Interviewing Methods In the Health Interview Survey

A comparison of the person and condition approaches in the collection of condition data in a household interview.

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In accordance with specifications established by the Health Interview Survey, the Bureau of the Census, under a contractual arrangement, participates in most aspects of survey planning, selects the sample, collects the data, and carries out certain parts of the statistical processing.

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SYMBOLS

Data not available	
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INTERVIEWING METHODS IN THE HEALTH INTERVIEW SURVEY

Geraldine A. Gleesona

INTRODUCTION

On July 1, 1967, the Health Interview Survey (HIS) had completed its first 10-year cycle of data collection. In accordance with a long-range plan set up during the early years of the survey, a general evaluation of the design and format of the survey was undertaken. As a result of this evaluation, a major revision of the survey procedure was made and took effect on July 1, 1967. However, because of the experimental nature of the revision, the survey sample was divided into two half-samples, both of which were intended to measure the health status of the civilian. noninstitutional population of the United States. In one of the half-samples, the procedures used during the preceding 10 years were continued; in the other, the revised procedures were introduced. This split-sample technique was continued during the 12-month period ending in June 1968.

In short, the collection system used from the beginning of the survey, called the "condition approach," consisted of eliciting all kinds of information about illnesses and injuries through a series of illness-recall (probe) questions and then collecting information on disability and medical care associated with the conditions. In the other collection method, known as the "person approach," information about shortand long-term disability and/or the receipt of medical care was collected first, and information about the condition(s) responsible for the disability or the need for care was then collected.

Although both approaches were intended to produce the same general kinds of information, the method of collection would be expected to have an effect on the estimates produced. Table A summarizes the estimates made that were based on data collected by the two approaches. This report presents more detailed information on both approaches, describes reasons for differences in estimates, and lists some of the measures that have been taken to improve data produced from the newly adopted procedure, the person approach.

BACKGROUND OF THE HEALTH INTERVIEW SURVEY

Initiation of the Interview Survey

In July 1956 legislation was enacted authorizing the U.S. Public Health Service to conduct continuing surveys of illness and disability in the United States. This legislation—the National Health Survey Act (Public Law 652, 84th Congress)—specifically provided for the establishment of an organization within the Public Health Service to plan, organize, and publish the survey findings.

The Health Interview Survey, the first of a series of data collection systems organized to implement the legislation, was planned during the fall and winter of 1956. Through contractual arrangement, the services of the Bureau of the Census were obtained to prepare a sample design¹ for the conduct of the survey and to carry out the collection and data processing phases of the program. The procedures were pretested in February 1957 in the city and

^aMrs. Gleeson was formerly Special Assistant to the Director of the Division of Health Interview Statistics, now retired.

Table A. Summary of comparative estimates derived from the half-samples used in the Health Interview Survey during
July 1967-June 1968

	Type of a	pproach
Questionnaire topic	Condition	Person
Limitation of activity:		
Percent unable to carry on major activity	2.2	3.0
Percent limited in amount or kind of major		
activity	6.6	6.0
Percent limited in other than major		
activities	3.3	1.5
Acute conditions:		
Total conditions per 100 persons	194.5	184.6
Activity restricting:		
With no medical attention	67.3	75.8
With medical attention	70.2	74.9
Medically attended only	56.9	34.0
Disability days per person per year:		
Restricted activity	15.7	14.8
Bed disability	5.9	6.0
Work-loss (currently employed)	5.4	4.9
School-loss (6-16 years)	4.1	4.9
Disability days due to acute conditions per person		
per year:		
Restricted activity	7.3	8.4
Bed disability	3.1	3.7
Work-loss (currently employed)	3.4	3.4
School-loss (6-16 years)	3.6	4.4
Disability days due to chronic conditions per person		
per year: Restricted activity	13.0	11.6
Bed disability	4.2	4.3
Work-loss (currently employed)	3.0	2.4
School-loss (6-16 years)	0.8	0.7
School-loss (0-10 years)	0.0	
Physician visits:		
Physician visits per person per year	4.3	4.1
Percent of persons with visits during past		
year	69.0	70.9
Hospitalization:	·	
Hospital discharges per 100 persons per		
year	12.2	11.7
Length of hospital stay per discharge in days	8.8	9.0

suburbs of Charlotte, N. C. Revisions and modifications were made in view of the findings of the Charlotte pretest, and a national "dress rehearsal" of the survey was conducted during May and June 1957. Data collection for the Health Interview Survey started officially on July 1, 1957, and has continued without interruption since then.

Concepts Used in the Survey

In the development of the concepts of morbidity, disability, and medical care and in the construction of the basic questionnaire used in the collection of health information, Health Interview Survey personnel drew heavily on the experiences of researchers who had previously used the interview method for the collection of health data.

Early in the 1920's, certain populations in Hagerstown, Md., were selected for epidemiological studies and the determination of some estimates of the levels of selected health measures in a local population. These studies continued throughout the next several decades. During 1935-36, a major nationwide health survey was conducted in which 737,000 urban households were visited by interviewers. Both of these studies contributed to the information about the basic kinds of health data that can be collected by household interview.

Since 1936, with the development and refinement of sampling techniques and procedures, the interview method has been used as a means of data collection in a number of local studies of morbidity. Foremost among these are surveys conducted in Baltimore, Md.; Pittsburgh, Pa.; Hunterdon County, N.J.; Kansas City, Mo.; New York City; and the State of California.

Morbidity is defined in the Health Interview Survey as a departure from a state of physical or mental well-being. This departure is a result of a disease or injury of which the affected individual is aware. Morbidity includes not only active or progressive disease but also impairments that are static in nature resulting from disease, injury, or congenital malformation. In the survey the concept of a condition that causes morbidity is usually limited by specifying that it includes only conditions for which the person has taken one or more actions. Such actions include

restriction of usual activities and seeking medical attention. Using action as the criterion for inclusion of a condition in the class of morbidity condition is justified on the basis of logic and practical utility. If the condition is so unimportant that the individual takes no action of any kind, it is usually of little health significance. In addition, earlier surveys revealed that there is a marked increase in response error associated with the reporting of minor illnesses that involved neither disability nor medical attention. However, in the area of chronic disease reported in health interviews where conditions are of long duration and medically related actions within the interview recall period might not have occurred, prevalence estimates are produced without regard to recent restricted activity or medical attention.

The concept of morbidity is modified to some extent in the process of constructing an operational procedure, a questionnaire and the instructions for its administration in order to achieve objectivity and simplicity in the interview method. Actually, the whole structure of the survey becomes the working definition of morbidity. Therefore, in the construction of questions which are used to elicit information about conditions from respondents, it is necessary to cover all the aspects of morbidity that the original concept requires.

DATA COLLECTION IN THE HEALTH INTERVIEW SURVEY

Format of the First Questionnaire

During the planning phase of the interview survey, two general questionnaire formats were considered. The one referred to as "alternative B" was designed to elicit information about conditions through the reporting of actions a person might have to take as a result of chronic disease. For example, a respondent would be asked if he had to:

- 1. Cut out or reduce all or part of his activities regularly or from time to time.
- 2. Change his activities.
- 3. Change his diet.

- 4. Take medicine or treatment over a long period of time.
- 5. Wear or use some special device.

After a positive response to any of the above statements, the respondent would be asked, "What was the matter?" While the original intent of this proposed format was to elicit information about chronic conditions, the same general approach was applicable to both chronic and acute conditions.

The other format, the one actually used during the first 10 years of the Health Interview Survey (July 1957-June 1967), provided for the reporting of all kinds of morbidity conditions through a series of direct questions designed to encourage the reporting of illnesses and injuries. In contrast to alternative B, no attempt was made to determine at the time the condition was initially reported if some action had been taken by the person because of the condition. This format was used to maximize the number of conditions reported regardless of their impact or severity and to apply the criteria of medical attention, restricted activity, or limitation of activity during the coding and transcribing of the collected data.

The Condition Approach

The selection of this questionnaire format, which is usually identified as the condition approach, was influenced by its general acceptance in earlier health surveys. Illness-recall questions which had been formulated and used successfully in the collection of health data in earlier surveys served as a prototype for the first questionnaire used in the Health Interview Survey. Using a tested collection procedure made it possible to begin the interviewing phase of the survey much earlier than would have been the case if a completely untested procedure such as alternative B had been adopted.

The illness-recall (probe) questions used during the first year of the interview are shown in figure 1.

The wording of the introduction to these questions—"We are interested in all kinds of illness, whether serious or not"—indicates the comprehensive nature of this section of the

questionnaire. These questions were structured to elicit information about any departure from a state of physical or mental well-being resulting from disease or injury, i.e., a morbidity condition. The questions which were limited to occurrences during the last week or the week before were designed primarily to aid in the reporting of acute conditions. Question 15 and the checklists of chronic conditions and impairments were used to assist the respondents in recalling and reporting conditions of a more lasting nature. All reported conditions were recorded regardless of which type of question had prompted the reply. Whether these conditions were chronic or not was established later in the interview on the basis of a series of questions relating to the nature of the disease and its duration. The section of the questionnaire designated "Table I" (figure 2) provided this kind of information for each reported condition.

The questions in Table I also ascertained whether a doctor had been seen and the days of disability associated with each of the conditions so that the severity criteria—restriction of activities and/or medical attention—could be applied in the selection of acute conditions for inclusion in the count of conditions basic to the derivation of incidence estimates. For persons who reported chronic conditions, additional information was obtained from Table I on the presence (or absence) of chronic limitation of activity or mobility.

Questionnaire Revisions

During the succeeding years of the interview survey, the section of the questionnaire dealing with acute and chronic illness underwent certain changes. Progressive experience in survey collection procedures on the part of the Health Interview Survey staff and the findings produced from continuing studies on survey methodology led to periodic changes, b which in turn led to some improvement in the reporting of illness by the respondent. These changes included variations in the order in which illness-recall questions were asked, introduction of a small calendar outlining the recall period for the

^bQuestionnaire format changes from 1958-1964 have been described earlier.²

Illness-Recall Questions

We are interested in all kinds of illness, whether serior 11. Were you sick at any time LAST WESK OR THE WESK BEPORE? (a) What was the matter? (b) Asything else.	is or not	☐ Yes	□ №
12. Last week or the week before did you have any accidents ((a) Went were they? (b) Anything else?	Yes	□ No	
13. Last week or the week before did you feel any ill effects (a) What were these effects?	From an earlier accident or injury?	☐ Yes	□ No
(b) Anything else? 14. Last week or the week before did you take any medicine of condition (hesideswhich you told me about)? (a) For what conditions?	r treatment for any	□ Yes	□ №
(b) Asything else? 15. AT THE PRESENT THE do you have any allments or condition timed for a long time? (If "No") Even though they don' (a) What are they? (b) Asything else?	is that have con- t bother you all the time?	☐ Yes	□ но
18. Has mayone in the family - you, your, etc had any of FAST 12 HONTER?	these conditions DURING THE	☐ Yes	- ok □
PAST 12 MONTHS? (Read Card A, condition by condition; a sentioned in the column for the person		1	
1. Asthma	6. Kidney stones or other		
2. Any allergy	kidney trouble		
	7. Arthritis or rheumatism		
4. Chronic bronchitis 16 5. Repeated attacks of sinus trouble 19	3. Prostate trouble		
	o. Thyroid trouble or		
7. Hardening of the arteries	goiter		
8. High blood pressure 2	1. Epilepsy or convulsions		
9. Heart trouble	of any kind		
	 Mental or nervous trouble 		
11. Trouble with varicose veins 12. Hemorrhoids or piles 2	3. Repeated trouble with		
13. Gallbladder or liver trouble	back or spine		
14. Stomach ulcer 2	4. Tumor or cancer		
	5. Chronic skin trouble 6. Hernia or rupture		
17. Does mayone in the family have any of these conditions?	(Read Card B, condition by condition; record any conditions mentioned in the column for the person)	☐ Yes	□ No
1. Deafness or serious trouble with hea	ring.		
	-		
2. Serious trouble with seeing, even wi			
 Condition present since birth, such a club foot. 	as cleft palate or		
4. Stammering or other trouble with spec	ech.		
5. Missing fingers, hand, or arm.			
6. Missing toes, foot, or leg.			
7. Cerebral palsy.			
8. Paralysis of any kind.			
 Any permanent stiffness or deformity fingers, arm, or back. 	of the foor or leg,		

Figure 1. Illness-recall (probe) questions used in the first year of the Health Interview Survey.

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you was? did he use any			- ⊢	If an impairment or symptom, ask: What was the cause of (If eye				What kind of trouble What part of was affected			t part of the affected?	PORE did					
		talk to a doc			erms? or not talk	ed to	- 1	mat was the cause	e or	trouble of		ind of trou		(11	part of boo	iy can be	you to
		tor	"No	, " in	col. (c)-	record		(If cause is alresentered in (d-1)	ady	and 8 years	(d-1)	dy entered , circle "X sking the q	" with-	det in	ermined from cols. (d-1) to l. circle "X	entries	on your
Col. No. of	Ques-	?	(If	111-e	effects of also fill	ear lies		"X" without asking question)	g the	over, ask):	"	sering the d	uescion,		ing the que		tivities for as
of per-	tion No.		For	AD ac	cident or during par	injury	[(If accident or in	njury,	Can you read ordinary							a day?
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(8)	(b)	(c)	-		(d-1)			(d-2)		(d-3)		(d-4)			(d-5)		(e) (f)
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many days, includ		these days re you	Last	week	If "Yes"			PAST 3 MONTHS that time?	viewer:	DURING THE PAST 12 M	E ONTERS	you last talk to a doctor	still take an medicin		many days during the past 12	look at this card and	or "2" or "3" in Col.
ing the 2	in al	bed l or	or t week befo	.	in col.	Chen	k one	Did start during the past	(k) is checked	or before time?	that	about?	or trea	et	months, has	read each	(r) ask:
week- ends?	100	st of e day?	have	ld you been	How many days did	Be fore	Durin 3	2 weeks or before that	or the condition		g past	(Month and year -Year only if		bed	you in bed for all or	state- ment.	Please look at this
			at a	ing Ljob busi-	,., keep you from work		month	(If during past	of Card			prior to 1956)	Or, foll	ow	most of the day?	state-	card and tell me
			ness (goi	ng to	(going to school)?	to col.	_	2 weeks, ask):	A or B, continue otherwis	3;			be gave	1Ce		ment fits you best.	which of these state-
			scho exce for			(6))		Which week, last week or the week before?	втор							(Show Cards C- F. 65	merits fifs you
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Figure 2. Table I used in the first year of the Health Interview Survey.

convenience of the respondent, restructuring of the checklists of chronic diseases and impairments, the identification of the condition(s) causing either limitation of activity or limitation of mobility, and format changes to accommodate revised data processing procedures.

Despite these changes in the questionnaire, certain kinds of health related information continued to be underreported in the survey, although to a lesser extent than in the first years of the survey when, on the basis of research studies comparing interview data with medical records, it had been established that chronic conditions were not completely reported in the interview.^{3,4} For example, the prevalence of selected chronic conditions has increased with changes in the questionnaire formats.

REEVALUATION OF THE SURVEY

Early in 1963, after 6 years of data collection and in accordance with a long-range plan set up during the early years of the survey, a general evaluation of the design and format of the survey was undertaken. A timetable was prepared which provided for considering proposed changes, for deciding whether to accept, reject, or modify the proposed changes, and for pretesting and evaluating the approved changes. A target date of July 1, 1967, was established for the completion of the evaluation and for the introduction of any new procedures in the collection phase of the survey. During the 4-year evaluative period, 1963-67, the ongoing survey continued in line with collection procedures developed during the early years of the survey.

Evaluative Studies

While the procedures used in the Health Interview Survey were being evaluated, consideration was given to items in three general areas: (1) sample design and collection procedures, (2) general objectives and types of analysis, and (3) questionnaire content and format.

Studies relating to the first general area were primarily concerned with the adequacy of the reporting of chronic conditions. One of the studies was an experimental project in which 20 percent of the households interviewed during July-September 1963 were again interviewed

during the same quarter in 1964. This study, which was an attempt to improve the reporting of chronic illness, simulated the longitudinal method of data collection. Other studies examined (1) the effectiveness of preinterview materials (pamphlets, letters, and calendars) in motivating household respondents, (2) the productivity of intensive and serial interviews, and (3) the advisability of collecting data on only one type of chronic illness during a specific collection period.

Questions pertaining to general objectives of the survey led to a study designed to find out about data needs and how published material is used by consumers and to an investigation of the relative importance of measuring levels, time changes, and relationships as objectives of the survey. New types of analysis that evolved from the evaluative considerations were the synthetic estimates for individual States⁵ and the experimental estimates of health characteristics on a family basis.

Evaluation of the survey in terms of questionnaire content and format led to the major changes that were introduced in July 1967. The result of these changes is the person approach questionnaire. Because of the experimental nature of the new format, it was decided for methodological purposes to split the Health Interview Survey sample during July 1967-June 1968 into two separate samples, each of which would provide measures of the health characteristics in the portion of the population covered by the respective sample. The questionnaire and procedures used during July 1966-June 1967, which were essentially those used during the first 10 years of the survey, were continued in one of the half-samples, and the new questionnaire and procedures were applied to the other.c Some information on the reliability of the data collected by the two approaches, including sampling error charts, is presented in appendix I. Appendix II contains the definitions of terms used in this report. All questionnaires used for the collection of material during July 1967-June 1968 are shown in their entirety in appendixes III and IV.

^CMinor revisions involving the wording and order of items on the person approach questionnaire were introduced in January 1968.

In addition to the split-sample procedure, a methodological project was carried out for the purpose of measuring differences introduced in the transcription of data collected by the condition and person approaches. This study was conducted in accordance with a variation of a split-half matching technique. First, data from a random selection of 215 questionnaires from the person approach were transferred to the condition approach questionnaire. Both sets of questionnaires were then processed separately, according to a common editing program, with procedures unique to each document format to produce two sets of computer tapes. The content of these tapes was then matched item for item for each pair of records derived from matching questionnaires.

In the second matching procedure, the process was reversed. Data originally collected by the condition approach were transferred to person approach questionnaires for an equivalent number of household interviews. As in the first operation, both sets of questionnaires were processed separately, and the prepared computer tapes were matched.

From this project it was found that no appreciable amount of variation was introduced during the transcription and processing phases of health data collected by the person and condition approaches. Where substantial differences were found during the matching procedure, they were attributable for the most part to definitional differences in the two approaches.

The Person Approach

The new questionnaire introduced as a data collection instrument in July 1967 resembled the approach suggested by the alternative B method of data collection considered at the beginning of the interview survey. The illness-recall questions, with a 2-week reference period, were replaced with probe questions pertaining to health related actions during the period—e.g., cutting down on usual activities, spending days in bed, losing time from work or school, or seeking medical attention (figure 3). Information about conditions responsible for such actions was obtained from persons with positive response to the health related action probe questions.

This format provided for the reporting of (1) acute conditions that had caused restricted activity or received medical attention during the 2-week reference period, (2) disability days (restricted activity, bed disability, or work- or school-loss) occurring during the reference period due to acute or chronic conditions, and (3) visits to physicians and hospitalization as estimates of medical care utilization independent of the conditions for which the care was received. In addition to the variety of information obtained through the probe questions, the person approach resulted in a reduction in interviewing time because of the automatic exclusion of acute conditions that did not result in either restriction of activity or medical attention.

In summary, the adoption of a collection procedure that stresses health related behavior such as visiting a physician or losing days from work, with the causative condition playing a secondary role, has several advantages. On the basis of our own experience and that of other researchers, it is known that the interview method produces more reliable information on disability and medical care than on illness per se, particularly illness by diagnosis. For this reason, it seems reasonable to obtain information on disability and care experienced by the sample individual first and on the causative condition(s) later, rather than depend on the initial reporting of the condition to elicit information about the presence of disability and care.

Furthermore, a person's degree of illness may be measured and compared with the experience of others by using data that will summarize the unduplicated count of disability days for all conditions affecting the person. When these data were obtained for each condition separately (in the condition approach) and then unduplicated and summed for the individual, the unduplicating process was awkward and imprecise. The person approach obtains the person and condition disability information directly during the interview. This procedure permits the respondent to report the total days of disability experienced during the 2-week reference period and later in the interview to report the number of days attributable to each condition.

By focusing the interview on the collection of conditions that have some impact on persons in

		_	
Н	If related persons 19 years old or over are listed in addition to the respondent, say: We would like to have all adults who are at home take part in the interview. Is your — —, your — —, etc., at home now? If other eligible respondents are at home, ask: Would you please ask — —, — —, etc., to join us?		1 At home O Under 19 years 2 Not at home
HAN	CALENDAR TO RESPONDENT		
	uring the past two weeks (the 2 weeks outlined in red on that calendar) did — — stay in bed all or most of the day because of	5a.	Yes — Ask b
	uring me past was weeks (in 2 weeks Colinical in 160 on that Colonical, did 50, in 50,		oo ☐ No — Ask c
<u>-</u> -	the second secon	Ъ.	
b. b	uring that two week period, how many days did — — have to stay in bed all or most of the day?		days — Ask a
c. D	uring that two week period, did he have to cut down on the things he usually does because of illness	c.	
	Injury?		Yes-Ask d No-Go to 62
			Yes—Ask e
d. D	id — — have to cut down for as much as a dey?	. u.	00 No-Go to 6#
	ow many days in total did — — have to cut down during that two week period?	:	/351-21-1
" "	aw mony days in total did = - nave to call down downs and the new period.		days - Ask f or &
,		~ ₹	If under 6 yrs. — Go to 6s
l 6. H	17 years old or over ask: ow many days did illness or injury keep — — from work during these two weeks?		
	or females add—Not counting work ground the house. 6-16 years old ask:	 9.	deys — Go to 6.€. OO
	on ow many days did illness or injury keep — — from school during those two weeks?		days - Go to 6a
I.	1+ days recorded in Q. 5e, ask:	6a.	
6a. ¥	hat condition caused to cut down on the things he usually does during the past two weeks? - Enter condition in C above		Go to next person
!			
Ь. С	uring the past two weeks, did ony other condition cause him to cut down on the things he usually does?	ь.	Yes-Reask a and b
1			No-Go to next person
7. [turing the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times has — — seen a doctor	7.	
	ither at home or at a doctor's office, or clinic?		None
l			Number of visits
<u> </u>		80.	-
	Besides those visits) During that 2-week period has onyone in the family been to a doctor's office or linic for shots, x-rays, tests, or examinations? Yes — Ask b and c No — Go to 9	-	
l .		ı.	Yes Doctor's visits
Į.	ho was this? Mark "Yes" in person's column	D.	LIES DOCTORS VISITS
I	nyone else? Yes - Reask b and c No - Go to d		
	or each "Yes" marked, ask: low mony times did— — visit the doctor during that period?—Exclude visits made on "mass" basis		
1	OM HIGHY HIMES CITY 41811 HIS OPCIOT COLING HIGH PERIODS - EXCENSES ATOMIC ATOMIC AND MESON OF MESON OF MESON AND MESON OF MES	d.	Number of visits
9g. E	uring that period, did anyone in the family get any medical advice from a doctor over the telephone? Yes — Aek b end c	9 a.	
	"Yes," ask: Who was the phone call about?—Mark "Yes" in person's column. No - Go to 10		
		ъ.	Yes
c	Any calls about anyone else? Yes - Reask b and c No - Go to d		
	or each "Yes" marked, ask:		†
1	or each Ties Thankeu, ask:		
		d.	Number of calls
1	doctor was seen or talked to during the past two weeks, ask:	10a.	No 2-week visits-Ask 11
JA	for what condition did ~ – see or talk to a doctor during the past two weeks? – Enter condition here and in c above		
	button that nexted did age as tells to a dectar for any other condition?	ъ.	ETV. Post 40:
l "'	If preguancy reported ask: During the post 2 weeks was — sick because of her pregnancy?		Yes-Reask 10a
I	Z weeks was — sick because or ner pregnancy: If "Yee?" sak: Whot was the matter?		No-Go to next person

Figure 3. Questions relating to short-term disability and physician visits that also served as illness-recall questions in the person approach questionnaire in the Health Interview Survey during July-December 1967.

terms of seeking medical care, cutting down on the things they usually do, or limiting their activities, interviewing time is appreciably reduced and proper emphasis is placed on illnesses that represent actual health problems.

