interviewer:			What was the matter? Anything else? (Record each condition in same detail as called for in Table I. If condition is result of accident or injury, also fill Table A)
					How many of these--days were in the past 12 months?	How many of these--days were during the past 2 weeks, ending last Sunday?	Was this person still in the hospital last Sunday night? (Verify that no longer there after Sunday are in Col. (d))	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
1			No. _____ Year _____	_____ Days	<input type="checkbox"/> All or _____ Days	_____ Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TABLE A (Accidents and Injuries)	
Line No. from Table I	1. What part of the body was hurt? What kind of injury was it? Anything else? <input type="checkbox"/> Accident happened during past 2 weeks
2. When did it happen? Month _____ Year _____ (Enter only the year if prior to 1956) <input type="checkbox"/> Accident happened during past 2 weeks	
3. Where did the accident happen? <input type="checkbox"/> At home (inside or outside the house) <input type="checkbox"/> While in Armed Services <input type="checkbox"/> Some other place	
4. Was a car, truck, bus or other motor vehicle involved in the accident in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Were you at work at your job or business when the accident happened? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under 14 years at time of accident	

<p>Card A</p> <p>NATIONAL HEALTH SURVEY Check List of Chronic Conditions</p> <ol style="list-style-type: none"> 1. Asthma 2. Any allergy 3. Tuberculosis 4. Chronic bronchitis 5. Repeated attacks of sinus trouble 6. Rheumatic fever 7. Hardening of the arteries 8. High blood pressure 9. Heart trouble 10. Stroke 11. Trouble with varicose veins 12. Hemorrhoids or piles 13. Gallbladder or liver trouble 14. Stomach ulcer 15. Any other chronic stomach trouble 16. Kidney stones or other kidney trouble 17. Arthritis or rheumatism 18. Prostate trouble 19. Diabetes 20. Thyroid trouble or goiter 21. Epilepsy or convulsions of any kind 22. Mental or nervous trouble 23. Repeated trouble with back or spine 24. Tumor or cancer 25. Chronic skin trouble 26. Hernia or rupture 	<p>Card C</p> <p>NATIONAL HEALTH SURVEY For: Workers and other persons except Housewives and Children</p> <ol style="list-style-type: none"> 1. Cannot work at all at present. 2. Can work but limited in amount or kind of work. 3. Can work but limited in kind or amount of outside activities. 4. Not limited in any of these ways. 	<p>Card E</p> <p>NATIONAL HEALTH SURVEY For: Children from 6 to 16 years old and others going to school</p> <ol style="list-style-type: none"> 1. Cannot go to school at all at present time. 2. Can go to school but limited to certain types of schools or in school attendance. 3. Can go to school but limited in other activities. 4. Not limited in any of these ways. 	<p>Card G</p> <p>NATIONAL HEALTH SURVEY</p> <ol style="list-style-type: none"> 1. Confined to the house all the time, except in emergencies. 2. Can go outside but need the help of another person in getting around outside. 3. Can go outside alone but have trouble in getting around freely. 4. Not limited in any of these ways.
<p>Card B</p> <p>NATIONAL HEALTH SURVEY Check List of Impairments</p> <ol style="list-style-type: none"> 1. Deafness or serious trouble with hearing. 2. Serious trouble with seeing, even with glasses. 3. Condition present since birth, such as cleft palate or club foot. 4. Stammering or other trouble with speech. 5. Missing fingers, hand, or arm. 6. Missing toes, foot, or leg. 7. Cerebral palsy. 8. Paralysis of any kind. 9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back. 	<p>Card D</p> <p>NATIONAL HEALTH SURVEY For: Housewife</p> <ol style="list-style-type: none"> 1. Cannot keep house at all at present. 2. Can keep house but limited in amount or kind of housework. 3. Can keep house but limited in outside activities. 4. Not limited in any of these ways. 	<p>Card F</p> <p>NATIONAL HEALTH SURVEY For: Children under 6 years old</p> <ol style="list-style-type: none"> 1. Cannot take part at all in ordinary play with other children. 2. Can play with other children but limited in amount or kind of play. 4. Not limited in any of these ways. 	<p>Card H</p> <p>NATIONAL HEALTH SURVEY Family Income during past 12 months</p> <ol style="list-style-type: none"> 1. Under \$500 (including loss) 2. \$500 - \$999 3. \$1,000 - \$1,999 4. \$2,000 - \$2,999 5. \$3,000 - \$3,999 6. \$4,000 - \$4,999 7. \$5,000 - \$6,999 8. \$7,000 - \$9,999 9. \$10,000 and over.

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