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Health Survey Procedure

Concepts, Questionnaire Development, and Definitions in the Health Interview Survey

Concepts of morbidity, disability, and utilization of medical services and facilities; questionnaire development, fiscal years 1958-64; and definitions of terms used in statistical reports.

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CONTENTS

	Page
1. Introduction-----	1
A. General-----	1
B. Background -----	2
C. Statistical Design-----	2
2. Concepts in the Survey-----	4
A. The Concept of Morbidity-----	4
The Unrefined Data-----	5
The Sifting Criteria-----	6
The Diagnostic Information-----	6
B. The Concept of Disability-----	7
C. Concepts in Measuring Utilization of Medical Services and Facilities----	7
3. Questionnaire Development-----	9
A. The Basic Questionnaire for Fiscal Year 1964-----	9
The Basic Questionnaire and the Special Topics-----	9
The Interviewer and the Respondent-----	10
The Structure of the Interview-----	12
Time References in the Interview-----	14
B. Questionnaire Development Fiscal Years 1958-64-----	16
General -----	16
Questions: Social, Economic, and Demographic Characteristics-----	17
Questions and Tables: Illness and Injury Recall-----	17
Questions and Tables: Hospitalization-----	18
One-Time and Rotating Health Topics on Basic Questionnaire-----	18
The Special Supplements-----	18
Questionnaire, Fiscal Year 1964-----	21
Vision Supplement-----	27

CONTENTS—Continued

	Page
Figure 1. Social, economic, and demographic characteristics questions, fiscal years, 1958-64-----	28
2. Illness-recall questions, fiscal years 1958-64-----	29
3. Table I, fiscal years 1958-64-----	30
4. Table A, fiscal years 1958-64-----	32
5. Hospitalization questions, fiscal years 1958-64-----	33
6. Table II, fiscal years 1958-64-----	34
7. Physician and dental visits, fiscal years 1958, 1959, and 1964-----	36
8. Personal and nursing care at home and special aids (supplement), fiscal year 1959-----	38
9. Health insurance, fiscal year 1960 (one-half year) and fiscal year 1963-----	38
10. X-ray visits: questions and table X, fiscal year 1961-----	39
11. Routine physical examination for children and specialists' services, fiscal year 1964-----	39
12. Personal health expenditures (self-enumeration), fiscal year 1963--	40
13. Followback form (hearing ability), fiscal year 1963. (Page 1 of 4-page form.)-----	41
4. Definitions and Discussion of Terms Used in the Survey, Fiscal Years 1958-64-----	42
The Contents of the List of Terms-----	42
General Morbidity Terms-----	42
Terms Relating to Disability-----	45
Disability Days-----	45
Long-Term Disability-----	46
Terms Relating to Persons Injured and Accidents-----	47
Terms Relating To Hospitalization-----	49
Medical Care Terms-----	51
Dental Care Terms-----	53
Terms Relating to Health Insurance Coverage-----	54
Kind of Coverage-----	54
Terms Relating to Special Aids-----	54
Terms Relating to Persons Receiving Personal Care at Home-----	55
Terms Relating to X-rays-----	55
Terms Relating to Personal Health Expenditures-----	56
Demographic, Social, and Economic Terms-----	57
Household Composition-----	57
Location of Residence Terms-----	60
Index to Terms Defined-----	63

HEALTH SURVEY PROCEDURE

Concepts, Questionnaire Development, and Definitions in the Health Interview Survey

1. INTRODUCTION

A. GENERAL

The National Center for Health Statistics employs a variety of techniques including vital records, surveys, and examinations of the health of the American people. One part of this program, the Health Interview Survey, is a continuous sampling and interviewing of the civilian, noninstitutional population in the United States. This survey has been collecting health and related information about the American people since July 1957.

The emphasis in the Health Interview Survey is upon the social dimensions of morbidity. This means that morbidity is measured along an axis for which the scale is in terms of the impact that the morbidity has upon the lives of the people concerned. Such a scale, it should be pointed out, may differ in a number of ways from the scale that medical science uses, which can be broadly described as a continuum of pathological change. Measurement along both of these scales is useful for different purposes. The National Health Survey intends to supply statistics based upon both types of measurement, but techniques other than the household-interview survey must be used to obtain statistics on morbidity in terms of medical criteria.

Mortality statistics and reports of new cases of notifiable diseases were the only health statis-

tics available on a continuing, national basis prior to the start of the National Health Survey. The former, though well established, usefully complete and accurate, and of enormous value, deal with one extreme of the continuum from health to ill health. The notifiable disease reports are limited in scope and of varying accuracy, depending upon the particular disease, but provide valuable information for disease surveillance and trends. Hence, the passage of the National Health Survey Act in July 1956 pointed the way toward filling an important need for general purpose health information for assessment of national health problems.

The Health Interview Survey is carried out in cooperation with the U.S. Bureau of the Census. The resources of the Bureau of the Census and the experience of that agency with other national sample surveys and with several State and city health surveys made this cooperative arrangement an obvious one. The content and general specifications for the survey are determined by the Public Health Service, which also is responsible for the final data tabulation and for the analysis and publication of the results. Many of the design features of the survey, the drawing of the sample units, the interviewing and supervision of interviewing, and the coding of the data, together with quality control procedures, are conducted for the Public Health Service by the Bureau of the Census.

B. BACKGROUND

In the development of morbidity, disability, and medical care concepts, the Health Interview Survey has been able to build upon foundations laid many years ago. Some of the basic elements originated in the Hagerstown, Md., illness survey of the early 1920's. The Public Health Service's Office of Statistical Investigations (now the Division of Public Health Methods) was responsible for that survey.

About 2 decades later a major Health Survey was launched to obtain comprehensive statistics on diseases, injuries, and impairments in the general population of the United States. Carried out in 1935-36, that survey was a major project in which 737,000 urban households were visited by interviewers to obtain data on morbidity and many other health characteristics. It remains a landmark in the field.

In the years since 1936 there have been a number of community studies of morbidity, prominent among which are the names of Hagerstown and Baltimore, Md.; Pittsburgh, Pa.; Hunterdon County, N. J.; Kansas City, Mo.; New York City; and California (both San Jose and a statewide study). These studies, and experience with supplements to the Current Population Survey of the Bureau of the Census, demonstrated that the interview method is capable of providing useful information about the amount and distribution of diseases and injuries together with related information such as the accompanying loss of time from work or other usual activities.

In January 1949, the U.S. National Committee on Vital and Health Statistics was established. Two subcommittees were formed in December 1949 and October 1950 to study the need for current morbidity statistics. As a result of their recommendations, a third subcommittee was established in February 1951 under the chairmanship of Dr. W. Thurber Fales of Johns Hopkins University, and instructed to draft a "Plan for a national morbidity survey keeping in view the interests of local areas." After careful study, this subcommittee recommended that several steps be taken, and in particular: "That a continuing national morbidity survey be conducted . . . Its purpose would be to obtain data on the prevalence and in-

cidence of disease, injuries, and impairments, on the nature and duration of the resulting disability, and on the amount and type of medical care received. The data would be obtained from a probability sample of households."

Therefore, plans for the Health Interview Survey could be based upon much experience. Yet the process of development of the concepts and definitions is still underway, and a part of the continuing program is to conduct research that will lead to concepts that are more objective, more explicit, and more useful.

C. STATISTICAL DESIGN

The statistical design of the Health Interview Survey, a joint product of the National Center for Health Statistics and the Bureau of the Census, is the pattern for an elaborate and complex multi-purpose survey. The theory and formulation of the design have developed over a period of some years. A basic design has persisted throughout the life of the Health Interview Survey, but among the modifications three groups have been sufficiently distinct that they have been designated by design dates: the designs of 1957, 1959, and 1963.

The basic characteristics are those of a highly stratified multistage probability design. In the first stage, primary sampling units (PSU's) are selected from a universe of 1,900 such units which are geographically defined and which collectively exhaust the territory of the 50 States and the District of Columbia. Each PSU consists of a standard metropolitan statistical area (SMSA) or one or two contiguous counties. In a series of successive sampling steps, there is selected a final sampling unit which consists typically of a cluster of 6-9 neighboring households, called a "segment." Data are secured, mainly through personal interview, for each member of these sample households. The design makes each week's interviewing a probability sample of the entire United States, and weekly samples are additive in the sense that they can be combined for 13, 52, 104, or more weeks.

National statistics are the consequence of an estimation process built around five leading

features, and carried out principally on an electric computer. (1) The data are coded, edited for consistency, and converted to a clean computational form. (2) Adjustment is introduced for non-response—which averages about 5 percent—by assigning to nonrespondents the characteristics of respondents in the same segment. (3) Data are inflated by reciprocals of the probability of selection. The overall design is generally "self-weighting," but certain technical and operational circumstances produce some departures. (4) The inflated data are modified by a ratio estimating technique which now uses 1960 population data classified by geography, race, and population density as the control variables. (5) A final step introduces poststratification, with the controls being independent estimates of current population for each of 60 age-sex-color cells, prepared by the Bureau of the Census.

The 1957 design is described in considerable detail in the National Health Survey publication A-2.¹

The 1959 design included several minor changes, and three somewhat more substantial revisions. The number of sample primary sampling units was increased from 372 to 503 and the number of households each year from 36,000 to 38,000. The average size of assignment for an

interviewer was increased from 12 to 13.5 households for a work week.

For 1963 several further changes are worth special note. Population data from the 1960 Census had become available, and were used to increase efficiency of design. Structure of segments and assignments was modified in three important respects: segment size was changed from an expected six households to an expected nine households; the nine households were alternate ones in a cluster of about 18 neighboring households, whereas earlier the six had been a compact cluster of six adjacent households; assignments in a given week consisted of paired neighboring segments in 1963, while earlier an assignment attempted to pair unlike segments. In the new design heterogeneity is obtained by giving the same interviewer different types of segments in successive weekly assignments. One result accompanying these changes was an increase in the average size of assignment from 13.5 households to 16 households. The manner of selecting specific segments was changed for about two-thirds of the total sample, from area sampling to list sampling, using 1960 Census registers as the list frame. Most of the remaining third of the sample continues as an area sample. Sampling of building permits provides for newly constructed places in some sectors. Finally, the evidence from better estimates of components of variance, plus the above changes, together with the benefits from joint designing with the Census-BLS Current Population Survey led to a reduction from 503 to 357 primary sampling units and an increase from 38,000 to 42,000 sample households.

¹U.S. National Health Survey. *The Statistical Design of the Health Household-Interview Survey*. Health Statistics, Series A-2. Public Health Service Publication No. 584-A2. Public Health Service. Washington, D.C., July 1958.

2. CONCEPTS IN THE SURVEY

A. THE CONCEPT OF MORBIDITY

Before questions to be used in the interview are drafted there must be an understanding about what is to be considered morbidity for the purpose of the survey. For the Health Interview Survey the underlying concept of morbidity can be stated as follows:

1. Morbidity is basically a departure from a state of physical or mental well-being, resulting from disease or injury, of which the affected individual is aware. Awareness connotes a degree of measurable impact on the individual or his family in terms of the restrictions and disabilities caused by the morbidity. Morbidity includes not only active or progressive disease but also impairments, that is, chronic or permanent defects that are static in nature, resulting from disease, injury, or congenital malformation. The existence of morbidity in an individual caused by a particular disease, injury, or impairment is called a "morbidity condition," or simply a "condition."
2. During the course of this condition there may be one or more periods when the affected individual considers himself to be "sick" or "injured." These periods are spoken of as episodes of illness. The period or periods of illness may coincide with the period during which the condition exists, or they may cover only a part of that period. A condition may involve no illness, in the usual sense of the word. Hence, illness is only one form of evidence of the existence of a morbidity condition. Other evidence might be a decrease in, or complete loss of ability to perform various functions, particularly those of the musculoskeletal system or the sense organs; or a change in the appearance of the body, such as a rash or lump, believed to be abnormal by the person affected.
3. For the purposes of this survey the concept of a morbidity condition is usually further limited by specifying that it includes only conditions as a result of which the person has taken one or more of various actions. Such actions might

be the restricting of usual activities, bed disability, work loss, the seeking of medical advice, or the taking of medicines.

4. The start, or onset, of the condition is conceived to be the time when the person first becomes aware of it. If there is an illness associated with the condition, the start, or onset, is usually the time when the illness begins or the injury occurs. In many instances it may be the time when a physician tells the person that he has a condition of which he was previously unaware.
5. In the statement of this concept there has been reference to the individual's awareness of his condition and to the individual's actions as a result of the condition. Obviously in the case of children the statement must be modified. It is not always the child's awareness or the child's action which establishes the existence of a morbidity condition. Instead, it is the awareness and action of the people responsible for the care of the child, usually the parents. A similar modification applies to adults who are not competent to care for themselves.

The introduction of a criterion of action into the concept of a morbidity condition deserves further explanation. Exceptions will be made to this action requirement if it seems appropriate. However, the rule has justification from the standpoint of both logic and practical utility. If the condition is of so little importance to the individual that, although aware of it, he takes no action of any sort, in the majority of instances it is of little health significance. Furthermore, the experience of earlier surveys reveals that there is a considerable degree of response error in the reporting of illness which has involved no disability or medical consultation. These minor illnesses seem to be subject to a good deal more memory bias and reporting variability than those which have affected the life of the individual to the extent that specific forms of action have been taken.

It must be recognized that something is lost in the process of transforming a concept of the sort that has been described into an operational

procedure for measuring morbidity. In an interview survey the need for objectivity and simplicity necessarily modifies the concept. Nevertheless, the concept serves as a guide in framing the questions and instructions for the interview and in planning the coding and tabulating specifications. To the extent that the original concept is modified in the process of constructing an operational procedure, the questions, the instructions, the tabulating specifications, and, in fact, the whole structure of the survey become the actual working definition of morbidity.

The interview, then, is only the first phase of the process of transforming the underlying concept into an instrument of measurement. In choosing the wording for the questions that were to be used to elicit reports of conditions for the Health Interview Survey it was necessary to cover all the aspects of morbidity that the original concept required. If the respondent did not associate the condition with the wording of one of the questions, the conditions would not be reported. Furthermore, it was desirable to stimulate the recall of the respondent to minimize the losses due to memory failure. These requirements led to the use of a series of questions approaching morbidity from a variety of directions. These are the illness-recall questions discussed under Questionnaire Development.

It was recognized that these questions might lead to the reporting of something outside the original concept of morbidity. However, the descriptive information obtained about each condition could be used to set up coding or tabulating criteria that would serve to retain only the desired conditions.

The Unrefined Data

Certain questions serve as the source of the original data on morbidity conditions. They are identified by reference to question numbers on the NHS-HIS (fiscal year 1964) questionnaire illustrated on pages 21-26. These basic inquiries are questions 8-14, questions 15-16 on hospitalizations, and, particularly, column (h) in Table II. In order to determine how well these questions cover the concept of morbidity that has been de-

finied, it is necessary to review briefly each question, or set of questions, and to describe the intended purpose of each.

Acute conditions.—By referring to the questionnaire it will be seen that questions 8-11 are intended to secure reports of illnesses and injuries that were experienced at any time in the 2 calendar weeks prior to the interview. The key words here are "sick," "accident or injury," "accident or injury that still bothers you or affects you," and "take any medicine or treatment for any condition." Almost all of the acute conditions reported come from these questions since most acute conditions manifest themselves in the form of illnesses or involve the taking of some form of medicine or treatment. Chronic conditions are also reported in answer to these questions if they happen to have caused an illness episode during this 2-week period or if they are of the type that cause the person to feel ill all the time.

Chronic conditions.—Since many chronic diseases and impairments of public health importance are not thought of as illness by respondents, or result in illness only at intervals, separate questions are included for the specific purpose of obtaining reports of chronic conditions of which the respondent is aware. These are questions 12-14 on the questionnaire.

Question 14 asks, "Do you have any other ailments, conditions, or problems with your health," and question 12 and 13 deal with 28 types of chronic diseases and 11 types of physical impairments listed on cards A and B (page 26). The reading of check lists of the sort contained on these cards has been shown by experience to be an effective device for stimulating the memory of the respondent. As pointed out earlier, if such questions as these result in the reporting of conditions for which no action of any kind has been taken, other data on the questionnaire may be used when desired, to screen out such conditions in the tabulations.

Hospitalized illness.—The questions on hospitalization, 15 and 16, serve a dual purpose. The hospitalization is a part of the picture of medical care utilization, and the illness is a part of the picture of morbidity in the population.

The Sifting Criteria

Eliciting response to the questions enumerated above is but the initial step for obtaining raw data to be refined in later stages. The descriptive information about each condition obtained in Tables I and II on the questionnaire (pages 24 and 25) is used to separate the chronic conditions from the total and to establish further criteria which define the morbidity that is tabulated. The chronic conditions are those listed on cards A and B and also any other present at the time of the interview which had their onset 3 months or more before the week of interview. The acute conditions are all other conditions reported.

The hospitalized illness, having been recorded separately on the questionnaire with only a minor amount of interrelation to the other illness data, is analyzed, by and large, as a separate body of data. However, those conditions which are not already recorded in Table I are entered there if they appear on cards A or B or had at least 1 day of hospitalization in the 2 calendar weeks prior to the week of interview.

The criteria applied at the coding or tabulating stage to retain the conditions which fit the stated concept of morbidity are not considered to be unalterable. In general they are designed to put into effect the principle that a morbidity condition, as obtained by interview, must have resulted in some sort of impact, or some action on the part of the individual concerned. Different criteria may be applied for different types of morbidity conditions and for different purposes.

At the present time only those acute illness and injuries which have resulted in a day or more of restricted activity or in seeking the advice of a physician are coded and tabulated.

All chronic conditions, including both diseases and impairments, which are recorded on the questionnaire are coded, but criteria similar to those for acute conditions are introduced in the course of data tabulation. The same set of criteria are not used in all tabulations, however, and for certain purposes these requirements are omitted. In the case of impairments, for example, it is felt that the reduced ability to function implied by the description of the impairment (e.g., defective vision, blindness, ankylosed joint, and paralysis), is by itself sufficient criterion of the

effect upon the life of the individual. Hence, in tabulations of impairments all conditions reported are usually included. In dealing with hospitalized illness the only usual cutoff for tabulating purposes is the dividing line between hospitals and other types of institutions reported in questions 15 and 16. The name and address of the institution is obtained in column (o) of Table II, and this is used to determine whether it is a hospital according to the definition adopted for the survey. (See definition of "Hospital episode" on page 49.)

The Diagnostic Information

The attainable objectives in determining the nature of the condition in a household interview are quite naturally limited by the method employed to collect the information. The interview includes questions such as:

"What was the matter?"

"What did the doctor say it was? Did he use any medical terms?"

"What was the cause of your husband's dizzy spells?"

"What kind of trouble was it?"

The accuracy and completeness of the replies to such questions depend upon the respondent's knowledge of the nature of the condition and upon his willingness to pass on this knowledge to the interviewer.

The reliability of the statements on the nature of the condition is undoubtedly quite different for attended and unattended conditions. In ascertaining the nature of attended conditions the interviewer asks the respondent what he has been told by the physician. It should be emphasized that accomplishing this successfully is the most that one can hope to do in establishing a diagnosis for an attended condition by the household-interview technique, without making use of additional data sources.

With regard to unattended conditions, there is no doubt that the respondent often attempts self-diagnosis or uses the diagnosis of other family members. For some types of unattended conditions the diagnoses supplied by respondents are probably reasonably accurate. These include such conditions as injuries, the common cold, simple functional digestive disorders, corns, styes, and

the common communicable diseases of childhood when an unattended case follows an attended case in the family. Nevertheless, for most unattended cases the most that can be expected is to secure good symptomatic descriptions of the conditions.

For these reasons the approach in the Health Interview Survey is usually to tabulate as diagnostic entities only those conditions for which the response is unambiguous. Others reported are grouped in relatively broad diagnostic categories. For example, diabetes and the common cold are tabulated as single entities, while "other acute upper respiratory conditions" contains several forms of acute respiratory illnesses.

B. THE CONCEPT OF DISABILITY

The term "disability" has several common usages. For example, a "disability" often means a condition that interferes with ability to work. Also, conditions are frequently classified as producing temporary partial, temporary total, permanent partial, or permanent total "disability." In this sense the various degrees of "disability" have some legal, or official definition that is related to compensation. Then there is the term "disabling" which has been used in illness surveys for many years to describe a condition which prevents the individual from carrying on his usual activities for one or more days.

It has been observed that speaking of a "disabling condition," as the term has been used in surveys, meant to some people no less than severe chronic disability, despite the fact that the range of conditions covered might include such minor disability as the case of the common cold that laid the person up for a day or two.

Because the other usages had gained such wide acceptance in certain fields it was decided not to employ the term "disability" in this survey except in a very general sense where it is intended to cover the whole field of interference with activities caused by disease, injury, or impairment (in much the same way that the term "morbidity" is used for a generic rather than a specific concept) and also where other words used with it make clear the desired meaning, as in "bed disability." For other specific indices of disability new terms that are more descriptive of the con-

cepts of the survey have been and will be introduced. Furthermore, it was decided that the Health Interview Survey needed, not one, but several different specifically defined indices of disability to serve different purposes. These are presented under the general heading of "Terms Relating to Disability" on page 45.

The disability terms used in this survey may be grouped into three categories: (1) terms describing the individual's status during a specified day, or number of days, which are equally applicable to acute conditions or chronic conditions, to all members of the population, and to any day of the week, e.g., restricted-activity day and bed-disability day; (2) terms describing the individual's status during a specified day, or number of days, which apply to both acute and chronic conditions but only to certain members of the population on days when they would have been working at a job or business, or going to school, if it had not been for their condition, e.g., work-loss day and school-loss day; and (3) terms applying only to chronic conditions, or persons with one or more chronic conditions, which describe their usual status "at the present time," meaning in this case during recent months, e.g., "chronic activity limitation" and "chronic mobility limitation."

Since these terms were devised for use in this survey and have special meanings, it is especially important that the user of statistics from the survey become familiar with the concepts which the terms represent.

C. CONCEPTS IN MEASURING UTILIZATION OF MEDICAL SERVICES AND FACILITIES

The personal interview can be used as a medium for determining how illnesses, injuries, and impairments affect people—the restrictions and disabilities they suffer and the medical care they receive. This latter term may be broadly interpreted to encompass the concept of utilization of medical services and facilities. It might be so broadly defined as to include everything that people use to care for their well-being, including such items as health sanitation, personal hygiene, and

food intake. The Health Interview Survey has measured, or plans to measure, the utilization of medical services and facilities in terms of medical attention, dental care, hospitalization, use of X-ray facilities, preventive care services, nursing care services, use of prosthetic appliances and devices, self treatment, and other similar components of medical care or services.

Medical care concepts come into the interview in a number of places. There is, for example, the subject of medical consultation for a condition. For each condition listed in Table I inquiry is made as to whether the person has ever "talked to" a physician about this condition. If the answer is "Yes," the condition is classified as "medically attended." For chronic conditions there was a question in fiscal years 1958-61 about the interval of time since a physician was last consulted.

The use of the concept of medical attendance necessitates the defining of the term "physician" and also the defining of what is meant by "talking to" or consulting a physician. The definitions are contained in the section on "Definitions and Discussion of Terms." It will be seen there that medical attendance is broadly defined. It does not imply continued attendance or consultation, nor does it require that the physician give the advice in person. The emphasis is upon the fact that the condition was brought to the attention of a physician; that the initial action necessary to set in motion the procedure of diagnosis and treatment was taken. Any definition more restrictive than this would involve the question of what constitutes adequate care—a question which is not a part of the subject matter of the survey.