Collection of Data On Chronic Conditions

Since the initiation of data collection in the Health Interview Survey in 1957, a continuous effort has been made to improve the quality of data on the prevalence of chronic conditions.

Methodological studies have shown that chronic conditions are generally underreported in interview surveys. They have also indicated that the expansion of the Checklist of Chronic Conditions to include as many descriptive titles as possible for a particular condition will increase the probability that a respondent will report the condition, assuming, of course, that he is aware of its existence.

This finding led to the decision to restrict the collection of prevalence data on chronic conditions to specific types of conditions during a given collection year. This change in collection procedure is completely apart from the defined person approach; however, since both procedural changes were experimental during the collection year July 1967-June 1968, they were tested on the new questionnaire introduced in the field. Although the person approach and the Checklist of Chronic Conditions involving a specific body system are both integral parts of the HIS collection procedure at the present time, either could be discarded at some future time without reducing the effectiveness of the other.

Concentrating on a group of chronic conditions involving a specific system of the body (e.g., those affecting the digestive system) rather than on the entire spectrum of chronic conditions not only improves the quality of response but also permits the collection of more detailed diagnostic information related to that body system. The survey plan calls for the collection of different types of conditions each year, so that within 5 or 6 years after the initiation of this plan, information on the prevalence of virtually all chronic conditions will have been obtained.

Once the decision had been made to modify the collection procedure for chronic conditions by emphasizing a specific type of condition during a given year, it was necessary to develop at the same time procedures that would provide comparable data for other measures of morbidity that had been derived previously from data collected on all types of chronic conditions. One of these measures, the number of persons with limitation of activity (long-term disability), had previously been generated by consolidating the data on activity limitation attributable to specific chronic conditions reported by an individual to represent the activity limitation status of that individual. The most obvious alternative to this consolidation was to build a person-data foundation in terms of the degree of activity limitation and then ascertain the conditions responsible for the activity limitation status of the individual.

The Split-Sample Procedure

The questionnaire used in the collection of interview data is a very sensitive instrument.

Supposedly minor changes in the wording or order of questions can result in subsequent changes in the levels of estimates for health related items. It was anticipated that the introduction of a major procedural innovation such as the person approach in the collection of health data would undoubtedly produce new levels and possibly new relationships. For this reason a split-sample was used to provide some information on the effect of a new collection procedure on the estimates established during the first 10 years of the survey. The following sections are devoted to a comparative evaluation of the health data collected on the questionnaires using the condition and person approaches during July 1967-June 1968.

This evaluation revealed certain shortcomings in each of the approaches. Revisions in either the format or content of the questionnaire were made in January 1969 and January 1970 to improve the collection of data by the person approach. These revisions are described at the end of the section dealing with the measure of health to which they apply. Additional changes will undoubtedly be made in future questionnaires to improve data collection.

COMPARISON OF THE TWO HALF-SAMPLES USED IN THE HEALTH INTERVIEW SURVEY, JULY 1967-JUNE 1968

Population Composition

Direct supervision of the interviewing phase of the Health Interview Survey is exercised through the 12 data collection centers of the Bureau of the Census. Before the two half-samples were taken, half of the interviewers in each data collection center were trained to administer the questionnaire with the condition approach, and the other half were trained to administer the person approach.

This procedure was carried out by pairing interviewers and by randomly selecting from each pair an interviewer to use the questionnaire employing the person approach. The other interviewer used the condition approach questionnaire. Within each data collection center, interviewers were paired on the basis of approximate equality in expected quarterly workload

and similarity in degree of urbanization of workload area. Two interviewers working in the same enumeration area were automatically paired together. In the case of an odd number of interviewers in a given data collection center, the "odd" interviewer was paired with an "odd" interviewer from another center. If an interviewer was unable to carry out an assignment, an interviewer trained in the same approach was normally recruited to complete the assignment. The selection process equalized as much as possible the total workload between the new and old procedures and also achieved for each half-sample a representative subset of the total sample.

During the year, the condition approach was used to interview persons composing 21,215 households, and the person approach, to interview persons composing 22,361 households. When sample persons were weighted to represent the total civilian, noninstitutional population, the average total annual population of 194,461,000 persons was composed of a condition approach average population of 94,557,000 persons and a person approach average population of 99,904,000 persons.

The composition of the populations in the two half-samples was quite similar for a number of population characteristics (table 1). There was a sizable difference in the population distribution by geographic region. This variation is explained by the fact that the boundaries of 12 census regions, the areas on which the interviewer pairings were based, do not coincide in some instances with the limits of the four major geographic areas used in the survey analysis. Furthermore, the pairing of an "odd" interviewer in a given regional office with an "odd" interviewer in a different regional office could lead to an unbalanced sample within a given geographic region.

Collection of Prevalence Data

The new questionnaire, introduced in the ongoing survey in July 1967, was constructed to produce total prevalence estimates for chronic conditions involving the digestive system only. As indicated earlier, all the digestive conditions of a chronic nature, regardless of the question

that prompted the response, were included in the prevalence estimate. However, approximately 90 percent of the reported conditions included in the estimate were first reported in response to the reading of the checklist (figure 4). This high proportion was anticipated since the checklist was preceded on the questionnaire only by probe questions involving an action such as receiving medical attention or cutting down on one's activities during the 2-week period prior to interview. Unless the person had received medical attention or experienced disability days because of a specific chronic digestive condition, his first opportunity to report the presence of such a condition would be in response to the reading of the checklist.

In comparison, the general Checklist of Chronic Conditions used in the half-sample to which the condition approach questionnaire was administered revealed only about 60 percent of the chronic digestive conditions reported. The lower proportion of digestive conditions reported in response to the general checklist was primarily the result of the comprehensive nature of the condition probes preceding the checklist, e.g., "Was ______ sick anytime last week or the week before? Did ______ have anything else during that 2-week period? Did _____ take any medicine or treatment for any condition? Did _____ ever have an accident or injury that still bothers him in any way?"

This greater dependence on the specialized checklist for the reporting of prevalence data in the person approach indicates that the list should be as inclusive and descriptive as possible in terms of specific conditions which might involve the body system for which data will be collected.

Since checklists of conditions are included on questionnaires for the purpose of reminding and encouraging respondents to report conditions which might otherwise be missed, the names and titles of conditions or disease categories used are ones that would be familiar and understandable to the respondent. Once the condition is reported, more information about it is obtained so that it can be properly classified in the appropriate disease category in accordance with the International Classification of Diseases (ICD). (see Condition This additional information appendix III, p. 66) is obpage,

Person approach (Checklists included only chronic conditions of the digestive system)

Card A A-1 Now I'm going to read a list of conditions — please will me if you, your — , etc., here have present will me if you, your — , etc., here have present will me if you, your — , etc., here have present will me if you, your — , etc., here have present will me if you, your — , etc., here have present will be a possible of the plant o		
Now I'm gains to rend a list of conditions Pieces will me if you, your —, setc., here had any of these conditions DURING THE PAST 12 MONTHS? 1. Anthma? 2. CHRONIC bronchitis? 3. REPEATED stacks of aimus trouble? 4. TROUBLE with varicose veins? 5. Hemarrhoids or piles? 6. Hay fover? 7. Tumor, cyst, or growth? 8. CHRONIC guilbladder or liver trouble? 9. Stomach ulcer? 10. Any other CHRONIC stomach trouble? 11. Kidney stones or CHRONIC kidney trouble? 12. Thyrold trouble or guiter? 13. Any allergy? 14. CHRONIC servous trouble? 15. CHRONIC skin trouble? 16. Palay? 17. Paralysis of any kind? 18. REPEATED trouble with back or spine? 19. Cleft palate? 20. Any speech defect? 21. Hemis or repture? 22. Prostate trouble? 23. Hardening of the arteries? 4. High blood pressure? 6. Exercise if andy during pregnonery! 5. Cancer? 6. Heart trouble? 7. Stroke? 8. Rheumatic fever? 9. Anthritis or rheumatism? 10. Mental illness? 11. Disbeter?	Card A	
had only of these conditions DURING THE PAST 12 MONTHS? 1. Asthma? 2. CHRONIC bronchitis? 3. REPEATED stracks of sinus trouble? 4. TROUBLE with varicose veins? 5. Hemorrhoids or piles? 6. Hay fover? 7. Tumer, cyst, or growth? 8. CHRONIC galibladder or liver trouble? 9. Stomach ulcer? 10. Any other CHRONIC atomach trouble? 11. Kidney stones or CHRONIC kidney trouble? 12. Paralysis of any kind? 13. REPEATED trouble with back or spine? 14. Hemis or repture? 25. Prostate trouble? 16. Palse? 26. Hemis or repture? 27. Prostate trouble? 18. Do you, year —, etc., HAVE ony of these conditions? 28. Emphysems? 29. Prostate trouble? 20. Any speech defect? 21. Hemis or repture? 22. Prostate trouble? 23. Hardening of the arteries? 25. Emphysems? 26. High blood pressure? 27. Exercicle if anyl during pregnoney) 28. Cancer? 29. Architil or the unatties? 29. Architil or heumatism? 20. Missing lung or kidney (or breast)? 30. Missing lung or kidney (or breast)? 31. Missing lung or kidney (or breast)? 32. Chick foot? 33. Missing lung or kidney (or breast)? 34. Missing lung or kidney (or breast)? 35. Chic foot? 46. PERMANENT stiffness or any deformity of foot, i.g., fingers, arm or back?	A-1	A-2
2. CHRONIC broachitia? 3. REPEATED stacks of sinus trouble? 4. TROUBLE with varicose veins? 5. Hemorrhoids or piles? 6. Hay fover? 7. Tomor, cyst, or growth? 8. CHRONIC galibladder or liver trouble? 9. Stomach ulcer? 10. Any other CHRONIC atomach trouble? 11. Kidney stones or CHRONIC kidney trouble? 12. Hemis or repture? 13. Any appech defect? 14. Kidney stones or CHRONIC kidney trouble? 15. CHRONIC stomach trouble? 16. Palay? 17. Paralysis of any kind? 18. REPEATED trouble with hack or spine? 19. Cleft palate? 20. Any speech defect? 21. Hemis or repture? 22. Prostate trouble? 22. Prostate trouble? 23. Hardening of the arteries? 24. High blood pressure? 25. Exploysems? 26. Hardening of the arteries? 27. SERIOUS trouble aceing with one or both ears? 28. SERIOUS trouble aceing with one or both ears? 29. Any speech defect? 20. Any speech defect? 21. Hemis or repture? 22. Prostate trouble? 23. Masales fingers, hand or arm — toos, foox to leg? 24. Missing fingers, hand or arm — toos, foox to leg? 25. Clab foox? 26. PERMANENT stiffness or any deformity of foot, leg, fingers, arm or back? 26. PERMANENT stiffness or any deformity of foot, leg, fingers, arm or back?	Now I'm going to read a list of conditions — Please tell me If you, your ——, etc., have had any of these conditions DURING THE PAST 12 MONTHS?	Hove you, your, etc., had any of these conditions DURING THE PAST 12 MONTHS?
B—1 Hove you, your —, etc., EVER had any of these conditions? 1. Tubercalosis? 2. Emphysems? 3. Hardening of the arteries? 4. High blood pressure? (Exclude if only during pregnoney) 5. Cancer? 6. Heart trouble? 7. Stroke? 8. Ritematic fever? 9. Arthritis or rheumatism? 10. Mestal illness? 11. Diabotes?	2. CHRONIC broachitis? 3. REPEATED stacks of sinus trouble? 4. TROUBLE with varicose veins? 5. Hemorthoids or piles? 6. Hay fover? 7. Tumor, cyst, or growth? 8. CHRONIC guilbladder or liver trouble? 9. Stomach ulcer? 10. Any other CHRONIC atomach trouble?	13. Any allergy? 14. CHRONIC servous trouble? 15. CHRONIC skin trouble? 16. Palay? 17. Paralysis of any kind? 18. REPEATED trouble with back or spine? 19. Cleft palate? 20. Any speech defect? 21. Hemis or repture?
Hove you, your —, stc., EVER had any of these conditions? 1. Teberculosis? 2. Emphysems? 3. Hardening of the arteries? 4. High blood pressure? (Eschulds if Joshy during pregnoney) 5. Cancee? 6. Heart trouble? 7. Stroke? 8. Rheumatic fevee? 9. Anthritis or rheumatism? 10. Mestal illness? 11. Disbetee?	Card B	
1. Tubercolosis? 2. Emphysems? 3. Hardening of the arteries? 4. High blood pressure? (Exclude if anly during pregnoncy) 5. Cancer? 6. Heert trouble? 7. Stroke? 8. Rheomatic fever? 9. Arthritis or rheumatism? 10. Meatal illness? 11. Diabstes?	B1	8-2
2. Emphysems? 3. Hardening of the arteries? 4. High blood pressure? (Eschulat if landy during pregnoney) 5. Cancer? 6. Heart trouble? 7. Stroke? 8. Rheomatic fever? 9. Arthritis or rheumatism? 10. Mental illness? 11. Disbetes?	Have you, your, etc., EVER had any of these conditions?	Do you, your, etc., HAVE any of these conditions?
	2. Emphysems? 3. Hardening of the arteries? 4. High blood pressure? (Exclude if only during pregnoncy) 5. Cancer? 6. Heart trouble? 7. Stroke? 8. Rheumstic fever? 9. Arthritis or rheumatism? 10. Mental illness? 11. Disbetes?	with one or both care? 2. SERIOUS trouble aceing with one or both eyes even when wearing glasses? 3. Missing fingers, hand or arm — toes, foot or leg? 4. Missing lung or kidney (or breast)? 5. Club foot? 6. PERMANENT stiffness or any deformity

Now I'm-poing to rood a list of conditions:			
12s. During the past 12 months, has anyone in the family	(yeu, y	our –	-, etc.) hed ony of the following conditions -
If "Yes," ask b and c	Yes	No	
1. Galistenes?	1.68	10	
2. Any other gallbladder trouble?	+-	-	
· · · · · · · · · · · · · · · · · · ·		\vdash	114.
3. Hemorrhoids or piles?	+-	-	b. Who was this?
4. Cirrhesis of the liver?	+	-	c. During the post 12 months has anyone else had
5. Fetty liver?	+-		C. During the push 12 months has only the erse had 1
6. Hepatitis?	+		
7. Yellow joundice?			•
8. Any other liver trouble?	ـــ	ш	
 During the past 12 menths, has enyone in the family If "Yes," ask b and c 	haď –		
II tes, ask nande	Yes	No	
7. A disease of the pencrees?	+		· · · · · · · · · · · · · · · · · · ·
10. A disease of the esophogus?	\top		
11. Any other disease that effects swellowing?	+		b. Who was this?
12. Peptic ulcer?	\top		c. During the past 12 months has anyone else had
13. Duedenal ulcer?	+-		
14. Stomach er gestric ulser?	1		
15. Any other ulcer?	1		
		نــــا	
 During the past 12 menths, has anyone in the family if "Yes," ask b and c 			
	Yes	No	
16. Histol hemie?			
17. Umbilical harnie?			
18. Any other homis or rupture?			
19. Gastritia?			b. Who was this?
20. Frequent indigestion?			c. During the past 12 months has anyone else had
21. Cencer of the stemach?			
22. Any other stemach trauble?			
23. Enteritia?			
24. Diverticulitis?			
a. During the past 12 months, has enyone in the femily	hod		
If "Yes," ask b and c	_	_	
	Yes	No	
25. Celinis?			
26. Constigation or other bowel trouble?	+	_	
27. Spastic celen?	-	_	b. Who was this?
28. Cancer of the colon or rectum?		Ш	c. During the past 12 months has anyone else had
29. Any other concor of the digestive system?	1-		
30. Any other intestinal trouble?	-		
31. Any other condition of the digestive system?			

Figure 4. The checklists of chronic conditions on the questionnaires used in the Health Interview Survey during July 1967-June 1968.

tained from responses to questions such as "What did the doctor say it was? What is the cause of the condition? What part of the body is affected?" The reclassification of reported conditions into ICD categories means that prevalence estimates are not always derived for the separate disease and condition categories shown on the questionnaire.

Comparative Prevalence Estimates

The prevalence estimate of chronic digestive conditions derived from the half-sample interviewed during July 1967-June 1968 by the person approach was 115.7 conditions per 1,000 population, while the condition approach half-sample produced a comparable estimate of 65.6 conditions (table 2). For conditions which were

	Condition approach ¹	Person approach ²
Major activity	(July 1967-June 1968)	July-December 1967
Preschool (Under 6 years)	NOT ABLE TO TAKE PART AT ALL IN ORDINARY PLAY WITH OTHER CHILDREN A SBLE TO PLAY WITH OTHER CHILDREN BUT LIMITED IN KIND OR AMOUNT OF PLAY. NOT LIMITED IN ANY OF THE ABOVE WAYS.	15a. In terms of health, Is — — able to take part at all in ordinary play with other children? b. Is he limited in the kind or amount of play because of his health?
Going to school (6-16 years)	L NOT ABLE TO GO TO SCHOOL AT ALL. 2. ABLE TO GO TO SCHOOL BUT LINITED 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 THE ABOVE WAYS.	20a. Does (would) he have to go to a certain type of school because of his health? b. Is he (would he be) limited in school attendance because of his health? c. Is —— limited in the kind or amount of other activities because of his health?
Usually working (17+ years)	1. NOT ABLE TO WORK AT ALL. 2. ABLE TO WORK BUT LIMITED IN KIND OF AMOUNT OF WORK. 3. ABLE TO WORK BUT LIMITED IN KIND OF AMOUNT OF OTHER ACTIVITIES. 4. NOT LIMITED IN ANY OF THE ABOVE WAYS.	18a. Is — I limited in the kind or amount of work he can do because of his health? b. Is — oble to work at all? c. Is — I limited in the kind or amount of other activities because of his health?
Keeping house (17+ years)	NOT ABLE TO KEEP HOUSE AT ALL. ABLE TO KEEP HOUSE BUT LIMITED IN KIND OR AMOUNT OF HOUSEWORK. ABLE TO KEP HOUSE BUT LIMITED IN KIND OR AMOUNT OF OTHER ACTIVITIES. NOT LIMITED IN ANY OF THE ABOVE WAYS.	18a. Is — — limited in the kind or amount of work he can do because of his health? b. Is — — obje to work at all? c. Is — — limited in the kind or amount of other activities because of his health?
Retired (45+ years)	1. NOT ABLE TO WORK AT ALL. 2. ABLE TO WORK BUT LIMITED IN KIND OR AMOUNT OF WORK. 3. ABLE TO WORK BUT LIMITED IN KIND OR AMOUNT OF OTHER ACTIVITIES. 4. NOT LIMITED IN ANY OF THE ABOVE WAYS. 1. NOT OF THE ACTIVITIES. 4. NOT LIMITED IN ANY OF THE ABOVE WAYS. 1. NOT ABLE TO WORK BUT LIMITED IN ANY OF THE ABOVE WAYS.	17a. In terms of health, is — — able to work? b. Is — — limited in the kind or amount of wark he could do because of his health?
		January-June 1968
Preschool (Under 6 years)	NOT ABLE TO TAKE PART AT ALL IN GRINARY PLAY WITH OTHER CHILDREN CHILDREN. ABLE TO PLAY WITH OTHER CHILDREN BUT LIMITED IN KIND OR ANOUNT OF PLAY. NOT LIMITED IN ANY OF THE ABOVE WAYS.	19a. Is — able to take part at all in ordinary play with other children? b. Is he limited in the kind of play he can do because of his health? c. Is he limited in the amount of play because of his health?
Going to school (6-16 years)	NOT ABLE TO GO TO SCHOOL AT ALL. ABLE TO GO TO SCHOOL BUT LIMITED TO CERTAIN TYPES OF SCHOOLS OR IN SCHOOL ATTENDANCE. ABLE TO GO TO SCHOOL BUT LIMITED IN OTHER ACTIVITIES. NOT LIMITED IN ANY OF THE ABOVE MAYS.	24a. Does (would) —— have to go to a certain type of school because of his health? b. Is he (would he be) limited in school attendance because of his health? c. is he limited in the kind or amount of other activities because of his health?
Usually working (17+ years)	1. NOT ABLE TO WORK AT ALL. 2. ABLE TO WORK BUT LINITED IN KIND OR AMOUNT OF WORK. 3. ABLE TO WORK BUT LINITED IN KIND OR AMOUNT OF THER ACTIVITIES. 4. NOT LIMITED IN ANY OF THE ABOVE WAYS.	22a. In terms of health, is PRESENTLY able to work at all? b. Is he limited in the kind of work he can do because of his health? c. Is he limited in the amount of work he can do because of his health? d. Is he limited in the kind or amount of other activities because of his health?
Keeping house (17+ years)	NOT ABLE TO KEEP HOUSE AT ALL ABLE TO KEEP HOUSE BUT LIMITED IN KIND OR AVOINT OF HOUSEWORK. ABLE TO KEEP HOUSE BUT LIMITED IN KIND OR AVOINT OF OTHER ACTIVITIES. NOT LIMITED IN ANY OF THE ABOVE WAYS.	22a. In terms of health, is PRESENTLY able to work at all? b. Is he limited in the kind of work he can do because of his health? c. Is he limited in the amount of work he can do because of his health? d. Is he limited in the kind or amount of other activities because of his health?
Retired (45+ years)	NOT ABLE TO WORK AT ALL. ABLE TO WORK BUT LIMITED IN KIND OF ANOUNT OF HORK. BILE TO WORK BUT LIMITED IN KIND OF AWOUNT OF OTHER ACTIVITIES. NOT LIMITED IN ANY OF THE ABOVE WAYS.	21a. Does — health keep him from working? b. Is he limited in the kind of work he could do because of his health? c. Is he limited in the amount of work he could do because of his health? d. Is he limited in the kind or amount of other activities because of his health?

Figure 5. The different questionnaire formats used for the collection of data on limitation of activity in the Health Interview Survey during July 1967-June 1968.

mentioned in both lists, such as stomach ulcer, hernia, and conditions of the liver and the gallbladder, the estimates derived from the half-samples were quite similar. The higher prevalence rates produced from the questionnaire with the person approach were attributable to the increased reporting of conditions that were not included in the list of chronic conditions on the condition approach questionnaire. The conditions on the checklist that contributed to increases in specific categories (shown in table 2) are:

	Checklist Condition	Specific Category (table 2)
1.	Gastritis	Gastritis and duodenitis
2.	Frequent indigestion	Functional and symptomatic upper gastrointestinal disorders
3.	Diverticulitis Enteritis Colitis (ulcerative)	Chronic enteritis and ulcerative colitis
4.	Constipation	Constipation
5.	Colitis (mucous) Spastic colon	Other functional disorders of the intestines
6.	Any other bowel trouble Any other intestinal trouble	Intestinal and bowel trouble
7.	Any disease of the pancreas	Other diseases of the digestive system

This increased prevalence produced by the more detailed checklist of conditions is further confirmation that more complete reporting of the prevalence of a specific condition is accomplished by the interviewer's referring directly to the condition than by the respondent's volunteering information about the condition in answer to a more general probe question.

If, on the other hand, interest lies in the prevalence of digestive conditions that have had some impact on the life of the individuals involved—e.g., inability to carry on the usual activity for their age or sex group or limitation in amount or kind of usual or other activities—then the collection procedures are equally effective. It is obvious from table 3 that there are no marked differences because of the collection approach in the diagnostic categories that contribute to the approximate rate of 8 digestive conditions per 1,000 population that cause

limitation of activity. This finding substantiates the premise that the interview method of collection is most appropriate for the collection of data on chronic conditions that have had some impact on the population. Furthermore, it is reassuring to find that the expansion of the collection procedure providing total prevalence estimates does not unduly affect the estimates restricted to the narrower concept of prevalence of conditions causing activity limitation. Since the split-sample procedure was in operation only during the period when total prevalence data were being collected for chronic digestive conditions, the above findings are based on the rates produced for such conditions. Their applicability to other types of chronic conditions may be influenced to some extent by such factors as the absence of medical attention or embarrassment associated with the reporting of certain kinds of conditions.

LIMITATION OF ACTIVITY

In the condition approach used in the survey during July 1957-June 1967 and in the half-sample during July 1967-June 1968, information about chronic limitation of the activity was obtained only for sample persons who reported one chronic condition or more. In accordance with the major activity of the person (working, keeping house, going to school, or retired), the respondent was handed a card (figure 5) by the interviewer and asked to select the limitation category which best suited the persons in terms of health.^d For those with any degree of activity limitation, the causative condition(s) were assigned from those that had been reported previously.

In the person approach used in the July 1967-June 1968 half-sample, the restriction regarding the presence of chronic condition(s) was removed, and questions regarding the degree of activity limitation were asked for all sample persons. Chronic conditions causing the limitation, which may or may not have been previously reported in response to other probe questions, were then ascertained. If only acute conditions such as injuries were reported as

^dRetired persons were asked to rate themselves in terms of their ability to work.

causing limitation, the person was considered to have no chronic limitation of activity.

There were two major changes in the collection of data on activity limitation in the person approach: (1) all persons were asked questions pertaining to chronic activity limitation regardless of whether a chronic condition had been reported, and (2) instead of asking the respondent to select the appropriate activity limitation status from a printed card, the interviewer read the options to the respondent (figure 5).

Questionnaire Revisions Effective in January 1968

Interviewing problems encountered during the 6-month period July-December 1967 led to extensive changes in the activity limitation section of the person approach questionnaire used for data collection during January-June 1968. As shown in figure 5, persons who had been working, keeping house, or going to school during most of the 12 months prior to interview in the earlier version were first asked about limitation in amount or kind of major activity. In the revised version, the question regarding ability to carry on major activity was asked first, followed by separate questions designed to obtain information on limitation in the amount and in the kind of major activity. For retired persons, inability to work was determined from responses to the question "In terms of health, is able to work?" in the earlier version. In the revised version, this question was worded "Does ____ health keep him from working?"

The order in which the questions were asked and the division of the question regarding limitation in amout or kind of major activity had little effect on the estimates derived from the two versions of the person approach questionnaire. However, the revised wording of the question on inability to work produced a major change in the percent of retired persons in this category (table 4).

It is difficult to obtain reliable data on limitation of activity. Unlike other health related items such as disability days or physician visits that are objective by nature, limitation of activity represents, in a sense, an opinion or attitude on the part of the respondent in the interview. This is particularly true in the case of a retired person who is, in effect, placed in a hypothetical situation involving work and asked to describe his ability to function as a worker. Because the questions relating to activity limitation require a subjective judgment on the part of the respondent, even minor changes in wording may cause marked variations in response.

Despite the disparity in the estimates obtained from the two versions of the person approach questionnaire, data collected in the two versions have been combined, and estimates have been derived for comparison with those produced from the condition approach.

Comparative Estimates of Activity Limitation

From the data in table 5, it is apparent that the estimates of the percent of persons with activity limitation derived from the condition approach are higher than those obtained from the person approach. However, when the percent of those unable to carry on their major activity was combined with the percent who were limited in amount or kind of major activity, the two approaches produced very similar estimates. The deficiency in the person approach, if it is a true one, appears to be the failure to differentiate those who are limited in "other than major activity" from those with no limitation of activity. On the other hand, it is possible that the condition approach tends to overestimate the percentage of persons with limitation in other than their major activity.

With the exception of persons under 17 years, the percent of persons with activity limitation in each of the sex and age groups is significantly higher when derived from the condition approach than when obtained from the person approach. While the difference in the two approaches in terms of percentage points was greatest among persons 65 years and over, the relative difference in terms of percentages is greatest in the 17-44 age group (table 5).

Since the greatest disparity in the measurement of activity limitation by the person and condition approaches occurred among persons 17 years and over, the various degrees of limitation were examined by major activity status (table 6).

The general patterns in limitation of activity as measured by the two approaches for the various age groups were also present by major activity status. As mentioned earlier, when the two types of limitation related to the person's activity (inability to carry on major activity, and limited in amount or kind of major activity) are combined, the differences in the two approaches are negligible. However, the estimate of the percent of persons with limitation in "other than major activity" derived from the person approach was appreciably lower than that based on the condition approach, particularly for the major activity limitation groups comprised of persons 17 years and over. This discrepancy between the two methods, which was consistently present for males and females and for the several age groups shown in table 5, may be due to confusion in the person approach arising from the wording of the question regarding activity limitation in activities other than the major one (figure 3). For example, the question relating to this degree of limitation (Q21c, Q22c, and Q24c in the January-June 1968 version) might have been more definitive if they had been prefaced with "even though_____is able to (work, keep house, go to school),...." With this introductory clause, which is used in part on the questionnaire with the condition approach, the meaning of "other activities" becomes more specific.

As previously mentioned, the estimates of the percent of persons with chronic limitation affecting their major activity were approximately the same, regardless of the questionnaire approach used. However, the person approach consistently produced higher estimates of the percent of persons who were unable to carry on a major activity, while the condition approach generally produces higher estimates of the percentage of persons limited in amount or kind of major activity (table 5). The compensating nature of these percentages cannot be explained by specific changes in questionnaire format. It seems to be most characteristic of persons 65 years and over, a population segment in which the measurement of activity limitation is admittedly vague and ill defined.

Questionnaire Changes in 1969 and 1970

The general format of the section of the 1969 questionnaire dealing with activity limitation

was essentially the same as that used in the person approach during July 1967-December 1968. However, a question was added that was intended to improve the estimates of persons with limitation in amount or kind of major or other activities. Each person whose responses to direct questions indicated that he was able to carry on his major activity and was not limited in the amount or kind of major or other activities was asked the additional questions "Is limited in ANY WAY because of a disability of health?" If a positive reply was obtained, the interviewer then asked "In what way is he limited?" Since the interviewer was instructed to record verbatim responses to this question, it then became the responsibility of the coder to reclassify responses, where appropriate, to the proper limitation category, which would usually be limitation in amount or kind of either major or other activities. Another question relating to the duration of the present degree of limitation was added to the questionnaire. This question, however, was added not to improve data collection but to provide for more meaningful analysis of the data.

In the 1970 questionnaire, the questions added to the 1969 questionnaire were retained. In addition, the activity limitation questions for persons who had been working most of the past 12 months were prefaced with an introductory question, "Does_____now have a job?" This question eliminated the need for asking the question "Is he able to work at all?" for persons who were obviously in good health and working at the time of the interview. Division of the retired population into those who had retired for other reasons was a change made for the purpose of providing more meaningful data for analysis.

Chronic Conditions Causing Activity Limitation

The estimated average number of chronic conditions reported as causing a limitation of activity was slightly higher when using the condition approach responses than when using the person approach responses, 1.4 compared with 1.3 conditions per limited person (table 7).

The greatest difference in the average number of limiting conditions obtained from the two approaches was among persons who were completely unable to carry on the major activity for their age and sex group (work, keep house, or go to school). The amount of difference in the approaches was much greater by degree of limitation than by age of limited persons. The difference in procedure by which information on limiting conditions was collected in the two approaches was probably responsible for the greater frequency of multiple conditions in the condition approach. Thus, in the questionnaire employing this approach, information about all types of illness for a given person was obtained by illness-recall (probe) questions; more detailed information was obtained for each of these conditions by questions on the condition page. After the interviewer had filled out a condition page for all chronic conditions, the respondent was asked to select from a card the activity limitation status which best described him. He was then asked to name the conditions, about which he had already given information, that were responsible for limiting his activity. In this type of interview situation, a respondent who has several limiting conditions is inclined to ascribe responsibility to all of them or at least to a goodly number of those that he has reported to the interviewer.

In the person approach, the respondent was asked questions about his activity-limitation status. Responses to these questions determined whether activity limitation was chronic. If it was, the respondent was asked about the conditions causing the limitation. Since the person in this situation was asked to name conditions causing his limitations, with no previous assistance from the questions on the condition pages, he would usually name fewer conditions. Obviously, since activity limitation is less frequently attributed to multiple chronic conditions in the person approach, a smaller estimate of activity-limiting conditions will be obtained from the person approach than from the condition approach. From the distribution of conditions causing limitation shown in table 8, it is apparent that heart conditions and arthritis (or rheumatism), the two leading causes of limitation, accounted for about the same amount of activity limitation as was seen earlier, regardless of the approach used or the degree of limitation considered. Even though the two principal causes of limitation were reported at about the same rate, regardless of the approach used, other causes were reported less frequently in the person approach.

There are other contributing factors for this besides the lower reporting of multiple limiting conditions in the person approach. Conditions that the respondent is hesistant to report to the interviewer because he feels they are embarrassing, such as mental and nervous disorders, are known to be underreported in a household survey. If such conditions are included in a checklist read by the interviewer, there is less reluctance on the part of the respondent to report them, but if he must volunteer the condition—e.g., as a cause of activity limitation in the person approach—the underreporting will be greater. The percent of persons limited in activity and reporting mental illness as a cause of limitation in the person approach was essentially half that derived from the condition approach (table 8).

In general, impairments were reported as causes of activity limitation at a much lower rate in the person approach than in the condition approach. It is reasonable to assume that respondents will volunteer an impairment as a cause of limitation if it is the only cause. On the other hand, if the impairment is so longstanding that the person has learned to live with it and another, more recently acquired condition is present, in many cases the impairment would not be named as a contributing cause of limitation.

In addition to these factors, there is the added possibility that conditions involving the body system for which information is collected in a given year may tend to be overreported as causes of limitation.

It is likely that a new question on the person approach questionnaire about the *main* condition causing limitation instead of about multiple limiting conditions will be used as the basis for future analytical studies on activity limitation prepared from survey data. This measure would be less subject to response error and would provide a higher degree of year-to-year consistency in the data.

INCIDENCE OF ACUTE CONDITIONS

Collection of Data on Acute Conditions

As indicated earlier, one of the basic differences between the two questionnaires used during July 1967-June 1968 was related to the method of obtaining information about acute conditions from which incidence estimates were derived.

In the condition approach, all conditions that were reported in response to the general illnessrecall questions were recorded by the interviewer regardless of the degree of severity. Because methodological studies have shown that health related events are more completely reported if they have had some impact on the individual, severity criteria were applied at the coding level to exclude minor conditions, which are usually poorly reported. Conditions which met two criteria-(1) the presence of medical attention or one day or more of restricted activity or both and (2) conditions which had their onset during the 2-week period prior to the week of interview-were used as a basis for the derivation of estimates of the incidence of acute conditions.

In the person approach, the initial questions regarding health pertained to days of disability and physician visits experienced by household members during the 2-week period prior to the interview (figure 1). When disability days or physician visits were reported, then information about conditions causing these health related actions was obtained. The severity criteria of restricted activity or medical attention or both of these were thereby applied automatically at the interview level. Thus, the interviewer would complete condition pages only for acute conditions that caused disability or required medical care during the 2-week period prior to interview, and only these acute conditions would reach the coding level.

Sources of Differences in Estimates

With the exception of persons 65 years and over, the incidence of all acute conditions per 100 persons derived from data collected by the condition approach was higher by sex and age (table 9) than that produced from the person

approach data. It is obvious from table 9 that the difference was primarily the result of fewer conditions that received medical attention but caused no days of restricted activity being reported in the person approach questionnaire. Estimates of physician visits derived from the two approaches were compared to determine if the lower rate of medically attended acute conditions from the person approach might be due to the failure of respondents to report some of their physician visits (table 10). Among children under 6 years, where the incidence of medically attended acute conditions derived from the person approach was markedly lower than that produced by the condition approach, the number of physician visits per child per year was likewise lower for the data collected by the person approach (table 10). However, in other age intervals, in which the incidence of medically attended conditions derived from the person approach was also quite low, there is no appreciable difference in the rate of physician visits produced from the two approaches. This would indicate that additional factors may be contributing to the differences in the acute condition incidence rates.

Further investigation of the estimates of the incidence of acute conditions revealed that the differences in the rates derived from the two approaches were contributed for the most part by upper respiratory conditions and injuries (table 11). More specifically, the rates for the common cold and for open wounds and lacerations were markedly different (table 12). Because this difference exists only for conditions that were reported as medically attended with no activity restriction, it seems reasonable that respondent error about medical attention may be responsible for the noted variations. The information about medical attention for a certain condition is obtained, in both approaches, from the question "Did _____ever at any time talk to a doctor about his...?" For acute conditions that are basic to incidence estimates-i.e., those that have their onset during the 2-week period prior to week of interviewthe medical attention, if received, should have been received during the same period and should have been reported as a physician visit in response to the probe questions about physician visits. In the condition approach, however, it is possible that the respondent interpreted the phrase "at any time" in the question under discussion to mean before the 2-week reference period, possibly about an earlier condition of the same type, such as a cold, or even more recent medical visits during the interview week itself. On the other hand, such a situation would not normally arise in the person approach because information about the condition would be obtained either because medical attention had been sought or activity had been restricted during the reference period. If restricted activity was responsible for the reporting of the condition and medical attention occurring outside the reference period was mistakenly reported on the condition page, the condition would be classified as one both medically attended and activity restricting.

Another reporting irregularity which may occur in the condition approach and is particularly applicable to injuries is the reporting of the present effects of an injury as medically attended when actually the treatment was received for the original injury, which happened prior to the 2-week reference period. For example, an infection at the site of an injury, developing within the 2-week reference period and for which no medical treatment was received during that period, should not be reported as medically attended if the physician was seen only for the treatment of the original injury that happened a month before the interview.

This discussion leads to the conclusion that differences in the estimates of medically attended acute conditions derived from the two approaches may be attributable to the combined effects of underreporting of physician visits in the person approach and overreporting of medical attention for a specific condition in the condition approach.

Questionnaire Changes

Even before the collection year July 1967-June 1968 was over, it was apparent from preliminary tabulations that the incidence of medically attended acute conditions represented a reporting problem. Because it could not be determined at this point which approach was at fault and because the person approach was the experimental one, efforts were made to increase the number of conditions reported in this area. On the second version of the person approach questionnaire, used during January-June 1968, additional illness-recall (probe) questions relating to dental visits and to hospitalizations during the 2-week reference period were used. These questions were added to insure that information about acute or chronic conditions ordinarily treated by a dentist and about conditions such as injuries for which a person was hospitalized immediately would be obtained by the health related action probe questions used in the person approach.

Another change in the second version of the person approach questionnaire was the elimination of the place of the physician visit in the initial probe for physician visits occurring during the 2 weeks prior to interview. It was felt that an inquiry about visits "either at home, at a doctor's office, or at a clinic" might have a limiting effect on the visits reported. For example, there was a possibility that physician visits to first aid stations, industrial health units, or similar places were not being reported, and consequently conditions treated in these places were also not reported.

The illness-recall questions on the 1969 questionnaire were quite similar to those in the second version of the person approach questionnaire used during January-June 1968 and continuing through December 1968. However, by the time the 1970 questionnaire was being planned, it was possible to make use of the findings from a comparative analysis of the two approaches. As a result, three major revisions were made: (1) the probe question relating to hospitalizations during the 2-week reference period was eliminated because information about the number of conditions obtained by this question (which would not be reported in response to other probe questions) was negligible; (2) a specific probe question for injuries or accidents occurring in the 2-week reference period was added on a trial basis to determine if those that result in medical attention or activity restriction fail to be reported in response to the health related action probe questions; and (3) the question on the condition page relating to medical attention "Did _____ever at any time talk to a doctor about his ...?" was changed to

"When did_____last see or talk to a doctor about his...?" This last change definitely establishes whether the occurrence of medical attention for the specific condition was during the 2-week reference period.

DISABILITY DAYS

In the condition approach, for each acute or chronic condition, discovered by the illnessrecall questions, further questions were asked on the condition page about the occurrence of restricted activity, bed disability, or work- or school-loss days because of the specific condition. Estimates of the number of disability days were later derived for each condition. When these estimates were summed to obtain a total for all conditions, duplication did result to the extent that days were attributed to more than one condition. Interviewers were instructed to footnote instances in which this type of duplication occurred. From this information it was possible for coders to unduplicate the count of disability days reported and to code the disability days experienced on a person basis.

This procedure was reversed in the person approach. From the health related-action probe questions relating to disability days, it was possible to obtain a direct unduplicated count of days of person disability. To obtain the number of condition days of disability, it was necessary to ask the disability questions on the condition page for each specific condition reported.

Days of Person Disability

The measures of days of person disability estimated from data collected by the condition and person approaches are conceptually the same. Even though they would be expected to differ to some extent because of the change in the collection procedure, the number of disability days per person per year derived from the two approaches (table 13) was quite similar. The condition approach yielded higher rates of disability days among persons 17-64 years than did the person approach, but the person approach produced higher rates for those under 17 years and those 65 years and over. For the most part, however, differences in comparable rates by age

and by sex derived from the two approaches were within the range of sampling error.

Days of Disability Due to Acute and Chronic Conditions

The relationship of disability days associated with persons and those associated with conditions is shown in table 14. Restricted activity is, by definition, the most inclusive measure of disability used in the survey. All days of bed disability, work loss, and school loss are also days of restricted activity. Days of work loss and school loss are included as days of bed disability if the condition caused the person to be in bed all or most of the day when the time was lost from work or school. Restricted activity and bed disability refer to the total survey population. Work-loss days are reported only for the currently employed population 17 years and older, and school-loss days are reported only for persons 6-16 years of age.

As explained earlier, the number of condition days per person per year is always greater than the number of person days. The excess days, when expressed as

represent the percent of person days that were associated with more than one condition (table 14). The proportion of restricted activity and bed disability days attributable to more than one condition is considerably higher than for work- or school-loss days, regardless of the type of approach used in the interview. The high frequency of multiple conditions, particularly chronic conditions, in the older population, a segment of the population included in the measurement of restricted activity and bed disability, is responsible for this difference. It has been found from evaluative studies that a single episode of illness during the 2-week reference period is more likely to involve two chronic conditions or a chronic and an acute condition than to involve two acute conditions. Since acute conditions occur more frequently than chronic conditions among the school and employed populations, the probability of two conditions occurring concurrently in persons in these populations is much lower than that for the total population.

The higher percentage of person days of restricted activity and bed disability days due to two conditions or more, in estimates derived from the person approach may be the result of the collection procedures. In the person approach, the estimates of person and condition days are derived from separate areas on the questionnaire, with the information in both cases obtained directly from the respondent. In the condition approach, the person days are derived from the total number of condition days, and the estimate of the person days associated with more than one condition is entirely dependent on the footnoting of duplicated days by the interviewer and the transcription of this material by the coder. Lapses on the part of either the interviewer or the coder would decrease the number of duplicated days and thus increase the number of days of person disability.

In general, the person approach is more productive of days attributable to acute conditions, while the condition approach produces generally higher rates of disability days associated with chronic conditions (table 14). This phenomenon may be due to reporting differences inherent in the particular approach used. If early in the interview before any reference was made to particular types of conditions a respondent was questioned about days of disability occurring during the 2-week reference period, he would probably associate them with the most immediate cause of disability, e.g., a cold, influenza, or a current injury. Even though the respondent is further questioned in the person approach about any other condition(s) associated with the disability days, he does not always relate a continuing underlying condition to current disability. On the other hand, when a respondent is questioned first about the presence of conditions, both acute and chronic, as in the condition approach, and then, in connection with each condition, about associated disability days, he is more likely to report days of disability attributable to chronic conditions.

Days of Disability Due to Acute Conditions

It is apparent from table 9 that the incidence of acute conditions causing restriction of activity, with or without medical attention, is higher when derived from the person approach than from the condition approach. It would be expected, therefore, that the rate of disability days associated with acute conditions would also be higher when derived from the person approach (table 15).

The higher rates of restricted activity days due to acute conditions derived from the person approach are attributable to respiratory conditions, digestive conditions, and the residual group "other acute conditions." In general, the same types of conditions together with injuries are responsible for the slightly higher rate of bed disability days produced by the person approach. Rates of work-loss days due to acute conditions per person were practically the same for each of the specific condition groups regardless of the approach used in the collection of the data. Among children 6-16 years, the rates of school loss due to upper respiratory conditions and influenza were substantially higher when derived from the sample in which the person approach was used.

The same general pattern of higher rates of disability days due to acute conditions from the person approach was apparent when rates were based on the number of conditions (number of days per condition) rather than on the population (table 16). Disability days associated with injuries (by specific type) were markedly higher when derived from the person approach. This difference is, of course, due to the greater number of injuries with "medical attention only" reported in response to the condition approach. When rates are computed, the conditions which contribute no days to the numerator inflate the denominator and cause a lower rate of days per condition.

Days of Disability Due to Chronic Conditions

Rates of restricted activity and work-loss days associated with chronic conditions derived from data collected by the condition approach were somewhat higher than those obtained from the person approach. On the other hand, the two approaches yielded rates of bed disability days and school-loss days of about the same magnitude (table 17).

The difference in days of restricted activity derived from the two approaches is largely the result of higher rates by the condition approach for respiratory conditions (other than asthma or hay fever), mental and nervous conditions, and orthopedic impairments. For work loss, however, the difference in days per person in the population per year in the two approaches was not more than one-tenth of a day for any specific chronic condition.

A more meaningful comparison of the disability days attributable to certain chronic conditions could be made by computing the number of disability days per condition for specific types of chronic conditions. However, this type of comparison on all conditions was not possible because the person approach provides total prevalence data only for conditions involving the body system for which the collection of information is scheduled during the year. This type of comparison is shown in table 18 for days of restricted activity and bed disability involving selected conditions of the digestive system. Even though the number of restricted-activity days associated with chronic digestive conditions per person in the population is higher from data collected by the person approach (table 17), the condition approach produces a higher estimate of restricted-activity days per chronic digestive condition (table 18). This reversal would indicate that more serious conditions with many disability days are discovered by the condition approach, while the person approach, in which the more detailed checklist of conditions is used, results in the reporting of more conditions as shown in table 2. Disability days associated with the less severe conditions discovered by the person approach would be fewer per condition but would accumulate to the degree that a higher rate of days would be obtained when the entire population is used as a base figure.

PHYSICIAN VISITS

In the person approach questionnaire, which was introduced in the collection phase of the survey in July 1967, the probe questions relating to physician visits occurring during the 2-week period prior to week of interview serve a dual purpose. They are used to discover conditions, principally acute, for which a physician was seen

and to provide information basic to the derivation of estimates of the volume of physician visits in a given year. For this reason, the comparative estimates of physician visits per person per year were discussed to some extent in the section of this report dealing with the incidence of acute conditions. In addition to the material presented there, comparative estimates from the two approaches are presented in table 19 by selected demographic characteristics.

Volume of Physician Visits

The lower estimate of physician visits per person per year among small children derived from the person approach seems to indicate a response or reporting problem which hopefully will be corrected by revisions made in the 1969 and 1970 questionnaires. For other age groups and for segments of the population classified by sex, race, education, and geographic region, the differences in the rates of physician visits by the two approaches were consistent and only slightly lower when derived from data collected by the person approach.

Persons Seen by a Physician During the Past Year

In contrast with the visits per person per year, the percent of the population that saw a physician at least once during the past year was higher for all population groups when based on data collected by the person approach (table 19). Because of this consistency of higher percentages of persons with recent medical attention based on the person approach, inequities in the distribution of the populations in the two half-samples shown in table 1 were not responsible for the differences in the two approaches.

Even though the specific questions from which the information on interval since the last physician visit was obtained are identical on the two questionnaires, there are other factors which may have had some effect on the responses. In the condition approach, the question about the interval since the last physician visit was followed by a question relating to number of such visits in the past year. This question was

not included in the person approach. Persons who had reported their most recent visit about a year prior to the interview might decide that the reported visit had actually occurred during the previous year when asked about the number of visits in the past year. Since there was no check of this kind on the person approach questionnaire, it is possible that overreporting of visits during the year may have occurred.

Another factor which may have contributed to the higher percentage in the person approach was the addition of a probe question in the version of the questionnaire used during January-June 1968. This question, which preceded the section on physician visits, related to hospitalization occurring during the 2-week period prior to interview. This question might remind respondents of recent hospitalizations during which a doctor was seen. The slightly higher percentages yielded by the second version of the person approach questionnaire in comparison with the first version support this possibility.

HOSPITALIZATION

With the exception of areas of the questionnaire dealing with personal characteristics of household members, the sections dealing with hospitalization during the 12 months prior to interview were the only ones that remained the same in format, purpose, and content on the questionnaires employing the condition and person approaches. Use of the questions on physician visits in the person approach as probes to discover conditions as well as to obtain information on the use of medical services changed the purpose and location of these questions in the questionnaire even though their format and content were the same in the two approaches. The fact that the wording of the hospital questions on the two questionnaires was identical provided an opportunity to compare the estimates derived from the two half-samples for a health related item unaffected by major differences in the data collection procedures. The similarity of the rates shown in table 20 for short-stay discharges per 100 persons and for average length of hospital stay attests to the reproducibility of estimates by the interview method in populations of

similar age and sex composition (table 1). All of the differences in comparable estimates shown in table 20 are within the limits of sampling error.