The same concept of medical attendance is applied in determining the interval since last medical consultation for a chronic condition.

For the first 4 years of the survey, Table I contained the question: "Do you still take any medicine or treatment that the doctor prescribed (for your condition) or follow any advice he gave?" The answers provide additional information on the medical care of chronic conditions. An affirmative answer to either part of this question is taken to mean that the condition is "still under care."

Again, the definition reveals that "under care" is interpreted broadly. Whether a person considers himself to be "still under care" or no longer under care is dependent upon his attitude.

He may have received instructions to maintain a certain regimen, but if he has long since ceased to follow the instructions he may think of himself as finished with medical care for the condition. However, the attitude reflects his past behavior and, hence, suggests what his future behavior may be in regard to the instructions. It is, therefore, believed to be a useful additional means of characterizing the chronic condition.

Two of the principal concepts in the area of medical care included in the interview are the physician visit and the classification of visits by type of service. These are closely paralleled by similar concepts in the area of dental care, and the two can be discussed together.

There are two major points to which attention must be directed in the definitions, which will be found under the heading of "Medical Care Terms" and "Dental Care Terms" in the section, "Definitions and Discussion of Terms." One is the inclusion in the statistics of the visit at which the service is given, not by the physician or dentist himself, but by some other person such as a nurse or dental hygienist acting under the physician's or dentist's supervision. The other is the exclusion of the "visit" at which the service consisted of a single procedure administered identically to a number of people who all came for the same purpose, as in a glaucoma screening program.

The first rule was adopted because it was believed to give a more useful measure of the total volume of care provided, and because the concept as defined corresponded more closely to what the layman thinks of as a visit to the physician or dentist.

The second rule, on the other hand, was introduced because certain types of service, particularly in the field of mass preventive care, seemed remote from the personalized care that is implied by the terms "physician visit" and "dental visit." If a physician administered a test of hearing to every child in a school classroom it hardly seemed appropriate that every child be counted as having had one "physician visit." Therefore it was decided that the counting of such services could be better handled as a separate inquiry into the volume and type of preventive care services.

The average layman responding in an interview cannot give accurate detailed information about the nature of the service performed at each

visit. Consequently, visits have been classified in broad groups according to the type of service. The definitions and method of classifying the visits are presented in the section on "Definitions and Discussion of Terms." Since some of these are quite special to the survey, it is essential that they should be studied before the data can be fully understood.

The terms dealing with the classification of hospitalization are defined in the section, "Terms Relating to Hospitalization." In general, this article deals with inpatient hospital episodes.

The use of X-ray facilities has been measured in terms of visits to X-ray facilities, the part-of-

body x-rayed, and the place of service.

The extent of personal and nursing care received at home was the subject of inquiry in terms of the condition causing the requirement, the duration of the care, who performed the service, and whether it was constant or part time. The use of prosthetic appliances and other devices was concerned with the use of hearing aids, artificial limbs, braces, and wheel chairs. The condition causing the use of the appliance was determined, as well as the extent of use. The use of home remedies and other forms of self treatment will be the subject of a future inquiry.

3. QUESTIONNAIRE DEVELOPMENT

A. THE BASIC QUESTIONNAIRE FOR FISCAL YEAR 1964

The Basic Questionnaire and the Special Topics

The interview consists of a core of basic questions which are asked each year, and certain other questions which are asked on specific topics at intervals of 3 to 5 years. The latter are termed rotating topics. In addition, the questionnaire for a given year usually contains one or more special health topics or supplements. This subdivision of the content of the interview permits the survey to respond to changing needs for data and to take up a greater variety of subjects, while at the same time maintaining a core of fundamental types of information. The latter provide time-trend statistics of basic indices of morbidity and related health topics. Data from the basic questionnaire can also be tabulated and presented in greater detail because the design of the sample permits accumulation of results over any length of time that seems desirable. Hence, larger samples are available for the basic data than for those contained in the supplements.

The basic questionnaire is also subject to change, though it has been described as containing a core of fundamental types of information such as acute illness, injury, and disability. Amendments in this part, however, are made no more frequently than once a year. Some of these amendments are minor and have the clarification of concepts and other technical improvements without change in the underlying substance as their objective. Others involve expansion into new subject areas or the deletion of certain topics for a period, perhaps of several years, and the substitution of other topics. A regular schedule of rotation of these fundamental types of data may be developed after more is known about the rapidity of change in the indices.

Thus, the questionnaire is not considered to be an inflexible document. The distinction between the basic portion and the supplements is one of degree, depending upon whether changes in content are made at frequent or at infrequent intervals, and this in turn depends upon the rapidity of change in the health measurement considered.

The description of the content of the questionnaire contained in this report relates to the basic questionnaire as used in the current fiscal year 1964, July 1963 through June 1964. However, the discussion of definitions in the last section of this publication covers the entire 7 years of data collection.

The Interviewer and the Respondent

The various steps leading up to the interview itself, including the selection of the sample, the measures taken to insure complete coverage of the sample population, and the selection and training of field supervisors and interviewers, are described in the report, *Statistical Design of the Health Household-Interview Survey*.¹ It is also indicated in this report that, wherever possible, the visit of the interviewer is preceded by a letter from the Director of the Bureau of the Census announcing that an interviewer may be expected to visit and setting forth the general purposes of the survey. The confidential treatment that will be accorded any information given is emphasized.

The interviewer then calls at the household. If after repeated efforts no one can be found at home, if there is definite evidence that the household will be absent during the entire period assigned for completion of this interview, or if it is found that this dwelling unit should not be covered in the survey for any reason, the interviewer fills out certain items on the questionnaire describing the type of "noninterview." These "noninterview" questionnaires are turned in along with the rest of the assignment for record purposes. During the first several survey years the noninterview rate has been about 5 percent of which refusals are about 1 percent.

Let it now be assumed that a suitable household respondent, as defined below, is present at the time the interviewer calls. The interviewer introduces herself, explains the purpose of her visit, and identifies herself as an employee of the Bureau of the Census. Without volunteering further explanation she begins the questioning.

The questions about the composition of the household may be asked of any "responsible" adult member of the household who is 19 or more years of age (or married) and who is mentally competent to answer. The same person is considered an acceptable respondent for the facts concerning the age, sex, marital status, and other background characteristics of all persons related to him. In general, with a few rare exceptions, the following rules apply in this part of the interview:

1. Information about adults may be supplied by the person himself, the spouse, a parent, or an adult son or daughter residing in the household.

2. Information about children is to be supplied by a parent unless some other adult is usually responsible for the care of the child.
3. No person is asked to supply information about a person unrelated to himself; hence, a servant or a lodger, for example, must be interviewed for himself unless there is a relative in the household who can answer for him.
4. Single persons 17 or 18 years old may respond for themselves but must not respond for other family members.

In the parts of the interview dealing with illness, medical and dental care, and hospitalization, the rules regarding the acceptability of respondents and one additional rule are applied: each adult at home at the time of the interview must be interviewed for himself. If a particular adult is not at home, then the rules for acceptability stated above are followed.

If no acceptable respondent for a particular member of the household is at home at the time of the interview, the interviewer completes the questioning for all persons for whom there is an acceptable respondent and makes arrangements to call again to finish the interviewing for that household.

The interviewer has been taught to be polite but persevering in adhering to the interview as it is printed on the questionnaire. She avoids unnecessary discussion and, if the respondent shows an inclination to wander from the subject, steers the interview back to the topic being covered. Answering the questions in the interview is entirely voluntary on the part of the respondent; hence, tact and an understanding of the importance of the survey are essential attributes of the interviewer. The low rate of refusals encountered indicates that cooperation of the respondents has been, on the whole, successfully obtained.

Before leaving the household the interviewer must review the questionnaire to make sure that each item of information has been secured for every member of the household for whom it is required. Then, leaving a letter of appreciation printed under the seal of the Public Health Service and signed by the Surgeon General, she adds her own thanks and proceeds to her next assignment.

A great deal of thought goes into the preparation of an interview that will flow along in a natural manner and put the respondent at ease. But this appearance of informality is deceptive since the interviewers are strictly enjoined to adhere to the form of the interview. The questions in the interview are planned with utmost care to carry a particular meaning arising out of the requirements for certain statistical information. One source of bias and variability in the results can be reduced substantially by asking questions in the exact manner in which they are shown on the questionnaire. This must be done by every interviewer in every interview. It must not be assumed, however, that the best interviewer is an automaton. The best interviewer knows how to adjust to the unexpected situation and can distinguish between the essential and unessential elements in the interview. If she senses that the question has not been understood, or has been misunderstood, she may repeat the question or explain its meaning in terms provided by her manual. The interviewers' manual serves as a continuing training guide, and as a ready reference manual for use during the interview as needed.

In obtaining the answers to certain questions specified by the questionnaire, the interviewer performs a function that is simply one of reporting what she hears. This function does not include any element of interpretation. For this reason, lay interviewers are generally preferred to medically trained interviewers, despite the nature of some of the information that is being handled. A person with a medical education is trained to interpret what the patient says, and this interpretation is difficult to standardize for statistical purposes.

The requirements of good interviewing will not be discussed further here. It must be stressed, however, that a major part of the success of the survey rests upon the proper selection and explicitness of the questions; the adherence to the wording of these questions; and the conscientiousness, understanding, and skill of the interviewers. It should also be mentioned that prior to the adoption of a new version of the questionnaire, one or more stages of pretesting the questionnaire are undertaken in samples of households. Therefore, it has been predetermined that the questionnaire can be applied in household interviews.

Despite the best efforts of the planners, the field supervisors, and the interviewers, useful information can be provided in the interview only if the respondents know the answers to the questions they are being asked. All evidence points to a high degree of cooperation on the part of the household respondents, but they may still give incomplete or inaccurate replies without being aware of it.

One of the principal occasions of such errors is a respondent replying to questions concerning other members of his household. Such respondents may be spoken of as "proxy respondents." The difficulty is not with the answers given about children, for it is assumed that when the "proxy respondent" is a parent or other person responsible for the child's care the errors will be fewer than if the child responded for himself. However, there is a good deal of evidence to indicate that, by and large, the information supplied by "proxy respondents" for other adults in the household is not as complete or accurate as that which those adults can supply for themselves. It is reasonable to suppose that the more distantly related the "proxy respondent" is to the person for whom he reports, the poorer will be the quality of the information. Thus, the rules, listed earlier, which the interviewer must follow in using "proxy respondents" put a premium on a close relationship. Attention has been drawn to the fact that the rules are more stringent for the health and medical care information than for the demographic particulars. This is not solely because the health and medical care data are the main object of the interview. These data are also more personal and less likely to be known to a husband, wife, sister, or brother.

From the standpoint of reliability of responses it would be ideal in household interviews if every adult could be interviewed for himself. The cost of such a procedure is quite high, however, since more calls to the household are required. The rules adopted represent a compromise between the method that is least expensive, i.e., one respondent for a household, and the method that is most reliable, i.e., every adult responding for himself.

Since "proxy respondents" are most likely to be wives and the adults for whom they report are

most likely to be husbands, the statistics for working husbands are probably somewhat less reliable than those for their wives. While little is known about the extent of this difference for the Health Interview Survey, or the extent of biases that may be present because of the difference, it will be possible to learn something more about the problem from research that is now being conducted. If necessary, the rules for accepting "proxy respondents" will be made even more stringent.

The Structure of the Interview

The opening questions in the interview (questionnaire, page 22) are intended to provide a complete roster of the members of the household including any who may be temporarily absent, but excluding members on full-time active duty with the Armed Forces. Care is taken to exclude any person staying in the household who has a usual place of residence elsewhere. Any such person has an opportunity to come into the sample at his usual place of residence. The name of the head of the household is always entered in the first column of the questionnaire, and the structure of the household is revealed by ascertaining the relationship of each person to the household head.

The names of the various members of the household are obtained as well as the relationships. The main purpose of getting the names is to permit the interviewer to refer to them in subsequent questions in a manner that will unmistakably identify them for the respondent.

With this preparation the interviewer can proceed to secure the first portion of the personal particulars and social and economic characteristics of each person (questions 3-7 and 24-27, pages 22 and 23). Comments on the concepts and classification of these items will be found on page 17 of this report.

After securing the descriptive information about the members of the household in questions 3-7, the interviewer asks questions 8-14 known as the "illness-recall questions," (page 22). The object of these questions is to elicit reports of the occurrence of illnesses, injuries, chronic conditions, and impairments among members of the household. The plan of the illness-recall questions and the concept of illness which they

represent are discussed on pages 17 and 18.

Illnesses, injuries, chronic conditions, and impairments, in short all evidences of morbidity, are called "morbidity conditions," or simply "conditions." Each report of a condition brought forth by the illness-recall questions is made the basis for an entry on a single line of Table I on the questionnaire (pages 24 and 25).

Immediately following the "illness-recall" questions are two questions designed to identify periods of hospitalization. The second of these, question 16, is addressed to stays in nursing homes, rest homes, or similar places. This is done to assure completeness in the reports of hospitalization, since the respondent cannot be expected to know whether a particular institution called a "nursing home" is actually classified as a hospital or not. The determination of whether the institution is actually a hospital or not is made after checking the name of the hospital against lists that are maintained.

The next part of the interview consists of carrying the reported conditions through Table I, one at a time. The questions in Table I are designed to obtain the following types of information about each condition:

1. Whether the condition has ever been attended by a physician.
2. The most accurate description the respondent is capable of giving about the nature of the condition.
3. Whether the condition caused restriction of activities for a day or more, and, if so, the number of days of disability measured in terms of restricted activity, confinement to bed, and loss of time from work or school.
4. Certain facts about the onset of the condition in order to determine if it is a case that should be included in the counts of the incidence of new cases and whether it is of sufficient duration to be considered chronic.
5. Whether the condition, if determined to be chronic according to survey criteria, is a new or an old chronic condition; and approximately how many days the chronic condition kept the person in bed in the past year or caused other restriction of activity.

6. The extent to which usual activity and mobility are limited for persons reported to have one or more chronic conditions.

In the course of completing Table I it may become evident that a condition is an injury. For each such condition the interviewer fills out Table A (page 24) to obtain the following data about the accident or event that caused the injury:

1. If the condition reported is the aftereffect of an injury, the nature of the original injury, and the length of time since it occurred.
2. Whether a motor vehicle was involved in any way and whether the vehicle was moving or nonmoving.
3. Whether the accident happened at home or elsewhere. (By asking this, it is also possible to determine whether an old injury, or aftereffect of an injury, reported by a person who is now a civilian, originated while the person was in the armed services.)
4. Whether the person was at work at his job or business at the time the accident happened.

If a person sustains more than one injury in the same accident, Table A is filled out only once, but if the person has had more than one accident, one Table A is completed for each accident. Hence, each completed Table A represents one accident or injury-causing event.

Hospital episodes reported in response to questions 15 and 16 are entered in Section T and details of each hospitalization are entered in Table II.

The information obtained about each period of hospitalization is as follows:

1. The month, day, and year of admission.
2. The length of stay in nights.
3. How many of the nights were within the year prior to the week of the interview and/or within the 2-week period prior to the week of the interview.
4. Whether the person was still in the hospital at the beginning of the week of the interview.
5. The most accurate description the respondent is capable of giving about the nature of the condition which occasioned the stay in the hospital.

6. The names of any operations performed.
7. Whether completed hospitalizations during which an operation or delivery was performed had any portion of the surgeon's (doctor's) bill paid by any form of insurance.
8. The name and address of the hospital.

As in Table I, any injuries reported in Table II are carried to Table A to get the data on accidents.

If the condition reported on Table II had one or more nights of hospitalization in the 2 weeks prior to the week of interview, or was an impairment, or chronic condition shown on card A (used for question 12), and does not already appear on Table I, it is carried back to Table I for entry there.

The next section of the interview deals with dental care. This is the first of the four rotating health topics on the basic questionnaire for the fiscal year 1964. The others are medical care, routine physical examinations for children, and specialists' services. The questions about dental care provide information about the number of times each person in the household has consulted a dentist, and the type of service provided during each visit. An additional question was asked to determine the interval since the last visit to a dentist.

Similar information is then obtained about medical care. The questions provide information about the number of times each person in the household has consulted a physician, where this consultation took place, the type of service performed (in broad categories), and the interval since a physician was last consulted for any reason at all.

Question 22 provides information about the number of children under age 17 who have had routine physical examinations during the past year. Question 23 provides information about the number of visits to certain medical specialists and practitioners.

It should be noted that an important aspect of the sections of the interview covering medical care, dental care, vision, specialist services, and hospitalization is that these are independent of the section dealing with morbidity conditions. For example, there is no attempt to make sure that every report of a visit to a physician for diagnosis or

treatment corresponds to a condition in Table I. The only exception to this rule is that reports of hospitalized conditions in Table II which have not been previously entered in Table I are added to Table I if it can be definitely determined that they meet one of the criteria for inclusion in Table I.

There are three reasons for this separation of the sections. First, it simplifies the work of the interviewer; second, it simplifies the analysis; and third, it makes it possible to omit one section of the interview from the survey with a minimum of effect upon the data from the other sections.

Questions 24-27, concerning military service, education, labor force status, and income, are then asked. The interviewer then turns to page 1 of the questionnaire to verify the address and to ask certain questions about the living quarters.

The front page of the questionnaire serves two purposes. The first is to provide space for a record of interviewing and certain information about the dwelling unit. The second is to provide for a record of office operations. The numbered spaces to be filled in on the front page are referred to as "items" to distinguish them from the numbered "questions" in the main part of the interview. Most of these items are used primarily for the administration and control of the survey. Only a few comments will be included here.

Item 3, "Identity Code," is the geographic location code which permits the analysis of the sample results by degree of urbanization of the residence of the household members.

Items 10-16 are filled out after the main part of the interview is completed. Items 10 and 11 provide the basis for a separation of rural population into "farm and "nonfarm." The interviewer asks the questions only if the "rural" box has been previously checked by the field office.

Items 12-15 are included to make sure that no household that should be in the sample is skipped.

Item 16 is asked in order to facilitate calling back for information that has been missed in the interview and to help in the scheduling of reinterviews.

Item B is a reminder to the interviewer to identify persons shown in Table I who have eye conditions. If there are such persons, Table B is completed for each person, and, if necessary, one copy of the Vision Supplement is also completed.

The Vision Supplement contains questions on details of the onset, severity, and adjustment to the vision impairment. Section A is used for persons with substantial impairment of vision, and Section B is used for persons with severe visual impairment (see page 27).

Time References in the Interview

Nothing has been said up to this point about the period of time which respondents are asked to have in mind for the reporting of conditions, medical and dental visits, and hospitalizations. This is a feature of the interview which warrants special attention because of the bearing it has upon the completeness of reporting and the possibilities for analysis of the data. Previous experience in surveys of morbidity has demonstrated that the memory of respondents has definite limitations. Apparently, the longer the period of time prior to the interview for which recall is requested, the less complete the reporting will be and the more error will be encountered in the placing of events in time. As might be expected, there is a positive correlation between the significance or seriousness of the event and the length of time over which usefully accurate recall can be expected. Much remains to be learned about this subject, but the length of the recall periods was decided according to the knowledge available at the time of the planning of the Health Interview Survey.

In the first place, the period of time covered by the questioning terminates, to be exact, at Sunday midnight before the calendar week in which the interview is conducted. Thus, the beginning of the calendar week of interviewing is considered to be "the present time." Experience after that time is disregarded. The interviewers are given assignments of interviewing which are scheduled to be completed in a calendar week. A good deal of the interviewing is completed on Monday, Tuesday, and Wednesday, but callbacks for households where no one was found home at the first call often cause completion of the assignment to be delayed until the later part of the week, and on rare occasions it will extend into the following week. When this happens the time reference point is shifted forward a week.

Measuring backward in time from the beginning of the interview week there are three time

periods with which the interview is concerned. Great care, including the use of a calendar, is taken to make sure that the respondent is aware of the proper reference period. These time periods are the previous 2 weeks, the previous 3 months, and the previous year.²

The fortnight prior to the week of interview is the period referred to in all questions having to do with current illnesses and injuries; current disability in terms of days of restricted activity, days confined to bed, and days lost from work or school; and number of physician and dental visits.

While the use of the 2-week period assures reasonable accuracy in the completeness of reporting of current illnesses, injuries, and physician and dental visits, the shortness of the period makes it impossible to derive certain useful types of distributions. For example, it would be useful to know the relative frequency of illnesses causing less than 7 days of bed disability, 7-13 days, 14-29 days, and so forth, but this cannot be done accurately with a short reference period. However, the total number of days of bed disability can be estimated from the total of all bed-days falling within the 2-week period, including those associated with conditions having their onset before the 2-week period. Furthermore, an approximate average number of bed-days per case can be estimated by dividing the total number of days by the number of conditions having their onset within the 2-week period.

Similar considerations apply to estimates of medical and dental visits. The distribution of persons according to the number of medical or dental visits they have had in the 2-week period is of limited value because of the shortness of the time period. But the total number of visits can be more accurately estimated and averages can be computed, for example, the average number of dental visits per person per year.

The 3 months prior to the week of the interview are referred to in the interview in connection with the determination of whether a condition is to be considered acute or chronic. The application of this time reference is discussed under the defi-

nition of "Chronic condition" on page 42. There it will be noted that 3 months is taken as the dividing line between acute and chronic conditions. Those which are always assumed to be chronic because of their nature are exceptions to this rule.

Also, this period of 3 months prior to the week of interview was used during July 1960 through June 1961 as the reference period for determining the number of X-ray visits made by the population.

And, the period of a year prior to the week of interview is referred to in a number of places in the interview. First, it is referred to twice in the section dealing with socioeconomic characteristics of the household members. The usual activity status of each person during "the past 12 months" is obtained. (See definition of "usual activity status" on page 59.) The amount of the family's income in the prior year is also sought.

Those conditions which are assumed *a priori* to be chronic are contained in two lists which are read to the respondent (page 26). If a member of the household is reported to have "had any of these conditions during the past 12 months," he is assumed to have it at the present time, and the condition is listed on the questionnaire.

Other places in the interview where the period of a year is used are as follows:

1. For each chronic condition report, the respondent is asked whether it was first noticed "during the past 12 months or before that time."
2. The past 12 months is the period for which the respondent is asked to give the approximate number of days spent in bed on account of a chronic condition.
3. The past 12 months is also the period for which hospitalization information is sought.
4. The past 12 months is the period for which information about physical examination of children and use of specialists' services is asked.

The choice of a 1-year reference in various parts of the interview is made for one or more of three general reasons. The reasons are different for each item.

First, those events which the survey enumerates that are major happenings in the life of an individual, such as admission to a hospital, tend to occur more rarely and, hence, the longer period

²For certain special purposes the 2-week period is also subdivided into "last week" and the "week before." See column (k-3) of Table I on the questionnaire.

of time is needed to provide enough data for analysis. Fortunately, such events are also likely to be remembered accurately over a longer period of time.

Second, the year is a natural unit for recalling major events since there is usually an annual cycle of dates (such as birthdays, holidays, and the beginning of school) which can be used by the respondent as a means of establishing the approximate date of episodes of hospitalization, the first illness from a chronic disease, and so forth.

Finally, some chronic diseases are characterized by attacks of illness separated by fairly long periods when the person feels relatively well. If the period of time referred to in the interview is short, it is less likely to include one of the episodes. Since it is the attacks that are remembered best, the longer time period will sometimes elicit reports of additional chronic conditions which are still present but have caused no recent trouble.

In choosing the time references for use in the interview it is also important to introduce only a minimum number of different ones. It can readily be seen that referring to five or six different time periods is likely to confuse the respondent and result in erroneous replies. Hence, the number has been kept to three; the 2-week period, the 3-month period, and the year, each terminating at the beginning of the week of interview.