CONCLUSIONS

Investigation of the estimates derived from data collected by the person and condition approaches used in the Health Interview Survey during July 1967-June 1968 leads to the conclusion that the person approach is feasible as an interviewing technique. This investigation also indicated that no drastic changes in levels and relationships of health measures have resulted from the adoption of the person approach in the collection phase of the ongoing survey.

The decision to gather data in two halfsamples using alternative collection methods was justified by the following:

- 1. Areas in which questions in the person approach needed revision were identified by the magnitude of differences in comparative rates derived from the two approaches.
- 2. Imperfections in the condition approach which had persisted throughout the first 10 years of the survey because no comparative data had been available were detected by the evaluation of the data in the half-samples.
- 3. This experiment has reemphasized some of the problems in the collection of data on activity limitation in the Health Interview Survey. Neither of the approaches used during July 1967-June 1968 produced estimates that could be described as objective measures of chronic limitation of activity. Response bias that was introduced by differences in attitudes, judgment, and intelligence of interview respondents is probably greater in this area of the survey than in any other. More research is needed to develop questions that relate specifically to a person's ability to function within his current area of activity before less subjective measures of activity limitation can be applied to all segments of the population.

4. Restriction of the collection of information on chronic conditions to specific types of conditions during a given data collection year results in a larger number of reported conditions affecting the system under consideration. This restriction, which permits the use of a list of conditions that are relevant to a particular body system, produces adequate prevalence data without distorting the distribution of chronic conditions causing activity limitation.

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Table 1. Number and percent distribution of the population in the two half-samples used in the Health Interview Survey by selected characteristics, according to type of questionnaire, July 1967-June 1968

Population characteristics	Condition approach	Person approach	Condition approach	Person approach		
	Number of perso	ons in thousands	Percent d	listribution		
Total population ¹	94,557	99,904	100.0	100.0		
Sex						
Male	45,643 48,914	48,038 51,867	48.3 51.7	48.1 51.9		
Age				:		
Under 17 years	32,541 33,519 19,511 8,986	34,532 35,813 20,358 9,201	34.4 35.4 20.6 9.5	34.6 35.8 20.4 9.2		
Color						
White	83,061 11,496	87,806 12,098	87.8 12.2	87.9 12.1		
Family income						
Under \$3,000	12,200 11,689 38,079 17,668 9,201	12,659 3,322 12,133 18,095 8,702	12.9 12.4 40.3 18.7 9.7	12.7 13.3 42.2 18.1 8.7		
Education of family head						
Under 9 years	24,246 46,487 22,553	27,194 48,561 22,118	25.6 49.2 23.9	27.2 48.6 22.1		
Region						
Northeast	21,530 29,368 29,370 14,288	26,343 25,713 29,426 18,422	22.8 31.1 31.1 15.1	26.4 25.7 29.5 18.4		
Residence						
SMSA's	61,999	64,063	65.6	64.1		
Nonfarm ·	27,820 4,737	30,868 4,974	29.4 5.0	30.9 5.0		

¹ Includes persons of unknown income or education.

Table 2. Comparative prevalence estimates of chronic conditions of the digestive system, by type of condition and questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

Condition	Condition approach	Person approach	Condition approach	Person approach	Condition approach	Person approach
	Number of conditions (in thousands)		Rate per 1,000 population		Percent seen by a physician at any time	
All chronic digestive conditions	6,200	11,560	65.6	115.7	94.1	84.7
Diseases of teeth and supporting structures	115	56	1.2	0.6	67.8	73.2
Diseases of buccal cavity and esophagus	53	114	0.6	1.1	94.3	86.0
Ulcer of stomach and duodenum	1,911	1,887	20.2	18.9	98.5	98.0
Gastritis and duodenitis	70	780	0.7	7.8	100.0	84.1
Functional and symptomatic upper gastro-						
intestinal disorders	249	1,441	2.6	14.4	83.5	69.1
Appendicitis, all forms	*	*	*	*	*	*
Hernia (abdominal cavity)	1,536	1,783	16.2	17.8	93.0	93.9
Chronic enteritis and ulcerative colitis	216	872	2.3	8.7	97.7	93.9
Constipation	213	2,500	2.3	25.0	82.2	65.7
Other functional disorders of intestines	66	235	0.7	2.4	100.0	94.0
Intestinal or bowel trouble, NOS	71	150	0.8	1.5	95.8	91.3
Liver trouble, NOS	98	64	1.0	0.6	90.8	92.2
Other specified diseases of liver, NEC	67	77	0.7	0.8	100.0	100.0
Specified diseases of gallbladder	418	581	4.4	5.8	99.0	99.1
Gallbladder trouble, NOS	509	441	5.4	4.4	95.7	97.1
Stomach trouble, NOS	408	243	4.3	2.4	84.6	82.3
Other diseases of the digestive system	173	314	1.8	3.1	99.4	95.9

Table 3. Comparative prevalence estimates of chronic conditions of the digestive system that cause activity limitation, by type of condition and questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

Condition	Condition approach	Person approach	Condition approach	Person approach	
	Number of causing activi	ty limitation	Rate per 1,000 population		
All chronic digestive conditions	803	827	8.5	8.3	
Diseases of teeth and supporting structures Diseases of buccal cavity and esophagus Ulcer of stomach and duodenum	(6)	(4)	(0.1)	(0.0)	
	(6)	(17)	(0.1)	(0.2)	
	212	175	2.2	1.8	
	(3)	(30)	(0.0)	(0.3)	
Functional and symptomatic upper gastro- intestinal disorders	(31)	(24)	(0.3)	(0.2)	
	(2)	(1)	(0.0)	(0.0)	
	241	247	2.5	2.5	
Chronic enteritis and ulcerative colitis	(30)	60	(0.3)	0.6	
	(7)	(20)	(0.1)	(0.2)	
	(4)	(14)	(0.0)	(0.1)	
	(13)	(12)	(0.1)	(0.1)	
Liver trouble, NOS	(18)	(5)	(0.2)	(0.1)	
	(20)	(20)	(0.2)	(0.2)	
	(40)	59	(0.4)	0.6	
	53	(20)	0.6	(0.2)	
Gallbladder trouble, NOS	73 (45)	(37) 80	0.8 0.8 (0.5)	(0.2) (0.4) 0.8	

NOTE: Estimates shown in parentheses in this table are not statistically reliable when considered individually. They have been retained so that the material can be related to the data shown in table 2.

Table 4. Estimates of the percent of persons with limitation of major activity, by type of limitation and time period derived from the two versions of the person approach questionnaire, July-December 1967 and January-June 1968

Limitation status and time period	All activities ¹	Preschool and school (under 17 years)	Usually working	Keeping house	Retired
Unable to carry on major activity: July-December 1967	2.8	0.3	0.4	0.6	47.3
	3.1	0.2	0.8	1.4	38.8
Limited in amount or kind of major activity: July-December 1967	5.9	1.2	6.0	13.4	13.8
	6.1	1.1	6.1	14.1	12.9

¹ Includes other and unknown activity group.

Table 5. Percent of population with limitation of activity, by degree of limitation, type of questionnaire, sex, and age obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

		Sex			A	Age		
Degree of limitation and type of questionnaire	All persons	Male	Female	Under 17 years	17-44 years	45-64 years	65 years and over	
	Percent							
All limited persons:		I	ŀ	ı	1		1	
Condition approach	12.2	12.8	11.6	2.0	8.1	19.6	48.4	
Person approach	10.5	11.1	9.9	2.3	6.5	17.2	41.5	
Unable to carry on major activity:								
Condition approach	2.2	3.2	1.3	0.2	0.7	2.8	13.9	
Person approach	3.0	4.4	1.7	0.2	0.9	4.4	18.4	
Limited in amount or kind of major activity:								
Condition approach	6.6	6.6	6.6	0.7	4.3	11.1	26.9	
Person approach	6.0	5.3	6.7	1.2	4.2	10.8	20.5	
Limited in other than major activity:					:	•		
Condition approach	3.3	2.9	3.7	1.1	3.0	5.7	7.7	
Person approach	1.5	1.4	1.6	0.9	1.5	2.1	2.6	

Table 6. Percent of population with limitation of activity, by degree of limitation, type of questionnaire, and major activity obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

Degree of limitation and type of questionnaire	AII activities	Preschool	Going to school	Usually working	Keeping house	Retired	Other (17 years and over)
	Percent						
All limited persons:			•	•		1	ı
Condition approach	12.2	1.1	2.5	10.4	19.8	64.5	18.5
Person approach ,	10.5	1.4	2.8	8.2	17.1	57.1	18.9
Unable to carry on major activity:							
Condition approach	2.2	0.1	0.2	0.3	0.8	32.5	7.8
Person approach	3.0	0.4	0.1	0.6	1.0	42.9	12.7
Limited in amount or kind of major activity:							
Condition approach	6.6	0.8	0.7	6.3	12.8	26.7	7.8
Person approach	6.0	0.9	1.3	6.1	13.8	13.3	3.8
Otherwise limited:							
Condition approach	3.3	0.1	1.6	3.7	6.2	5.3	2.9
Person approach	1.5	*	1.4	1.5	2.3	8.0	2.4
Not limited:							
Condition approach	87.8	98.9	97.5	89.6	80.2	35.5	81.5
Person approach	89.5	98.6	97.2	91.8	82.9	42.9	81.1

Table 7. Average number of limiting conditions for persons with activity limitation, by degree of limitation, age, and type of questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

Degree of limitation and age	Condition approach	Person approach
	-	nber of limiting r limited person
All limited persons:		1
All ages	1.4	1.3
Under 17 years	1.2	1.1
17-44 years	1.2	1.1
45-64 years	1.4	1.3
65 years and over	1.4	1.4
Unable to carry on major activity:		
All ages	1.8	1.5
Under 17 years	1.4	1.2
17-44 years	1.4	1.2
45-64 years	1.9	1.6
65 years and over	1.9	1.6
Limited in amount or kind of major activity:		
All ages	1.3	1.2
Under 17 years	1.3	1.1
17-44 years	1.2	1.1
45-64 years	1.4	1.3
65 years and over	1.3	1.3
Limited in amount or kind of other activities:		
All ages	1.2	1.1
Under 17 years	1.1	1.0
17-44 years	1.2	1.1
45-64 years	1.2	1.2
65 years and over	1.1	1.4

Table 8. Percent distribution of conditions causing activity limitation by type of condition, according to degree of limitation and type of questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

Conditions causing	Unable to major a	•				amount or her activity
activity limitation	Condition approach	Person approach	Condition approach	Person approach	Condition approach	Person approach
			Percent	distribution		
Persons limited in activity	100.0	100.0	100.0	100.0	100.0	100.0
Asthma or hay fever	3.7	3.1	4.4	4.7	7.7	8.1
Other respiratory conditions	9.6	7.7	6.2	4.3	5.5	4.9
Mental and nervous conditions	10.7	5.4	7.6	4.5	7.0	*
Heart conditions	24.3	22.2	15.0	15.8	11.5	10.0
Hypertension (no heart conditions			[
involved)	5.1	4.0	5.9	5.3	4.8	4.8
Other circulatory conditions	7.9	6.4	5.9	5.4	6.4	5.3
Digestive conditions	9.7	9.8	7.4	8.3	4.9	3.7
Arthritis and rheumatism	16.0	16.2	16.0	15.0	12.4	11.4
Visual impairments	11.3	7.6	4.8	3.4	3.2	4.2
Orthopedic impairments	14.8	10.9	21.2	14.7	21.5	18.4
Other impairments	22.6	15.6	10.0	8.2	6.6	7.5
All other conditions	46.8	45.2	26.7	32.1	25.6	32.6

Table 9. Incidence of acute conditions, by severity criteria, type of questionnaire, sex, and age obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

		,	Sex		A	је	
Severity criteria and type of questionnaire	All persons	Male	Female	Under 17 years	17-44 years	45-64 years	65 years and over
		Numb	er of conditi	ons per 100 pe	rsons per y	ear	
All acute conditions:		I	Ī		1		ł
Condition approach	194.5	188.3	200.2	272.7	180.4	133.9	95.2
Person approach	184.6	177.0	191.7	258.4	173.6	117.4	99.5
Medically attended only:							
Condition approach	56.9	59.4	54.7	80.1	48.3	42.8	36.0
Person approach	34.0	34.2	33.8	43.1	32.1	26.2	24.3
Medically attended and activity restricting:						-	
Condition approach	70.2	66.7	73.5	98.8	68.0	45.3	29.4
Person approach	74.9	70.8	78.7	105.3	69.1	47.0	45.0
Activity restricting only:							
Condition approach	67.3	62.3	72.0	93.8	64.1	45.8	29.8
Person approach	75.8	72.1	79.2	110.0	72.4	44.2	30.1

Table 10. Incidence of medically attended acute conditions, with and without activity restriction, and physician visits, by age and type of questionnaire derived from the two half-samples used in the Health Interview Survey, July 1967-June 1968

		Medi	cally attende	d acute condi	itions		Physici	an visits
Age	То	tal	With no activity With activity - restriction		Condition	Person		
	Condition approach	Person approach	Condition approach	Person approach	Condition approach	Person approach	approach	approach
		Number of conditions per 100 persons per year						er person year
All ages	127.2	108.9	56.9	34.0	70.2	74.9	4.3	4.1
Under 6 years ,	281.4	212.8	144.5	75.7	136.9	137.1	5.7	4.8
6-16 years	126.2	114.1	47.1	25.8	79.2	88.4	2.6	2.5
17-24 years	131.1	112.4	53.5	34.9	77.7	77.5	4.3	4.2
25-44 years	108.8	95.2	45.7	30.6	63.2	64.6	4.4	4.0
45-64 years	88.1	73.2	42.8	26.2	45.3	47.0	4.7	4.7
65 years and over	65.4	69.3	36.0	24.3	29.4	45.0	5.4	5.8

Table 11. Incidence of acute conditions, by condition category, type of questionnaire, sex, and age obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

		s	ex		A	ge	
Condition category and type of questionnaire	All persons	Male	Female	Under 17 years	17-44 years	45-64 years	65 years and over
		Numb	er of conditi	ons per 100 pe	rsons per y	ear	
All acute conditions:		II I	1 1	1	1	i	ı
Condition approach	194.5	188.3	200.2	272.7	180.4	133.9	95.2
Person approach	184.6	177.0	191.7	258.4	173.6	117.4	99.5
Infective and parasitic conditions:							
Condition approach	23.7	24.5	22.9	44.1	16.8	10.4	*
Person approach	20.2	18.8	21.6	35.3	16.1	9.1	*
Upper respiratory conditions:							
Condition approach	64.6	60.5	68.4	101.1	52.0	39.1	35.1
Person approach	57.6	54.7	60.3	93.6	46.3	30.1	27.5
Influenza:							
Condition approach	40.6	37.9	43.2	47.9	43.2	33.4	20.4
Person approach	41.9	41.0	42.7	51.3	43.7	31.7	22.2
Other respiratory conditions:							
Condition approach	2.8	2.7	2.9	5.1		*	
Person approach	4.9	4.8	5.0	6.5	4.2	*	•
Digestive conditions:							
Condition approach	7.6	7.6	7.6	8.3	8.1	6.8	
Person approach	10.2	9.4	10.9	14.1	8.6	7.1	8.5
injuries:							
Condition approach	32.6	38.4	27.1	39.2	31.6	29.8	17.7
Person approach	25.5	30.7	20.7	30.1	26.4	20.7	15.7
All other acute conditions:							
Condition approach	22.6	16.7	28.2	27.0	27.0	13.6	9.9
Person approach	24.3	17.6	30.6	27.6	28.4	15.6	15.5

Table 12. Incidence of common colds and wounds and lacerations, by severity criteria, type of questionnaire, sex, and age obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

Condition, severity criteria,	All	9	Sex		A	ge	
and type of questionnaire	persons	Male	Female	Under 17 years	17-44 years	45-64 years	65 years and over
Common cold	Number of conditions per 100 persons per year						
Medically attended only:		11	1	1	1	ı	1
Condition approach	16.3	15.5	17.0	24.4	11.6	12.5	13.1
Person approach	6.5	6.3	6.7	8.6	4.6	6.9	*
Medically attended and activity restricting:							
Condition approach	10.3	8.6	12.0	17.3	7.8	5.0	*
Person approach	11.5	10.9	12.0	17.4	9.3	7.6	*
Activity restricting only:							i
Condition approach	24.2	23.1	25.2	33.2	22.8	17.2	11.6
Person approach	24.1	23.2	24.9	37.8	21.3	12.1	9.7
Wounds and lacerations							
Medically attended only:							
Condition approach	6.6	8.9	4.5	10.6	5.3	4.2	*
Person approach	3.8	5.1	2.6	6.1	3.4	*	*
Medically attended and activity restricting:							
Condition approach	2.2	2.8	1.7	3.4	*	*	*
Person approach	2.4	2.8	2.1	3.9	2.1	*	*
Activity restricting only:							
Condition approach	0.8	*	*	*	*	*	*
Person approach	*	*	*	*	*	*	*

Table 13. Number of disability days per person per year, by type of disability, type of questionnaire, sex, and age obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

			Sex		, Ag	ge	
Type of disability and type of questionnaire	All persons	Male	Female	Under 17 years	17-44 years	45-64 years	65 years and over
	Number of disability days per person per year						
Restricted activity:	1	li	1	1	1		l
Condition approach	15.7	14.0	17.3	9.0	13.0	21.8	36.4
Person approach	14.8	13.7	15.8	9.7	11.2	19.6	37.2
Bed disability:							
Condition approach	5.9	5.0	6.7	4.0	5.0	7.3	12.7
Person approach	6.0	5.3	6.7	4.3	4.7	7.1	15.6
Work-loss ¹ :							
Condition approach	5.4	5.0	6.2		5.0	6.1	5.6
Person approach	4.9	4.8	5.3		4.4	5.6	7.0
School-loss ² :							
Condition approach	4.1	3.9	4.3	4.1			
Person approach	4.9	4.6	5.2	4.9			

¹ Rates based on currently employed population 17 years and over.

Table 14. Number of person and condition days of disability and percent of person disability days associated with more than one condition, by type of disability day and type of questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

		Day	Percent of person disability		
Type of disability day and type of questionnaire	Days of person disability	All conditions	Acute conditions	Chronic conditions	days associated with more than 1 condition
		Days per perso	n per year		
Restricted activity:	15.7	20.3	7.3	13.0	29.3
Condition approach	14.8	20.0	8.4	11.6	35.1
Person approach	14.0	20.0	•••		1
Bed disability:					
Condition approach	5.9	7.3	3.1	4.2	23.7
Person approach	6.0	8.0	3.7	4.3	33.3
Work-loss¹:					1
Condition approach	5.4	6.4	3.4	3.0	18.5
Person approach	4.9	5.8	3.4	2.4	18.4
School-ioss ² :					
Condition approach	4.1	4.4	3.6	0.8	7.3
Person approach	4.9	5.1	4.4	0.7	4.1

¹ Based on currently employed population 17 years and over.

² Rates based on persons 6-16 years of age.

² Based on population 6-16 years of age.

Table 15. Number of disability days per person per year associated with acute conditions, by condition category, type of disability day, and type of questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

Condition category and type of questionnaire	Restricted activity	Bed disability	Work-loss	School-loss
	Numbe	r of disability days p	er person per year	
All acute conditions:		1	I	1
Condition approach	7.3	3.1	3.4	3.6
Person approach	8.4	3.7	3,4	4.4
Infective and parasitic conditions:				
Condition approach	8.0	0.5	0.2	0.8
Person approach	0.8	0.4	0.3	0.8
Upper respiratory conditions:				
Condition approach	1.6	0.7	0.5	1.1
Person approach	1.7	0.7	0.5	1.4
nfluenza:				
Condition approach	1.6	0.9	0.8	1.0
Person approach	1.8	1.0	8.0	1.4
Other respiratory conditions:				
Condition approach	0.2	0.1	0.1	0.1
Person approach	0.4	0.2	0.2	0.1
Digestive conditions:				
Condition approach	0.3	0.1	0.3	0.1
Person approach	0.5	0.2	0.2	0.2
njuries:				
Condition approach	1.7	0.3	1.1	0.2
Person approach	1.7	0.5	1.0	0.3
All other acute conditions:				
Condition approach	1.0	0.4	0.3	0.3
Person approach	1.4	0.5	0.5	0.4

Table 16. Number of disability days associated with acute conditions, by condition category, type of disability day, and type of questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

Condition category and type of questionnaire	Restricted activity	Bed disability	Work-loss	School-loss			
	Number of disability days per condition						
All acute conditions: Condition approach	3.8 4.5	1.6 2.0	2.2 2.3	1.6			
Infective and parasitic conditions: Condition approach	3.5 4.2	1.9	1.5 2.3	2.1 2.3			
Upper respiratory conditions: Condition approach	2.4	1.0	1.2	1.6			
	3.0	1.2	1.2	1.7			
Influenza: Condition approach	4.1	2.3	2.3	2.0			
	4.4	2.4	2.1	2.5			
Other respiratory conditions: Condition approach	8,6	4.8	10.7	2.5			
	8,4	4.5	5.3	2.7			
Digestive conditions: Condition approach	4.5	1.9	4.0	1.3			
	4.4	2.1	2.1	1.2			
Fractures and dislocations: Condition approach	10,3	1.9	5.1	0.8			
	11.1	3.1	5.0	1.9			
Open wounds: Condition approach	2.5	0.3	1.2	0.2			
	3.9	0.9	2.3	0.5			
Contusions: Condition approach	3.9	0.8	2.1	0.3			
	4.9	1.7	2.5	0.6			
All other injuries: Condition approach	4.2	1.2	3.5	1.3			
	5,3	2.2	4.9	0.7			
All other acute conditions: Condition approach	4.2	1.7	1.9	1.3			
	5.7	2.2	2.4	1.8			

Table 17. Number of disability days associated with chronic conditions, by condition category, type of disability day, and type of questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

Condition category and type of questionnaire	Restricted activity	Bed disability	Work-loss	School-loss
	Numbe	r of disability days p	er person per year	
All chronic conditions:		r	!	1
Condition approach	13.0	4.2	3.0	0.0
Person approach	11.6	4.3	2.4	0.7
Asthma or hay fever:				
Condition approach	0.5	0.2	0.1	0.
Person approach ,	0.3	0.1	0.1	0.
Other respiratory conditions:				
Condition approach	1.1	0.4	0.2	0.
Person approach	0.7	0.3	0.1	0.
Mental and nervous conditions:				
Condition approach	0.9	0.3	0.2	0.
Person approach	0.5	0.2	0.1	0.0
Heart conditions:		0.5	0.0	
Condition approach	1.2	0.5	0.3	0.0
Person approach	1.4	0.6	0.2	0.0
Hypertension (no heart conditions involved):		0.1	0.1	
Condition approach	0.4	0.1	0.1 0.1	
Person approach	0.3	0.1	0.1	
Other circulatory conditions: Condition approach	0.6	0.2	0.2	
Person approach	0.5	0.2	0.1	0.0
Digestive conditions:				
Condition approach	1.1	0.4	0.4	0.0
Person approach	1.4	0.5	0.4	0.
Arthritis and rheumatism:				
Condition approach	1.2	0.3	0.2	
Person approach	1.1	0.4	0.1	0.
Visual impairments:				
Condition approach	0.3	0.0	0.0	
Person approach	0.2	0.1	0.0	
Orthopedic impairments:				
Condition approach ,	1.4	0.3	0.3	0.
Person approach	0.9	0.2	0.2	0.
Other impairments:			0.1	_
Condition approach	0.7	0.3 0.3	0.1 0.1	0.
Person approach	0.7	0.3	0.1	0.
All other chronic conditions:	3.6	1.3	0.9	0.
Condition approach	3.6 3.5	1.5	0.9	0.
Person approach	3.5	1.5	0.8	1 0.

Table 18. Number of disability days associated with selected chronic digestive conditions, by type of condition, type of disability day, and type of questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

	Restricted	d activity	Bed di	sability	
Chronic digestive condition	Condition approach	Person approach	Condition approach	Person approach	
	Number of disability days per condition per year				
All chronic digestive conditions	17.1	11.4	5.7	4.1	
Ulcer of stomach or duodenum	19.7	17.3	6.2	5.8	
Hernia (abdominal cavity)	14.9	11.7	4.9	4.5	
Chronic enteritis and ulcerative colitis	24.1	11.0	4.7	4.2	
Liver trouble	17.8	28.7	*	*	
Other specified diseases of the liver	48.3	54.0	28.0	20.0	
Specified diseases of the gallbladder	19.7	19.4	7.0	8.4	
Galibladder trouble	12.9	13.7	2.7	5.3	
Stomach trouble	14.6	23.3	8.8	9.3	
Other diseases of the digestive system	14.0	7.1	4.1	2.3	

Table 19. Number of physician visits per person per year and percent of persons seen by a physician in past year, by selected characteristics and type of questionnaire obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

	Physicia	n visits		seen by a in past year
Population characteristics	Condition approach	Person approach	Condition approach	Person approach
	Visits per pers	son per year	Pe	rcent
All persons	4.3	4.1	69.0	70.9
<u>Sex</u>		i		
Male	3.8	3.6	66.2	68.
Female	4.8	4.6	71.6	73.6
Age				
Under 6 years	5.7	4.8	80.9	82.6
6-16 years	2.6	2.5	62.4	63.
17-24 years	4.3	4.2	73.2	75.
25-44 years	4.4	4.0	68.9	70.
45-64 years	4.7	4.7	66.2	69.
65 years and over	5.4	5.8	71.1	72.9
Color				
White	4.4	4.2	70.0	71.
All other	3.5	3.2	61.3	66.
Education of family head				
Under 9 years	3.8	3.8	62.0	64.:
9-12 years	4.2	4.0	69.1	71.4
13 years and over	5.0	4.7	76.6	78.
Region				
Northeast	4.2	4.0	72 .1	72.
North Central	3.9	3.7	66.8	69.
South	4.2	3.9	67.9	69.
West	5.3	5,1	70.6	72.

Table 20. Number of discharges from short-stay hospitals and average length of stay, by type of questionnaire, sex, and age obtained from the two half-samples used in the Health Interview Survey, July 1967-June 1968

the extension of the second second	A.11	,	Sex		Ag	je	
Hospital discharges, average length of stay, and type of questionnaire	All persons	Male	Female	Under 17 years	17-44 years	45-64 years	65 years and over
	Number of discharges per 100 persons per year						
Hospital discharges:		li .	1 1	i 1		1	ı
Condition approach	12.2	9.9	14.3	5.8	15.0	13.8	21.4
Person approach	11.7	9.6	13.7	6.1	13.8	13.7	20.3
Average length of stay:							
Condition approach	8.8	10.1	8.0	5.4	6.3	11.2	15.3
Person approach	9.0	11.0	7.7	5.6	6.6	12.8	13.5

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

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

The Health Interview Survey utilizes a questionnaire which, in addition to personal and demographic characteristics, obtains information on illnesses, injuries, impairments, chronic conditions, and other health topics. As data relating to each of these various topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics. The present report is based on data collected in household interviews during 1968.

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

Statistical Design of the Health Interview Survey

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

The overall sample was designed in such a fashion that tabulations can be provided for each of the four major geographic regions and for urban and rural sectors of the United States.

The first stage of the sample design consists of drawing a sample of 357 primary sampling units (PSU's) from approximately 1,900 geographically defined PSU's. A PSU consists of a county, a small group of contiguous counties, or a standard metropolitan statistical area (SMSA). The PSU's collectively cover the 50 States and the District of Columbia.

With no loss in general understanding, the remaining stages can be combined and treated in this discussion as an ultimate stage. Within PSU's, then, ultimate stage units called segments are defined in such a manner that each segment contains an expected six households. (Prior to July 1, 1968, the expected segment size was

nine households). Three general types of segments are used:

Area segments which are defined geographically.

List segments, using 1960 census registers as the frame.

Permit segments, using updated lists of building permits issued in sample PSU's since 1960.

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

The total HIS sample of approximately 8,000 segments yields a probability sample of about 134,000 persons in 42,000 interviewed households in a year.

Descriptive material on data collection, field procedures, and questionnaire development in the HIS has been published² as well as a detailed description of the sample design¹ and a report on the estimation procedure and the method used to calculate sampling errors of estimates derived from the survey.⁷

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

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

- 1. Inflation by the reciprocal of the probability of selection.—The probability of selection is the product of the probabilities of selection from each step of selection in the design: PSU, segment, and household.
- 2. Nonresponse adjustment.—The estimates are inflated by a multiplication factor that

NOTE: The list of references follows the text.

- has as its numerator the number of sample households in a given segment and as its denominator the number of households interviewed in that segment.
- 3. First-stage ratio adjustment.—Sampling theory indicates that the use of auxiliary information that is highly correlated with the variables being estimated improves the reliability of the estimates. To reduce the variability between PSU's within a region, the estimates are ratio adjusted to 1960 populations within six color-residence classes.
- 4. Poststratification by age-sex-color.—The estimates are ratio adjusted within each of 60 age-sex-color cells to an independent estimate of the population of each cell for the survey period. These independent estimates are prepared by the Bureau of the Census. Both the first-stage and poststratified ratio adjustments take the form of multiplication factors applied to the weight of each elementary unit (person, house-hold, condition, and hospitalization).

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

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

For prevalence statistics, such as number of persons with speech impairments or number of persons classified by time interval since last physician visit, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in the quarter. Prevalence data for a year are then obtained by averaging the four quarterly figures.

For other types of statistics—namely those measuring the number of occurrences during a specified time period—such as incidence of acute conditions, number of disability days, or num-

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

General Qualifications

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

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

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

the persons concerned are in a position to report this information.

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

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

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

As in any survey, the results are also subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures. Although it is very difficult to measure the extent of bias in the Health Interview Survey, a number of studies have been conducted to study this problem. The results have been published in several reports.^{3,4,8-10}

NOTE: The list of references follows the text.

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

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

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

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

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

Wide-range.—This class consists of statistics for which the measure for a single individual during the reference period used in data collection can range from 0 to a number in excess of 5, e.g., the number of days of bed disability.

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

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

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

Type C.—Statistics for which the reference period is 6 months.

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

General rules for determining relative sampling errors.—The "guide" on page 50, together with the following rules, will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report.

Rule 1. Estimates of aggregates: Approximate relative standard errors for estimates of aggregates such as the number of persons with a given characteristic are obtained from appropriate curves on pages 51 and 52. The number of persons in the total U.S. population or in an age-sex-color class of the total population is adjusted to official Bureau of the Census figures and is not subject to sampling error.

Rule 2. Estimates of percentages in a percent distribution: Relative standard errors for percentages in a percentage distribution of a total are obtained from appropriate curves on page 53. For values which do not fall on one of the curves presented in the chart,

visual interpolation will provide a satisfactory approximation.

Rule 3. Estimates of rates where the numerator is a subclass of the denominator: This rule applies for prevalence rates or where a unit of the numerator occurs, with few exceptions, only once in the year for any one unit in the denominator. For example, in computing the rate of visual impairments per 1,000 population, the numerator consisting of persons with the impairment is a subclass of the denominator which includes all persons in the population. Such rates if converted to rates per 100 may be treated as though they were percentages and the relative standard errors obtained from the chart P4AN-M. Rates per 1,000, or on any other base, must first be converted to rates per 100 then the percentage chart will provide the relative standard error per 100.

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

(a) Where the denominator is the total U.S. population or includes all persons in one or more of the age, sex, and color

categories of the total population, the relative error of the rate is equivalent to the relative error of the numerator, which can be obtained directly from the appropriate chart.

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

Rule 5. Estimates of difference between two statistics (mean, rate, total, etc.): The standard error of a difference is approximately the square foot of the sum of the square of each standard error considered separately. A formula for the standard error of a difference $d = X_1 - X_2$, is

$$\sigma_d = \sqrt{(X_1 V_{x_1})^2 + (X_2 V_{x_2})^2}$$

where X_1 is the estimate for class 1, X_2 is the estimate for class 2, and V_{x_1} and V_{x_2} are the relative errors of X_1 and X_2 , respectively. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics although it is only a rough approximation in most other cases. The relative standard error of each estimate involved in such a difference can be determined by one of the four rules above, whichever is appropriate.

GUIDE TO USE OF RELATIVE STANDARD ERROR CHARTS

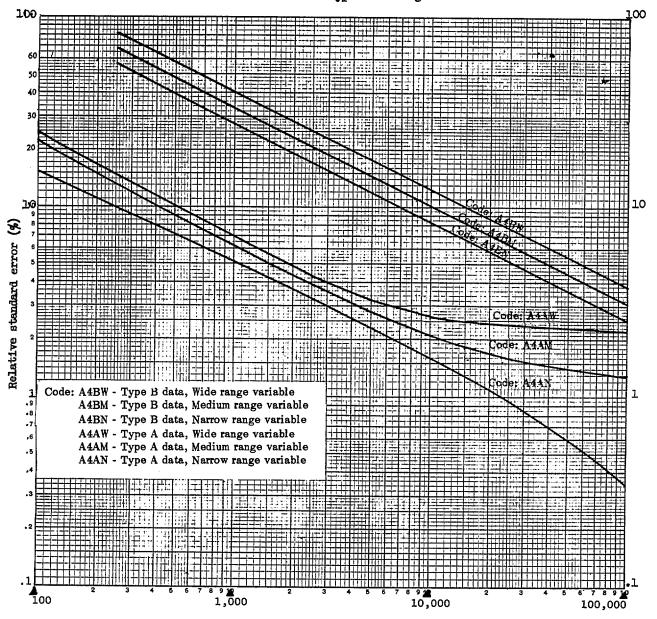
The code shown below identifies the appropriate curve to be used in estimating the relative standard error of the statistic described. The

four components of each code describe the statistic as follows: (1) A=aggregate, P=percentage; (2) the number of calendar quarters of data collection; (3) the type of the statistic as described on page 48 and (4) the range of the statistic as described on page 48.

Canainain		Use:		
Statistic	Rule	Code	on	page
Number of				T
Persons in a population group	1	A4AN		51
Chronic conditions by specified type	1	A4AN		51
limitation	1	A4AN		51
Chronic conditions per 1,000 persons	3	P4AN-M		53
Acute conditions per 100 persons per year	4(b)	Numer: Denom:	A4BN A4AN	51
Disability days per person per year	4(b)	Numer: Denom:	A4BW A4AN	51
Physician visits per person per year	4(b)	Numer: Denom:	A4BM A4AN	51
Hospital discharges per 100 persons per				
year	4(b)	Numer:	A4CN A4AN	52
Percentage distribution of				
Persons with activity limitation	2	P4AN-M		53
visit	2	P4AN-M		53

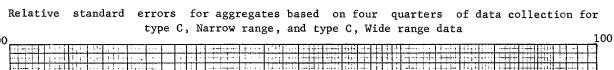
NOTE: Estimates of the populations derived from the samples interviewed by the condition and person approaches are shown in table 1. These figures are appropriate for the derivation of aggregates of health items to be used in the approximation of relative sampling errors.

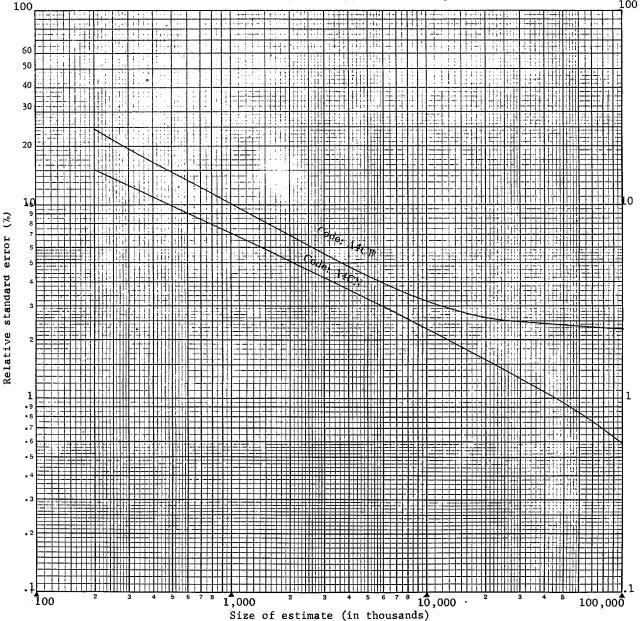
Relative standard errors for aggregates based on four quarters of data collection for data of all types and ranges



Size of estimate (in thousands)

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

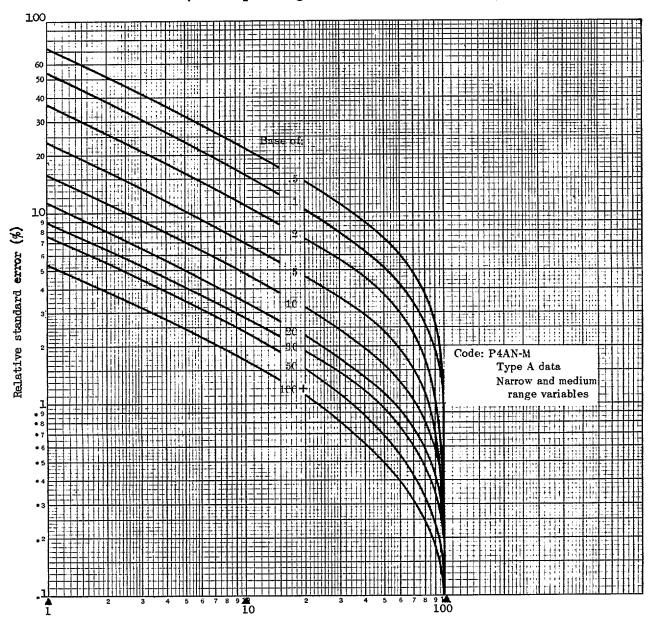




Example of use of chart: An aggregate of 1,000,000 (on scale at bottom of chart) for a Narrow range type C statistic (code: A4CN) has a relative standard error of 7.1 percent, read from scale at left side of chart, or a standard error of 71,000 (7.1 percent of 1,000,000).

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

(Base of percentage shown on curves in millions)



Estimated percentage

Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 3.2 percent (read from the scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 3.2 percent or 0.64 percentage points.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Conditions

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

Conditions are classified by type according to the International Classification of Diseases, 1955 Revision, with certain modifications adopted to make the code more suitable for a household interview survey.

Acute condition.—An acute condition is defined as a condition which has lasted less than 3 months and which has involved either medical attention or restricted activity. Because of the procedures used to estimate incidence, the acute conditions included in this report are the conditions which had their onset during the 2 weeks prior to the interview week and which involved either medical attention or restricted activity during the 2-week period. However, it excludes the following conditions which are always classified as chronic even though the onset occurred within 3 months prior to week of interview:

Asthma Hay fever Tuberculosis Chronic bronchitis Repeated attacks of sinus trouble Rheumatic fever Hardening of the arteries High blood pressure Heart trouble Stroke Trouble with varicose Hemorrhoids or piles Tumor, cyst, or growth Chronic gallbladder or liver trouble Deafness or serious trouble with hearing Serious trouble with seeing, even when wearing glasses Cleft palate Any speech defect Missing fingers, hand, or arm-toes, foot, or leg **Palsy** Stomach ulcer Any other chronic stomach trouble Kidney stones or

chronic stomach trouble Kidney stones or chronic kidney trouble Arthritis or rheumatism Mental illness Diabetes Thyroid trouble or goiter Any allergy Epilepsy Chronic nervous trouble Cancer Chronic skin trouble Hernia or rupture Prostate trouble Paralysis of any kind Repeated trouble with back or spine Club foot Permanent stiffness or deformity of the foot, leg, fingers, arm, or back Condition present since birth

Acute condition groups.—In this report all tables which have data classified by type of condition employ a 5-category regrouping plus several selected subgroups. The International Classification code numbers included in each category are as follows:

Condition Groups

International Classification Code Number (excluding chronic inclusions)

Infective and parasitic diseases	021-138
Common childhood diseases	056, 085-087, 089
The virus, N.O.S	021-055, 057-084, 088, 090-138
Respiratory conditions	470-501, 511, 517-525, 527, 783
Upper respiratory conditions	470-475, 511, 517 470
conditions	471-475, 511, 517 480-483
Influenza with digestive manifestations .	482
Other influenza Other respiratory conditions	480, 481, 483 490-501, 518-525, 527, 783
Pneumonia	490-493
Bronchitis	500, 501 518-525, 527, 763
Digestive system conditions	530-539, 543-553, 570, 571, 573-
Digestive system conditions	587, 784, 785
Dental conditions	530-535
Functional and symptomatic upper gastrointestinal disorders, N.E.C	544, 784
Other digestive system conditions	536-539, 543, 545-553, 570, 571, 573-587, 785
Injuries	N800-N885, N990-N995, N900-N994, N996-N999
Fractures, dislocations, sprains, and strains	N800-N848 N800-N839 N840-N848 N870-N885, N890-N895, N900-N908 N910-N929 N850-N869, N930-N994, N996-N999
All other acute conditions	All other acute code numbers
Diseases of the ear	390-396, 781.3 791 590-637, 786, 789
and the puerperium	640-689 690-716 726-743, 787 Other acute code numbers

Chronic condition.—A condition is considered to be chronic if (1) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview or (2) it is one of the conditions always classified as chronic regardless of the onset. (See list under the definition of an acute condition.)

Impairments.—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for

impairments. Hence code numbers for impairments in the International Classification of Diseases are not used. In the Supplementary Code, impairments are grouped according to type of functional impairment and etiology.

Prevalence of Conditions.—In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a specified time or the average number existing during a specified interval of time. The prevalence of chronic conditions is defined as 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 Checklist of Chronic Conditions and reported to have been present at some time during the 12-month period prior to the interview.

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

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

Activity-restricting condition.—An activity-restricting condition is one which had its onset in the past 2 weeks and which caused at least 1 day of restricted activity during the 2 calendar weeks before the interview week. (See definition of "Restricted-activity day.")

Bed-disabling condition.—A condition with onset in the past 2 weeks involving at least 1 day of bed disability is called a bed-disabling condition. (See definition of "Bed-disability day.")

Medically attended condition.—A condition with onset in the past 2 weeks is considered medically attended if a physician has been consulted about it either at its onset or at any

time thereafter. Medical attention includes consultation either in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as well as visits to physicians in clinics or hospitals. If during the course of a single visit the physician is consulted about more than one condition for each of several patients, each condition of each patient is counted as medically attended.

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

For the purpose of this definition, the term "physician" includes doctors of medicine and osteopathic physicians.

Terms Relating to Disability

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

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.

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.

other children.

School-age children: inability to go to school.

Housewives: inability

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 of time.

Housewives:

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

Workers and all other persons:

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.

Disability day.—Short-term disability days are classified according to whether they are days of restricted activity, bed-days, or work-loss days. All days of bed disability are, by definition, days of restricted activity. The converse form of this statement is, of course, not true. Days lost from work are also days of restricted activity for the working population. Hence "days of restricted activity" is the most inclusive term used in describing disability days.

Condition-day. - Condition-days of restricted activity, bed disability, and work loss 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-

Restricted-activity day.-A day of restricted activity is one on which a person substantially reduces the amount of activity normal for that day because of a specific illness or injury. The type of reduction 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.

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 of the daylight hours. All hospital days for inpatients are considered to be days of bed disability even if the patient was not actually in bed at the hospital.

Work-loss day.—A day 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 workday because of an illness or an injury. If the person's regular workday is less than a whole day and the entire workday was lost, it would be counted as a whole workday lost. Work-loss days are determined only for currently employed persons 17 years of age and over. (See "Currently employed persons" under "Demographic Terms.")

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

Terms Relating to Persons Injured

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

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

Statistics of acute injury conditions include only those injuries which involved at least 1 full day of restricted activity or medical attendance. Person injured.—A person injured is one who has sustained one or more injuries in an accident or in some type of nonaccidental violence. (See definition of "Injury condition" above.) 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 Health Interview 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.

Terms Relating to Class of Accident

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

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

Moving motor vehicle nontraffic accident.— The accident is classified as "nontraffic" if it occurred entirely in any place other than a public highway.

Nonmoving motor vehicle.—The accident is classified as "nonmoving motor vehicle" if the motor vehicle was not moving at the time of the accident.

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

Home accident.—The class of accident is "home" if the injury occurred either inside or outside the house. "Outside the house" refers to the yard, buildings, and sidewalks on the prop-

erty. "Home" includes not only the person's own house but also any other house in which he might have been when he was injured.

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 (i.e., moving motor vehicle, while at work, or home). This category therefore includes persons injured in public places (e.g., tripping and falling in a store or on a public sidewalk) and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury occurring while the person was in the Armed Forces is covered and is included in this class. The class also includes mishaps for which the class of accident could not be ascertained.

Terms Relating to Hospitalization

Hospital discharge.—A hospital discharge is the completion of any continuous period of stay of one or more nights in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12-month period prior to the interview week. (Estimates were based on discharges which occurred during the 6-month period prior to the interview.)

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

Hospital.—For this survey a hospital is defined as any institution meeting one of the following criteria: (1) named in the listing of hospitals in the current 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 U.S. 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 hospitals.—A short-stay hospital is one for which the type of service provided by the hospital is general; maternity; eye, ear, nose, and throat; children's; or osteopathic; or it may be the hospital department of an institution.

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

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

Terms Relating to Dental Visits

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

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

Terms Relating to Physician Visits

Physician visit.—A physician visit is defined as consultation with a physician, in person or by

telephone, for examination, diagnosis, treatment, or advice. The visit is considered to be a physician visit if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition, "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview rather than "physician" because of 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 obtaining a chest X-ray in a tuberculosis chest X-ray trailer is not included as a physician visit. However, a special chest X-ray given in a physician's office or in an outpatient clinic is considered a physician visit.

Physician visits to hospital inpatients are not included.

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

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

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

Demographic Terms

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

Currently employed persons.—Currently employed persons are all persons 17 years of age

and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business. Current employment includes paid work as an employee of someone else; self-employment in business, farming, or professional practice; and unpaid work in a family business or farm. Persons who were temporarily absent from a job or business because of a temporary illness, vacation, strike, or bad weather are considered as currently employed if they expected to work as soon as the particular event causing the absence no longer existed.

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

Excluded from the currently employed population are persons who have no definite employment schedule but work only when their services are needed. Also excluded from the currently employed population are (1) persons receiving

revenue from an enterprise but not participating in its operation, (2) persons doing housework or charity work for which they receive no pay, (3) seasonal workers during the portion of the year they were not working, and (4) persons who were not working, even though having a job or business, but were on layoff or looking for work.