B. QUESTIONNAIRE DEVELOPMENT

FISCAL YEARS 1958-64

General

The complete questionnaire in use during the 12 months from July 1963 through June 1964 is illustrated on pages 21-26. This questionnaire is different from those used in each of the previous 6 years of data collection. Certain items on each questionnaire are repeated. These topics are designed to reveal trends in incidence of acute illnesses and injuries, prevalence and impact of chronic conditions, disability incurred—both short-term, as disability days, and long-term as chronic limitations of activity; information about injuries and their causative accident or occur-

rence; and, of course, the social, economic, and demographic characteristics of members of each household interviewed.

Other health topics may be included in the questionnaire for half a year, 1, or 2 years and then removed. Some of these health topics are returned to the questionnaire after an absence of a number of years. The basic purpose of these non-continuous topics is to increase the scope and coverage of the health interview. The health interview must be limited to a reasonable period of time to assure cooperation of the respondent and minimize memory bias due to fatigue. If all of the items for which information has been requested are included in the same questionnaire, the length of the interview becomes prohibitive both in time expended and in the cost of interviewing.

To overcome these objections certain basic items (mentioned above) are included on each questionnaire. The remainder of the questionnaire is reserved for the one-time and the rotating health topics. An example of the rotating health topics, is the obtaining of information on the number of physician and dental visits in fiscal years 1958 and 1959 and the requesting of similar data on the fiscal 1964 questionnaire. Examples of one-time health topics are those relating to home nursing care and the use of special aids.

Several devices are used in collecting information about noncontinuing health topics. One is the inclusion of the topic on the questionnaire and obtaining of the data during the course of the household interview. An alternative is the device of leaving a supplementary form for self-enumeration and subsequent mailing to the collection point. A drawback to this method is the administrative cost of followup of nonrespondents. Another problem is the lack of control over the entries on the form; a conscientious household membership will complete the form correctly, while in another household the respondent may fill in the items carelessly in order to get the form out of the way. On the other hand, self-enumeration forms may be useful in obtaining types of information which are better known to persons who may not be at home at the time of interview, e.g., working persons, than to housewife respondents.

A method of collecting data which is currently being used is that of identifying persons with specific health problems and then using a supplementary form to obtain additional information

about these persons. One example of this type is the Vision Supplement incorporated with the fiscal year 1964 questionnaire (see page 27). Another example is the Hearing Ability questionnaire used during fiscal year 1963 which was mailed to persons who reported some hearing loss on the fiscal year 1963 questionnaire. After completing the additional questions the respondent mailed the form to the central collection point.

Figures 1-13 show developments in the questionnaire during the fiscal years 1958 through 1964. Changes in the front page of the questionnaire are omitted since this page is almost entirely devoted to sampling and administrative details. The Vision Supplement is briefly mentioned since it was discussed and illustrated on pages 14 and 27. The figures show various parts of the contents of the questionnaire. The continuing topics are depicted by reproducing the original set of items in use during fiscal year 1958 and during the most recent survey year, fiscal 1964, with major deviations in interim years. The one-time and the rotating topics are also illustrated.

The discussion of each figure will relate the topic to the interview, state its purpose, and mention the content in the intervening years. The reader is reminded that appendix III shown in the Series B and in the Series C reports, "*Health Statistics*" from the U. S. National Health Survey, lists the contents of the questionnaire for each of the fiscal years 1958 through 1961. The Series 10 publications of the National Center for Health Statistics show the contents of the questionnaire for fiscal year 1962 and later.

Questions: Social, Economic, and Demographic Characteristics

Figure 1 shows the content of the questions designed to obtain a variety of the characteristics of the members of each household in the sample. These characteristics are used in the estimating procedures which inflate the sample to the civilian, noninstitutional population of the United States, and also serve as variables to which the various health measurements can be related. For example, the age distribution, usual activity status, sex, marital status, family income group, etc., are all important variables which affect or are affected by

the health of the people. Residence, as a variable, is obtained from the sample segment location shown on the front page of the questionnaire (see page 1 of the fiscal year 1964 questionnaire).

The content of the demographic questions has remained quite stable for each questionnaire. However, there have been a few changes, as listed below:

1. Place of birth was asked for fiscal years 1958 and 1959 only.
2. Current activity status was obtained as a separate question beginning in fiscal year 1960 (see question 26, fiscal year 1964) rather than included in Table I where it would be answered only by persons who reported an illness or injury.
3. Beginning in fiscal year 1962, social and economic questions were moved to the end of the questionnaire in order to begin the health questions earlier in the interview.
4. For fiscal years 1962 and 1963 information on the occupation and industry of members of the labor force was obtained.

Questions and Tables: Illness and Injury Recall

The health probe questions shown in figure 2 are designed to obtain a listing of the health problems of each member of the household during the various reference periods (see pages 14 and 15). The probe questions have been slightly modified since the first year of data collection. The purpose of the changes has been to aid the interviewer in asking the questions and to clarify the wording for the respondent. The arrangement of the questions has been changed in some instances to fit in with the pattern of memory recall of the average respondent.

Each response of an illness or injury obtained for household members from the illness-recall questions is entered on a line of Table I (fig. 3). If multiple injuries to a person were sustained in a single accident, they are entered on one line of the table; this is done to indicate that only one accident was responsible for the several injuries.

In general, Table I has been arranged in five sections on each questionnaire, although the content of the table has differed from year to year.

Figure 3 shows the entire Table I content for fiscal years 1958 and 1964. Arrows indicate that a column has been present on each questionnaire, and inserted notes show additions and omissions.³ The five sections of the table show (1) the source of the response (question and person), (2) whether medically attended and information needed to obtain a diagnosis from the listing in the International Classification of Diseases, 7th Revision (ICD), (3) the disability days sustained in the 2-week-reference period, (4) the time of onset, and (5) the impact of chronic conditions on the person.

Figure 4 (Table A) shows the additional information that was obtained about injuries. For all years except fiscal years 1960 and 1961, this table includes only data about the class and place of accident. In fiscal years 1960 and 1961 additional details were obtained as to how the accident occurred. Table A is used concurrently with Table I. If an injury is reported in column d-1 or causes an impairment or a symptom, the details of the accident are entered in Table A regardless of when the accident occurred.

Questions and Tables: Hospitalization

The number of hospitalizations during the 12 months preceding the interview for each household member is obtained by asking several questions (fig. 5). The details of each hospitalization as well as supplementary information are entered in Table II (fig. 6). The questions remained about the same for the first 3 fiscal years. An additional question, inserted in fiscal year 1961 and retained thereafter, reminds the interviewer to ask about hospitalizations for deliveries when a child under 1 year of age is listed as a household member. For fiscal year 1963 there was a change in the time reference for the hospitalization-recall questions. An extra period of recall was added to the 12 months preceding the week of interview by extending the period to the first of the month

³Note the trend to place more interviewer instructions directly on the questionnaire. These really represent little change, merely what is believed to be a better administration of the questionnaire.

preceding the 12-month period, e.g., respondents interviewed during July 1963 were asked about hospitalizations occurring since June 1, 1962. Only hospitalizations which were within the 12 months prior to interview (as determined by dates obtained in Table II) are used in the tabulations. However, special studies have indicated that more accurate reporting of hospitalizations within the 12 months is obtained if the recall required of the respondent extends beyond the 12-month period.

Table II includes the source of the response, the date of admission, length of stay, the cause of admission, operations performed, and the name of the hospital on each of the questionnaires. In fiscal years 1959 and 1960 supplementary data were obtained about the portion of the hospital bill which was paid by insurance. In fiscal year 1961 questions about recuperation time following operation were included. In fiscal year 1964 supplementary questions about the portion of the surgeon's bill for operations and doctor's bill for delivery have been included.

One-Time and Rotating Health Topics on Basic Questionnaire

Figures 7-11 show other health topics which have been added to the basic questionnaire for a period of 6 months to 2 years, and in some instances (fig. 7 and 9) have been reinserted in a later year. Figure 7 is devoted to information about physician and dental visits for each household member. Figure 8 is the form used to obtain information about personal and nursing care at home and the need for special appliances or aids. Figure 9 shows the questions about health insurance coverage. Figure 10 illustrates the collection of information on X-ray visits. Figure 11 shows the questions about routine physical examinations for children and the use of specialists' and practitioners' services.

The Special Supplements

A portion of a booklet of forms used to obtain information about personal health expenditures is reproduced in figure 12. The booklet was left with the respondent with instructions that household members participate in completing the re-

spective pages. One sheet was to be completed for each household member and the booklet mailed to the collecting points. Followup procedures were carried out for nonresponse and incomplete returns.

Figure 13 is a facsimile of the first section of a 4-part questionnaire on hearing ability. This section provides information about the degree of hearing impairment. Other sections, not shown, include questions concerning history, problems of communication, and special training; extent of use and satisfaction with hearing aids; and medical and audiometric services received. The other pages were used to obtain information about the medical history of the hearing loss and subsequent adjustment, e.g., use of hearing aid and training in lip reading. This form was not left with the household at the time of the interview, but was mailed at

a later date to any household member reporting some hearing loss in Table I of the basic questionnaire, with the request that he complete the form and return it by mail. Again, there were follow-ups by mail and personal visits to initial non-respondents.

The Vision Supplement, the first page of which is shown on page 27, is discussed under the fiscal year 1964 questionnaire items. The purpose is similar to that of the hearing ability form, but the form was completed by the interviewer, because of the problems that a person with vision loss might encounter in completing the forms. If the person was available at the time of the interview, he was questioned at that time, about his vision impairment. Arrangements were made for another visit by the interviewer, if he was not at home.

QUESTIONNAIRE

The items below show the exact content and wording of the basic questionnaire used in the nationwide household survey of the U.S. National Health Survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person, condition, accident, or hospitalization. Such repetitive spaces are omitted in this illustration.

CONFIDENTIAL - 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).		BUDGET BUREAU NO. 68-R420.8 APPROVAL EXPIRES JULY 15, 1964																	
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL HEALTH SURVEY FISCAL YEAR -- 1964		1. Questionnaire _____ of _____ Questionnaires _____																	
2. (a) Address or description of location: Include city, zone and State _____ _____		3. Ident. Code _____ 4. Reg. office Code _____ 5. Sub-sample weight _____ 6. Sample _____ 7. PSU No. _____	8. (a) Segment No. _____ 9. Serial No. _____ 8. (b) Segment type _____																
2. (b) Mailing address if not shown in 2(a) OR <input type="checkbox"/> Same as shown in 2(a) _____ _____		If this questionnaire is for an "EXTRA" unit in a B or NTA segment, enter: Serial No. of original Sample Unit _____ Item No. by which found _____ If in NTA Segment, also enter for FIRST unit listed on property: _____ SEGMENT LIST SHEET NO. _____ LINE NO. _____																	
2. (c) Name of special dwelling place _____ Code _____		12. Type of living quarters (Check one box) <input type="checkbox"/> Housing unit <input type="checkbox"/> Other unit																	
L Ask Items 10 and 11 ONLY if "Rural" box is marked <input type="checkbox"/> Rural <input type="checkbox"/> All other (Skip to Item 12)		ALL segments (ask if Item 2(a) address identifies a SINGLE-UNIT structure). 13. Are there any occupied or vacant living quarters BESIDES YOUR OWN -- -- in the basement? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No -- on this floor? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No -- on any other floor of this building? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No (Fill Table X for each quarters NOT listed.)																	
10. Do you own or rent this place? <input type="checkbox"/> Own (Ask 11(a)) <input type="checkbox"/> Rent (Ask 11(b)) <input type="checkbox"/> Rent free (Ask 11(c))		ALL segments (ask if Item 2(a) identifies entire floor or unnumbered part of floor in a MULTI-UNIT structure). 14. Are there any occupied or vacant living quarters BESIDES YOUR OWN -- If Item 2(a) identifies entire floor -- on this floor? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No If Item 2(a) identifies part of floor, specify part } <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No -- in the -- of this floor? (Fill Table X for each quarters NOT listed.)																	
11. (a) <input type="checkbox"/> Own or Rent free - Does this place have 10 or more acres? (b) <input type="checkbox"/> Rent - Does the place you rent have 10 or more acres? <input type="checkbox"/> Yes <input type="checkbox"/> No		TA and NTA segments (ask at all units EXCEPT APARTMENT HOUSES). 15. Is there any other building on this property for people to live in - either occupied or vacant? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No (Fill Table X for each quarters NOT listed.)																	
(c) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		(d) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$250 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
16. What is the telephone number here? Telephone No. _____ OR <input type="checkbox"/> No telephone		IMPORTANT: TO INTERVIEWER - Check Table I for eye conditions or vision problems (including cataracts and glaucoma) for persons 6 years old or over, then answer the question below. Has anyone in this household, 6 years old or over, been reported as having an eye condition or vision problem? <input type="checkbox"/> Yes (Fill one line of Table B on Page 8 for each such person.) <input type="checkbox"/> No (Leave "Thank you" letter and depart)																	
17. RECORD OF CALLS AT HOUSEHOLD																			
Entire household Date _____ Time _____ Col. No. _____ Date _____ Time _____ Col. No. _____ Date _____ Time _____		1	2	3	4	5	Com.												
18. REASON FOR NONINTERVIEW				TYPE Reason: <input type="checkbox"/> Refusal (Describe in Footnote) <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"/> Demolished <input type="checkbox"/> In sample by mistake <input type="checkbox"/> Eliminated in sub-sample <input type="checkbox"/> Other (Specify)				Interview not obtained for: Colls. _____ because: _____			
19. Signature of Interviewer _____		20. Code _____																	
FOOTNOTES AND COMMENTS																			
TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS																			
Line Number	Questionnaire Item No.	Are these (Specify location) quarters for more than one group of people?		LOCATION OF UNIT (Examples: Basement, 2nd floor)	USE OR CHARACTERISTICS				CLASSIFICATION		IF HU IN B SEGMENT ASK:		Remarks						
		Yes	No		OCCUPIED		ALL QUARTERS		Not a separate unit (Add occupants to this questionnaire)	Fill separate questionnaire and interview	In what year were these (Specify location) quarters created? (If 1959 or 1960, also specify "P" if first half or "L" if last half.)	(If before July 1960) What was the name of the household head of these quarters on April 1, 1960?							
		(3a)	(3b)		Do the occupants of these (Specify location) quarters live and eat with any other group of people?	Do these (Specify location) quarters have: Direct access from the outside or through a common hall?	A kitchen or cooking equipment for exclusive use?	Yes						No	Yes	No	HU	Other Unit	(10)
(1)	(2)	(3a)	(3b)	(4)	(5a)	(5b)	(6a)	(6b)	(7a)	(7b)	(8)	(9a)	(9b)	(10)	(11)	(12)			
1																			

<p>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 live here) (c) I have listed (Read names). Is there anyone else staying here now such as friends, relatives, or roomers? <input type="checkbox"/> Yes (List) <input type="checkbox"/> No (d) Have I missed anyone who usually lives here but is now _____ Temporarily in a hospital? <input type="checkbox"/> Yes (List) <input type="checkbox"/> No Away on business? <input type="checkbox"/> Yes (List) <input type="checkbox"/> No On a visit or vacation? <input type="checkbox"/> Yes (List) <input type="checkbox"/> No</p> <p>(e) Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes (Apply household membership rules; if not a household member, delete) <input type="checkbox"/> No (Leave on questionnaire)</p> <p>If any adult males listed, ask: (f) Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes (Delete) <input type="checkbox"/> No</p>	<p>Last name ①</p> <hr/> <p>First name</p>
2. How are you related to the head of the household? (Enter relationship to head, for example: wife, daughter, grandson, mother-in-law, partner, roomer, roomer's wife, etc.)	Relationship <input type="checkbox"/> Head
3. How old were you on your last birthday?	Age <input type="checkbox"/> Under 1 year
4. Race (Check one box for each person)	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other
5. Sex (Check one box for each person)	<input type="checkbox"/> Male <input type="checkbox"/> Female
6. Are you now married, widowed, divorced, separated or never-married? (Check one box for each person)	<input type="checkbox"/> Und 17 yrs. <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Und. 17 yrs.
7. (a) What were you doing most of the past 12 months — (For males): working, or doing something else? (For females): keeping house, working or doing something else? If "Something else" checked, and person is 45 years old or over, ask: (b) Are you retired?	<input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No
H Determine which adults are at home and record this information. Beginning with Question 8 you are to interview for himself or herself, each adult person who is at home. (If person under 19 is the respondent, check the "At home" box.)	<input type="checkbox"/> At home <input type="checkbox"/> Und. 19 yrs. <input type="checkbox"/> Not at home
8. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.) (a) What was the matter? (b) Anything else?	<input type="checkbox"/> Yes ① <input type="checkbox"/> No
9. 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
10. Last week or the week before did you have any accidents or injuries? (a) What were they? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Did you ever have on (any other) accident or injury that still bothers you or affects you in any way? (a) In what way does it bother you? (Record present effects) (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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 in his column any conditions mentioned for the person)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does anyone in the family have any of these conditions? (Read Card B, condition by condition; record in his column any conditions mentioned for the person)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have any other ailments, conditions, or problems with your health? (a) What is the condition? (Record condition itself if still present; otherwise record present effects.) (b) Any other problems with your health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. (a) Have you been in a hospital at any time since _____, a year ago? If "Yes," ask: (b) How many times were you in the hospital during that period?	<input type="checkbox"/> Yes ① <input type="checkbox"/> No _____ No. of times
16. (a) Has anyone in the family been a patient in a nursing home, rest home, or any similar place since _____, a year ago? If "Yes," ask: (b) Who was this? (c) How many times were you in a nursing home or rest home during that period?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ No. of times
R (For Q. 8-16) For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 8-16. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them.	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly Col. _____ was respondent
INTERVIEWER: Examine ages and relationships in Questions 2 and 3 for children one year old or under, then check the appropriate box in Question 17(a).	
17. (a) <input type="checkbox"/> Baby (babies) one year or under listed. (Go to Q. 17b) <input type="checkbox"/> No baby (babies) one year or under listed. (Go to Q. 18)	(b) Are birth(s) for baby (babies) and delivery for mother shown in Table II? <input type="checkbox"/> Yes (Go to Q. 18) <input type="checkbox"/> No (Go to Q. 17(c))
(c) Was --- born in the hospital? <input type="checkbox"/> Yes (Go to Q. 17(d)) <input type="checkbox"/> No (Go to Q. 18)	(d) When was --- born? (Enter month, day and year) Month _____ Day _____ Year _____ (If birthdate is on or after date shown in Qs. 15 and 16, fill one line of Table II for mother and one line for child.)

INTERVIEWER: After completing Table II for all persons, carry each condition in Col. (b) or Col. (i) back to Table I if it does not already appear there

← and either { "1" or more nights in Column (f)
 OR an Impairment
 OR a Condition on Card A.

<p>18. LAST WEEK OR THE WEEK BEFORE did anyone in the family go to a dentist?</p> <p>If "Yes," ask:</p> <p>(a) Who was this?</p> <p>(b) Anyone else?</p> <p>For each person with "Yes" checked, ask:</p> <p>(c) How many times did you visit the dentist LAST WEEK OR THE WEEK BEFORE?</p> <p>(d) What did you have done (the last time, the time before, etc.)?</p> <p>(e) Anything else?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <p style="text-align: center;">No. of times</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>(1)</td> <td>(2)</td> <td>(3)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Fillings</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Extractions or other surgery</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Straightening (Orthodontia)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Treatment for gums</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Cleaning teeth</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Examination</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Denture work</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> </table>	(1)	(2)	(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fillings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extractions or other surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Straightening (Orthodontia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Treatment for gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cleaning teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Denture work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (Specify) _____
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<p>If "No" to Question 18, ask:</p> <p>19. ABOUT how long has it been since you went to a dentist?</p>	<input type="checkbox"/> Under 6 mos. <input type="checkbox"/> 6-12 mos. <hr/> <p>No. of years _____ <input type="checkbox"/> Never</p>																											
<p>20. LAST WEEK OR THE WEEK BEFORE did anyone in the family talk to a doctor or go to a doctor's office or clinic?</p> <p>If "Yes," ask:</p> <p>(a) Who was this?</p> <p>(b) Anyone else?</p> <p>For EACH person with "Yes" box checked, ask Questions 20(c) through (f):</p> <p>(c) How many times did you see or talk to a doctor LAST WEEK?</p> <p>(d) How many times did you see or talk to a doctor the WEEK BEFORE LAST?</p> <p>Ask for EACH visit to a doctor in last 2 weeks:</p> <p>(e) Where did you talk to the doctor (the last time, the time before, etc.)?</p> <p>(f) Why did you go to (call) the doctor (that time)?</p>	<p style="text-align: center;">INTERVIEWER: DO NOT COUNT doctors seen while an inpatient in a hospital</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Place</th> <th style="width:50%;">Purpose</th> </tr> </thead> <tbody> <tr> <td>Home = At home</td> <td>D/T = Diag. or treatment</td> </tr> <tr> <td>Off. = At office</td> <td>Not. = Pre/post natal care</td> </tr> <tr> <td>Clin. = Outpatient Hospital Clinic</td> <td>Gen. = Gen'l check-up</td> </tr> <tr> <td>Co. = Company or industry</td> <td>I/V = Immun./Vacc.</td> </tr> <tr> <td>Tel. = Over telephone</td> <td>Eye = Eye Exam. (glasses)</td> </tr> <tr> <td>Ot. = Other (Specify)</td> <td>Ot. = Other (Specify)</td> </tr> </tbody> </table>	Place	Purpose	Home = At home	D/T = Diag. or treatment	Off. = At office	Not. = Pre/post natal care	Clin. = Outpatient Hospital Clinic	Gen. = Gen'l check-up	Co. = Company or industry	I/V = Immun./Vacc.	Tel. = Over telephone	Eye = Eye Exam. (glasses)	Ot. = Other (Specify)	Ot. = Other (Specify)													
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<p>If "No" to Question 20, ask:</p> <p>21. ABOUT how long has it been since you have seen or talked to a doctor?</p>	<input type="checkbox"/> Under 6 mos. <input type="checkbox"/> 6-12 mos. <hr/> <p>No. of years _____ <input type="checkbox"/> Never</p>																											
<p>If any children under 17 years in household, ask:</p> <p>22. DURING THE PAST 12 MONTHS was-- (were-- --, etc.) taken to a doctor for a ROUTINE physical examination, that is, not for a particular illness but for a general check-up?</p> <p>If "Yes," and more than one child under 17 years, ask:</p> <p>(a) Who was this?</p> <p>(b) Any of the other children?</p>	<p style="text-align: center;">①</p> <p style="text-align: center;"><input type="checkbox"/> 17 years or over</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																											
<p>23. DURING THE PAST 12 MONTHS has ANYONE in the family -- that is, you, your --, etc., -- received any services from any of the persons listed on this card? Please check "Yes" or "No" for each one listed.</p> <p>Hand respondent pencil and card (NHS-HIS-1(a))</p> <p>For each "Yes" box checked on the card, ask:</p> <p>(a) Who saw the (specialist)? (Mark (X) for each specialist in person's column.)</p> <p>(b) About how many times did you see a (specialist) during the past 12 months (not counting any visits while you were in the hospital)?</p> <p>(c) Did anyone else see a (specialist) during the past 12 months?</p> <p>If "Yes," ask:</p> <p>(d) Who was this?</p> <p>(e) About how many times did you see a (specialist) during the past 12 months (not counting any visits while you were in the hospital)?</p> <p>Check the "None" box for each person who did not see a specialist.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">(Mark (X) Specialist)</th> <th style="width:20%;">Times</th> </tr> </thead> <tbody> <tr><td>Pediatrician</td><td style="text-align: center;">A</td></tr> <tr><td>Obstetrician or Gynecologist</td><td style="text-align: center;">B</td></tr> <tr><td>Ophthalmologist</td><td style="text-align: center;">C</td></tr> <tr><td>Otolaryngologist</td><td style="text-align: center;">D</td></tr> <tr><td>Psychiatrist</td><td style="text-align: center;">E</td></tr> <tr><td>Dermatologist</td><td style="text-align: center;">F</td></tr> <tr><td>Orthopedist</td><td style="text-align: center;">G</td></tr> <tr><td>Chiropractor</td><td style="text-align: center;">H</td></tr> <tr><td>Optometrist</td><td style="text-align: center;">I</td></tr> <tr><td>Podiatrist or Chiropodist</td><td style="text-align: center;">J</td></tr> <tr><td colspan="2" style="text-align: center;"><input type="checkbox"/> None</td></tr> </tbody> </table>	(Mark (X) Specialist)	Times	Pediatrician	A	Obstetrician or Gynecologist	B	Ophthalmologist	C	Otolaryngologist	D	Psychiatrist	E	Dermatologist	F	Orthopedist	G	Chiropractor	H	Optometrist	I	Podiatrist or Chiropodist	J	<input type="checkbox"/> None				
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<p>If male and 17 years old or over, ask:</p> <p>24. (a) Did you ever serve in the Armed Forces of the United States?</p> <p>If "Yes," ask:</p> <p>(b) Was any of your service during a war or was it peace-time only?</p> <p>If "War," ask:</p> <p>(c) During which war did you serve?</p> <p>If "Peace-time only," ask:</p> <p>(d) Was any of your service between June 27, 1950 and January 31, 1955?</p>	<p style="text-align: center;"><input type="checkbox"/> Fem. or under 17 years</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> War <input type="checkbox"/> Peace-time only</p> <p><input type="checkbox"/> WW II <input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																											
<p>If 17 years old or over, ask:</p> <p>25. (a) What is the highest grade you attended in school?</p> <p>(Circle highest grade attended or check "None")</p> <p>(b) Did you finish the -- grade (year)?</p>	<p style="text-align: center;"><input type="checkbox"/> Under 17 years</p> <p>Elem: 1 2 3 4 5 6 7 8</p> <p>High: 1 2 3 4</p> <p>College: 1 2 3 4 5+</p> <p style="text-align: center;"><input type="checkbox"/> None</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																											
<p>Ask for all persons 17 years old or over:</p> <p>26. (a) Did you work at any time last week or the week before?</p> <p>If "No," ask BOTH 26(b) and 26(c):</p> <p>(b) Even though you did not work last week or the week before do you have a job or business?</p> <p>(c) Were you looking for work or on layoff from a job?</p>	<p style="text-align: center;"><input type="checkbox"/> Under 17 years</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																											
<p>27. Which of these income groups represents your total combined family income for the past 12 months, that is, your's, your--'s, etc.?</p> <p>(Show Card H). Include income from all sources, such as wages, salaries, rents from property, social security or retirement benefits, help from relatives, etc.</p>	<p style="text-align: center;">Group ①</p>																											
<p>T INTERVIEWER: Enter the total number of hospitalizations for each person from Questions 15 and 16, or check the "None" box. Fill one line of Table II for each separate stay in the hospital.</p>	<p>Total No. of hospitalizations</p> <p>_____ or <input type="checkbox"/> None</p>																											

Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES							
Line Number	Col. No. of person	Question No.	Did you ever AT ANY TIME talk to a doctor about . . . ?	For all illnesses and present effects of "old" injuries (a) If doctor talked to, ask: What did the doctor say it was? Did he give it a medical name?	CAUSE	KIND	PART OF BODY
				(b) If doctor not talked to, record original entry and ask (d-2) - (d-4) as required.	If the entry in Col. (d-1) is An IMPAIRMENT, or a SYMPTOM or	For any entry in Col. (d-1) or Col. (d-2) that includes the words: Allergy* Tumor "Condition" Cyst "Disease" Growth "Trouble" Stroke*	Ask only for: IMPAIRMENTS, "CURRENT" INJURIES and PRESENT EFFECTS OF "OLD" INJURIES
(a)	(b)	(c)	(d-1)	(d-2)	(d-3)	(d-4)	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No					
7		<input type="checkbox"/> Yes <input type="checkbox"/> No					
8		<input type="checkbox"/> Yes <input type="checkbox"/> No					
9		<input type="checkbox"/> Yes <input type="checkbox"/> No					
10		<input type="checkbox"/> Yes <input type="checkbox"/> No					

Table II - HOSPITALIZATIONS								
Line Number	Col. No. of person	Question No.	USE YOUR CALENDAR					For what condition did you enter the hospital-- do you know the medical name? (If medical name not known, enter respondent's description.) (Entry must show "Cause," "Kind," and "Part of body" in same detail as required in Table I.)
			You said that you were in the hospital (once, twice, etc.) during the past year -- When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.)	How many nights were you in the hospital? (If exact number not known accept best estimate)	Complete from entries in Columns (c) and (d); or, if not clear ask the questions.	How many of these -- nights were in the past 12 months?	How many of these -- nights were lost week or the week before?	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
1			Month Day Year	Nights	Nights	Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			Month Day Year	Nights	Nights	Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			Month Day Year	Nights	Nights	Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			Month Day Year	Nights	Nights	Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Table A - ACCIDENTS AND INJURIES			
Line No. from Table I	1. When did the accident happen?		2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else?
	Year	Month	Part(s) of body Kind of injury (injuries)
Accident happened last week or week before (Go to Q. 3)	<input type="checkbox"/> (If 1962, 1963, or 1964 also enter month):		
3. (a) Was a car, truck, bus or other motor vehicle involved in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Q. 4)		
(b) Was more than one motor vehicle involved?	<input type="checkbox"/> Yes (More than one) <input type="checkbox"/> No		
(c) Was it (either one) moving at the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. (a) Where did the accident happen -- at home or some other place?	1. <input type="checkbox"/> At home (inside house) 2. <input type="checkbox"/> At home (adjacent premises) <input type="checkbox"/> Some other place		
If "Some other place," ask:	(b) What kind of place was it?		
3. <input type="checkbox"/> Street and highway (includes roadway)	6. <input type="checkbox"/> School (includes school premises)		
4. <input type="checkbox"/> Farm	7. <input type="checkbox"/> Place of recreation and sports, except at school		
5. <input type="checkbox"/> Industrial place (includes premises)	8. <input type="checkbox"/> Other. (Specify the place where accident happened)		
5. Were you at work at your job or business when the accident happened?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> While in Armed Services 4. <input type="checkbox"/> Under 17 at time of accident		
Interviewer: Return to Table I and complete the rest of this line.			
FOOTNOTES AND COMMENTS			

Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES																					
LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do?	Did you have to cut down for as much as a day?		How many days did you have to cut down during that two-week period?	During that two-week period, how many days did you keep you in bed all or most of the day?	If 6-16 years old ask: How many days did ... keep you from school LAST WEEK OR THE WEEK BEFORE?	If 17 yrs. old or over ask: LAST WEEK OR THE WEEK BEFORE how many days did ... keep you from work? (For females add not counting work around the house? (j))	Did you first notice ... (did it happen) during the past 3 months or before that time?		If Col. (k-1) is checked ask: Did you first notice it during the past 12 months or before that time?	To interview: CONTINUE if Col. (k-1) is checked, or the condition is on Card A or is an impairment; otherwise, STOP (aa)	ABOUT how many days during the past 12 months has ... kept you in bed all or most of the day?	If 1 or more days in Col. (l) and Col. (h) is blank or checked "None" ask: How many of these days were during last week or the week before?	Ask after completing last condition for each person. Please look at each statement on this card. Then tell me which statement of the conditions you have told me about? (Show Cards D-G, as appropriate) (n)								
	Check one:						Days	Days						Days							
	No (Go to Col. (k))	Yes																			
(c)	(f)	(f-1)	(f-2)	(g)	(h)	(i)	(k-1)	(k-2)	(k-3)	(k-4)	(l)	(m)	(n)	(p)							
				Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None			<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 wks.	<input type="checkbox"/> 3-12 months <input type="checkbox"/> Before 12 months	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	1							
				Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None			<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 wks.	<input type="checkbox"/> 3-12 months <input type="checkbox"/> Before 12 months	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	2							
				Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None			<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 wks.	<input type="checkbox"/> 3-12 months <input type="checkbox"/> Before 12 months	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	3							
				Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None			<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 wks.	<input type="checkbox"/> 3-12 months <input type="checkbox"/> Before 12 months	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	4							
				Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None			<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 wks.	<input type="checkbox"/> 3-12 months <input type="checkbox"/> Before 12 months	Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	5							

Were any operations performed on you during this stay at the hospital? If "Yes," ask: (a) What was the name of the operation? (b) Any other operations?	Ask Col. (j) - (n) ONLY for completed hospitalizations ("No" in Col. (g)) AND delivery or operation shown in Col. (h) or Col. (i)					TABLE II - HOSPITALIZATIONS Ask for all hospitalizations	
	(i)	(j)	(k)	(l)	(m)	(n)	(o)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Go to Col. (j)) <input type="checkbox"/> No (Go to Col. (k))	<input type="checkbox"/> Yes (Go to Col. (j)) <input type="checkbox"/> No (Go to Col. (k))	<input type="checkbox"/> Yes (Go to Col. (l)) <input type="checkbox"/> No (Go to Col. (n))	<input type="checkbox"/> Yes (Go to Col. (m)) <input type="checkbox"/> No (Go to Col. (n))	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the name of the insurance company or plan? (If unable to determine whether or not insurance, describe in footnote space below.) <input type="checkbox"/> Yes insurance Not insurance (Check one): <input type="checkbox"/> Armed Forces Medicare <input type="checkbox"/> Free care <input type="checkbox"/> Other (Specify in footnotes)	Name Street City and State
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Go to Col. (j)) <input type="checkbox"/> No (Go to Col. (k))	<input type="checkbox"/> Yes (Go to Col. (j)) <input type="checkbox"/> No (Go to Col. (k))	<input type="checkbox"/> Yes (Go to Col. (l)) <input type="checkbox"/> No (Go to Col. (n))	<input type="checkbox"/> Yes (Go to Col. (m)) <input type="checkbox"/> No (Go to Col. (n))	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the name of the insurance company or plan? (If unable to determine whether or not insurance, describe in footnote space below.) <input type="checkbox"/> Yes insurance Not insurance (Check one): <input type="checkbox"/> Armed Forces Medicare <input type="checkbox"/> Free care <input type="checkbox"/> Other (Specify in footnotes)	Name Street City and State
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Go to Col. (j)) <input type="checkbox"/> No (Go to Col. (k))	<input type="checkbox"/> Yes (Go to Col. (j)) <input type="checkbox"/> No (Go to Col. (k))	<input type="checkbox"/> Yes (Go to Col. (l)) <input type="checkbox"/> No (Go to Col. (n))	<input type="checkbox"/> Yes (Go to Col. (m)) <input type="checkbox"/> No (Go to Col. (n))	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the name of the insurance company or plan? (If unable to determine whether or not insurance, describe in footnote space below.) <input type="checkbox"/> Yes insurance Not insurance (Check one): <input type="checkbox"/> Armed Forces Medicare <input type="checkbox"/> Free care <input type="checkbox"/> Other (Specify in footnotes)	Name Street City and State
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Go to Col. (j)) <input type="checkbox"/> No (Go to Col. (k))	<input type="checkbox"/> Yes (Go to Col. (j)) <input type="checkbox"/> No (Go to Col. (k))	<input type="checkbox"/> Yes (Go to Col. (l)) <input type="checkbox"/> No (Go to Col. (n))	<input type="checkbox"/> Yes (Go to Col. (m)) <input type="checkbox"/> No (Go to Col. (n))	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the name of the insurance company or plan? (If unable to determine whether or not insurance, describe in footnote space below.) <input type="checkbox"/> Yes insurance Not insurance (Check one): <input type="checkbox"/> Armed Forces Medicare <input type="checkbox"/> Free care <input type="checkbox"/> Other (Specify in footnotes)	Name Street City and State

TABLE B										
number of person(s) with eye condition(s) reported in Table I	(READ TO RESPONDENT) Earlier in the interview you told me about your eye condition. This is a matter of special interest to the Public Health Service this year and I have some additional questions about it.	Can you see well enough to read ordinary newspaper print with glasses?	Can you see well enough to recognize the features of people you know if they are close enough?	Can you see objects that move, such as cars moving or people walking?	INTERVIEWER ALL "Yes" - Ask Cols. (a) and (b) ALL "No" - F III Sect. B Supp. BOTH "Yes" and "No" - F III Sect. A Supp.	"Yes" to Cols. (c), (d), (e)	Can you see well enough to step down?	Can you see well enough to recognize a friend walking on the other side of the street?	INTERVIEWER "Yes" to both Cols. (g) and (h) - STOP "No" to either - Ask Col. (i)	"No" to either Cols. (g) or (h)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes's (Cols. (d) & (h)) <input type="checkbox"/> No's (Sect. B Supp.) <input type="checkbox"/> Both (Sect. A Supp.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (STOP) <input type="checkbox"/> No (Ask Col. (i))	<input type="checkbox"/> Great deal (F III Sect. A Supp.) <input type="checkbox"/> Some <input type="checkbox"/> Hardly any or None (STOP)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes's (Cols. (d) & (h)) <input type="checkbox"/> No's (Sect. B Supp.) <input type="checkbox"/> Both (Sect. A Supp.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (STOP) <input type="checkbox"/> No (Ask Col. (i))	<input type="checkbox"/> Great deal (F III Sect. A Supp.) <input type="checkbox"/> Some <input type="checkbox"/> Hardly any or None (STOP)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes's (Cols. (d) & (h)) <input type="checkbox"/> No's (Sect. B Supp.) <input type="checkbox"/> Both (Sect. A Supp.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (STOP) <input type="checkbox"/> No (Ask Col. (i))	<input type="checkbox"/> Great deal (F III Sect. A Supp.) <input type="checkbox"/> Some <input type="checkbox"/> Hardly any or None (STOP)	

<p>Card A</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY</p> <p style="text-align: center;">Check List of Chronic Conditions</p> <p>Has anyone in the family had any of these conditions during the past 12 months?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 1. Asthma 2. Tuberculosis 3. Chronic bronchitis 4. Repeated attacks of sinus trouble 5. Rheumatic fever 6. Hardening of the arteries 7. High blood pressure 8. Heart trouble. 9. Stroke 10. Trouble with varicose veins 11. Hemorrhoids or piles 12. Hay fever 13. Tumor, cyst or growth 14. Chronic gallbladder or liver trouble 15. Stomach ulcer </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 16. Any other chronic stomach trouble 17. Kidney stones or chronic kidney trouble 18. Mental illness 19. Arthritis or rheumatism 20. Diabetes 21. Thyroid trouble or goiter 22. Any allergy 23. Epilepsy 24. Chronic nervous trouble 25. Cancer 26. Chronic skin trouble 27. Hernia or rupture 28. Prostate trouble </td> </tr> </table>	<ol style="list-style-type: none"> 1. Asthma 2. Tuberculosis 3. Chronic bronchitis 4. Repeated attacks of sinus trouble 5. Rheumatic fever 6. Hardening of the arteries 7. High blood pressure 8. Heart trouble. 9. Stroke 10. Trouble with varicose veins 11. Hemorrhoids or piles 12. Hay fever 13. Tumor, cyst or growth 14. Chronic gallbladder or liver trouble 15. Stomach ulcer 	<ol style="list-style-type: none"> 16. Any other chronic stomach trouble 17. Kidney stones or chronic kidney trouble 18. Mental illness 19. Arthritis or rheumatism 20. Diabetes 21. Thyroid trouble or goiter 22. Any allergy 23. Epilepsy 24. Chronic nervous trouble 25. Cancer 26. Chronic skin trouble 27. Hernia or rupture 28. Prostate trouble 	<p>Card B</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY</p> <p style="text-align: center;">Check List of Selected Impairments</p> <p>Does anyone in the family have any of these conditions?</p> <ol style="list-style-type: none"> 1. Deafness or serious trouble hearing with one or both ears 2. Serious trouble seeing with one or both eyes even when wearing glasses 3. Cleft palate 4. Any speech defect 5. Missing fingers, hand, or arm—toes, foot, or leg 6. Palsy 7. Paralysis of any kind 8. Repeated trouble with back or spine 9. Club foot 10. Permanent stiffness or any deformity of the foot, leg, fingers, arm or back 11. Any condition present since birth 	<p>Card D</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY</p> <p>For:</p> <p>Workers and other persons except Housewives and Children</p> <ol style="list-style-type: none"> 1. Not able to work at all. 2. Able to work but limited in amount of work or kind of work. 3. Able to work but limited in kind or amount of other activities. 4. Not limited in any of these ways.
<ol style="list-style-type: none"> 1. Asthma 2. Tuberculosis 3. Chronic bronchitis 4. Repeated attacks of sinus trouble 5. Rheumatic fever 6. Hardening of the arteries 7. High blood pressure 8. Heart trouble. 9. Stroke 10. Trouble with varicose veins 11. Hemorrhoids or piles 12. Hay fever 13. Tumor, cyst or growth 14. Chronic gallbladder or liver trouble 15. Stomach ulcer 	<ol style="list-style-type: none"> 16. Any other chronic stomach trouble 17. Kidney stones or chronic kidney trouble 18. Mental illness 19. Arthritis or rheumatism 20. Diabetes 21. Thyroid trouble or goiter 22. Any allergy 23. Epilepsy 24. Chronic nervous trouble 25. Cancer 26. Chronic skin trouble 27. Hernia or rupture 28. Prostate trouble 			
<p>Card E</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY</p> <p>For: Housewife</p> <ol style="list-style-type: none"> 1. Not able to keep house at all. 2. Able to keep house but limited in amount or kind of housework. 3. Able to keep house but limited in kind or amount of other activities. 4. Not limited in any of these ways. 	<p>Card F</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY</p> <p>For:</p> <p>Children from 6 through 16 years old</p> <ol style="list-style-type: none"> 1. Not able to go to school at all. 2. Able to go to school but limited to certain types of schools or in school attendance. 3. Able to go to school but limited in other activities. 4. Not limited in any of these ways. 	<p>Card G</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY</p> <p>For: Children under 6 years old</p> <ol style="list-style-type: none"> 1. Not able to take part at all in ordinary play with other children. 2. Able to 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 style="text-align: center;">NATIONAL HEALTH SURVEY</p> <p>Family income during past 12 months</p> <p>Group A. Under \$500 (Including loss)</p> <p>Group B. \$500 - \$999</p> <p>Group C. \$1,000 - \$1,999</p> <p>Group D. \$2,000 - \$2,999</p> <p>Group E. \$3,000 - \$3,999</p> <p>Group F. \$4,000 - \$4,999</p> <p>Group G. \$5,000 - \$6,999</p> <p>Group H. \$7,000 - \$9,999</p> <p>Group I. \$10,000 - \$14,999</p> <p>Group J. \$15,000 and over</p>	

**VISION SUPPLEMENT
NATIONAL HEALTH SURVEY**

Name of person			Age
PSU	Segment	Serial No.	Sample B-
Column number of person			-----
<input type="checkbox"/> Responded for self			
OR			
Column number of respondent			

INTERVIEWER: Complete either Section A or B

Complete Section A (buff Pages 2-6), if:

(a) Both "Yes" and "No" in answer to Columns (c), (d), and (e) of Table B

OR

(b) "Great deal" or "Some" in answer to Column (j) of Table B.

Complete Section B (blue Pages 7-10), if:

"No" in answer to all of Columns (c), (d), and (e) of Table B.

RESPONDENT RULES FOR VISION SUPPLEMENT

If the person for whom the Vision Supplement is to be completed is an eligible respondent according to the regular eligible respondent rules, he is to respond for himself. If he is not at home or otherwise not available, make arrangements for a return call to interview him. (Two additional calls to contact him may be made.)

If the person is not an eligible respondent, or is unable to respond for himself because of disability or illness, complete the interview with any eligible respondent for him.

EXCEPTION TO RESPONDENT RULES FOR VISION SUPPLEMENT

If the person is an eligible respondent for himself, but definitely is not going to be available for interview at any time during interview week, complete the interview with any other eligible respondent for him. In such a case, explain the reason for the use of the other respondent in a footnote.

Footnotes and comments

RECORD OF RETURN CALLS TO COMPLETE SUPPLEMENT	<input type="checkbox"/> None	Date	1	Com- pleted	2	Com- pleted
		Time				

Name of interviewer	Code
---------------------	------

CONFIDENTIAL - This information is collected for the U.S. Public Health Service under authority of 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).

FY 1958		FY 1964	
1. (a) What is the name of the head of this household? (Enter name in first column)	Last name (1)	1. (a) What is the name of the head of this household? (Enter name in first column)	Last name (1)
(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.)	First name and initial	(b) What are the names of all other persons who live here? (List all persons who live here)	First name
(c) Do any (other) lodgers or roomers live here? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)	Relationship	(c) I have listed (Read names). Is there anyone else staying here now such as friends, relatives, or roomers? <input type="checkbox"/> Yes (List) <input type="checkbox"/> No	Relationship
(d) Is there anyone else who lives here who is not away on business? On a visit? Temporarily in a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)	Head	(d) Have I missed anyone who usually lives here but is now temporarily in a hospital? <input type="checkbox"/> Yes (List) <input type="checkbox"/> No	Head
(e) Is there anyone else staying here now? <input type="checkbox"/> No <input type="checkbox"/> Yes (List)		On a visit or vacation? <input type="checkbox"/> Yes (List) <input type="checkbox"/> No	
(f) No one (Leave on questionnaire) <input type="checkbox"/> Yes (If not a household member, delete)		(e) Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes (Apply household membership rules; if not a household member, delete) <input type="checkbox"/> No (Leave a questionnaire)	
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	(f) Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes (Delete) <input type="checkbox"/> No	Relationship
3. Race (Check one box for each person)	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	2. How are you related to the head of the household? (Enter relationship to head, for example: wife, daughter, grandson, mother-in-law, partner, roomer, roomer's wife, etc.)	Head
4. SEX (Check one box for each person)	<input type="checkbox"/> Male <input type="checkbox"/> Female	3. How old were you on your last birthday?	Age <input type="checkbox"/> Under 1 year
5. How old were you on your last birthday?	Age <input type="checkbox"/> Under 1 year	4. Race (Check one box for each person)	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other
6. Where were you born? (Record state or foreign country)	(State or foreign country)	5. Sex (Check one box for each person)	<input type="checkbox"/> Male <input type="checkbox"/> Female
If 14 years old or over, ask:	<input type="checkbox"/> Under 14 years	If 17 years old or over, ask:	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other
7. Are you now married, widowed, divorced, separated or never married? (Check one box for each person)	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never married	If 17 years old or over, ask:	<input type="checkbox"/> Male <input type="checkbox"/> Female
If 14 years old or over, ask:	<input type="checkbox"/> Under 14 years	6. Are you now married, widowed, divorced, separated or never married? (Check one box for each person)	<input type="checkbox"/> Under 17 yrs. <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Under 17 yrs.
8. What is the highest grade you completed in school? (Circle highest grade completed or check "None")	Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+	7. (a) What were you doing most of the past 12 months -- (For males): working, or doing something else? (For females): keeping house, working or doing something else? If "Something else" checked, and person is 45 years old or over, ask: (b) Are you retired?	<input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else
If male and 14 years old or over, ask:	<input type="checkbox"/> Fem. or und. 14 yrs.	If 17 years old or over, ask:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. (a) Did you ever serve in the Armed Forces of the United States? If "Yes," ask:	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. (a) Did you ever serve in the Armed Forces of the United States? If "Yes," ask:	<input type="checkbox"/> Fem. or under 17 years <input type="checkbox"/> Yes <input type="checkbox"/> No
(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	(b) Was any of your service during a war or was it peace-time only? If "War," ask:	<input type="checkbox"/> War <input type="checkbox"/> Peace-time only
(c) Was any of your service during a war or was it peace-time only? If "War," ask:	<input type="checkbox"/> War <input type="checkbox"/> Peace-time only	(c) During which war did you serve? If "Peace-time only," ask:	<input type="checkbox"/> WW I <input type="checkbox"/> WW II <input type="checkbox"/> Other
(d) During which war did you serve? If "Peace-time" only, ask:	<input type="checkbox"/> Spanish American <input type="checkbox"/> WW - I <input type="checkbox"/> WW - II <input type="checkbox"/> Korean	(d) Was any of your service between June 27, 1950 and January 31, 1957.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Was any of your service between June 27, 1950 and January 31, 1957?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 17 years old or over, ask:	<input type="checkbox"/> Under 17 years
If 8 years old or over, ask:	<input type="checkbox"/> Under 8 years	25. (a) What is the highest grade you attended in school? (Circle highest grade attended or check "None")	Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+
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 - 16): 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"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Keeping house <input type="checkbox"/> Going to school <input type="checkbox"/> Something else	(b) Did you finish the -- grade (year)?	<input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No
27. During the past 12 months in which group did the total income of your family fall, that is, your's, your --'s, etc.? (Show Card H) Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc.	Group No.	Ask for all persons 17 years old or over:	<input type="checkbox"/> Under 17 years
		26. (a) Did you work at any time last week or the week before? If "No," ask BOTH 26(b) and 26(c): (b) Even though you did not work last week or the week before do you have a job or business? (c) Were you looking for work or on layoff from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		27. Which of these income groups represents your total combined family income for the past 12 months, that is, your's, your --'s, etc.? (See C. rd B). Include income from all sources, such as wages, salaries, rents from property, social security or retirement benefits, help from relatives, etc.	Group (1)

Figure 1. Social, economic, and demographic characteristics questions, fiscal years 1958-64.

FY 1958

We are interested in all kinds of illnesses, 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

FY 1964

8. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.) (a) What was the matter? (b) Anything else?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. 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
10. Last week or the week before did you have any accidents or injuries? (a) What were they? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Did you ever have on (any other) accident or injury that still bothers you or affects you in any way? (a) In what way does it bother you? (Record present effects) (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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 in his column any conditions mentioned for the person)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does anyone in the family have any of these conditions? (Read Card B, condition by condition; record in his column any conditions mentioned for the person)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have any other ailments, conditions, or problems with your health? (a) What is the condition? (Record condition itself if still present; otherwise record present effects.) (b) Any other problems with your health?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Figure 2. Illness-recall questions, fiscal years 1958-64.

SOURCE			DETERMINATION OF DIAGNOSIS					DISABILITY DAYS IN TWO WEEKS					
FY 1958			Table I - ILLNESSES, IMPAIRMENTS AND ACCIDENTS										
Line Number	Col. No. of person	Question No.	Did you ever talk to a doctor about ...? (c) <input type="checkbox"/> Yes <input type="checkbox"/> No	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) (d-1)	If an impairment or symptom, ask: 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) (d-2)	(If eye trouble of any kind and 6 years old or over, ask: Can you read ordinary newspaper print with glasses? (d-3)	What kind of ...trouble is it? (If kind of trouble already entered in col. (d-1), circle "X" without asking the question) (d-4)	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) (d-5)	LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on your usual activities for as much as a day? Check one: No Yes (Go to Col. (K)) (e) (f)	How many days, including the 2 week-ends? (g)	How many of these -- days were you in bed all or most of the day? (h)	If 6 years old or over, ask: Last week or the week before would you have been working at a job or business (going to school) except for ...? (i)	If "Yes" in col. (i): How many days did ... keep you from work (going to school)? (j)
1	(a)	(b)			X	<input type="checkbox"/> Yes <input type="checkbox"/> No		X					
FY 1964			Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES (Additional lines of Table I on Pages 4-5)					ON FY '58,'59 ONLY REPLACED BY CURRENT ACTIVITY QUESTIONS					
Line Number	Col. No. of person	Question No.	Did you ever AT ANY TIME talk to a doctor about ...? (c) <input type="checkbox"/> Yes <input type="checkbox"/> No	For all illnesses and present effects of "old" injuries (a) If doctor talked to, ask: What did the doctor say it was? ... did he give it a medical name? (b) If doctor not talked to, record original entry and ask (d-2) - (d-4) as required. For all injuries which happened LAST WEEK OR THE WEEK BEFORE, ask: What part of the body was hurt? What kind of injury was it? Anything else? (Also, fill Table A for all injuries) (d-1)	CAUSE If the entry in Col. (d-1) is An IMPAIRMENT, or a SYMPTOM or came from Question 11 or 13, ask: What was the cause of ...? (If "Cause" is an injury, also fill Table A) (d-2)	KIND For any entry in Col. (d-1) or Col. (d-2) that includes the words: Allergy* Tumor Asthma "Condition" Cyst "Disease" Growth "Trouble" Stroke Ask: What kind of ... is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you? (d-3)	PART OF BODY Ask only for: IMPAIRMENTS, "CURRENT" INJURIES and PRESENT EFFECTS OF "OLD" INJURIES And for: Abscesses Inflammation Aches Neuralgia Bleeding Neuritis Blood Clot Pains Boils Sore Cancer Soreness Cyst Tumor Growth Ulcers Hemorrhage Weak Infection Weakness What part of the body is affected? Show detail for: Ear or eye - (One or both) Head - (Skull, scalp, face) Neck - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both) (d-4)	LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do? Check one: No Yes (Go to Col. (K)) (e) (f)	Did you have to cut down for as much as a day? (f-1) (f-2)	How many days did you have to cut down during that two-week period? (g)	During that two-week period, how many days did ... keep you in bed all or most of the day? (h)	If 6-16 years old ask: How many days did ... keep you from school LAST WEEK OR THE WEEK BEFORE? (i)	If 17 yrs. old or over ask: LAST WEEK OR THE WEEK BEFORE how many days did ... keep you from work? (For females add) not counting work around the house? (j)
1	(a)	(b)			X	X		X					

Figure 3. Table I, fiscal years 1958-64.

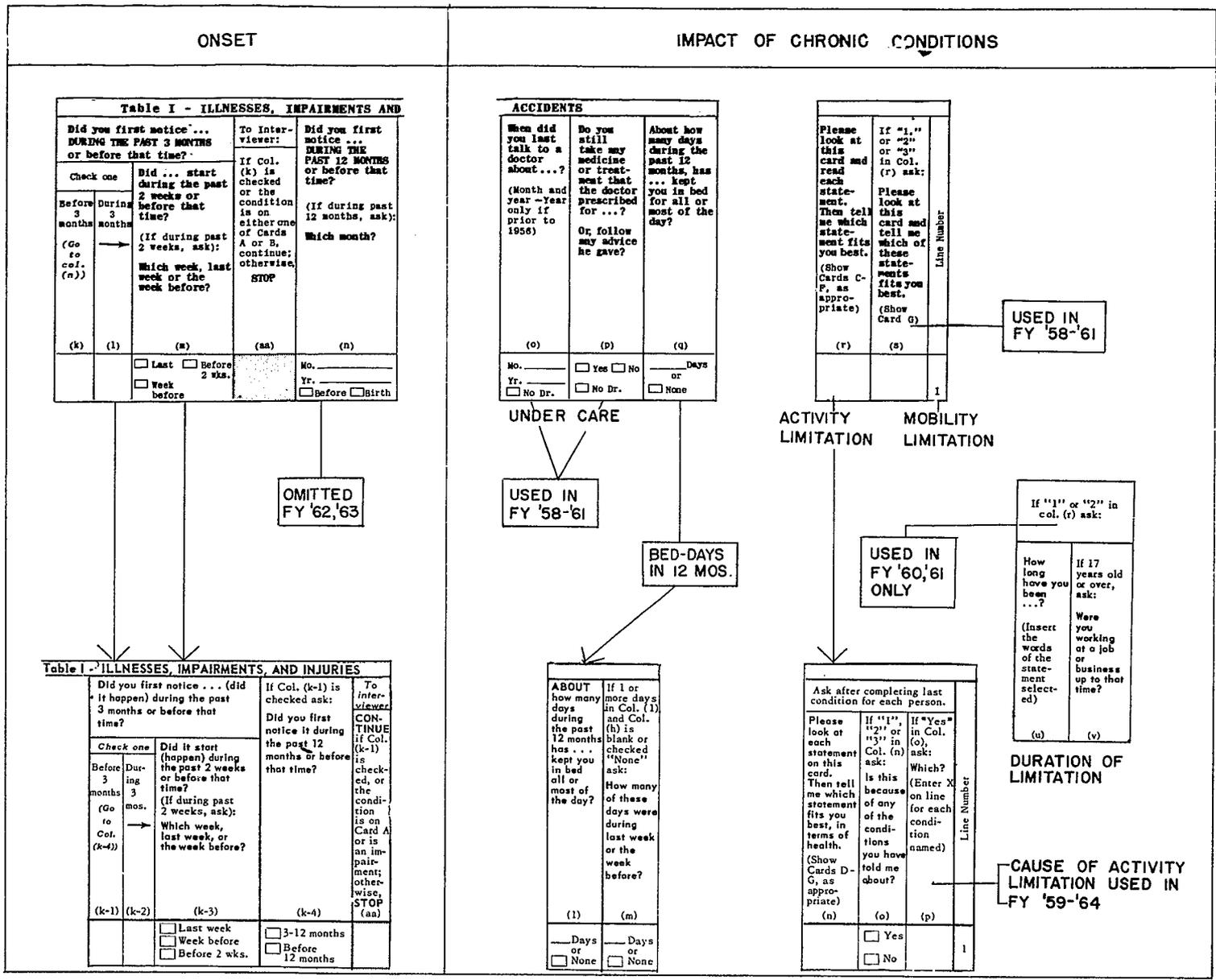


Figure 3. Table I, fiscal years 1958-64.--Con.

FY 1958

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	

FY 1960 & 1961

Table A - (Accidents and Injuries)	
Line No. from Table I	1. When did the accident happen? Year: _____ (If 1960 or 1961 also enter the month) Month: _____
Accident happened last week or week before (Go to q. 3)	2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else? Part(s) of body _____ Kind of injury(s) _____
3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Section B)	
(b) Was more than one motor vehicle involved? <input type="checkbox"/> Yes (more than one) <input type="checkbox"/> No	
(c) Was it (either one) moving at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Section B)	
4. Were you outside the vehicle, getting in or out of it, a passenger or were you the driver? 1. <input type="checkbox"/> Outside (Go to Section A q. 5) 2. <input type="checkbox"/> Getting in or out 3. <input type="checkbox"/> Passenger (Go to Section A q. 6) 4. <input type="checkbox"/> Driver	

Section A - (Motor Vehicle Accidents)	Section B - (Non-Motor Vehicle Accidents)
<p>If "Outside" in q. 4, ask:</p> <p>5. (a) How did the accident happen?</p> <p>1. <input type="checkbox"/> Accident between motor vehicle and person riding on bicycle, in streetcar, on railroad train, on horse-drawn vehicle</p> <p>2. <input type="checkbox"/> Accident between motor vehicle and person who was walking, running, or standing</p> <p>3. <input type="checkbox"/> Other (Specify how the accident happened) _____</p> <p>(b) What kind(s) of motor vehicle was involved?</p> <p>1. <input type="checkbox"/> Car 2. <input type="checkbox"/> Taxi 3. <input type="checkbox"/> Bus</p> <p>4. <input type="checkbox"/> Truck 5. <input type="checkbox"/> Motorcycle 6. <input type="checkbox"/> Other (Specify) _____</p> <p>If "Getting in or out" "Passenger" or "Driver," in q. 4, ask:</p> <p>6. (a) How did the accident happen?</p> <p>1. <input type="checkbox"/> Accident between two or more motor vehicles on roadway</p> <p>2. <input type="checkbox"/> Accident between motor vehicle and some other object on roadway (Specify object) _____</p> <p>3. <input type="checkbox"/> Motor vehicle came to sudden stop on roadway</p> <p>4. <input type="checkbox"/> Motor vehicle ran off roadway</p> <p>5. <input type="checkbox"/> Other (Specify how the accident happened) _____</p> <p>_____ <input type="checkbox"/> Acc. on roadway</p> <p>_____ <input type="checkbox"/> Acc. not on roadway</p> <p>(b) What kind of motor vehicle were you in (getting in) (getting out of) when the accident happened?</p> <p>1. <input type="checkbox"/> Car 2. <input type="checkbox"/> Taxi 3. <input type="checkbox"/> Bus</p> <p>4. <input type="checkbox"/> Truck 5. <input type="checkbox"/> Motorcycle 6. <input type="checkbox"/> Other (Specify) _____</p>	<p>7. How did the accident happen?</p> <p>A.1. <input type="checkbox"/> Any injury involving an uncontrolled fire or explosion</p> <p>2. <input type="checkbox"/> Any injury involving the discharge of a firearm</p> <p>3. <input type="checkbox"/> Any injury from an accident involving a non-motor vehicle in motion (streetcar, railroad train, airplane, boat, bicycle, horse-drawn vehicle)</p> <p>B.4. <input type="checkbox"/> Any injury caused by machinery (belt or motor driven) while in operation (Specify kind of machinery) _____</p> <p>5. <input type="checkbox"/> Any injury caused by edge or point of knife, scissors, nail or other cutting or piercing implement</p> <p>6. <input type="checkbox"/> Any injury caused by foreign body in eye, windpipe, or other orifices</p> <p>7. <input type="checkbox"/> Any injury caused by animal or insect</p> <p>8. <input type="checkbox"/> Any injury caused by poisonous substance swallowed (Specify substance) _____</p> <p>C.9. <input type="checkbox"/> Fell on stairs or steps or from a height</p> <p>10. <input type="checkbox"/> All other falls</p> <p>11. <input type="checkbox"/> Bumped into object or person (covers all collisions between persons including striking, punching, kicking, etc.)</p> <p>12. <input type="checkbox"/> Struck by moving object (include objects held in own hand or head of other person, also falling, flying, or thrown objects)</p> <p>13. <input type="checkbox"/> Handling or stepping on sharp or rough objects such as stones, splinters, broken glass, rope, etc.</p> <p>14. <input type="checkbox"/> Caught in, plucked or crushed between two moving objects or between a moving and a stationary object</p> <p>15. <input type="checkbox"/> Came in contact with hot object or substance or open flame</p> <p>16. <input type="checkbox"/> One-time lifting or other one-time exertion</p> <p>17. <input type="checkbox"/> Twisting, stumbling, etc.</p> <p>D.18. <input type="checkbox"/> Other (Specify how accident happened) _____</p>

ASK FOR ALL ACCIDENTS

8. (a) Where did the accident happen - at home or some other place?	
1. <input type="checkbox"/> At home (inside house)	2. <input type="checkbox"/> At home (adjacent premises) <input type="checkbox"/> Some other place
If "Some other place," ask:	
(b) What kind of place was it?	
3. <input type="checkbox"/> Street and highway (includes roadway)	6. <input type="checkbox"/> School (includes school premises)
4. <input type="checkbox"/> Farm	7. <input type="checkbox"/> Place of recreation and sports, except at school
5. <input type="checkbox"/> Industrial place (includes premises)	8. <input type="checkbox"/> Other (Specify the place where accident happened) _____
9. Were you at work at your job or business when the accident happened?	
1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No 3. <input type="checkbox"/> While in Armed Services 4. <input type="checkbox"/> Under 17 at time of accident

Figure 4. Table A, fiscal years 1958-64.

FY 1964

Table A - ACCIDENTS AND INJURIES			
Line No. from Table I	1. When did the accident happen?	2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else?	
	Year	Part(s) of body	Kind of injury (injuries)
Accident happened last week or week before (Go to Q. 3) <input type="checkbox"/>	(If 1962, 1963, or 1964 also enter month):		
	Month		
3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Q. 4) (b) Was more than one motor vehicle involved? <input type="checkbox"/> Yes (More than one) <input type="checkbox"/> No (c) Was it (either one) moving at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. (a) Where did the accident happen -- at home or some other place? 1. <input type="checkbox"/> At home (inside house) 2. <input type="checkbox"/> At home (adjacent premises) <input type="checkbox"/> Some other place If "Some other place," ask: (b) What kind of place was it? 3. <input type="checkbox"/> Street and highway (includes roadway) 6. <input type="checkbox"/> School (includes school premises) 4. <input type="checkbox"/> Farm 7. <input type="checkbox"/> Place of recreation and sports, except at school 5. <input type="checkbox"/> Industrial place (includes premises) 8. <input type="checkbox"/> Other. (Specify the place where accident happened) _____			
5. Were you at work at your job or business when the accident happened? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> While in Armed Services 4. <input type="checkbox"/> Under 17 at time of accident Interviewer: Return to Table I and complete the rest of this line.			

Figure 4. Table A, fiscal years 1958-64.—Con.

FY 1958

HOSPITAL CARE	
25. (a) DURING THE PAST 12 MONTHS has anyone in the family been a patient in a hospital overnight or longer? If "Yes": (b) How many times were you in the hospital?	<input type="checkbox"/> Yes (Table II) <input type="checkbox"/> No _____ No. of times
26. (a) During the past 12 months has anyone in the family been a patient in a nursing home or sanitarium? If "Yes": (b) How many times were you in a nursing home or sanitarium?	<input type="checkbox"/> Yes (Table II) <input type="checkbox"/> No _____ No. of times

FY 1964

15. (a) Have you been in a hospital at any time since _____, a year ago? If "Yes," ask: (b) How many times were you in the hospital during that period?	<input type="checkbox"/> Yes ^① <input type="checkbox"/> No _____ No. of times
16. (a) Has anyone in the family been a patient in a nursing home, rest home, or any similar place since _____, a year ago? If "Yes," ask: (b) Who was this? (c) How many times were you in a nursing home or rest home during that period?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ No. of times

INTERVIEWER: Examine ages and relationships in Questions 2 and 3 for children one year old or under, then check the appropriate box in Question 17(a).

17. (a) <input type="checkbox"/> Baby (babies) one year or under listed. (Go to Q. 17b) <input type="checkbox"/> No baby (babies) one year or under listed. (Go to Q. 18)	(b) Are birth(s) for baby (babies) and delivery for mother shown in Table II? <input type="checkbox"/> Yes (Go to Q. 18) <input type="checkbox"/> No (Go to Q. 17(c))	(c) Was -- born in the hospital? <input type="checkbox"/> Yes (Go to Q. 17(d)) <input type="checkbox"/> No (Go to Q. 18)	(d) When was -- born? (Enter month, day and year) Month _____ Day _____ Year _____ (If birthdate is on or after date shown in Qs. 15 and 16, fill one line of Table II for mother and one line for child.)
--	---	--	--

Figure 5. Hospitalization questions, fiscal years 1958-64.

FY 1958

Table II - HOSPITALIZATION DURING PAST 12 MONTHS								
Line Number	Col. No. of person (a)	Question No. (b)	When did you enter the hospital? (Month, Year) (c)	How many days were you in the hospital, not counting the day you left? (d)	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.) (h)
					How many of these--days were in the past 12 months? (e)	How many of these--days were during the past 2 weeks, ending last Sunday? (f)	Was this person still in the hospital last Sunday night? (Verify that no hosp. days after Sunday are in Col. d) (g)	
1			No. _____ Year _____	_____ Days	<input type="checkbox"/> All or _____ Days	_____ Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	

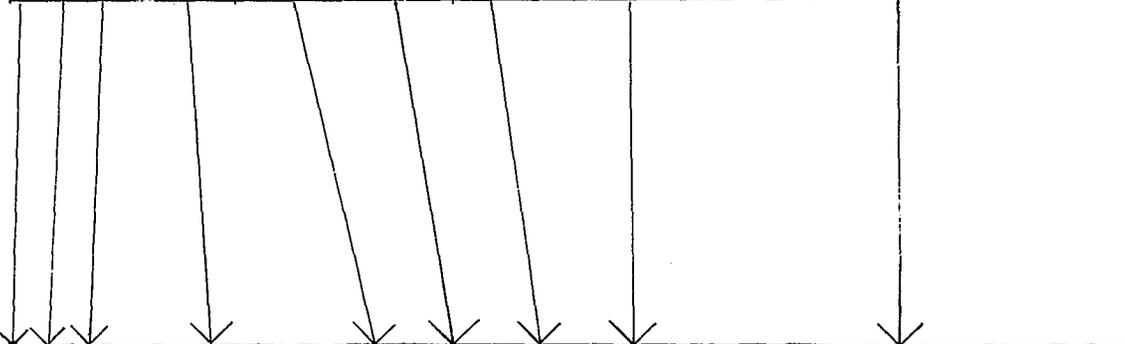


Table II - HOSPITALIZATIONS								
Line Number	Col. No. of person (a)	Question No. (b)	USE YOUR CALENDAR				Were you still in the hospital last Sunday night? (g)	For what condition did you enter the hospital-- do you know the medical name? (If medical name not known, enter respondent's description.) (Entry must show "Cause," "Kind," and "Part of body" in same detail as required in Table I.) (h)
			You said that you were in the hospital (once, twice, etc.) during the past year -- When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.) (c)	How many nights were you in the hospital? (If exact number not known accept best estimate) (d)	Complete from entries in Columns (c) and (d); or, if not clear ask the questions. How many of these -- nights were in the past 12 months? (e)	How many of these -- nights were last week or the week before? (f)		
1			Month _____ Day _____ Year _____	_____ Nights	_____ Nights	_____ Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SOURCE			DATE OF ADMISSION		LENGTH OF STAY		CAUSE OF ADMISSION (DIAGNOSIS)	

FY 1964

Figure 6. Table II, fiscal years 1958-64.

Table II - HOSPITALIZATION DURING PAST 12 MONTHS		Line Number
Were any operations performed on you during this stay in the hospital? If "Yes": (a) What was the operation? (b) Any other operations? (i)	What is the name and address of the hospital you were in? (Enter name, city or county, and State) (j)	
<input type="checkbox"/> Yes → <input type="checkbox"/> No		

FY 1964

Were any operations performed on you during this stay at the hospital? If "Yes," ask: (a) What was the name of the operation? (b) Any other operations? (i)	Ask Col. (j) - (n) ONLY for completed hospitalizations ("No" in Col. (g)) AND delivery or operation shown in Col. (h) or Col. (l)					TABLE II - HOSPITALIZATIONS Ask for all hospitalizations		Line Number	
	Was any part of the surgeon's (doctor's) bill paid for by any kind of insurance? (j)	If "No" to Col. (j), ask: Do you expect any of the surgeon's (doctor's) bill to be paid for by insurance of any kind? (k)	Did (will) the insurance pay for 1/2 or more of the surgeon's (doctor's) bill? (l)	Did (will) the insurance pay for 3/4 or more of the surgeon's (doctor's) bill? (m)	What is the name of the insurance company or plan? (n) <i>(If unable to determine whether or not insurance, describe in footnote space below.)</i>	What is the name and address of the hospital you were in? (o) <i>(Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.)</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Go to Col. (j)) <input type="checkbox"/> No (Go to Col. (k))	<input type="checkbox"/> Yes (Go to Col. (l)) <input type="checkbox"/> No (Go to Col. (o))	<input type="checkbox"/> Yes (Go to Col. (m)) <input type="checkbox"/> No (Go to Col. (n))	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes insurance <input type="checkbox"/> Not insurance (Check one): <input type="checkbox"/> Armed Forces Medicare <input type="checkbox"/> Free care <input type="checkbox"/> Other (Specify in footnotes)	Name	Street	City and State	1
OPERATIONS	SUPPLEMENTARY INFORMATION					NAME OF THE HOSPITAL			

FY 1959 & 1960

For completed hospitalizations only:				
Was any of the hospital bill paid for by any kind of insurance? (k)	If "No" to col. (k), ask: Or, by any kind of plan that pays for hospital costs? (l)	If "No" to both cols. (k) and (l) Do you expect any of the hospital bill to be paid for by insurance or any plan of this kind? (m)	What part of the hospital bill was (will be) taken care of by insurance? (n)	Who carries the cost of this insurance—that is, who pays the premium? (o)
<input type="checkbox"/> Yes (Skip to col. n) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Skip to col. n) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (Stop)	<input type="checkbox"/> Under 1/2 <input type="checkbox"/> 1/2 up to 3/4 <input type="checkbox"/> 3/4 or more	<input type="checkbox"/> Family member(s) <input type="checkbox"/> Employer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Union, clubs, etc.