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

APPENDIX III QUESTIONNAIRE—CONDITION APPROACH

NOTICE									In strict confidents to others for any		sed only	by perso	ns engag	eď	
	-HIS-1 (FY6 9 - 30 - 66	7)		IJ.	S. DEPAR	TMENT	OF COMM	ERCE—8	UREAU OF THE CENS	US			1.		
Budget Bu	reau Na. 68-		AC	TING A					S. PUBLIC HEALT	H SERVICE					
	xpires 3-31						TH INTER					23.3:1		of	Bool
za. STREI	ET ADDRESS	House No	o., Street,	Apt. No.	or other ider	SEC	R AREA IMENTS, TER:		LING ADDRESS 11			Same a			
25			.			Shee No.		City			tote			ip Code	-
City			State		Zip Code	Line No.		2 c. SPI Name	CIAL DWELLING F	LACE - Nom	e and San	ple Num	ber	Samp	le No.
3. As	k→ WHE		IIS STRUC -1 <i>-</i> 60 <i>-co</i> n			BUILT?		<u> </u>		200 000	D 40	- 41			
يُرْدُ ت	=					red, and e	nd interview.	43. SAN	IPLE Circle One E	5-38 B-39	B-40	B41 B	42 B	43	
	COMPLETE							10,130	Write in and mark	ĺ				11	
10.	a. Ask:						NG							4 3 3	7 1 4
Do Not		QUAR"	TERS BES	IDES YOU	JR OWN IN	THIS BUI	LDING?	Sa. SEG	MENT NUMBER				41.		
Ask Item 10-		□ Y	es-Fill T	able X	☐ No)			Frite in and mark					1	
Go To Item L	b. Ask:				PIED OR VACANT LIVING b. SEG. TYPE Circle A B P LSG YOUR OWN ON THIS FLOOR? 6. SERIAL NUMBER					SDP				- : :	
			es-Fill T		No.		PERTY FOR		Vrite in and mark				- 23	1 3 3	131
	C. Mari						R VACANT?	7. SPE	CIAL DWELLING P	LACE -Type	and Code	Hark ty	e code		
			es-Fill To		□ No			Туре		C	ode				
										1	ı	1		1 34	+ 1
Item [tems 11 an	d 12	All othe	r (1)— G	o to 13	8. NON	INTERVIEW REASO	IN	T A	R	H NOH	TA OTI	1
	OWN OR RE				_			1	lf "other" is marked		Туре А			o o	
O	vn — Ask 12a		Rent1s	k 12b	Rent	Free1	sk 12a	ļ .	describe in footno	te	Туре В	V		JRE AF	
	THIS PLACE								space.		. , , ре 0			<u> </u>	Aller
c. DURIN	b. DOES THE PLACE YOU RENT HAVE 10 OR MORE ACRES?\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								Type C	0			े c		
THI d. DURIN	S PLACE AN G THE PAST	OUNT TO 12 MONT	\$50 OR N HS DID SA	ORE?	CROPS,	и П 1 У П 1.		A	E OF LIVING QUAR	TERS			Housing ©	Unit Cri	er Unit
THI	ESTOCK, AN S PLACE AN	OUNT TO	\$250 OR	MORE?		ΙOΝ			ID USAGE ark code from Item L	or 12c or 12	ď		1 3 5	£	
COU	NY ROOMS A	HEN BUT	NOT THE	BATHRO	JUM.	rite in an	d mark		Total Rooms						٠.
	NY BEDROO one" describe			- (UNIT)?	r.	rite in and	d mark		No. of Bedrooms						. : :
5. WHAT I	THE TELE	HONE N	JMBER HE	RE?	T.	rite in and	l mark							No Da	
6. INTERV	IEWER CHEC	K ITEM:	Check que Is a llome	stions 22 Care Sup	a-22d & 23c plement req	on pages uired? —	4 & 5.		Yes-Fill Home Car No - Leave Thank	e Supplement) ou Letter an	d depart				
7. RECOR	D OF CALLS	AT HOUS	EHOLD			_			ITEMS 18-23 A			TER T.YE	INTERV	?E¥	
DATE AND	Date				İ				BER OF CALLS AT		Mark from Hem 17		. :		- : -
TIME CF	Time			<u> </u>					E OF COMPLETION ater from item 17	!	Month	Fea		Aug 🗇	Set () Nov () Dec ()
LENGTH C					1						Day				
	DF OBSERV	R 15 20	b marked '	"Yes"	1	l	لـــــا	20b. WAS	THIS INTERVIEW O	BSERVED?		7.			•
o.INTER	/IEWER NA	E Frite-	ín					21b, INTE	RVIEWER NUMBER	1		0			
OOTNOTE	ES							22. IDEN	ITIFICATION CODE	NO.			- 1		<u> </u>
									ark from tab of Segm IONAL OFFICE NUM						
										MYGNIN	GTON US	· -	- 11		- :
							}	Bool	Number See item i		01UN US				
									I Number of Condi		 H.				
								Tota	I Number of Hospit	alizations th	us H.H.				
							ŀ	Tota	I Number of Docto	Visits this	н.н.				-
									I Number of Person		• • • • • • • • • • • • • • • • • • • •	·		. :	
								Tota	l Persons Requirir iis Household	g Home Care					 -
											· II				
														-	

		First No	ame	01			Fire	st Nam	ne e	02		
 la. WHAT IS THE NAME OF THE HEAD OF THIS HOUSEHOLD? b. WHAT ARE THE NAMES OF ALL OTHER PERSONS WHO LIVE HERE? Li 												
c. I HAVE LISTED read names . IS THERE ANYONE ELSE STAYING HERE d. HAVE I MISSED ANYONE WHO <u>USUALLY</u> LIVES Apply househ	1	Lost No	me				Lcs	t Nom	e			
HERE BUT IS NOW AWAY FROM HOME? e. DO ANY OF THE PEOPLE IN THIS HOUSEHOLD		Dalasia	-ab!-				Bal	lationa.	hia.			A
HAVE A HOME ANYWHERE ELSE?	Yes No	Relatio	inship EAD			Age	Kei	ations	nıp			Age
f. ARE ANY OF THE PERSONS IN THIS HOUSEHOLD ON FULL - TIME ACTIVE DUTY IN THE ARMED FORCES? If "yes",	delete 🔲 🔲	ПС	.AU			1						
2. HOW IS RELATED TO (head of household)?											•	
3. PERSON NUMBER First column should have person 01, second column pe	rson 02, etc.	Per No.	9 ! 9 :		4 5 5	, 194	er. No.		0 I	9 3 0 3	5 fo .	7 8
4a. HOW OLD WAS ON HIS LAST BIRTHDAY "rise in next to "relationship		Age	2.1	3.0	1 5 4 5 8		Age		0.1	2 7 4 2 5 4	5 6 5 5 6	7 3
b. SEX Mark without asking unless sex is not obvious from name			Mo		Famole				Mail O		Female	
c. RACE Mark without asking			Wh.		Negro	Othe O	,		White		Negro O	0
If 17 years old or over, ask:		Mar.	Wid.		iep. N.	M. Und.	7	Mor.		Div. Sep		Und
 IS — NOW MARRIED, WIDOWED, DIVORCED, SEPARATED, OR NEVER N If IT years old or over, ask: 	IARRIED?	0	<u> </u>	0	• •		\vdash	•	•	0 0	0	
 WHAT WAS - DOING MOST OF THE PAST 12 MONTHS — (for males) WORKING OR DOING SOMETHING ELSE? (for females) KEEPING HOUSE, WORKING OR DOING SOMETH 	ING ELSE?	wĸ o	кн О	SE O	Unde		-	₩K •	КН	SE O	Under 1	7
If "SE" marked in Q. 6 and person is 45 years old or over, ask: 7. IS — RETIRED?			Ye		No O	v 0			Yes		No O	
If related persons 19 years old or over are listed in addition to the resp., se		,	Under 19	At hom					Under 19	At home	Not hom	NP
INTERVIEW. IS YOUR, ETC., AT HOME NOW? (WOULD YOU PLI ETC., TO JOIN US?)			٥	0	(• •			0	0	0	
THIS SURVEY COVERS ALL KINDS OF ILLNESSES. THESE FIRST QUESTION LAST WEEK AND THE WEEK BEFORE, THAT IS, THE 2-WEEK PERIOD OF RED ON THIS CALENDAR. Band calendar to respondent and ask 8a.		☐ Yes	;			☐ No		`	íes			<u> </u>
8a. WAS SICK AT ANY TIME LAST WEEK OR THE WEEK BEFORE (THE : SHOWN ON THAT CALENDAR)?	2 WEEKS						=					
b. WHAT WAS THE MATTER?												
c. DID HAVE ANYTHING ELSE DURING THAT 2-WEEK PERIOD?							ļ	ļ				
9a. LAST WEEK OR THE WEEK BEFORE, DID TAKE ANY MEDICINE OR FOR ANY CONDITION (BESIDES WHICH YOU TOLD ME ABOUT)?		Yes	1			☐ No		יםן	íes			<u> </u>
b. FOR WHAT CONDITION?												
c. DID — TAKE ANY MEDICINE FOR ANY OTHER CONDITION?												
10a. LAST WEEK OR THE WEEK BEFORE, DID HAVE ANY ACCIDENTS (OR INJURIES?	Yes				☐ No			es .			
 b. WHAT WERE THEY? c. DID HAVE ANY OTHER ACCIDENTS OR INJURIES DURING THAT 2- 	MEEN BEDIODS											
C. DID HAVE ANY OTHER ACCIDENTS ON HOURIES DURING THAT 2-												
11a. DID —— <u>EVER</u> HAVE AN (ANY OTHER) ACCIDENT OR INJURY THAT S' HIM OR AFFECTS HIM IN ANY WAY?	TILL BOTHERS	☐ Yes	1			☐ No			es -			۱
b. IN WHAT WAY DOES IT BOTHER HIM? Record present effects.							-					
12. Open your Flashcard booklet to Card A and read both sides of Card		Yes	5			□ No			res .			
condition by condition; record in his column any conditions men for the person.	ntioned						_					
13. Turn to Card B and read both sides of Card B (B-1, B-2), condition	by condition:	Yes				□ No	+		/es			
record in his column any conditions mentioned for the person.												
14a. DOES HAVE ANY OTHER AILMENTS, CONDITIONS. OR PROBLEMS HIS HEALTH?	WITH	Yes	3			☐ No			res			<u></u>
b. WHAT IS THE CONDITION? Record condition itself if still present; otherw	ise record							-				
present effects. c. ANY OTHER PROBLEMS WITH HIS HEALTH?												
For persons 19 years old or over, show who responded for (or was pe	resent during the	Res	sponde	ed for s	elf-ent	irely		Respo	onded f	icrself-	ent ire ly	
R asking of Q. 8-14. If persons responded for self, show whether enti-	rely or partly.	Res	ponde	ed for s	self-par	tly		Respo	onded f	or self-		
Q. 8-14 For persons under 19 show who responded for them. If eligible responses	MINERIE IS										vas res	

	15a. HAS BEEN IN A HOSPITAL AT ANY TIME SINCE A YEAR AGO?	☐ Yes	☐ No	☐ Yes	□ No
819.EN	If "Yes", ask: b. HOW MANY TIMES WAS —— IN A HOSPITAL DURING THAT PERIOD?	Times		Times_	
Noke as mork in this margin	168. HAS ANYONE IN THE FAMILY BEEN IN A NURSING HOME, CONVALESCENT HOME, REST HOME OR SIMILAR PLACE SINCE A YEAR AGO? If "Yes," ask: b. WHO?	Yes	□ No	Yes	☐ No
¥	For each person reported in 16b ask: c. HOW MANY TIMES WAS — IN A NURSING HOME OR SIMILAR PLACE DURING THAT PERIOD?	Times		Times_	
	Examine ages in question I for babies I year old or under. For each child I year old or under, ask 17a. 17a. WHEN WAS — BORN? If on or after the date stamped in 15a, ask 17b.	Month	Day Year	Month	Day Year
	b. WAS — BORN IN A HOSPITAL? If "Yes" and no hospitalizations entered in his column, enter "1" in 15. If "Yes" and a hospitalization is reported for the mother and baby ask 17c.	Yes	No .	Yes	□N∘
	c. IS THIS HOSPITALIZATION INCLUDED IN THE NUMBER YOU GAVE ME FOR? If "No," correct entry for mother and baby.	Yes	□ No	☐ Yes	☐ No
	THESE NEXT QUESTIONS ARE ABOUT RECENT VISITS TO OR FROM A MEDICAL DOCTOR. 18. DURING THE PAST 2 WEEKS (THE 2 WEEKS OUTLINED IN RED ON THAT CALENDAR HOW MANY TIMES HAS — — SEEN A DOCTOR EITHER AT HOME OR AT A DOCTOR'S OFFICE OR CLINIC?) Dr. Visits_	☐ None	Dr. Visit	None s
	19a. (BESIDES THOSE VISITS) DURING THAT 2 WEEK PERIOD HAS ANYONE IN THE FAMILY BEEN TO A DOCTOR'S OFFICE OR CLINIC FOR SHOTS, X-RAYS, TESTS, OR EXAMINATIONS? If "Yes," ask: b. WHO WAS THIS! (Mark "Yes," in person's column. c. ANYONE ELSE? (Mark "Yes," in person's column.	Yes	□ No	☐ Yes ·	□ No
C .	d. HOW MANY TIMES DID - VISIT THE DOCTOR? EXCLUDE visits made on "mass" basis.	Visits		Visits_	
0 0	20a. DURING THAT PERIOD, DID ANYONE IN THE FAMILY GET ANY MEDICAL ADVICE FROM A DOCTOR OVER THE TELEPHONE? If "Yes" ask: b. WHO WAS THE PHONE CALL ABOUT? c. ANY CALLS ABOUT ANYONE ELSE? Mark "Yes" in person's column.	Yes	□ No	■ Yes	□ No ■
0	For each "Yes" marked, ask: d. HOW MANY TELEPHONE CALLS WERE MADE TO GET MEDICAL ADVICE ABOUT	Telephone calls to Dr		Telephone calls to Dr	
	Visits reported in questions 18-20 for this person. Mark here		Visits rep'd in Q. 18-20 O Go to 216		Visits rep'd in Q. 18-20 C Go to 216
	If no visits reported in questions 18-20 Ask: 21a. ABOUT HOW LONG HAS IT BEEN SINCE — SAW OR TALKED TO A DOCTOR? Estimate is acceptable. If less than 1 year, mark appropriate circle; if more than 1 year, mark number of whole years.	Euring past 2 week	ks/not previously reported O 2 Weeks - 6 Months O 7 - 11 Worths O 0 0 Never	81 9 1	rks/not previous'y reported C 2 Monks - 6 Months C 7 - 11 Months C DK Never
	If the last visit was within the past 12 months ask: b. IN TOTAL, ABOUT HOW MANY TIMES HAS — - SEEN OR TALKED TO A DOCTOR DURING THE PAST 12 MONTHS?	Tings (Tings	DK Name O O 2 O A d 6 7 3 3 2 O A d 6 7 3 3	II	CK N200 C O
1		0.1	10/30/34) F/ 0 ;	354 34733
	If person is 55 years old or over, ask: THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME:		Under 55 - Step O 55 or over - Ask 22a.)	Under 55 - Step
	THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME: 22a. DOES — NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES? b. DOES — NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS? c. DOES — NEED ANY ONE'S HELP WHEN WALKING UP STAIRS	Yes S	Under 55 - Step () 55 or over - Ask 22a. () Step () No () DK ()	Yes	55 or over - Aul 224.
	THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME: 22a. DOES — NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES? b. DOES — NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS?	Yes S	Under 55 - Step O 55 or over - Ask 22a. O	Yes Yes Yes	55 or over - Ask 224 () Stop () No () DK ()
wa.sia	THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME: 22a. DOES — NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES? b. DOES — NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS? c. DOES — NEED ANY ONE'S HELP WHEN WALKING UP STAIRS OR GETTING FROM ROOM TO ROOM? d. DOES— NEED ANY HELP AT ALL IN CARING FOR HIMSELF? 23a. DURING THE PAST 12 MONTHS, HAS — RECEIVED ANY CARE AT HOME FROM A NURSE? b. DURING THIS 12 MONTH PERIOD, ABOUT HOW MANY VISITS	Yes 5 Yes 5 Yes 5 Yes 5 Yes 5	Under 55 - Siege O 55 or over - Ask 22a. O 55 or over - Ask 22a. O 55 or over - Ask 22a. O 56 or over	Yes Yes Yes	Stop O No O DK O O DK O O O O O O O O O O O O O
Nate no mark in this margin	THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME: 22a. DOES — NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES? b. DOES — NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS? c. DOES — NEED ANY ONE'S HELP WHEN WALKING UP STAIRS OR GETTING FROM ROOM TO ROOM? d. DOES — NEED ANY HELP AT ALL IN CARING FOR HIMSELF? 23a. DURING THE PAST 12 MONTHS, HAS — RECEIVED ANY CARE AT HOME FROM A NURSE?	Yes 5 Yes 5 Yes 5 Yes 5 Yes 6	Under 55 - Step	Yes Yes Yes	Stop O No O DK O

Condition Page

]	Person number	
CONDITION NO. 1	l. Person number	Write in and mark		012	4 5 6 7 3
Enter person number and "name of condition" and ask question 2.	Name of condition		-11-		
Ask for all conditions	2. DID EVER AT ANY TIME T	ALK TO A DOCTOR ABOUT H	IS?	Yes	No
				O NA CUNICATON LIE	O Hagistegenigen
Examine "Name of condition" entry in Item 1 and mark one box.		lition on Neither of C-Go to 3a.	Question	8 9 10 11 12 13	14 H C DV HC
If "Doctor talked to", ask: If "Doctor not talked to" record adequate description of	3a. WHAT DID THE DOCTOR SAY IT MEDICAL NAME?	TWAS? DID HE GIVE IT A	Cond		3 5 5 7 9
condition or illness.			No. of this		4 5 5 7 3
	3b. WHAT WAS THE CAUSE OF?	•	condition	Chronic	Acute
	Go to 4		Mark one Total	0	•
If the entry in 3a or 3b includes the words:	3c. WHAT KIND OF IS IT?		conditions Accident		4 5 5 7 3
Asthma "Ailment" "Disease" Cyst "Attack" "Disorder" Growth "Condition" "Trouble" Measles "Defect"	(First injury code Required hospitaliza	Yes	No O No O
Tumor		· 11-2-2	Other Acc.	T.Mís.	Cth,
For ALLERGY OR STROKE, Ask:	3d. HOW DOES THE ALLERGY (STR	ROKE) AFFECT HIM?	IC or dum code.	X 0 1 2 3 X 0 1 2 3	4 5 5 7 8
For conditions on Card B-2 and for any entry	36. WHAT PART OF THE BODY IS	AFFECTED?	Person days	of disability	
that includes the words: Abscess Cyst Paralysis	/		R.A	r.} 0 5 2	4 5 5 7 3
Ache (except Growth Sore headache) Hemorrhage Soreness	SHOW THE FOLLOWING DETAIL	L:	2Wks. B.C	0.1 0123	8 5 5 7 8
Blood clot Inflammation Ulcer Ask: Boil Neuralgia Weak Cancer Neuritis Weakness	Headskull, scalp, f Backupper, middle, Armshoulder, uppe	lower	Т.1	0123	Under 6 O 4 5 6 7 3
Cramps (except Pain menstrual) Palsy	hand; one or Leghip, upper, kn	both	12	(0123	
FILL QUESTIONS 4	one or both FOR ALL ACCIDENTS OR INJURIES		Months B.E), 0123	4 5673 4 5673
a. DID THE ACCIDENT HAPPEN DURING THE PAST 2 YEARS OR BEFORE THAT TIME?	☐ During past 2 years-Ask 48 ☐ Before 2 years-Go to 5a	6a. WAS A CAR, TRUCK, BU MOTOR VEHICLE INV	OLVED IN THE	Yes	No-Go to 7
b. WHEN DID THE ACCIDENT HAPPEN? Enter n	ionth and year; mark one box	ACCIDENT IN ANY W		O Yes	O No
Month Year	Week before 2 weeks - 3 months	INVOLVED?		0	0
	3 - 12 months 1 - 2 years	c. WAS IT (EITHER ONE) N THE TIME?	IOVING A I	Yes O	No O
Ask for all accidents or injuries: ia. AT THE TIME OF THE ACCIDENT WHAT PAR		7. WHERE DID THE ACCID	ENT HAPPEN?		
WHAT KIND OF INJURY WAS IT? ANYTHI	NG ELSE?	Specify place		At home (inside house) . At home (adjacent premise Street and highway (inclu	.,
				Farm	premises;
				School (Includes school p Place of recreation and s	ports (not school) .
				Cthat (openify place where	V
If accident happened BEFORE 3 months, ask:		8. WAS AT WORK AT H BUSINESS WHEN THE		Under Yes No attim	17 White In e Armed Forces
ib. WHAT PART OF THE BODY IS AFFECTED NO HOW IS HIS — AFFECTED?		HAPPENED? Footnotes			
Part(s) of body	Present effects				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		miowoodroodbaa
		1			100

Condition Page-Con.