FY 1961

For completed hospitalizations ("No" in Col. (g)) of persons 6 years old and over who show an operation, a setting of a fracture, or a delivery in Cols. (h) or (l):		
How many nights were you in the hospital, before you had your operation (delivery, etc.)? (j)	After you left the hospital, how many days was it before you returned to your usual activities full-time? (k)	If "still unable" in (k), ask: How long has it been since you left the hospital? (l)
No. of nights _____	No. of days _____ <input type="checkbox"/> Still unable	<input type="checkbox"/> Over 6 months <input type="checkbox"/> If under 6 months: _____ Days _____ Months

Figure 6. Table II, fiscal years 1958-64.—Con.

FY 1958

MEDICAL CARE			
18. (a) LAST WEEK OR THE WEEK BEFORE did anyone in the family - you, your-, etc.- talk to a doctor or go to a doctor's office or clinic? Anyone else? If "Yes"	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to q.20)	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to q.20)
(b) How many times during the past 2 weeks?	_____ No. of times		_____ No. of times
(c) Where did you talk to the doctor? (d) How many times at -- (home, office, clinic, etc.)? (Record total number of times for each type of place)	Place _____ Times _____ At home..... At office..... Hospital clinic..... Company or industry... Over telephone..... Other (Specify).....	Place _____ Times _____ At home..... At office..... Hospital clinic..... Company or industry... Over telephone..... Other (Specify).....	Place _____ Times _____ At home..... At office..... Hospital clinic..... Company or industry... Over telephone..... Other (Specify).....
19. What did you have done? If more than one visit or telephone call: What did you have done on the { first second etc. } visit (or telephone call)?	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diag. or treatment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pre/post natal care <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gen'l check-up <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Immun./Vacc. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eye exam. (glasses) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify)	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diag. or treatment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pre/post natal care <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gen'l check-up <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Immun./Vacc. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eye exam. (glasses) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify)	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diag. or treatment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pre/post natal care <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gen'l check-up <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Immun./Vacc. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eye exam. (glasses) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify)
20. If "No" to q. 18a, ask: How long has it been since you last talked to a doctor?	_____ Mos. or _____ Yrs. <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never	_____ Mos. or _____ Yrs. <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never	_____ Mos. or _____ Yrs. <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never
DENTAL CARE			
21. (a) Last week or the week before did anyone in the family go to a dentist? Anyone else? If "Yes"	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to q.23)	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to q.23)
(b) How many times during the past 2 weeks?	_____ No. of times		_____ No. of times
22. What did you have done? If more than one visit: What did you have done on the { first second etc. } visit?	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fillings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extractions or other surgery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straightening <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Treatment for gums <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cleaning teeth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify)	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fillings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extractions or other surgery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straightening <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Treatment for gums <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cleaning teeth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify)	(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fillings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extractions or other surgery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straightening <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Treatment for gums <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cleaning teeth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify)
If "No" to q. 21a, ask: 23. How long has it been since you went to a dentist?	_____ No. or _____ Yrs. <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never	_____ No. or _____ Yrs. <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never	_____ No. or _____ Yrs. <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never
24. Is there anyone in the family who has lost all of his teeth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FY 1959

18. (a) LAST WEEK OR THE WEEK BEFORE did anyone in the family - you, your-, etc.-talk to a doctor or go to a doctor's office or clinic? Anyone else? If "Yes"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) How many times during the past 2 weeks?	_____ No. of times		_____ No. of times
(c) Where did you talk to the doctor? (d) How many times at -- (home, office, clinic, etc.)? (Record total number of times for each type of place) ("Hospital clinic" excludes overnight stays)	Place _____ Times _____ At home..... At office..... Hospital clinic..... Company or industry... Over telephone..... Other (Specify).....	Place _____ Times _____ At home..... At office..... Hospital clinic..... Company or industry... Over telephone..... Other (Specify).....	Place _____ Times _____ At home..... At office..... Hospital clinic..... Company or industry... Over telephone..... Other (Specify).....
19. (a) Last week or the week before did anyone in the family go to a dentist? Anyone else? If "Yes"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) How many times during the past 2 weeks?	_____ No. of times		_____ No. of times
20. How many times altogether in the past 12 months did you go to a dentist?	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> None	<input type="checkbox"/> Three <input type="checkbox"/> Four or more	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> None <input type="checkbox"/> Three <input type="checkbox"/> Four or more

Figure 7. Physician and dental visits, fiscal years 1958, 1959, and 1964.

FY 1964

<p>18. LAST WEEK OR THE WEEK BEFORE did anyone in the family go to a dentist?</p> <p>If "Yes," ask:</p> <p>(a) Who was this?</p> <p>(b) Anyone else?</p> <p>For each person with "Yes" checked, ask:</p> <p>(c) How many times did you visit the dentist LAST WEEK OR THE WEEK BEFORE?</p> <p>(d) What did you have done (the last time, the time before, etc.)?</p> <p>(e) Anything else?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ No. of times</p> <p>(1) (2) (3)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fillings</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extractions or other surgery</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straightening (Orthodontia)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Treatment for gums</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cleaning teeth</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Examination</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Denture work</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify) _____</p>																																			
<p>If "No" to Question 18, ask:</p> <p>19. ABOUT how long has it been since you went to a dentist?</p>		<p><input type="checkbox"/> Under 6 mos. <input type="checkbox"/> 6-12 mos.</p> <p>No. of years _____ <input type="checkbox"/> Never</p>																																			
<p>20. LAST WEEK OR THE WEEK BEFORE did anyone in the family talk to a doctor or go to a doctor's office or clinic?</p> <p>If "Yes," ask:</p> <p>(a) Who was this?</p> <p>(b) Anyone else?</p> <p>For EACH person with "Yes" box checked, ask Questions 20(c) through (f):</p> <p>(c) How many times did you see or talk to a doctor LAST WEEK?</p> <p>(d) How many times did you see or talk to a doctor the WEEK BEFORE LAST?</p> <p>Ask for EACH visit to a doctor in last 2 weeks:</p> <p>(e) Where did you talk to the doctor (the last time, the time before, etc.)?</p> <p>(f) Why did you go to (call) the doctor (that time)?</p>	<p>INTERVIEWER: DO NOT COUNT doctors seen while an inpatient in a hospital</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Place</th> <th style="width: 50%;">Purpose</th> </tr> </thead> <tbody> <tr> <td>Home = At home</td> <td>D/T = Diag. or treatment</td> </tr> <tr> <td>Off. = At office</td> <td>Not. = Pre/post natal care</td> </tr> <tr> <td>Clin. = Outpatient Hospital Clinic</td> <td>Gen. = Gen'l check-up</td> </tr> <tr> <td>Co. = Company or industry</td> <td>I/V = Immun./Vacc.</td> </tr> <tr> <td>Tel. = Over telephone</td> <td>Eye = Eye Exam. (glasses)</td> </tr> <tr> <td>Ot. = Other (Specify)</td> <td>Ot. = Other (Specify)</td> </tr> </tbody> </table>	Place	Purpose	Home = At home	D/T = Diag. or treatment	Off. = At office	Not. = Pre/post natal care	Clin. = Outpatient Hospital Clinic	Gen. = Gen'l check-up	Co. = Company or industry	I/V = Immun./Vacc.	Tel. = Over telephone	Eye = Eye Exam. (glasses)	Ot. = Other (Specify)	Ot. = Other (Specify)	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ No. of times Last Week</p> <p>_____ No. of times Week Before</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">No.</th> <th style="width: 45%;">Place</th> <th style="width: 50%;">Purpose</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td></tr> </tbody> </table>	No.	Place	Purpose	1			2			3			4			5			6		
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4																																					
5																																					
6																																					
<p>If "No" to Question 20, ask:</p> <p>21. ABOUT how long has it been since you have seen or talked to a doctor?</p>		<p><input type="checkbox"/> Under 6 mos. <input type="checkbox"/> 6-12 mos.</p> <p>No. of years _____ <input type="checkbox"/> Never</p>																																			

Figure 7. Physician and dental visits, fiscal years 1958, 1959, and 1964.—Con.

FY 1961

X-RAY QUESTIONS	
21. (a) We are interested in all kinds of X-rays - Did you have your teeth X-rayed during the past 3 months--(that is, from -- through last Sunday)? If "Yes," (b) How many times?	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of times _____
22. During the past 3 months did you have a CHEST X-ray?	<input type="checkbox"/> Yes-Chest <input type="checkbox"/> No
23. (a) Did you have any (other) kind of X-ray at all during the past 3 months? If "Yes," (b) What part of the body was X-rayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Part(s) of body: _____
24. (a) During the past 3 months, did anyone in the family have any X-rays for the treatment of a condition? If "Yes," (b) What part of the body was treated? (c) Was this included in the X-ray(s) you told me about before?	<input type="checkbox"/> Yes <input type="checkbox"/> No Part(s) of body: _____ ----- <input type="checkbox"/> Yes <input type="checkbox"/> No
25. (a) Did anyone in the family have a fluoroscope during the past 3 months? If "Yes," (b) What part of the body was this for? (c) Was this included in the X-ray(s) you told me about before?	<input type="checkbox"/> Yes <input type="checkbox"/> No Part(s) of body: _____ ----- <input type="checkbox"/> Yes <input type="checkbox"/> No

Table X - FILL ONE LINE FOR EACH PART OF BODY ENTRY FROM QUESTIONS 22-25

Line number	Col. No. of person	Question No.	Part of body	How many different times did you have your... X-rayed during the past 3 months?	Where did you have the X-ray(s)? How many X-rays were at the (hospital, doctor's office, etc.)?	What was this X-ray(s) for-- a check-up or an examination or for treatment?	If "both" in col. (f) ask: How many of these... X-ray(s) were for treatment?	If "both" or "treatment" in col. (f) ask: For what condition were you being treated?
1					Hospital _____ Dr. office _____ Other _____	<input type="checkbox"/> Check-up/examination <input type="checkbox"/> Treatment <input type="checkbox"/> Both		

CONT'D BELOW

Ask for each person with 2 or more lines in Table X:
(Ask after all X-rays have been recorded through cols. (a)-(h) of Table X for a person)

Were any of these... X-rays you told me about taken at the same time?
If "Yes,"
Which X-rays were these? (i)

No (Step)	Yes	Enter information below for X-rays taken at same time:			
		Part(s) of body:	No.	Part(s) of body:	No.

Figure 10. X-ray visits: questions and table X, fiscal year 1961.

FY 1964

<p>If any children under 17 years in household, ask: 22. DURING THE PAST 12 MONTHS was-- (were-- , --, etc.) taken to a doctor for a ROUTINE physical examination, that is, not for a particular illness but for a general check-up? If "Yes," and more than one child under 17 years, ask: (a) Who was this? (b) Any of the other children?</p>	<p>①</p> <p><input type="checkbox"/> 17 years or over</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																								
<p>23. DURING THE PAST 12 MONTHS has ANYONE in the family -- that is, you, your--, etc., -- received any services from any of the persons listed on this card? Please check "Yes" or "No" for each one listed. Hand respondent pencil and card (NHS-HIS-1(a)) For each "Yes" box checked on the card, ask: (a) Who saw the (specialist)? (Mark (X) for each specialist in person's column.) (b) About how many times did you see a (specialist) during the past 12 months (not counting any visits while you were in the hospital)? (c) Did anyone else see a (specialist) during the past 12 months? If "Yes," ask: (d) Who was this? (e) About how many times did you see a (specialist) during the past 12 months (not counting any visits while you were in the hospital)? Check the "None" box for each person who did not see a specialist.</p>	<table border="1"> <thead> <tr> <th>† (Mark (X) Specialist)</th> <th>Times</th> </tr> </thead> <tbody> <tr><td>Pediatrician</td><td>A</td></tr> <tr><td>Obstetrician or Gynecologist</td><td>B</td></tr> <tr><td>Ophthalmologist</td><td>C</td></tr> <tr><td>Otolaryngologist</td><td>D</td></tr> <tr><td>Psychiatrist</td><td>E</td></tr> <tr><td>Dermatologist</td><td>F</td></tr> <tr><td>Orthopedist</td><td>G</td></tr> <tr><td>Chiropractor</td><td>H</td></tr> <tr><td>Optometrist</td><td>I</td></tr> <tr><td>Podiatrist or Chiropodist</td><td>J</td></tr> <tr><td><input type="checkbox"/> None</td><td></td></tr> </tbody> </table>	† (Mark (X) Specialist)	Times	Pediatrician	A	Obstetrician or Gynecologist	B	Ophthalmologist	C	Otolaryngologist	D	Psychiatrist	E	Dermatologist	F	Orthopedist	G	Chiropractor	H	Optometrist	I	Podiatrist or Chiropodist	J	<input type="checkbox"/> None	
† (Mark (X) Specialist)	Times																								
Pediatrician	A																								
Obstetrician or Gynecologist	B																								
Ophthalmologist	C																								
Otolaryngologist	D																								
Psychiatrist	E																								
Dermatologist	F																								
Orthopedist	G																								
Chiropractor	H																								
Optometrist	I																								
Podiatrist or Chiropodist	J																								
<input type="checkbox"/> None																									

Figure 11. Routine physical examination for children and specialists' services, fiscal year 1964.

FY 1963

COSTS FOR MEDICAL AND DENTAL CARE DURING THE PAST 12 MONTHS				
FROM:		TO:		
<i>PLEASE ANSWER THE QUESTIONS IN EACH SECTION BELOW FOR:</i>				
Name of person _____				
<i>IF EXACT AMOUNTS ARE NOT KNOWN, PLEASE ENTER YOUR BEST ESTIMATE.</i>				
DOCTORS' BILLS				
1. How much did all of the doctors' (including surgeons') bills for this person come to during the past 12 months?				
<i>Be sure to count all doctors' bills for:</i>				<input type="checkbox"/> No doctors' bills
Operations	Check-ups	Pregnancy care	Laboratory fees	Immunizations or shots
Treatments	Deliveries	X-rays	Eye examinations	Any other doctors' services
				\$ _____
HOSPITAL BILLS				
2. (a) Was this person in a hospital (nursing home, rest home, sanitarium, etc.) overnight or longer during the past 12 months?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No (Go to Question 3)		
(b) How much did all of the hospital bills come to for this person for the past 12 months?				
<i>Be sure to count all hospital bills for:</i>				
Room and board	Operating and delivery room	Anesthesia Special treatments	X-rays Tests	Any other hospital services
				\$ _____
MEDICINE COSTS				
3. About how much was spent for medicine for this person during the past 12 months?				
<i>Be sure to count costs for all kinds of medicine whether or not prescribed by a doctor, such as:</i>				<input type="checkbox"/> No costs for medicine
Tonics	Prescriptions	Ointments	Any other medicine	
Pills	Salves	Vitamins		
				\$ _____
DENTISTS' BILLS				
4. How much did all of the dentists' bills for this person come to for the past 12 months?				
<i>Be sure to count all dental bills for:</i>				<input type="checkbox"/> No dentists' bills
Fillings	Cleanings	Bridgework	Straightening of teeth	Any other dental services
Extractions	X-rays	Dental plates		
				\$ _____
SPECIAL MEDICAL EXPENSES				
5. How much did the bills come to for this person during the past 12 months for:				
	<input type="checkbox"/> None		<input type="checkbox"/> None	
Eye glasses?	\$ _____	Special Nursing, Physical therapy, Speech therapy?	\$ _____	Chiropractors' fees?
				\$ _____
	<input type="checkbox"/> None		<input type="checkbox"/> None	
Hearing Aids?	\$ _____	Corrective shoes?	\$ _____	Special braces or trusses, wheel chairs or artificial limbs?
				\$ _____
OTHER MEDICAL EXPENSES				
6. Enter any other medical expenses incurred during the past 12 months which are not included above, showing the kind and amount of expenditure (for example, emergency or outpatient treatment in a hospital or clinic). (If no other medical expenses, check the "None" box.)				<input type="checkbox"/> None
Kind: _____				\$ _____
FOR OFFICE USE ONLY	PSU No.	Segment No.	Serial No.	Column No.

Figure 12. Personal health expenditures (self-enumeration), fiscal year 1963.

FY 1963

NATIONAL HEALTH SURVEY
(Hearing Ability)

SEGMENT

SERIAL

COL

Name of person for whom this form should be filled out

GENERAL INSTRUCTIONS

Please answer all of the questions in this form that apply to you. Most of the questions can be answered by checking one of the boxes, like this: . In some of the questions, more than one box may be checked for your answer. In a few questions, a number (such as age) is asked for. In a few others, a written description or explanation is required.

If the person for whom the information is requested is a child, a parent or guardian should answer the questions for him or her.

SECTION A

(Please do not omit any part of Questions 1 and 2 even though one or more of the statements may not appear to be directly related to your present ability to hear.)

1. WITHOUT using a hearing aid, what can you hear?

(Please check the "Yes" or "No" box after each statement.)

	Yes	No
I can hear loud noises.		
Most of the time I can tell one kind of noise from another.		
If I hear a sound, most of the time I can tell if it is a person's voice or not.		
I can hear and understand a few words a person says if I can see his face and lips.		
I can hear and understand a few words a person says without seeing his face and lips.		
I can hear and understand most of the things a person says if I can see his face and lips.		
I can hear and understand most of the things a person says without seeing his face and lips.		
Most of the time I can hear and understand a discussion between several people without seeing their faces and lips.		
I can hear and understand a telephone conversation on an ordinary telephone (that is a telephone without an amplifier).		

2. Please describe how well you can hear, without using a hearing aid, by checking one of the statements below for each ear. For example, a person who is deaf in his left ear and has good hearing in his right ear would check the following: In left ear - box (d); In right ear - box (e).

In left ear	In right ear
(a) <input type="checkbox"/> My hearing is good	(e) <input type="checkbox"/> My hearing is good
(b) <input type="checkbox"/> I have a little trouble hearing	(f) <input type="checkbox"/> I have a little trouble hearing
(c) <input type="checkbox"/> I have a lot of trouble hearing	(g) <input type="checkbox"/> I have a lot of trouble hearing
(d) <input type="checkbox"/> I am deaf	(h) <input type="checkbox"/> I am deaf

If you have checked that your hearing is good in both ears - (a) and (e) checked, skip the questions on Pages 2 and 3 and turn to Section D on Page 4.

If you have any trouble hearing at all, please go on and answer the questions that follow on Pages 2 and 3.

Figure 13. Followback form (hearing ability), fiscal year 1963. (Page 1 of 4-page form)

4. DEFINITIONS AND DISCUSSION OF TERMS USED IN THE SURVEY FISCAL YEARS 1958-64

THE CONTENTS OF THE LIST OF TERMS

In this section will be found a classified listing of terms used in reports on the Health Interview Survey. These terms are alphabetically arranged for easy reference in the Index to Terms Defined on page 63.

The selection of terms to be included in the following list was a matter of judgment; no formal rules were followed. However, certain types of terms have in general been excluded:

1. Terms used in connection with the special supplements to the basic questionnaire. These are defined as necessary in reports dealing with supplemental data.
2. Terms relating to the methodology of the survey, such as "noninterview," "acceptable respondent," and so forth. Although these terms are occasionally used in reports on results of the survey, it was not considered necessary to provide formal definitions except in reports devoted to methodological matters.
3. Terms denoting rates, ratios, or other indices where the meaning of such terms is believed to be self-evident from the context.
4. Terms in general usage are excluded unless some special point regarding their usage needed explanation.

Definitions of additional terms and minor revisions of these definitions may appear in statistical reports. Furthermore, as the basic questionnaire is changed new terms will be introduced. Hence, this list should be considered provisional.

General Morbidity Terms

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" ques-

tions (fig. 2, page 29). 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 "Impairment." See also definitions of "Chronic condition," "Acute 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" or in terms of one of the types of impairments on the "Check List of Impairments" (page 26) 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.")

Acute condition.—An acute condition is defined as a condition which has lasted less than 3 months and which has involved either medical attention or restricted activity. When estimating incidence, acute conditions are restricted to those which had their onset during the 2 weeks prior to the interview week and which involved either medical attention or restricted activity during

that 2-week period. However, certain conditions which are always classified as chronic, regardless of onset have been excluded. Conditions always classified as chronic are shown in the Check Lists of Chronic Conditions and Impairments (page 26).

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.

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

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

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.

Impairment.—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 in *Health Statistics* from the National Health Survey, Series B, No. 35.

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.

Normal delivery in a hospital is included as a hospitalized condition but care of the well, newborn infant is not.

Onset of condition.—A morbidity condition, whether acute or chronic, is considered to have had its onset when it was first noticed. This could be the time the person first felt "sick," or became injured, or it could be the time the person or his family was first told by a physician that he had a disease of which he had been previously unaware. For a chronic condition, episodic in nature, the onset is always considered to be the original onset rather than the start of the most recent episode.

Incidence of conditions.—The incidence of conditions, whether acute or chronic, is the estimated number of conditions having their onset in a specified time period. The incidence may at times be limited to various subclasses of conditions, such as "incidence of conditions involving bed disability."

As previously mentioned, minor acute conditions involving neither restricted activity nor medical attention are excluded from the statistics. Also the incidence data for acute conditions is limited to the conditions which had their onset during the 2 weeks prior to the interview week. (See definition of "acute condition".)

For convenience in making comparisons, incidence rates per 100 or per 1,000 population are usually expressed on an annual basis, regardless of the time period to which the statistics relate. Thus, there may be weekly incidence rates on an annual basis, obtained by multiplying the weekly rate by 52, and quarterly rates on an annual basis,

obtained by multiplying the quarterly rates by 4, and so forth.

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. In the Health Interview Survey two different types of prevalence estimates are used:

1. the number of cases involving restricted activity, bed disability, and so forth, on an average day (see definition of "Average number of persons with restricted activity each day"); and
2. (for the prevalence of chronic conditions only), the number of chronic cases reported to be present or assumed to be present at the time of the interview; those assumed to be present at the time of the interview are cases described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" (page 26) 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 activity limitation and chronic mobility limitation.)

Activity-restricting condition.—An activity-restricting condition is any condition which has caused at least 1 day of restricted activity during the 2 calendar weeks before the interview week. (See definition of "Restricted-activity day.") The incidence of acute activity-restricting conditions is estimated from the number of such conditions reported as having started in the 2-week period. However, a condition beginning in the 2-week period but not resulting in restricted activity until after the end of that period is not included.

Bed-disabling condition.—A condition involving at least 1 day of bed disability during the 2 calendar weeks before the interview week is called a bed-disabling condition. (See definition of "Bed-disability day.") The incidence of acute bed-dis-

abling conditions is defined in a manner analogous to the incidence of acute activity-restricting conditions.

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.

A parent's consulting of a physician about a child's condition is counted as medical consultation about that condition even if the child was not seen by the physician at that time.

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.

Interval since last medical consultation for a condition.—The interval since the last medical consultation for a condition is obtained only for chronic conditions. It refers to the number of months or years prior to the week of interview since a physician was last consulted about the chronic condition.

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

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 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, hospital days, and days lost from work or school. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms which apply to the currently employed and the school-age populations only, but these, too, are days of restricted activity. See definitions of "work-loss day" and "school-loss day." Hence, "restricted activity" is the most inclusive term used to describe the disability reported in the interview.

Disability of persons with chronic conditions is also described by the extent to which their major activity or their mobility is limited. (See definitions of "Chronic activity limitation" and "Chronic mobility limitation.") Persons with "Chronic activity limitation" are considered to be persons with long-term disability.

Disability Days

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 children under school age, "usual activities" depend upon whatever is the usual pattern for the child's day. In turn, this will be affected by the age of the child, the weather conditions, and so forth. For retired or elderly persons, "usual activities"

might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays "usual activities" are taken to be the things the person usually does on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, 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.

School-loss day.—A day is counted as lost from school if the child would have been going to school that day but instead lost the entire school day because of an illness or an injury. If the child's regular school day lasts only a part of a day and that part was lost from school, this whole day would be counted as lost. School-loss days are determined only for children 6-16 years of age.

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

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.

Average number of persons with restricted activity each day.—The average number of persons with restricted activity is computed by dividing the "person-days of restricted activity" during a period by the number of calendar days in the period. Average number with bed disability is similarly defined.

Long-Term Disability

Chronic activity limitation.—Persons with chronic conditions are classified into four categories according to the extent to which their activities are limited at present as a result of these conditions. Since the usual activities of preschool children, school-age children, housewives, and workers and other persons differ, a different set of criteria is used for each group. There is a general similarity between them, however, as will be seen in the descriptions of the four categories below. In some of the reports of the Health Interview Survey, various combinations of the categories have been made to serve different purposes.

1. Persons unable to carry on major activity for their group (major activity refers to ability to work, keep house, or go to school).

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

School-age children: inability to go to school.

Housewives: inability to do any housework.

Workers and all other persons: inability to work at a job or business.

2. Persons limited in the amount or kind of major activity performed (major activity refers to ability to work, keep house, or go to school).

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

School-age children: limited to certain types of schools or in school attendance, e.g., need special schools or special teaching, cannot go to school full time or for long periods at a time.

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

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

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

Preschool children: not classified in this category.

School-age children: not limited in going to school but limited in participation in athletics or other extracurricular activities.

Housewives: not limited in housework but limited

in other activities, such as church, clubs, hobbies, civic projects, or shopping.

Workers and all other persons:

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

4. Persons not limited in activities

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

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

1. Confined to the house—confined to the house all the time except in emergencies.

2. Cannot get around alone—able to go outside but needs the help of another person in getting around outside.

3. Has trouble getting around alone—able to go outside alone but has trouble getting around freely.

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

Terms Relating to Persons Injured and Accidents

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

The number of persons injured is not equivalent to the number of "accidents" for several reasons: (1) the term "accident" as commonly used may not involve injury at all; (2) more than one injured person may be involved in a single

accident so that the number of accidents resulting in injury would be less than the number of persons injured in accidents; and (3) the term "accident" ordinarily implies an accidental origin, whereas "persons injured" as used in the National Health Survey includes persons whose injury resulted from certain nonaccidental violence.

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

Class of accident.—Injuries, injured persons, and resulting days of disability may be grouped according to class of accident. This is a broad classification of the types of event which result in persons being injured. Most of these events are accidents in the usual sense of the word. But other kinds of mishap, such as overexposure to the sun or adverse reactions to medical procedures, and also nonaccidental violence, such as attempted suicide are included. The classes of accidents are: (1) motor-vehicle accidents, (2) accidents occurring while at work, (3) home accidents, and (4) other accidents. These categories are not mutually exclusive. For example, a person may be injured in a motor-vehicle accident which occurred while the person was at home or at work.

Motor-vehicle accident.—The class of accident is "motor vehicle" if a motor vehicle was involved in any way. Thus, it is not restricted to moving motor vehicles or to persons riding in motor vehicles. A motor vehicle is any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a land highway. Any object, such as a trailer, coaster, sled, or wagon, being towed by a motor vehicle is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

Moving motor vehicle.—The accident is classified as "moving motor vehicle" if at least one of the motor vehicles involved in the accident was moving at the time of the accident. The vehicle was moving if the wheels were in motion at the time of the accident.

Nonmoving motor vehicle.—The accident is classified as "nonmoving motor vehicle" if the motor vehicle was not moving at the time of the accident. However, a vehicle falling off a jack or rack would be considered as nonmoving.

Occupant of moving motor vehicle.—All persons involved in "moving motor vehicle accidents" are classified as occupants or nonoccupants. A person is considered an occupant, if his body was inside, or if he was getting in or out of a motor vehicle at the time of the accident. Also included as occupants at the time of the accident are persons who were thrown or fell from the inside of a motor vehicle; had their arms, legs, or head protruding from the motor vehicle; or were riding in the "bed" of a truck or on an open motor vehicle such as a motorcycle. In all of above cases the person might be considered an occupant of a nonmoving motor vehicle which is involved in an accident with a moving motor vehicle. All persons involved in moving motor vehicle accidents who were not occupants are classified as nonoccupants.

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

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

Other.—The class of accident is "other" if the occurrence of injury cannot be classified in one or more of the first three class-of-accident categories. This category therefore includes persons injured in public places (e.g., tripping and falling in a store or on a public sidewalk), and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury occurring while the person was in the Armed Forces is covered and is included in this class. The class also includes mishaps for which the class of accident could not be ascertained.

Place of accident.—Persons injured are classified according to the type of place where the injury occurred. The places of accidents are: (1)

home, (2) street or highway, (3) farm, (4) industrial place, (5) school, (6) place of recreation, and (7) other.

Home.—The place of accident is considered as "home" if the injury occurred either inside or outside the home but within the property boundaries of the home. "Home" includes not only the person's own home but also any other home (vacant or occupied) in which he may have been when he was injured. "Home" includes any structure that has the primary function of a dwelling unit and includes the structure and premises of such places as apartment houses and house trailers.

Inside the house.—"Inside the house" includes any room, attic, cellar, porch, or steps leading to an entrance of the house. However, inside the garage is not considered as inside the house.

Outside the house.—"Outside the house" includes the yard, driveway, garage, patio, gardens, or walks. On a farm, only the premises adjacent to the house are considered as part of the home. Injuries due to accidents occurring on cultivated land, in barns, or other similar farm buildings would not be considered home injuries.

Street or highway.—"Street or highway" means the entire area between property lines of which any part is open for the use of the public as a matter of right or custom. It includes the roadway, shoulder, curb, or public sidewalk; excluded are private driveways, lanes, or sidewalks.

Farm.—"Farm" as a place of accident refers to accidents occurring in farm buildings or on cultivated land, but does not include accidents occurring in the farm home or premises. A ranch is considered a farm.

Industrial place.—"Industrial place" is the term applied to accidents occurring in an industrial place or premises. Included are such places as factories, railway yards, warehouses, workshops, logging camps, shipping piers, oil fields, shipyards, sand and gravel pits, canneries, and auto repair garages. Construction projects, such as houses, buildings, bridges, and new roads, are included in this category. Buildings undergoing remodeling, with the exception of private homes, are classified as industrial places or premises.

School.—"School" as a place of accident includes all accidents occurring in school buildings or on the premises. This classification includes

elementary schools, high schools, colleges, and trade and business schools.

Place of recreation.—"Place of recreation" is used to describe accidents occurring in places organized for sports and recreation other than recreational areas located at a place already defined as "home," "industrial place," or "school." Bowling alley, amusement park, football stadium, and dance hall are examples of "place of recreation." In "place of accident" classification of injuries, the place is significant rather than the activity in which the person was engaged at the time of accident. Hence, an injury sustained by a person at a dance hall while he was at work is classified as a "place of recreation" injury. Likewise, an injury occurring while a person was engaged in a sport in an industrial place is classified as an "industrial place" injury.

Other.—Accidents which cannot be classified in any of the above groups or for which the place is unknown are classified as "other." Included in the classification are such places as restaurants, churches, business and professional offices, and open or wooded country.

Type of accident.—"Type of accident" is recorded for all accidents involving injury in order to classify injuries according to the circumstances relating to the accident. Accidents are grouped by type according to the following concepts:

- (A) Accidents in which specific factors are involved, but may or may not have caused the injury. Included in this group are moving motor vehicle, uncontrolled fire, explosion, firearms, and nonmotor vehicle such as train or bicycle. The definition of moving motor vehicle in this instance is identical to that for "moving motor vehicle" as a class of accident. An accident in which a non-moving motor vehicle is involved may be shown as a separate category, or this group of accidents may be distributed among the types listed below which describe the circumstances relating to the accident.
- (B) Accidents in which injury is caused directly by an agent, such as machinery in operation, a knife, scissors, nail, animal or insect, foreign body in eye or other orifice, or a poisonous substance swallowed by the person involved.

- (C) Accidents described in terms of the events leading to the occurrence of the injury, such as falling, bumping into a person or object, being struck by a moving object, handling or stepping on sharp or rough objects, being caught in, pinched or crushed, coming in contact with hot object or flame, lifting, twisting, or stumbling.

- (D) Accidents resulting in injury that cannot be classified in groups (A), (B), or (C) are classified as "other." Accidents of unknown type are also included in this group.

A complete listing of the types of accidents is shown on the National Health Survey Questionnaire NHS-4 (all fig. 4, FY 1960-61). In order to prevent the describing of any injury as the result of more than one type of accident, an injury that may be assigned to two or more types is classified in the first type designated that adequately describes the circumstances of the accident.

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, except the period of stay of a well, newborn infant.

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 admission.—A hospital admission is a hospital episode that began during a specified period of time. (See definition of "Hospital episode.") A hospital admission is recorded whenever a present member of the household is reported to have been admitted to a hospital in the 12-month period prior to the interview week.

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.

Number still in hospital.—The number still in hospital is the number of persons in hospitals at the beginning of the interview week.

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.

Surgical operation.—A surgical operation includes any cutting or piercing of the skin or other tissue, stitching of cuts or wounds, setting of fractures and dislocations, the introduction of tubes for drainage, "tapping," and terms ending in "scopy" (e.g., cystoscopy). Deliveries are counted as operations. Injections and transfusions, however, are not included, nor are routine circumcisions.

Only operations performed in hospitals upon inpatients are included.

Operations are classified by type according to a condensed version of "Classification Codes for Surgical Operations and Procedures," published by the Bureau of Medical Services, Public Health Service, Department of Health, Education, and Welfare.

Length of postoperative hospital stay.—The length of postoperative hospital stay is the duration in days from the date of the operation, including the day of the operation, to the date of discharge from the hospital, exclusive of the day of discharge, of a hospital discharge. (See definition of "Hospital discharge.")

Convalescence after surgery.—Convalescence after surgery is the duration of convalescent days of a hospital discharge from the date of the patient's operation, including the day of the operation, to the date the patient returned to his usual full-time activity. The total number of convalescent days is recorded for each completed hospitalization if an operation was performed, if a fracture or dislocation was set, or if the hospital stay included a delivery.

Hospital bill.—A hospital bill is defined as the bill submitted by the hospital to the patient for the care and services received during the period of hospitalization. Bills submitted to the patient by doctors, surgeons, anesthetists, or other individuals for services rendered during the period of hospitalization are not considered as part of the hospital bill.

The hospital bill will normally include the cost of the room, meals, regular nursing service, laboratory tests, X-rays, medicines, injections, use of the operating room, and other services that

may be provided for the patient. When the charges for special nurses, anesthetists, ambulance service, etc., are included by the hospital on the bill submitted to the patient, these are also considered as part of the hospital bill for purposes of the Survey.

Proportion of bill paid by insurance.—The proportion of the bill paid (also referred to as fraction of bill paid) by insurance was determined by the respondent's own estimate of the part of the total hospital bill that was paid for or was expected to be paid for by insurance. The response categories used are: (a) no part of the bill paid by insurance; (b) less than one-half; (c) one-half up to, but not including, three-fourths; (d) three-fourths or more.

Hospital insurance.—Hospital insurance is any insurance plan designed to pay all or part of the hospital bill (see definition of "Hospital bill") of the insured individual. The insurance can be either a group or an individual policy with the premiums paid by the individual, his employer, a third party such as a union, fraternal organization or family member, or a combination of these. Benefits received under the plan can be in the form of payment to the individual or to the hospital. However, the plan must be a formal one with defined membership and benefits rather than an informal one. For example, an employer simply paying the hospital bill for an employee would not constitute a health insurance plan. "Workmen's compensation," or employee's liability insurance, when designed to pay all or part of the hospital bill of the employee, are considered hospital insurance. The important ingredient in this definition is that the person receiving the benefit has been specifically named either as an individual or as part of a specified group.

The insurance does not have to cover costs of hospitalization for all diseases and injuries, as long as it covers the particular condition for which the person was hospitalized.

The use of funds from other kinds of insurance benefits to pay hospital bills, such as Social Security benefits or disability insurance, would not be counted as hospital insurance. Free hospital care is not considered hospital insurance. Examples of free care are public assistance or public welfare care, veteran's care given free of charge, care given to dependents of military personnel (Medicare Plan), care given to chil-

dren under the Crippled Children's program, and care of patients admitted free for research purposes. Also excluded as hospital insurance in this study is liability insurance that pays for hospital care, if it is carried by someone other than the person hospitalized, his family, his employer, or his union or fraternal organization. An example of this type of exclusion is a person hospitalized as a result of an automobile accident in which some person other than the one hospitalized carried liability insurance that paid for the hospital care of the injured person.

Medical Care Terms

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

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

Physician visits to hospital inpatients are not included.

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

A physician visit is associated with the person about whom the advice was sought, even if that person did not actually see or consult the physician.

For example, if a mother consults a physician about one of her children, the physician visit is ascribed to the child.

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

1. Home is defined as any place in which the person was staying at the time of the physician's visit. It may be his own home, the home of a friend, a hotel, or any other place the person may be staying (except as an overnight patient in a hospital).
2. Office is defined as the office of a physician in private practice only. This may be an office in the physician's home, an individual office in an office building, or a suite of offices occupied by several physicians. For purposes of this survey, physicians connected with prepayment group practice plans are considered to be in private practice.
3. Hospital clinic is defined as an outpatient clinic in any hospital.
4. Company or industry health unit refers to treatment received from a physician or under a physician's supervision at a place of business (e.g., factory, store, office building). This includes emergency or first-aid rooms located in such places if treatment was received there from a physician or trained nurse.
5. Telephone contact refers to advice given in a telephone call directly by the physician or transmitted through the nurse.
6. Other refers to advice or treatment received from a physician or under a physician's general supervision at a school, at an insurance office, at a health department clinic, or any other place at which a physician consultation might take place.

Type of medical service.—A medical service is a service received when a physician is consulted. For the purposes of this survey, medical services have been categorized into several broad types. A single physician visit (see definition of

"Physician visit") may result in the recording of more than one type of medical service (though a particular type is not recorded more than once for any one physician visit). Tables showing physician visits classified by type of medical service therefore may add to more than the total number of visits. The definitions of the types of medical service are as follows:

1. Diagnosis and treatment include (a) examinations and tests in order to diagnose an illness regardless of whether the examinations and tests resulted in a diagnosis, and (b) treatment or advice given by the physician or under the physician's supervision. The category includes diagnosis alone, treatment alone, and both combined. X-rays either for diagnostic purposes or for treatment are included in this class.
2. Prenatal and postnatal care include consultations concerning the care of the mother during pregnancy and in the postpartum period. It excludes consultations for illnesses not related to pregnancy or delivery.
3. General checkup includes checkups for general purposes and also those for specific purpose, such as employment or insurance. If a diagnosis or diagnoses are made in the course of a general checkup, the physician visit is classified to "Diagnosis and treatment" as well as to "General checkup." If the consultation is for checking up on a specific condition, as, for example, when a person goes at regular intervals for a check on a tuberculous or heart condition, this is classified as "Diagnosis and treatment" and not as "General checkup."
4. Immunization/vaccination includes this preventive service when provided by a physician or under a physician's supervision. A physician service which is for the sole purpose of receiving immunization against a particular disease given at the same time and place that many other persons are receiving the identical immunization is excluded because of the rule for exclusion of such services in the definition of a physician visit.

5. Eye examination refers only to the examination of the eyes by a doctor of medicine or an osteopathic physician for the purpose of establishing a need for glasses or a change in the type of glasses. Other diagnosis or treatment of eye conditions is classified under "Diagnosis and treatment."
6. Other includes specific preventive-care services (such as vitamin injections) not embraced by the above type-of-service categories. Also included are all visits where an unknown type of service was reported.

Interval since last physician visit.—The interval since the last physician visit is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatsoever. (See definition of "Physician visit.")

The interval is recorded as under 6 months, 6-12 months, the last complete year, or never.

Routine physical examination.—A routine physical examination is defined as an examination into the general health of a child under 17 years old. A routine physical examination would include such things as checking weight and height, hearing and seeing ability, heart, lungs, etc., depending on the age of the child.

Visits of children to the doctor for "shots" or vaccination only are not counted as routine physical examinations.

Visits of children to the doctor for a particular illness condition, for example, a child going at regular intervals for a check on a tuberculous or allergic condition, are not classified as routine physical examinations.

Services of certain medical specialists or practitioners.—A service from a medical specialist or practitioner is the service received when the medical specialist or practitioner is consulted. The service is recorded each time a member of the household is reported to have consulted a medical specialist or practitioner during the 12-month period prior to the interview week. If two or more different specialists of the same type are seen, a record is made of the combined total of the number of times each is seen.

For the purpose of the survey, the doctor who is a medical specialist must limit his

practice to the speciality involved. Doctors who do not qualify to use the specialist name but limit their practice to the specialty involved, if so indicated by the respondent, are counted as specialists.

Dental Care Terms

Dental visits.—Each visit to a dentist's office for treatment or advice is considered to be a dental visit. The visit may involve services provided directly by the dentist or by a technician or a dental hygienist acting under a dentist's supervision. Services provided while a person was a patient in a hospital for overnight or longer are not considered to be dental visits.

Type of dental service.—A dental service is a service received when a dentist or dental hygienist is visited. For purposes of this survey, dental services have been categorized into a number of broad types. If a single dental visit involves more than one type of dental service, each type of service is recorded. If a particular type of service is rendered more than once during a single visit, the type of service is nevertheless recorded only once. For example, if during a single dental visit, 1 tooth is extracted and 3 teeth are filled, the types of services rendered during that visit are recorded as "Extractions" and "Fillings," each category being recorded only once. The categories of types of dental services are defined as follows:

1. Fillings include temporary fillings, permanent fillings, inlays, crowns, and similar procedures.
2. Extractions (or other surgery) include any dental surgery and related activity such as removal of stitches.
3. Cleaning teeth includes all forms of dental prophylaxis.
4. Examination includes checkup, consultation, and X-rays.
5. Denture work includes taking impressions for false teeth, plate fitting or repair, and bridgework.
6. Straightening includes orthodontic treatment and brace work and also fitting or repair of braces.

7. Gum treatment includes all peridental work, except prophylaxis.
8. Other includes all types of dental service not listed above.

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

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.

Terms Relating to Health Insurance

Coverage

Health insurance is any plan specifically designed to pay all or part of the medical or hospital expenses of each insured individual in the household. The insurance can be either a group or an individual policy with the premiums paid by the individual, his employer, a third party, or a combination of these. Benefits received under the plan can be in the form of payment to the individual or to the hospital or doctor. However, the plan must be a formal one with defined membership and benefits rather than an informal one. For example, an employer simply paying the hospital bill for an employee would not constitute a health insurance plan.

For the National Health Survey, health insurance excludes the following kinds of plans: (1) plans limited to the "dread diseases," such as cancer and polio; (2) free care such as public assistance or public welfare, care given free of charge to veterans, care given to dependents of military personnel (Medicare), care given under the Crippled Children or similar programs, and care of persons admitted for research purposes; (3) insurance which pays bills only for accidents, such as liability insurance held by a car or property owner, insurance that covers children for accidents at school or camp, and insurance for a worker that covers him only for accidents on the job; and (4) insurance which pays only for loss of income.

Kind of Coverage

For the National Health Survey, the three forms of health insurance are as follows:

Hospital.—Insurance which pays all or part of the hospital bill for the hospitalized person. By hospital bill is meant only the bill submitted by the hospital itself, not the doctor's or surgeon's bill or the bill for special nurses. Such a bill always includes the cost of room and meals and may also include the costs of other services such as operating room, laboratory tests, and X-rays. (See definitions of "Hospital bill" and "Hospital Insurance," as listed under the "Terms Relating to Hospitalization".)

Surgical.—Insurance which pays in whole or part the bill of the doctor or surgeon for an operation whether performed in a hospital or in the doctor's office. Insurance which pays the costs of visits to a doctor's office for postoperative care is included as surgical insurance.

Doctor visit.—Insurance which pays the doctor's bill for nonsurgical care whether or not it pays for surgical care. Policies must cover home and office calls, special diagnostic examinations, or other nonsurgical medical services. Insurance which covers only for surgery, or only for in-hospital visits by the doctor is not included in most types of home and office services.

Classification of type of insuring organization.—Interview responses are divided into two categories, Blue Plan and other.

Blue Plan.—Any plan which the respondent said was Blue Cross, Blue Shield, or which appeared in the Blue Cross Guide published by the Blue Cross Commission was coded as a Blue Plan.

Other.—All names of plans which were not included above were coded as other. For the most part these were private insurance companies but this category also includes independent prepayment plans such as the Health Insurance Plan of Greater New York and the Kaiser Foundation Health Plan.

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.

Aids included are hearing aids, wheel chairs, braces, and artificial limbs. Information is recorded about special aids even though the persons possessing them do not use them.

1. Hearing aid is defined as any kind of mechanical or electrical device used to improve hearing.
2. Wheel chair is any device stated by the respondent to be a wheel chair, but excluding wheeled "walkers" and nonwheeled devices for support.
3. Brace is defined as any kind of supportive device for the arms, hands, legs, feet, back, neck, or head, exclusive of temporary casts, slings, bandages, trusses, belts, or crutches. Dental braces are also excluded.
4. Artificial limb is a device used to replace a missing leg, arm, hand, or foot. It does not have to have moving parts, but a device employed only for lengthening a leg where the whole leg and foot is present is not included.

Use of special aid.—The frequency of use of a special aid was recorded as reported by the respondent in terms of "all of the time," "most of the time," "occasionally," or "never used now." When necessary, it was explained that these terms referred to the times when a person possessing such a device would ordinarily be expected to use it, such as during the waking hours and under the circumstances that would normally require it.

Terms Relating to Persons Receiving

Personal Care at Home

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

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

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

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

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

"Other" includes friends and also persons employed only to sit with the person requiring care.