Ask question 9a for all conditions	i	FER RESPONDENT TO TWO-VEEK CALENDAR FOR (ĮUESTIONS 9-14					
	, 9a.	LAST WEEK OR THE WEEK BEFORE DID HIS CA THE THINGS HE USUALLY DOES?	USE HIM TO CUT DOWN O	N	!	Yes O	No - Go to Ifa	v 0
	b.	DID HE HAVE TO CUT DOWN FOR AS MUCH AS A DA	Y?		i i	Yes C	No - Co to 14e	۷
Ask questions 10 and 11 if "Yes" marked in question 9b.		HOW MANY DAYS DID HE HAVE TO CUT DOWN DURING THAT TWO WEEK PERIOD?	Write in and mark	Day	s {	8 1 2		V 0
	11.	DURING THAT TWO WEEK PERIOD, HOW MANY DAYS DID HIS KEEP HIM IN BED ALL OR MOST OF THE DAY?	Write in and mark		rs {	0 : 0 : 3	None O	v
Ask question 12 if person is 6-16 years old,	12.	HOW MANY DAYS DID HIS KEEP HIM FROM SCHOOL DURING THAT TWO WEEK PERIOD?	Frite in and mark	Doy	s {		der 6 None	v 0
Ask question 13 if person is 17 years old or over.	13. 1	HOW MANY DAYS DID HIS KEEP HIM FROM WORK DURING THAT TWO WEEK PERIOD? (For females as NOT COUNTING WORK AROUND THE HOUSE?		Day	s {	0 I 0 I S	None C	v 0
Ask question 14 for all conditions.	. 14a. \	WHEN DID HE FIRST NOTICE HIS? WAS IT DURING THE PAST 3 MONTHS OR BEFORE	THAT TIME?		C	luring 3 mas, B	efore 3 mas Go so	15 V
	b. 1	DID HE FIRST NOTICE IT DURING THE PAST TWO WI	EEKS OR BEFORE THAT T	TME?		Post 2 wks. B	efore 2 wks Go to O	16 V
	c. 1	WHICH WEEK, LAST WEEK OR THE WEEK BEFORE?				Co s	Week before	0
Ask question I5 only if condition	+							
was first noticed "Before 3 months."	15.	DID – – FIRST NOTICE IT DURING THE PAST 12 MON	ITHS OR BEFORE THAT T	IME?		3-12 mas.	Before 12 mos.	c
Ask for person 6 years old or	1 [Not an eye condition Not first eye cond	dition Under 6					
over for whom an eye condition or vision problem (including		CAN SEE WELL ENOUGH TO READ ORDINARY N	EWEDADED DOWN WITH O	1 400500	Y	es - Ask 165	110 -Onit 166, e	
cataracts and glaucoma) has						٥	0	
been reported.		CAN — – SEE WELL ENOUGH TO RECOGNIZE A FRIE Side of the Street?			Y	es-Onit 16c	No-dek 16e O	
:	C. I	HOW MUCH TROUBLE WOULD YOU SAY THAT — — HA SOME, OR HARDLY ANY AT ALL?	S IN SEEING: A GREAT D	EAL,		Great decil	Some O	Hardly any or none
AA: IF THIS IS A CONDITION	ON CAR	RD A OR B, OR STARTED "BEFORE 3 MONTHS," ASK	O 17- OTHERWISE CO TO	ITEU DD				
Ask question 17b if "I" or more		ABOUT HOW MANY DAYS DURING THE PAST	Q. 1., OTHERWIDE OF TO	II DE DD.				
days in question 17a and question 11 is blank or marked "None."	lia. F	12 MONTHS HAS HIS KEPT HIM IN BED ALL OR MOST OF THE DAY?	Write in and mark	Day	s{		None-Go to 88	× 0 · ·
	b. W	VERE ANY OF THESE – – DAYS DURING LAST Week or the week before?				Yes	No-Ge to SE	
i				i		0	0	
	C. h	HOW MANY?	Write in and mark	Day	 ;{		• 7 ± °	
BB: Is this the LAST condition for this person?		IOW MANY? Yes — Ask 18-21 if person has "1" or more condition No — Go to next condition	and mark	Day	;{		O	- :
condition for this person? Show Card D, E, F, or G, as appropriate based on		. Yes — Ask 18-21 if person has "1" or more condition.	and mark ns past AA (CARD D, E, F, G). THEN ERMS OF HEALTH.			1 2 3	4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	v .
condition for this person? Show Card D, E, F, or G, as appropriate based on activity status or age.	[[[[]]	Yes — Ask 18-21 if person has "1" or more condition No — Go to next condition PLEASE LOOK AT EACH STATEMENT ON THIS CARD TELL ME WHICH STATEMENT FITS — BEST IN T	and mark ns past AA (CARD D, E, F, G). THEN ERMS OF HEALTH. Mark statement			1 2 3	K-Ge to 20	v 0
condition for this person? Show Card D, E, F, or G, as appropriate based on activity status or age. If 1, 2, or 3 marked in 18 ask:	[[[[]]	Yes — Ask 18-21 if person has "1" or more condition No — Go to next condition PLEASE LOOK AT EACH STATEMENT ON THIS CARD	and mark ns past AA (CARD D, E, F, G). THEN ERMS OF HEALTH. Mark statement			1 2 3 0 0 0	<-G+ to 20 > ○ FON USE	0
condition for this person? Show Card D, E, F, or G, as appropriate based on activity status or age.	18. P	Yes — Ask 18-21 if person has "1" or more condition No — Go to next condition PLEASE LOOK AT EACH STATEMENT ON THIS CARD TELL ME WHICH STATEMENT FITS — — BEST IN T	and mark ns past AA (CARD D, E, F, G). THEN ERMS OF HEALTH. Mark statement			1 2 3	K-Ge to 20	
condition for this person? Show Card D, E, F, or G, as appropriate based on activity status or age. If 1, 2, or 3 marked in 18 ask:	18. P	Yes — Ask 18-21 if person has "1" or more condition No — Go to next condition PLEASE LOOK AT EACH STATEMENT ON THIS CARD TELL ME WHICH STATEMENT FITS — BEST IN TI S THIS BECAUSE OF ANY OF THE CONDITIONS YOU I Yes — WHICH? — Enter com No — WHAT DOES CAUSE THIS LIMITATIONS	and mark ns past AA (CARD D, E, F, G). THEN ERMS OF HEALTH. Mark statement HAVE TOLD ME ABOUT? dition numbers			1 2 3 0 0 0 WASHING	C-G- to 29 CO TON USE No	0 V
condition for this person? Show Card D, E, F, or G, as appropriate based on activity status or age. If 1, 2, or 3 marked in 18 ask: If 4 marked in 18 go to 20.	18. P	Yes — Ask 18-21 if person has "1" or more condition No — Go to next condition PLEASE LOOK AT EACH STATEMENT ON THIS CARD TELL ME WHICH STATEMENT FITS — BEST IN TI S THIS BECAUSE OF ANY OF THE CONDITIONS YOU I Yes — WHICH? — Enter com No — WHAT DOES CAUSE THIS LIMITATIONS	and mark ns past 1.1 (CARD D, E, F, G). THEN ERMS OF HEALTH. Mark statement HAVE TOLD ME ABOUT? dition numbers ster cause ONE OF	number		1 2 3 0 0 0 WASHING* Yes 0 0 0	C-G- to 29 CO TON USE No	0 V О
condition for this person? Show Card D, E, F, or G, as appropriate based on activity status or age. If 1, 2, or 3 marked in 18 ask: If 4 marked in 18 go to 20.	19. IS	Yes — Ask 18-21 if person has "1" or more condition No — Go to next condition PLEASE LOOK AT EACH STATEMENT ON THIS CARD TELL ME WHICH STATEMENT FITS — BEST IN THE STATEMENT FITS — BEST I	and mark ns past 1.1 (CARD D, E, F, G). THEN ERMS OF HEALTH. Mark statement HAVE TOLD ME ABOUT? dition numbers ster cause ONE OF HEALTH? Mark statement	number		1 2 3 0 0 0 WASHING*	C-Go to 20 CON USE No Con Con A 5 6 Stop CON USE	0 v 0 sk 0
condition for this person? Show Card D, E, F, or G, as appropriate based on activity status or age. If 1, 2, or 3 marked in 18 ask:	19. IS	Yes — Ask 18-21 if person has "1" or more condition No — Go to next condition PLEASE LOOK AT EACH STATEMENT ON THIS CARD TELL ME WHICH STATEMENT FITS — BEST IN T S THIS BECAUSE OF ANY OF THE CONDITIONS YOU I Yes — WHICH? — Enter con WHAT DOES CAUSE THIS LIMITATION? En PLEASE LOOK AT THE BLUE CARD, CARD H. WHICH THOSE STATEMENTS FITS — BEST IN TERMS OF S THIS BECAUSE OF ANY OF THE CONDITIONS YOU	and mark ns past 1.1 (CARD D, E, F, G). THEN ERMS OF HEALTH. Mark statement HAVE TOLD ME ABOUT? dition numbers ster cause ONE OF HEALTH? Mark statement	number		1 2 3 0 0 0 WASHING* Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Con USE No Ch Ch CON USE No Ch Ch CON USE No Ch CON USE	0 v 0 sk 0 v 0 v 0
condition for this person? Show Card D, E, F, or G, as appropriate based on activity status or age. If 1, 2, or 3 marked in 18 ask: If 4 marked in 18 go to 20. If 1, 2, 3, 4, or 5 marked in 20, ask: If 6 marked, omit 21 and	19. IS	Yes — Ask 18-21 if person has "1" or more condition No — Go to next condition PLEASE LOOK AT EACH STATEMENT ON THIS CARD TELL ME WHICH STATEMENT FITS — BEST IN T S THIS BECAUSE OF ANY OF THE CONDITIONS YOU I Yes — WHICH? — Enter con WHAT DOES CAUSE THIS LIMITATION? En PLEASE LOOK AT THE BLUE CARD, CARD H. WHICH THOSE STATEMENTS FITS — BEST IN TERMS OF S THIS BECAUSE OF ANY OF THE CONDITIONS YOU	and mark ORARD D, E, F, G). THEN ERMS OF HEALTH. Mark statement HAVE TOLD ME ABOUT? dition numbers Ster cause ONE OF HEALTH? Mark statement HAVE TOLD ME ABOUT?	number		1 2 3 0 0 0 WASHING* Age Ce 0 0 1 2 3 0 0 0 WASHINGT	C-Go as 20 CON USE No Ch CON USE No Ch CON USE	0 v 0 ek 0 v 0 v

Month Mont			Person number
HOUSE DURRING THE PAST YEAR: USE YOUR CALEMBAR 2. WHICH DID — ENTER THE MOSPITAL/NUSSING NAME: save she YEAR is extracted. WHICH DID — ENTER THE MOSPITAL/NUSSING NAME: save she YEAR is extracted. WHICH DID — ENTER THE MOSPITAL/NUSSING NAME: save she YEAR is extracted. Which I de construction are nights in the save she year is a save she YEAR is extracted. Which I de construction of promogenesis is extracted and save she save she year is a save she year is save year is save year year year is save year year year year year year year yea	HOSPITAL PAGE	1. Person number Write in and mark	0 1 2 0 1 3 3 4 6 7 5 9
Do not include any nights to increase the control of the description where it file control of the description where it file control of the description where it file control of the description of the description where it file control of the description of the description where it file control of the description of th	exact date is not known,	HOME) DURING THE PAST YEAR: 2. WHEN DID — ENTER THE (HOSPITAL/NURSING	Jon O Apr O July O Cet O Manth Feb O May O Aug O Nov O
Do not include any nights in interview work. If the exact interview work. If the exact interview work. If the exact interview work. If the cases interview work. If the class existing. Complete questions of from the loads and the load of the load	USE YOUR CALENDAR	Trite in	6 0120
Do not include any stylets to inchance, accept leads to increase analysis and home, accept leads as a continuous and a continuous analysis and home, accept leads as a continuous and a continuou			V 5 6
Security	interview week. If the exact number is not known, accept	(HOSPITAL /NURSING HOME)? Total nights in hospital -	
WERE LAST WEEK OF THE Nights past 2 weeks USE YOUR CALENDAR C. WAS STILL IN THE (HOSPITAL/NURSING HOME) - THIS HOSPITAL/SURSING HOME) - THIS HOSPITAL/SURSING HOME) - THIS HOSPITAL/SURSING HOME - DO YOU KNOW THE MEDICAL NAME? If medical name not known, according to the Carleton and the Condition page. S. FOR WHAT CONDITION DID ENTER THE (HOSPITAL/NURSING HOME) - DO YOU KNOW THE MEDICAL NAME? For active, was those CAUSE, KIND, and PART OF BODY is some decadl as regiment for the Candition page. For active, was the CAUSE, KIND, and PART OF BODY is some decadl as regiment for the Candition page. Sa. WERE ANY OPERATIONS PERFORMED ON DURING THIS STAY AT THE (HOSPITAL/NURSING HOME)? D. WHAT WAS THE NAME OF THE OPERATION? Condition Course of the hospital was done. Service Some of the hospital was done. C. ANY OTHER OPERATIONS? THIS STAY AT THE (HOSPITAL/NURSING HOME)? D. WHAT WAS THE NAME AND ADDRESS OF THE (HOSPITAL/NURSING HOME)? Norm of Hospital was done. Street City (or county) Stote	entries in questions 2 and 3; if not clear, ask the	IN! for 10	Q. No. 15 16 17 Hosp. Other
USE YOUR CALENDAR C.WAS - STILL IN THE (HOSPITAL/NURSING Yos No No No No No No No		WERE LAST WEEK OR THE Nights past 2 weeks	Diag. # 0 1 2 0 0 8 0 7 1 5
If medical name not known, eater the deguate description. Do YOU KNOW THE MEDICAL NAME? For delivery ask: WAS THIS A NORMAL DELIVERY? For newborn, ask: WAS THE BABY NORMAL AT BIRTH? For newborn, ask: WAS THE BABY NORMAL AT BIRTH? For newborn, ask: WAS THE BABY NORMAL AT BIRTH? For newborn, ask: WAS THE BABY NORMAL AT BIRTH? For newborn, ask: WAS THE BABY NORMAL AT BIRTH? Condition Couse At ART OF 800P in seme detail or requires for the Condition page. Kind For of body Ga. WERE ANY OPERATIONS PERFORMED ON — DURING THIS STAY AT THE (HOSPITAL/NURSING HOME)? D. WHAT WAS THE NAME OF THE OPERATION? Footnotes: Footnotes: Footnotes: Norme of the county is not known, eater the county. Norme of Hospital Norme of Hospital Norme of Hospital Street City (or county) Stote	USE YOUR CALENDAR	HOME) LAST SUNDAY NIGHT FOR	Diagnosis surgically :: 0 1 0 treated :: 0 1 0
## And Addition and Comparison is not action and action page. ## For delivery ask: WAS THIS A NORMAL AT BIRTH? For newborn, ask: WAS THE BABY NORMAL AT BIRTH? Record in "Condition" box Condition Condit	11 - 42 - 1 1		Operation 1
Entry must show CAUSE, KIND, and PART OF BODY in same detail as regarded for the Condition page. Condition page	enter an adequate	For delivery ask: WAS THIS A NORMAL DELIVERY? For newborn, ask: WAS THE BABY NORMAL AT BIRTH? If "No" ask: WHAT WAS THE MATTER? Record in "Condition" box	Cperation 2 X 0 1 2 3 4 5 6 7 2
and PART OF BODY in some detail as required for the Condition page. Form of body			Operation 3
Fort of body C whership C or dum.	and PART OF BODY in same detail as required for the		Service V 0120055725 V 0123055735
Sa. WERE ANY OPERATIONS PERFORMED ON - DURING THIS STAY AT THE (HOSPITAL/NURSING HOME.)?			Cwnership V 0 1 2 0 4 8 6 7 2 9 V 0 1 2 0 4 8 6 7 3 9
59. WERE ANY OPERATIONS PERFORMED UN — DUNING HOME.)? If name of operation is not known, describe what was done. D. WHAT WAS THE NAME OF THE OPERATION? C. ANY OTHER OPERATIONS? Operation 7. WHAT IS THE NAME AND ADDRESS OF THE (HOSPITAL/NURSING HOME)? Name of Hospital or sursing home; the street or highway on which it is located, and the city and States; if the city is not known, enter the county. Street City (or county) Strate			IC or dum.
Enter the full name of the hospital or nursing home; the street or highway on which it is located, and the city and State; if the city is not known, enter the county. 7. WHAT IS THE NAME AND ADDRESS OF THE (HOSPITAL/NURSING HOME)? Name of Hospital Street City (or county) State	known, describe what	THIS STAY AT THE (HOSPITAL/NURSING HOME.)? Yes No-Go to b. WHAT WAS THE NAME OF THE OPERATION?	7
Enter the full name of the hospital or nursing home; the street or highway on which it is located, and the city and State; if the city is not known, enter the county. Street City (or county) State		c. ANY OTHER OPERATIONS? Yes - Describe above No	_
which it is located, and the city is not known, enter the county. Street City (or county) State	hospital or nursing home;		
	which it is located, and the city and State; if the city is		
COMMUNIC ON MENT PAGE		City (or county) State	
		CONTINUED ON NEXT PAGE	• 🔳 00000000

HOSPITAL PAGE (CONT'D)	ASK QUESTIONS 8-10 FO	R ALL COMPLETED HOSPITALIZATIONS	5 4	lark one circle——>		es" in Q. 4c - o" in Q. 4c	-Go to 14 🔾
		ISING HOME) BILL FOR THIS STAY? GEONS' BILLS.	Dollars	Cents	Tot. Amount	es en je	3 5 T T T
9a, DID (WILL) HEALTH INSURANCE THIS BILL? Yes [E PAY ANY PART OF No-Go to 10	Name of Insurance Plan	D.11	! С	· .	354	86735 36735 36735
b. WHAT IS THE NAME OF THE IN		Name of Insurance Plan	Dollars	Cents	YH O:	200	
c. DID (WILL) ANY OTHER HEALT PART OF THIS (HOSPITAL/N	TH INSURANCE PLAN PAY				K:	CDE	FGHID
If "Yes" Reask 9b For each Health Insurance Plan r d. WHAT WAS (WILL-BE) THE AMO					0.00	2.2.4	00 58755 58755 58759
PAID BY (Name of Plan)? —					- {	2.2	35789
Enter total amount paid by health			Dallars	Cents	10. Source	2	
Enter ANY amount paid by Social	Security Medicare in line B	A Health insurance— All plans-exclude Medicare			ì		F G H I DH
10a. WHO PAID (WILL PAY) THE (RE HOSPITAL BILL? Mark each	category mentioned	B Social Security Medicare			Amount		BL DK
b.DID ANY OTHER PERSON OR A OTHER PART OF THE HOSPI		C Self and/or Family		1 3 4 1		2 2 4 2 3 4 2 0 4	5 6 7 5 5 5 6 7 5 9 5 6 7 5 9
Yes-Ask 10c	No-Go to 10d	D 🔲 Relative not in household		1	10. Source	3	F G H I DK
c. WHO WAS THIS? Mark each categ	ory mentioned	E Friend			63		00000 BL Dk
d. WHAT WAS THE AMOUNT PAID Enter amount paid opposite ap		F 🗌 Kerr Mills or other Fed. Plans			E .	2 0 A 5 0 A	00 887,88 887,84 887,85
INTERVIEWER: Add amounts entered (include any	amount paid by health	G Armed Forces Medicare				204	3
insurance) and enter in TOTAL following boxes.		H 🗌 State or Local Welfare Agency			15	CDE	FGHIDK
Total amount paid (to be amount of hospital bil		Cther Specify			Amount	000	O O O O O
Total amount paid (to be with amount of hospite with respondent.	paid) does NOT agree al bill - Resolve difference	TOTAL OF ABOVE - include amount paid by health insurance					
ASK QUI	ESTIONS 11 - 13 IF PERSON	IS 55 YEARS OLD OR OVER Mark one circle -			Under 55 - G	o to 14 SS	or over- Ask II a
11a.WHEN — — LEFT (Name of hospi Did he return home or g		☐ Home - Go to Question 12 ☐ Some other place - Ask Question 116			WASH	IINGTON	USE
b.WHAT KIND OF PLACE DID	GO TO? Specify		·				.rc≠r⊞ O Home O
INTERVIEWER:		Hospital page filled-Stop			100 April 100 Ap		ic he ricate O
If the "Place" in 11b is a Hospite Home or a similar place, was a Paga filled for that stay? Mark	Hospital	Hospital page not filled-Fill Hosp. page f	or unreported	stay.			
12. AFTER LEAVING THE (HOSPIT. DID —— HAVE TO REMAIN IN			S+C	linted - Ga to	и о		None CK
13. (ALTOGETHER) HOW MANY DA' RETURNING HOME FROM TH			Sti	I confined to how	y 01		Name DK
14. NOTE TO INTERVIEWER:				Eman and a		नुबन्धाः स्थान	
If the condition in question 5 or 6		(B-1, B-2) or there is "I" or more nights in que dition does not have a Condition page, fill one o		· · ·	.	0.00	Ö

	DOCTOR VISITS PAGE (1) See questions 18-21a on Pages 4 and 5	1. Person number #rite in and mark	Person number Old G
no mork in this margin	Record each date on which a Doctor was visited in a separate Question 2a of the Doctor Visits Questions.	EARLIER YOU TOLD ME THAT — HAD SEEN OR TALKED TO A DOCTOR DURING THE PAST 2 WEEKS. ### Price in and mar.	Jan O Apr O July O Oct O K Month Feb O May O Aug O Nov O Mar O June O Sept O Dec O
Hake no m		2a. ON WHAT DATES DURING THAT 2-WEEK PERIOD DID — – VISIT OR TALK TO A DOCTOR?	Day Day U 0 0 0
*	Ask and record the answer to Question 2b on the last set of Doctor Visits Questions for each person.	b. WERE THERE ANY OTHER DOCTOR VISITS FOR — — DURING THAT PE	RIOD? VX
	Item D: Interviewer Check Item Enter the number of Doctor Visits reported for each person in question 18-21a on pages 4 and 5. 1/ "None" reported for all persons, check here None reported Go to Person pages	3. WHERE DID SEE THE DOCTOR ON THE (Date)? Mark one circle	Hono
	Person 01 02 03 04 05 06		Cther Specify O WASHINGTON USE
	Visits Fill one Doctor Visit section for each visit or call reported including additional visits	4. HOW MUCH WAS THE DOCTOR'S BILL FOR THAT VISIT (CALL)?	N 01301 86728
	or calls reported in question 26. FOOTNOTES:	If bill not received, ask: HOW MUCH DO YOU EXPECT THE DOCTOR'S BILL TO BE FOR THAT VISIT (CALL)?	0120136728 0120136728 Cents 0120136728
		5. IS THE DOCTOR A GENERAL PRACTITIONER OR A SPECIALIST?	Dum. Code
•		General Practitioner Specialist If "Specialist" ask: WHAT KIND OF SPECIALIST IS HE? ———————————————————————————————————	First Yes No Visit? X O O
0 0			Kind of V 01204 36729 Spec. 01204 66729
0	DOCTOR VISITS PAGE (2)		Person number
0	DOCTOR VISITS FRACE (2)	1. Person number Write in and mark	013 01254 56788
0	Record each date on which a Doctor was visited in a separate Question 2a of the Doctor Visits Questions.	EARLIER YOU TOLD ME THAT — HAD SEEN OR TALKED TO A DOCTOR DURING THE PAST 2 WEEKS. 2a. ON WHAT DATES DURING THAT 2-WEEK PERIOD DID — VISIT OR TALK TO A DOCTOR?	Mar O June O Sept O Dec O LW WB O Day 1 2 2 0 0 0
•	Ask and record the answer to Question 2b on the last set of Doctor Visits Questions for each person.	b. WERE THERE ANY OTHER DOCTOR VISITS FOR — DURING THAT PE	RIOD?
	FOOTNOTES:	3. WHERE DID SEE THE DOCTOR ON THE (Date)? Mark one circle	HoreO TelephoneO Octor's OfficeO Pre-peid Insurance Group. O Hospitel Emergency Room O Hospitel Emyotient Clinic O Hospith OpportmentO Conpony or IndustryO Other SpecifyO
			WASHINGTON USE
		4. HOW MUCH WAS THE DOCTOR'S BILL FOR THAT VISIT (CALL)?	M 0 1 3 0 4 6 6 7 8 9
		If bill not received, ask: HOW MUCH DO YOU EXPECT THE DOCTOR'S BILL TO BE FOR THAT VISIT (CALL)?	Onlands 0 1 2 0 4 3 5 7 2 9 0 1 2 0 4 3 5 7 2
this margin		5. IS THE DOCTOR A GENERAL PRACTITIONER OR A SPECIALIST? General Practitioner Specialist If "Specialist" ask: WHAT KIND OF SPECIALIST IS HE?	Dum. Code First Yes No
e no mark in this margin		ij opecialist ask: minti nimu or of EdinList is ne!	Visit? X O O Kind of V 01204 88729 Spec. 01204 88729
Kake			• ■ 000000000
		1	

			None	- Go to 25s		Γ	None - Ge se	25#	
Ask for all persons 17 24a. WHAT IS THE HIGHE	years old or over. ST GRADE (YEAR)——ATTENDED IN	SCHOOL? Elementory High school College			0 0 0 0 Under 17 0 0	EI Hi Co	¥013	Under 1	
b. DIDFINISH THE-	-GRADE (YEAR)?			Yes O	No O		Yes O	No O	
	years old or over. TIME <u>LAST WEEK OR THE WEEK BE</u> COUNTING WORK AROUND THE HO		c	Yes to 26s	No Ask doth b and c		Yes Ga ta 26	No Ank beek b	eni c
	D NOT WORK DURING THOSE 2 WEEK			Yes O	No O		Yes O	No O	
c. WAS HE LOOKING FO	OR WORK OR ON LAYOFF FROM A JO	B?	Ye	s- <i>Ask d</i>	No-Onis d		Yes- <i>Ask</i>	d No-onii	: 2
d. WHICH - LOOKING F	OR WORK OR ON LAYOFF FROM A JO)B?			ayoff Both	•	Looking O	Layaff	Borli
If "Yes" in 25c only, questions 26a through 26d apply	Ask for all persons with a "Yes" 26a. WHO DOES (DID)—WORK FOR?	in 25a, 25b, or 25c.	Employer			Employe	er		
to this person's LAST full-time civilian job.	b. WHAT KIND OF BUSINESS OR IN	DUSTRY IS THIS?	Industry			Industry			
! ! !	c. WHAT KIND OF WORK IS (WAS)-	DOING?	Occupation			Occupat	tion		
 	Fill 26d from entries in 26a-26c; i d. CLASS OF WORKER	f not clear, ask.	Pvtpc	0	0		Pvtpaid O Own		 Che O Korked
Ask for all males 17 y	ears old or over. IN THE ARMED FORCES OF THE UNI	TED STATES?	Yes	No- <i>Ge</i> to 2	,	(- G ₀ to 28	0
b. WAS ANY OF HIS SEF			Yes · Stop		р к	<u>`</u>	Yes-Stop	No C	 Эк
If "No" or "DK" in 27 c. WAS ANY OF HIS SEF	<i>b ask:</i> RVICE BETWEEN JUNE 27, 1950, AND	JANUARY 31, 1955?	Yes - Stop		DK O	- 	Yes - Step	No E	 к о
If "No" or "DK" in 27 d. WAS ANY OF HIS SEF	<i>c ask:</i> RVICE AFTER JANUARY 31, 1955?		Yes	No O	рк О		Yes O		o O
INCOME FOR THE SHOW CARD I. IN SALARIES, SOCIA RELATIVES, REN	COME GROUPS REPRESENTS YOUR T PAST 12 MONTHS - THAT IS, YOUR: ICLUDE INCOME FROM ALL SOURCE L SECURITY OR RETIREMENT BENE TS FROM PROPERTY, AND SO FORTI UP In each related person's column.	S, YOUR'S, ETC.? S Such as Wages, Fits, Help From	1) E F G	000 O		B C D E F		> 0
OCTNOTES	WASHINGTO	ON USE	WASI	HINGTON	USE	М	WASHINGT	ON USE	
	*Transcribe codes for	Respondent	0.3	3 0 0			0 1 0 0		
	Item R (Respondent) 0 — Self-entirely	Age of respondent	6. 1.1				0135	1	2 5 1 7
	1 — Self-partly 2 — Spouse	Family relationship	PISI PF		SF	₩ ₽1	SI PF	SF	-
	3 — Mother	1	Head 1 Head 2+		hild Cthurelative	Heod O	f1 Heod 2+ Will ○ □		elative O
	4 - Father 5 - Other female family member	Education of head	V (1)		None O	· ·	Und.	, 0	
	6 — Other male family member		4 . 3 .				0123	. 4 . 5 . 5 .	
	7 – Other	Industry	ав с о	DEFG	нјкцм		B C D E F	G R J K I	LW
		 			00000	· III			
		Occupation	N P Q R	stu	V w x Y Z 00000	i e	0 1 0 0 P Q R S T O O O O O	U VWX	ΥZ
		; ; ;	55 00	,,,,,,			00000		<i>-</i>
		I.					0 0	0 0	