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

Terms Relating to X-rays

X-ray visit.—An X-ray visit is defined as a visit by a person to a physician's office, dentist's office, hospital, mobile X-ray unit, Public Health Department, etc., during the course of which X-ray equipment is used for diagnosis or treatment. X-ray includes X-ray film photography and X-ray emission for treatment and fluoroscopy, but excludes the use of radioisotopes. Only one visit is counted each time the person is x-rayed, regardless of the number of X-ray films exposed or the number of ports used. However, statistics are collected for each of the separate areas of the body toward which X-rays have been emitted (see below).

An X-ray visit is counted each time the person visits a facility for X-rays during the reference period. Hence, one person may be included in the statistics more than once. However, if several areas of the body are x-rayed during a single visit, only one X-ray visit is recorded. The term X-ray visit is used synonymously with "person-" event in other National Health Survey statistics, e.g., person-day.

Statistics are prepared separately for dental X-ray visits and medical X-ray visits, i.e., other than dental. A dental X-ray visit is defined as an X-ray usually taken in a dentist's office for the primary purpose of studying the condition or formation of the teeth. If an X-ray of the teeth or jaw is taken in a hospital or clinic primarily for dental purposes, it is counted as a dental X-ray.

Place of X-ray.—The place of X-ray is a classification of the types of places at which an X-ray visit (other than dental) took place. Place of X-ray is not recorded for dental X-ray visits. The definitions of the three categories are as follows:

1. Hospital is defined as the place at which X-rays were received while an inpatient in the hospital and also X-rays received as an outpatient at a hospital clinic.
2. Doctor's office is defined as the office of any doctor who has his own X-ray equipment, or the office of a radiologist. "Doctor's office" also includes clinics run by a group of doctors if the clinic provides X-ray services.
3. Other is defined as places other than hospitals or doctors' offices at which X-ray services are provided. For example, such places include schools, mobile units, Public Health Departments, etc.

Type of service.—X-ray service is classified as diagnosis or treatment. Diagnosis is defined as X-rays for checkup or examination using X-ray or fluoroscopic procedures to determine the presence, absence, or state of a disease or condition. X-rays for treatment are X-rays used in treating a condition which has already been diagnosed.

Body areas.—For each X-ray other than dental, the areas of the body to which the X-rays are directed is classified in one of six categories, as follows:

1. Head and neck is defined as that portion of the body, exclusive of skin covering only, above the trunk.
2. Chest is defined as that portion of the trunk above the diaphragm including the shoulder.
3. Upper abdomen is defined as that portion of the body between the diaphragm and the transverse colon.

4. Lower abdomen is defined as the remainder of the trunk including the hip.
5. Extremities are defined as the hands and arms exclusive of the shoulders, and the feet and legs exclusive of the hip.
6. Skin is defined as the outer covering of the body. X-rays of the skin only are excluded from categories 1-5.

Terms Relating to Personal Health Expenditures

Expenditures for medical and dental care.—

These are the total expenditures for medical and dental care for a person during a specified 12-month period. The National Health Survey collects the data for each member of a household in the Survey sample for the specified 12-month period. The total expenditures are defined as all bills paid (or to be paid) for medical and dental care by the person himself, his family or friends, and any part paid by health insurance. This is included whether it is paid directly to the hospital or doctor, or paid to the person himself, or to his family. If a respondent does not know the exact amount paid by insurance, he is requested to estimate it and include it in the total bill.

For the National Health Survey, expenditures for medical and dental care exclude amounts paid (or to be paid) by: workmen's compensation, nonprofit organizations, military services including Medicare, Veterans Administration, and by Federal, State, city, or county governments.

If a baby is born in the household during the specified 12-month period, the hospital and doctor bills relating to the baby's birth are included in medical expenditures for the mother. However, all other medical expenditures relating to the baby's health are counted in the medical expenditures for the baby.

There are six categories of personal health expenditures for medical and dental care as follows:

1. Doctors' bills.—Doctors' bills are defined as the total bills paid (or to be paid) for medical care to doctors, including surgeons, for a person during the specified 12-month period. Such bills include costs of operations, treatments, checkups, deliveries, pregnancy care, X-rays, laboratory fees, eye examina-

tions, immunizations or shots, and any other doctors' services provided for the patient.

2. Hospital bills.—Hospital bills are the total expenditures paid (or to be paid) for hospitalizations of a person during the specified 12-month period. Only hospitalizations for overnight or longer in a hospital (nursing home, rest home, sanitarium, etc.) are counted. Hospital bills include costs of room and board, operating and delivery room, anesthesia, special treatments, X-rays, tests, and any other services provided and billed for by the hospital.
3. Medicine costs.—Medicine costs are total expenditures paid (or to be paid) for medicine for a person during the specified 12-month period. The total expenditures for medicine include the costs of all kinds of medicine whether or not prescribed by a doctor, such as tonics, pills, prescriptions, salves, ointments, vitamins, and any other medicine. But health foods, soaps, cosmetics, and similar preparations are excluded.
4. Dentists' bills.—Dentists' bills are defined as the total bills paid (or to be paid) for dental care for a person during the specified 12-month period. Dentists' bills include cost of fillings, extractions, cleanings, X-rays, bridgework, dental plates, straightening of teeth, and any other dental services.
5. Special medical expenses.—Special medical expenses paid (or to be paid) for a person during the specified 12-month period include costs of the following: eye glasses, hearing aids, special nursing, physical therapy, speech therapy, corrective shoes, chiropractors' fees, and special braces or trusses, wheel chairs, or artificial limbs.
6. Other medical expenses.—All medical expenses for a person during the specified 12-month period not included above are classified as other. For example, emergency or outpatient treatment in a hospital or clinic would be classified as other.

Demographic, Social, and Economic 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.

Race.—Race is recorded as "White," "Negro," or "Other." "Other" includes American Indian, Chinese, Japanese, and so forth. Mexican persons are included with "White" unless definitely known to be Indian or another nonwhite race.

Birthplace.—The place of birth is the State of birth of persons born in the United States, or the country or the territory of birth of those born outside the United States. The place of birth is the place where the person's parents were living at the time of his birth, not the location of the hospital or other address at which the birth may actually have taken place. The place of birth is recorded in terms of the present boundaries rather than the boundaries as they were defined at the time of birth. For example, a person born in Serbia would be recorded as having been born in "Yugoslavia."

Household Composition

Family.—This term refers to a group of two or more persons related by blood, marriage, or adoption who are living together in the same household. Although the usual household contains only the primary family, a household can contain secondary families as well as individuals unrelated to the family. A lodger and his family who are not related to the head of the household, or a resident employee and his wife are considered a secondary family and not a part of the primary family. However, if the son of the head of the household and the son's wife and children are members of the household, this subfamily is treated as part of the primary family. The definitions of primary and secondary families are the same as those used in the 1960 Census.

Head of family is usually the person regarded as the "head" by the members of the group. Married women are never classified as heads if their husbands are living with them at the time of the survey except when the husband is a member of the Armed Forces. Only one

person in each family can be designated as the head. Therefore, the number of heads of families is equal to the number of families. Other family members are all persons who are related to the head of the family by blood, marriage, or adoption.

Individuals are persons (other than inmates of institutions) who are not living with any relatives. An unrelated individual can be (a) a household head living alone or with nonrelatives, (b) a lodger or resident employee with no relatives in the household, (c) a staff member of an institution who has no relatives living with him, or (d) a resident of a dormitory, lodging house, or other shared-residence facility who has no relative living with him. The definitions of primary and secondary individuals are the same as those used in the 1960 Census.

Marital status.—Marital status is recorded only for persons 17 years of age or older. The marital status categories are as follows:

Under 17 includes all persons aged 0-16 regardless of their marital status.

Married includes all married persons not separated from their spouse because of marital discord. Persons with common-law marriages are considered to be married.

Never married includes persons who were never married and persons whose only marriage was annulled.

Other includes persons who are widowed, divorced, legally separated, and persons separated because of marital discord.

Living arrangements.—Living arrangement defines the individual's relationship to other persons within the same household. The definition of living arrangements consists of categories as follows:

Living alone - refers to persons living in a one-member household.

Living with nonrelatives - denotes persons living in a household with another person or persons, none of whom are related to him by blood, marriage, or adoption.

Living with relatives—married - describes married persons who are living in a household with another person or persons, of whom one or more are related to him by blood, marriage, or adoption.

Living with relatives—other - refers to persons who are widowed, divorced, separated, or never married living in a household with another person or persons, of whom one or more are related to him by blood, marriage, or adoption.

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

Education.—Each person age 17 or older is classified by education in terms of the highest grade of school completed. Only grades completed in regular schools, where persons are given a formal education, are included. A "regular" school is one which advances a person toward an elementary or high school diploma, or a college, university, or professional school degree. Thus, education in vocational, trade, or business schools outside the regular school system is not counted in determining the highest grade of school completed.

Each member of a family is classified according to the education of the head 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 education.

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. The categories of service in the Armed Forces include the

following: no military service, peacetime service only, World War I service, World War II service, Korean conflict service, and military service, period unknown.

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. Children under 6 years of age are classified as "preschool." All persons aged 6-16 years are classified as "school age."

The categories of usual activity status used for persons aged 17 years and over are: usually working, usually keeping house, retired, and other. For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. 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.

Usually keeping house includes female persons 17 years of age or older whose major activity is described as "keeping house" and who cannot be classified 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, or she, has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be unable to work.

Other in this report includes males 17 years of age or older not classified as "working" or "retired" and females 17 years of age or older not classified as "working," "keeping house," 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.

Persons excluded from the currently employed population are (1) persons receiving revenue from an enterprise in whose operation they do not participate, (2) persons doing housework or charity work for which they receive no pay, and (3) seasonal workers during the portion of the year they were not working.

Old definition.—In National Health Survey reports dealing with employment data issued prior to the report, Series 10, Number 7, persons who did not work during the 2-week period prior to week of interview, or who had a job or business though on layoff or looking for work were included in the currently employed population.

New definition.—In Series 10-7 and subsequently, persons who did not work during the 2-week period prior to week of interview, or who had a job or business though on layoff or looking for work were excluded from the currently employed population, and considered as unemployed.

The number of currently employed persons estimated by the National Health Survey (NHS) will differ from the estimates prepared by the current Population Survey (CPS), U.S. Bureau of the Census, for several reasons. In addition to sampling variability they include three primary conceptual differences, namely: (1) NHS estimates are for persons 17 years of age or over; CPS estimates are for persons 14 years of age or over. (2) NHS uses a 2-week-reference period, while CPS uses a 1-week-reference period. (3) NHS is a continuing survey with separate samples taken weekly, while CPS is a monthly sample taken for the survey week which includes the 12th of the month.

Unemployed describes persons 17 years and over who did not work, had no job or business, but were looking for work; or persons with a job but on layoff or looking for work during the 2-week period prior to the interview.

Occupation.—A person's occupation may be defined as his principal job or business. For the purposes of this survey, the principal job or business of a respondent is defined in one of the

following ways. If the person worked during the 2-week-reference period of the interview, or had a job or business, the question concerning his occupation (or what kind of work he was doing) applies to his job during that period. If the respondent held more than one job, the question is directed to the one at which he spent the most time. But, it refers to the one he considers most important when equal time is spent at each job. A person who has not begun work at a new job, is looking for work, or on layoff from work is questioned about his last full-time civilian job. A full-time job is defined as one at which the person spent 35 or more hours per week and which lasted 2 consecutive weeks or more. A person who has a job to which he has not yet reported, and has never had a previous job or business, is classified as a "new worker."

Industry.—The industry in which a person was reportedly working was classified by the major activity of the establishment in which he worked.

The only exceptions to the above are those few establishments classified according to the major activity of the parent organization and they are as follows: laboratories, warehouses, repair shops, and storage.

Quarter.—The quarters used by the National Health Survey are actually 13-week periods rather than 3 calendar months. Since each 13-week period begins on a Monday and ends on a Sunday, the actual dates of the beginning and end of each 13-week period may overlap into another calendar quarter. Therefore, the time periods in the table headings are the approximate rather than the precise periods during which the interviewing was conducted.

Work days in each quarter.—The quarters used by the National Health Survey are actually 13-week periods rather than 3 calendar months. In order to compute the number of persons absent from work each day, the assumption is made that there are 245 work days in the year or 61.25 work days in each quarter.

Location of Residence Terms

Urban and rural residence for fiscal years 1958-62.—The definition of urban and rural areas

used in the National Health Survey during fiscal years 1958-62 was the same as that used in the 1950 Census.

Urban and rural residence for fiscal years 1963 et seq.—The definition of urban-rural areas now used in the National Health Survey is the same as that used in the 1960 Census. According to this definition, the urban population comprises all persons living in (a) places of 2,500 inhabitants or more incorporated as cities, boroughs, villages, and towns (except towns in New England, New York, and Wisconsin); (b) the densely settled urban fringe, whether incorporated or unincorporated, of urbanized areas (see below); (c) towns in New England and townships in New Jersey and Pennsylvania which contain no incorporated municipalities as subdivisions and have either 25,000 inhabitants or more, or a population of 2,500 to 25,000 and a density of 1,500 persons or more per square mile; (d) counties in States other than the New England States, New Jersey, and Pennsylvania that have no incorporated municipalities within their boundaries and have a density of 1,500 persons or more per square mile; and (e) unincorporated places of 2,500 inhabitants or more not included in any urban fringe. The remaining population is classified as rural.

Size of place.—The urban population is classified as living in urbanized areas or in urban places outside urbanized areas. An urbanized area, according to the 1960 Census definition, contains at least one city which had 50,000 inhabitants or more in 1960 as well as the surrounding closely settled incorporated places and unincorporated areas.

The remaining urban population is classified as living in urban places outside urbanized areas. These urban places may be grouped according to size.

Farm and nonfarm residence for fiscal years 1958-62.—The rural population may be subdivided into the rural-farm population, which comprises all rural residents living on farms, and the rural-nonfarm population, which comprises the remaining rural population.

In determination of whether the members of a household resided on a farm or a ranch (fiscal years 1958-62), the statement of the household respondent that the house was on a farm or ranch was accepted, with the following exception. A house

occupied by persons who paid cash rent for house of a tenant farmer who rented farm land as well as house and yard; (2) the quarters of a hired hand who received living quarters on a farm as part of his compensation; or (3) separate living quarters inside a structure which was classified as on a farm. In all these cases the living quarters were counted as on a farm. Furthermore, all persons in institutions, summer camps, motels, and tourist camps which were located in farm areas were classified as nonfarm. The remaining rural population not classified as "rural farm" was classified as "rural nonfarm."

Farm and nonfarm residence for fiscal years 1963 et seq.—The rural population may be subdivided into the rural-farm population, which comprises all rural residents living on farms, and the rural-nonfarm population, which comprises the remaining rural population. The farm population includes persons living in rural territory on places of 10 or more acres from which sales of farm products amounted to \$50 or more during the previous 12 months or on places of less than 10 acres from which sales of farm products amounted to \$250 or more during the preceding 12 months. Other persons living in rural territory were classified as nonfarm. Persons were also classified as nonfarm if their household paid rent for the house but their rent did not include any land used for farming.

Standard metropolitan statistical areas.—The definitions and titles of standard metropolitan statistical areas (SMSA) are established by the U.S. Bureau of the Budget with the advice of the Federal Committee on standard metropolitan statistical areas. A number of the largest SMSA's are included in the National Health Survey places of residence for which data may be provided.

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

<u>Region</u>	<u>States Included</u>
Northeast-----	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania

North Central- Michigan, Ohio, Indiana, Illinois,
Wisconsin, Minnesota, Iowa,
Missouri, North Dakota,
South Dakota, Nebraska, Kansas
South----- Delaware, Maryland, District of
Columbia, Virginia, West Virginia,
North Carolina, South Carolina,

Georgia, Florida, Kentucky, Texas,
Tennessee, Alabama, Mississippi,
Arkansas, Louisiana, Oklahoma
West----- Montana, Idaho, Wyoming,
Colorado, New Mexico, Arizona,
Utah, Nevada, Alaska, Washington,
Oregon, California, Hawaii



INDEX TO TERMS DEFINED

- Accidents, 47-49
 - class of, 47-48
 - farm, 48
 - home, 48
 - motor-vehicle, 47
 - "other," 48
 - place of, 48-49
 - place of recreation, 49
 - school, 48
 - type of, 49
 - work, 48
- Activities, persons not limited in, 47
- Activity
 - chronic limitation of, 46-47
 - major
 - persons limited in amount or kind of, 46
 - persons not limited in but otherwise limited, 46
 - persons unable to carry on, 46
 - restricted, average number of persons with, 46
 - restricted, day of, 45
 - restricting condition, 44
 - usual, status, 59
- Acute condition, 42
- Admission, hospital, 50
- Age, 57

- Bed-disability
 - condition-days of, 45
 - day, 45
 - person days of, 46
- Bed-disabling condition, 44
- Birthplace, 57
- Blue Plan,
 - as type of insurance coverage, 54
- Body areas. as site for X-ray, 56

- Cannot get around alone, 47
- Care
 - constant, 55
 - duration of, 55
 - length of time under, 55
 - part-time, 55
 - person providing, 55
 - personal, 55
 - prenatal and postnatal, 52
 - still under, 44
- Checkup, general, as type of medical service, 52
- Chest, as site for X-ray, 56
- Chronic
 - activity limitation, 46-47
 - condition, 42
 - conditions, persons with, 42
 - effect of injury, 43
 - mobility limitation, 47
- Cleaning teeth,
 - as type of dental service, 53
- Company or industry health unit, as place of physician visit, 52
- Condition, 42
 - activity-restricting, 44
 - acute, 42
 - bed-disabling, 44
 - chronic, 42
 - hospitalized, 43
 - injury, 43
 - medically attended, 44
 - onset of, 43
 - persons with chronic, 42
- Condition-days of restricted-activity, bed-disability, etc., 45
- Conditions
 - incidence of, 43
 - prevalence of, 44
- Confined to the house, 47
- Convalescence after surgery, 50
- Currently employed, 59

Day
 bed-disability, 45
 hospital, 50
 restricted-activity, 45
 school-loss, 45
 work-loss, 45
 Days per year, hospital, 50
 Dental service, types of, 53
 Dental visits, 53
 interval since last, 54
 Dentists' bill, 57
 Denture work,
 as type of dental service, 53
 Diagnosis, as type of medical service, 52
 Disability, 45
 long-term, 46
 Discharge, hospital, 50
 Doctor visit, 54
 Doctors' bill, 56
 Doctor's office,
 as place of X-ray, 56
 Duration of care, 55

 Edentulous persons, 54
 Education, 58
 Effect of injury, chronic, 43
 Episode, hospital, 49
 Examination,
 eye, 53
 routine physical, 53
 Expenditures for medical and dental
 care, 56
 Expenses
 other medical, 57
 special medical, 57
 Extractions, as type of dental
 service, 53
 Extremities, as site for X-ray, 56
 Eye examination, 53

 Family, 57
 head of, 57
 income, 58
 other members, 58
 Farm,
 as place of accident, 48
 Farm and nonfarm residence, 61
 Fillings, as type of dental service, 53

 General checkup, as type of medical
 service, 52
 Geographic regions, and States
 included, 61
 Gum treatment, as type of medical
 service, 54

 Has trouble getting around alone, 47
 Head and neck, as site for X-ray, 56
 Health unit, company or industry,
 as place of physician visit, 52
 Home
 accident, 48
 physician visit, 52
 Hospital
 admission, 50
 bill, 50, 57
 clinic, as place of physician visit, 52
 day, 50
 days per year, 50
 definition, 49
 discharge, 50
 episode, 49
 insurance, 51
 length of stay, 50
 length of postoperative stay, 50
 number still in, 50
 ownership, 49
 place of X-ray, 56
 short-stay, 50
 type of service, 49
 Hospitalized condition, 43

 Immunization, as type of medical
 service, 52
 Impairment, 43
 Incidence of conditions, 43
 Income, family, 58
 Industrial place, accident, 48
 Industry or company health unit, as place of
 physician visit, 52
 Industry, as place of employment, 60
 Injured person, 47
 Injury
 chronic effect of, 43
 condition, 43

Insurance
 hospital, 51
 proportion of bill paid, 51
 type of coverage, 54
Insuring organization, classification of
 type of, 54
Interval since last
 dental visit, 54
 medical consultation for a condition, 44
 physician visit, 51

Keeping house, as usual activity, 59

Labor force, 59
Length of hospital stay, 50
Average length of hospital stay, 50
Length of time under care, 55
Length of postoperative hospital
 stay, 50
Limitation
 of activity, 46-47
 of mobility, 46-47
Living alone, 58
Living arrangements, 58
Living with nonrelatives, 58
Living with relatives—married, 58
Living with relatives—other, 58

Major activity: see chronic activity limitation
Marital status, 58
Medical consultation, interval since last
 for a particular condition, 44
Medical service, type of, 52
Medically attended condition, 44
Medicine costs, 57
Motor-vehicle
 accident, 47
 moving, 47
 nonmoving, 48

Not limited in
 activities, 47
 major activity, 46
 mobility, 47
Number still in hospital, 50

Occupant of moving motor vehicle, 48
Occupation, 60
Office
 of physician, definition, 52
 place of visit, 52
Onset of condition, 43
Operation, surgical, 50
"Other," as
 class of accident, 49
 family members, 58
 insurance coverage, 54
 marital status, 58
 place of physician visit, 52
 place of X-ray, 56
 preventive care services, 53
 type of
 dental service, 54
 medical service, 53
 usual activity, 59
 usual activity status, 59

Person-days of restricted-activity, bed-
 disability, etc., 46
Personal care at home, 55
 constant care, 55
 part-time care, 55
Persons
 edentulous, 54
 injured, 47
 limited in amount or kind of activity, 46
 not limited in activities, 47
 not limited in major activity, 46
 unable to carry on major activity, 46
 with chronic conditions, 42
 with restricted-activity, average
 number of each day, 46
 persons providing care, 55
Place, size of, 61
Physician visit,
 interval since last, 53
 place of, 52
Prenatal and postnatal care, as type
 of medical service, 52
Prevalence of conditions, 44

Quarter, 60

Race, 57
 Region, geographic, 61
 Residence,
 farm and nonfarm, 61
 urban and rural, 61
 terms relating to location of, 60-61
 Restricted-activity
 average number of persons with,
 day, 46
 condition-days of, 45
 day, 45
 person days of, 46
 Retired, as usual activity, 59
 Routine physical examination, 53

School attendance, as usual activity, 59
 School-loss day, 45
 Service,
 type of dental, 53
 type of hospital, 49-51
 type of medical, 52
 of certain medical specialists or
 practitioners, 53
 Short-stay hospital, 50
 Size of place, 61
 Skin, as site for X-ray, 56
 Special aid, 54
 Standard metropolitan statistical areas, 61
 Still under care, 44
 Street or highway,
 as place of accident, 48
 Surgery, convalescence after, 50
 Surgical, insurance coverage, 54
 Surgical operation, 50

Teeth
 cleaning of, as type of dental
 service, 53

Teeth—Con.
 extraction of, as type of dental
 service, 53
 filling of, as type of dental
 service, 53
 straightening of, as type of dental
 service, 53
 Telephone contact, 52
 Treatment as type of
 hospital service, 49-51
 medical service, 52

Unemployed, 60
 Usual activity status, 59
 Urban and rural residence, 60
 Use of special aid, 55
 Usually working, going to school, or
 keeping house: see Activity, major
 categories of

Vaccination, as type of medical service, 52
 Veteran status, 58
 Visit, dental, 53
 Visit, physician, 51

Work
 while at, class of accident, 48
 Work days in each quarter, 60
 Working, as usual activity, 59
 Work-loss day, 45

X-ray, as type of medical service, 52
 place of, 56
 visit, 55

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