Cord A		Card D	Cord F	Card H
A1 Now I'm going to read a list of conditionsPlease tell me if you, your , etc., have had any of these conditions DUR- ING THE PAST 12 MONTHS?	A2 Have you, your , etc., had any of these conditions DUR- ING THE PAST 12 MONTHS?	For: Workers and other persons except Housewives and Children	For: Children from 6 through 16 years old	For: Mobility
1. Asthma? 2. CHRONIC bronchitis? 3. REPEATED attacks of sinus trouble? 4. TROUBLE with varicose veins? 5. Hemorrhoids or piles? 6. Hay fever? 7. Tumor, cyst, or growth? 8. CHRONIC galibladder or liver trouble? 9. Stomach ulcer? 10. Any other CHRONIC stomach trouble? 11. Kidney stones or CHRONIC kidney trouble?	12. Thyroid trouble or goite? 13. Any allergy? 14. CHRONIC nervous trouble? 15. CHRONIC skin trouble? 16. Palsy? 17. Paralysis of any kind? 18. REPEATED trouble with back or spine? 19. Cleft palate? 20. Any speech defect? 21. Hernia or rupture? 22. Prostate trouble?	Not able to work at all. Able to work but limited in amount of work or kind of work. Able to work but limited in kind or amount of other activities. Not limited in any of the above ways.	Not able to go to school at all. Able to go to school but limited to certain types of schools or in school attendance. Able to go to school but limited in other activities. Not limited in any of the above ways.	1. Must stay in hed all or most of the time. 2. Must stay in the house all or most of the time. 3. Need the help of another person in getting around inside or outside the house 4. Need the help of some special aid, such as a cane or wheelchair, in getting around inside or outside the house. 5. Does not need the help of another person or a special aid but has trouble in getting around freely. 6. Not limited in any of the above ways.
Card B		Card E	Card G	Cord (
B-1 Have you, your , etc., EVER had any of these conditions? 1. Tuberculosis? 2. Emphysems? 3. Hardening of the atteries? 4. High blood pressure? 5. Cancer? 6. Heart trouble? 7. Stroke? 8. Rheumatic fever? 9. Arthritis or rheumatism? 10. Mental illness? 11. Diabetes? 12. Epilepsy?	B2 Do you, your , etc., HAVE any of these conditions? 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. Missing fingers, hand or armtoes, foot or leg? 4. Missing lung or kidney (or breast)? 5. Club foot? 6. PERMANENT stiffness or any deformity of foot, leg, fingers, arm or back?	For: Housewife 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 the above ways.	For: Children under 6 years old 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 the above ways.	Which of the following income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rents from property, and so forth. Under \$500. Group A \$500 \$999. Group B \$1,000 \$1,999. Group C \$2,000 \$2,999. Group C \$3,000 \$3,999. Group E \$4,000 \$4,999. Group F \$5,000 \$6,999. Group G \$5,000 \$9,999. Group H \$10,000\$14,999. Group I \$10,000\$14,999. Group I

APPENDIX IV QUESTIONNAIRE—PERSON APPROACH

	NOTICE - All information which would permit identification of the individual will be held in strict confidence, 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 purposes. APPROVAL EXPIRES IAM. 1, 1968																	
FORM NH5-H (9-19-67)	FORM HHS-HIS-1X (1968) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING A GREAT FOR THE																	
			u	.S. PUSL	IC HEA	LTH SERVE	CE							В	ock		_ of	Book=
2. Street Ad	dress — Ho	see No., Street	, Apt. No. or of	er iden	t.	FOR AR	TS	3.		İ		(If mark	:d "	Ask" do	sa before	the i	nterview)	
						ENTER:	Ask When was this structure originally built?			y Suilt?								
City			State	ZIP cod		No		- =	Do not ask		_	4-1-60 —				nicad		
						Line No				Ľ.		4-1-60 — G	nd e	nd intervi	ew			
4. Special dwelling place														_			_	
Name				Sample	No.	Туре												
Complete ite	ms 11-21 a	nd 23 at the en	d of the intervi	w		Card type	5.	PSU	6a. SEG. number	6Ъ	. SEG	7. Serial number	8	. Sample	9. R.O.		0. I.D. Code	SDP type
11. Mailing	address —	If different fro	m 2 ☐5	ame as	2						A .		ı					
 -						Х			l		В							
City			State	ZIP co	 de						P		١			1		
									<u> </u>	L	LSDP							
12. Type of	living quar	ters – Mark ap	propriete box w	ith en ".	x"						•□	Housing t	nit		, 🗀 0:	her u	it	
13.		Ask-E-					Ask-	J						Aek	y		his prope	
ask Q. 13 Go to Item	beside	yeur ewn in t		ng quan ∏No	ers	besides y	our o	WN OR 1	d or vocant his floor? Cable X		ng qourre. ⊡No	Pe	ople	to live in ∐Yes	- eithe	r occu	pled or vo	cont?
 		Yes - Fill ?	sk items 14 and		i		105	T	-		r – Go to	76						-
ITEM L			sk items 14 and						_=_		Ask 1.			lent free -	Ask 15			
		this place? Does this plac	e have 10 or ma	- octez	·[-						- Ask d		===					
h. (Rent) i	Does the oil	ace you reat ho	ive 10 or more a iles of crops, liv	cres?	- 1	Yes Tarm prof						more?	2□]Yes	4□	□No		
d. During	the past 12	months did so	les of crops, liv	estock,	and oth	er form pre	ducts	from t	ne place am	ount	to \$250 c	r more?	3	Yes.	5]No		
16. How ma	ny rooms o	re in this — — i	(unit)? Count th	e kitche	n but no	of the bath	no om							Total re	00m#		[
17. How ma	ny bedroom	s are in this -	- (unit)? If '7	ione" d	eacribe	in loomote	4					· · · · · · · · · · · · · · · · · · ·		Number	of bedro	ошв	[
		one number her		Te	lephone	number								2	None			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		dent check box	: e how many moto	a uabiol	e suppli		a	20.	Was this in	1 terv	iew obser	vedr			Yes		2	No .
to be co	mpleted. (Fill a separate	e supplement for	each di	fferent	accident re	porte		ne of Obser	ver								
	Number of 3	A.V. Accident	Supplements Re-	quired 23		None		21.	Interviewe	r's n	ame						Code	
22. Noninte	rview reas																	
		TYPE						PEB			1	o Den	-1/-		TYPE C			
o Refusal	t home — re			2	Usual	t-non-ses residence			Vacant-	-804	SOUS!	2 Eli	nine	ted in sub	-sample		ne by mis	.are
2 Temporer 3 Other -		7				Forces - Specify	_	a Built after April 1, 1960 a Other - Specify - 7										
				_ _														
23. Record	of calls at	household	,										_	1			WASH. U	SE ONLY
<u> </u>	Item	Date	1	Com.	-	2	Com.		3	Com.		·	Com.	-	<u> </u>	Com.	, C=418	
Entire house	hold	Beginning time	t	-										t			Date of Complet	ion
		time		[
Record return calls for	Person	Date Beginning	 									-		 		-	Length	
individual respondents	No	lime Ending time	† -	-					†		T			ļ		_	Time of	day
] [Person	Date												ļ <i>.</i>		F-		
	No	Beginning Lime Ending	 								 			 -				
FOOTNOTES		i time	L		L—			<u></u>			<u> </u>			I		ш		
]																		

la. What is the name of the head of this household? - Enter name in first column	10.	First name 1
b. What are the names of all other persons who live here? - List all persons who live here c. I have listed (Rozd names.) Is there anyone else staying here now, such as friends, relatives, or roomers? [Yes* No.		
d. Have I missed anyone who USUALLY lives here but is now away from home?		
If any adult males listed, ask: *Apply household membership rules	'	Last name
f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States?	.1	
2. How is related to (head of household)?		RELATIONSHIP
	1.	HEAD
3. How old was on his last birthday? - Also mark Race and Sex	3.	AGE RACE SEX
		0 W 0 M
Record all conditions for a person in this space in the person's column with question number(s) where reported.	-	No Cut
C Also enter the number of Hospitalizations and Doctor Visits.	1	H DV HC Down Days
Check the Homecare box, and the No Cut Down Days box, if applicable.		Q. No. Condition
and the Bamboule box, and no ho out bonn buys box, it appropries	j	i i
	1	
		- - - - - - - - - - - - -
. If 17 years old or over, ask:		O_Und. 17 6 Never married
4. Is now married, widowed, divarced, separated, or never married? - Mark one box for each person	1	1 Married 4 Divorced
If person under 17 is or has been married mark the "Und. 17" box and give marital status in a footnote		3 Widowed 5 Separated
If related persons 19 years old or over are listed in addition to the respondent, say: We would like to have all adults who are at home take part in the interview. Is your — —, your — —, etc., at home now? If other plicible respondents are at home, and		1 At home 0 Under 19 years
If other eligible respondents are at home, ask: Would you please ask,, etc., to join us?	1.	2 Not at home
HAND CALENDAR TO RESPONDENT	 	
5a. During the post two weeks (the 2 weeks outlined in red on that colendar) did — — stay in bed all or most of the day because of	5a.	Yes - Ask b
uny illness or injury?		00 No - Ask c
b. During that two week period, how many days did — — have to stay in bed all or most of the day?	ъ.	
		days - Ask c
c. During that two week period, did he have to cut down on the things he usually does because of illness or injury?	-	Yes-Ask d
***************************************	- 7.	No-Go to 6a
d. Did — — have to cut down for as much as a day?		DO No-Go to 6a
e. How many days in total did — — have to cut down during that two week period?	•	
	1	If under 6 yrs Go to 6s
If 17 years old or over ask: f. How many days did Illness or injury keep — from work during these two weeks?	1.	00 None
For females add—Not counting work around the house. If 6-16 years old ask:		00 None
g. How many days did Illness or injury keep —— from school during those two weeks?	L	days - Go to 64
If 1+ days recorded in Q. Se, ask: 6a. What condition caused — — to cut down on the things he usually does during the past two weeks? — Enter condition in C above	6a.	No cut down days
The state of the s		Go to next person
b. During the post two weeks, did any other condition cause him to cut down on the things he usually does?	ь.	Yes-Reask a and b
		No-Go to next person
7. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times had — — seen a doctor	7.	None
either at home or at a doctor's office, or clinic?		
		Number of visits
8a. (Besides those visits) During that 2-week period has anyone in the family been to a doctor's affice or clinic for shots, x-rays, tests, or examinations? Yos Ask b and c No Go to 9	8a.	
b. Who was this? - Mark "Yes" in person's column	ь.	Yes Doctor's visits
c. Anyone else? Yes Rosak b and c No Go to d	-	
For each "Yes" marked, ask:	:	
d. How many times did— — visit the doctor during that period?—Exclude visits made on "mass" basis	ا ا	Number of visits
9a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	9 a.	
b. If "Yes", ask: Who was the phone call about?-Mark "Yes" in person's column.		
c. Any calls about anyone else? Yes - Reask b and c No - Go to d	ь.	Yes
	Ļ-,	
For each "Yes" marked, ask: d. How many telephone calls were made to get medical advice about ~ ~?		
	d.	Number of calls
If doctor was seen or talked to during the past two weeks, ask:	10a.	No 2-week visits-Ask 11
10a. For what condition did see or talk to a doctor during the past two weeks? - Enter condition here and in a above	ļ.,	
b. During that period, dld see or talk to a doctor for any other condition? If pregnamcy reported ask: During the past 2 weeks wassick because of her pregnancy:	ь.	Yes-Roask 10a
II "Yes" ask: What was the matter?	Ш	No-Go to next person
If no visits reported in questions 7-9, ask:	ļ. <u>.</u>	XV 2 week visits in Q. 7-9
11. ABOUT how long has it been since saw or talked to a doctor?	11.	Reask Q. 7 and 10
(Estimate is acceptable. If less than 1 year, check appropriate "Months" box: if more than 1 year, enter number of whole years.)		XX In hospital in past 2 weeks Ask Q. 10
		VO 2 weeks-6 months
		XO Over 6-12 months
1	4. 1	Yours CO Never

Now I'm	going to read a list of conditions:							
	he past 12 months, has anyone in the family (," ask b and c	_		, 1	etc.) had any of the following conditions —			1
		Yes	No	_			Yes	
-	Gallstones?	_		_		1-1-	╄	
-	iny other gallbladder trouble?	-		L		2	+	
3. H	lemorrhoids or piles?	-		L		3,	╀-	
4. C	Tirrhosis of the liver?		_	L	b. Who was this?	4	-	
5. F	fatty liver?	-	-	L	c. During the past 12 months has anyone else had	5.	┢	
_	lepatitis?	 	<u> </u>	L		6.	╀	
	'ellow joundice?	┿	<u> </u>	L		7.	┢	
8. A	iny other liver trouble?	<u> </u>	L	<u></u>		8.	\vdash	1
	he past 12 months, has anyone in the family h ," ask b and c		No	1			Yes	1
	disease of the pancreas?	1	1	Н		9.	t	
	disease of the esophagus?	+	-	┢		10.	†	
_		 		┢	b. Who was this?	11.		
	any other disease that affects swallowing?	 	\vdash	Н	c. During the past 12 months has anyone else had	12.	1	
_	eptic ulcer? Duodenal ulcer?	-		Н		13.	1	
	itomach or gastric alcer?	<u> </u>		Г		14	T	
	Any other ulcer?	1	\vdash	Н		15.	1	
-				_		1.4.		I
	the past 12 months, has anyone in the family b ," ask bend c	_	No	1			Yes	
16. H	listal hemis?			Г		16.		
17. U	Imbilical hemia?					17.		
18. A	Any other hemia or rupture?					18.		
19. G	Gastritis?				b. Who was this?	19.		
20. F	Frequent indigestion?			L	c. During the past 12 months has anyone else had	20.		
21. C	Cancer of the stomach?					21.		
22. A	Any other stomach trouble?					22.		
23. E	Interitis?			Г		23.		
24. D	Diverticulitis?					24.	L	
	the past 12 months, has anyone in the family l ," ask b and c	_	1	1	•		V	ī
·		Yes	No	Ļ			Yes	
25. C	Colitis?	-	<u> </u>	-		25.	├-	
26. C	Constitution or other bowel trouble?	-	_	L		26.	\vdash	
27. S	pastic colon?	-		┡	b. Who was this?	27.	┢	
28. 0	Sancer of the colon or rectum?	┼		 	c. During the past 12 months has anyone else had	28.	┼	
	Any other concer of the digestive system?	-		┝		29.	-	
	Any other intestinal trouble?	┼-	-	┝		30.	├	
31. /	Any other condition of the digestive system?			_		31.	├-	<u> </u>
	13a. What was doing most of the past 1	2 mon	ths –	(Fo	r males): working, or doing something else? r females): keeping house, working or doing something else	.	1 =	Working (18)
	If "something else" and 45+ years of	age, a						Keeping house (18)
lges 17+	b. ls retired?						1 =	Retired (17) Going to school (20)
	If "something else" and under 45 year	s of a	ge or	"no	" in Q. 13b, ask:		1] 17 + something else (17)
	c. What was — — doing?					_	1	6-16 something else (19)
	14a. What was doing most of the past 1	2 mon	ths –	goli	ng to school or doing something else?			
ges -16	If "something else" ask: b. What was doing?							
-10	a. What was 2 2 doing!							
							l	
	15a. In terms of health, is — — able to take	part a	t all I	n o	rdinary play with other children?	15a		
zes	1							Yes (15b) 1 No (21)
es -5	b. Is he limited in the kind or amount of g	lay be		of	his health?	-	. 2 🗀	Yes (21)
							4⊏	No - Go to next person
	16a. is limited in any way because of h	ls har	lehv			160	1,-	Yes (16b)
lges	b. In what way is he limited? - Specify	(146						No - Go to next person
Ages er lyr.							_	
						1	I -	0- 4- 01

	17a. In terms of health, Is — – oble to work?	170.	i <u> </u>		
	b. s — — limited in the kind or amount of work he could do because of his health?	- Б.	Yes (17b) 1 No (21)		
	D. 15 Himited in the kind of papount of work He could do peccuse of all s negligit		2 Yes (21) No (18c)		
	18a. Is — — limited in the kind or amount of (work - housework) he can do because of his health?	1Ba.	Yes (18b) No (18c)		
	b. Is — able to (work, keep house) at all?		2 Yes (21) 1 No (21)		
	c. is —— limited in the kind or amount of other activities because of his health?		3 Yes (21) 4 No - Go to next person		
	19. In terms of health, is able to go to school?	19.			
	77. In terms of health, 75 — - abre to go to school.		☐Yes (20) 1 ☐No (21)		
	20a. Does (would) he have to go to a certain type of school because of his health?	20 a.	2 Yes (21) No (20b)		
	b. Is he (would he be) limited in school attendance because of his health?	- _{Б.}			
	c. is — — limited in the kind or amount of other activities because of his health?	 c.	2 Yes (21) No (20c) 3 Yes (21) 4 No - Go to noxt person		
	21a. What condition causes this limitation?	21a.	ls A		
	b. Is this limitation caused by any other conditions?	ь.	Yes (21c)		
	c. What conditions? - Any other conditions?	- -	No - Go to next person		
			Yes No		
	been in a hospital at any time since a year ago? I times was — — in a hospital during that period?	22a. b.	Yes - Ask b No - Go to next person Times		
	ages of all persons listed. For each child 1 year old or under, ask:	23a.	Month Day Year		
23a. When was	bom? If on or after the date stamped in 22a, ask 23b.				
b. Was — —	born in a hospital? If "Yes" and no hospitalizations entered in his column, enter "1" in 22. If "Yes" and a hospitalization is reported for the mother and baby ask 23c.	ь.	Yes No		
	spitalization included in the number you gave me for — — ? correct entry for mother and baby.	c.	Yes No		
24a. Has anyo	ne in the family been in a nursing home, eant home or similar place since a year ago? Yas—Ask 24b No—Go to 25				
	this? — Mark "Yes" in person's column "Yes" marked ask:	24Ь.	Yes		
	at period, how many times was — — in a nursing home or similar place?	ε.	Times		
•	is 55 years old or over, ask: wing questions refer to different kinds of personal care some people need at home:		0 Under 55 – Stop		
	need any help in bathing, dressing or putting on his shoes?				
b. Does	need day neip in building, dressing or putring on his shoest	25a.	55 or over — Ask a 1 Yes — Stop No		
D. 1/005	need any help at home with injections, shots or other treatments?	25a. 	1 Yes - Stop No		
		ь. Б.	1 Yes - Stop No		
c. Does	need any help at home with injections, shots or other treatments? need anyone's help when walking up stairs or getting from room to room?	. — — Б. — — —	1 Yes - Stop No 2 Yes - Stop No 3 Yes - Stop No		
c. Does d. Does	need any help at home with injections, shots or other treatments? need anyone's help when walking up stairs or getting from room to room? need any help at all in caring for himself?	ь. с. d.	1		
c. Does d. Does 26a. During th	need any help at home with injections, shots or other treatments? need anyone's help when walking up stairs or getting from room to room? need any help at all in caring for himself? past 12 months, has —— received any care at home from a nurse?	. — — Б. — — —	1 Yes - Stop No 2 Yes - Stop No 3 Yes - Stop No		
d. Does	need any help at home with injections, shots or other treatments? need anyone's help when walking up stairs or getting from room to room? need any help at all in caring for himself?	ь. с. d.	1		
c. Does d. Does 26a. During th	need any help at home with injections, shots or other treatments? need anyone's help when walking up stairs or getting from room to room? need any help at all in caring for himself? past 12 months, has —— received any care at home from a nurse?	6. c, d, 26a.	1		
c. Does d. Does 26a. During th b. During th c. Were any	need any help at home with injections, shots or other treatments? need any help at all in caring for himself? s past 12 months, has — received any care at home from a nurse? 12 Temonth period, about how many visits did a nurse make to care for — ? of these visits during the past 2-weeks? At questions are about motor vehicle accidents, that is, accidents, involving cars, trucks, buses, motorcycles,	b. c. d. 26a.	1		
c. Does d. Does 26a. During the b. During the c. Were any	need any help at home with injections, shots or other treatments? need anyone's help when walking up stairs or getting from room to room? need any help at all in caring for himself? past 12 months, has — received any care at home from a nurse? Is 12-month period, about how many visits did a nurse make to care for — ? of these visits during the past 2-weeks?	b. c. d. 26a.	1		
c. Does d. Does 26a. During th b. During th c. Were any These ne and so fo	need any help at home with injections, shots or other treatments? need any help at all in caring for himself? s past 12 months, has — received any care at home from a nurse? Is 12-month period, about how many visits did a nurse make to care for — ? of these visits during the past 2-weeks? At questions are about motor vehicle accidents, that is, accidents, involving cars, trucks, buses, motorcycles, th. We are interested in all types of motor vehicle accidents even if no one was injured.	b. c. d. 26a. b.	1		
c. Does d. Does 26a. During the b. During the c. Were any These ne and so fo 27a. During the b. How many	need any help at home with injections, shots or other treatments? need any help at all in caring for himself? s past 12 months, has — received any care at home from a nurse? 1s 12-month period, about how many visits did a nurse make to care for — ? of these visits during the past 2-weeks? At questions are about motor vehicle accidents, that is, accidents, involving cars, trucks, buses, motorcycles, with. We are interested in all types of motor vehicle accidents even if no one was injured. s past 12 months, has — been in a motor vehicle accident either as a (driver), passenger or pedestrian? motor vehicle accidents has — been in during the past 12 months?	b. c. 26a. c. 27a. b.	1		
c. Does d. Does 26a. During the b. During the c. Were any These ne and so to 27a. During the b. How many	need any help at home with injections, shots or other treatments? need any help at all in caring for himself? s past 12 months, has — received any care at home from a nurse? 1s 12-months, has — received any care at home from a nurse? 1s 12-month period, about how many visits did a nurse make to care for — ? of these visits during the past 2-weeks? At questions are about motor vehicle accidents, that is, accidents, involving cars, trucks, buses, motorcycles, with. We are interested in all types of motor vehicle accidents even if no one was injured. s past 12 months, has — been in a motor vehicle accident either as a (driver), passenger or pedastrian?	b d b b 27a	1		
c. Does d. Does 26a. During the b. During the c. Were any These ne and so to 27a. During the b. How many	need any help at home with injections, shots or other treatments? need any help at all in caring for himself? s past 12 months, has — received any care at home from a nurse? 1s 12-month period, about how many visits did a nurse make to care for — ? of these visits during the past 2-weeks? At questions are about motor vehicle accidents, that is, accidents, involving cars, trucks, buses, motorcycles, with. We are interested in all types of motor vehicle accidents even if no one was injured. s past 12 months, has — been in a motor vehicle accident either as a (driver), passenger or pedestrian? motor vehicle accidents has — been in during the past 12 months?	b. c. 26a. b. c. 27a. b.	1		
c. Does - d. Does - d. Does - d. Does - d. During the b. During the c. Were any These ne and so fo 27a. During the b. How man;	need any help at home with injections, shots or other treatments? need any help at all in caring for himself? s past 12 months, has — received any care at home from a nurse? 1s 12-month period, about how many visits did a nurse make to care for — ? of these visits during the past 2-weeks? At questions are about motor vehicle accidents, that is, accidents, involving cars, trucks, buses, motorcycles, with. We are interested in all types of motor vehicle accidents even if no one was injured. s past 12 months, has — been in a motor vehicle accident either as a (driver), passenger or pedestrian? motor vehicle accidents has — been in during the past 12 months?	b. c. 26a. b. c. 27a. b.	1		

			Condition	on Page						
CONDITION NO	o		1. Person number							
Enter person number and "condition" and ask question		-	Name of condition			······································	1			
Ask for all conditions			2. Did — — ever at any time talk	to a dactor about his?		Yes 2	□No			
Examine "Name of conditi Item 1 and mark	on" entry in		Accident or injury — Go to	Condition on Card C - Go to	, 🗆	Neither – Go to 3a				
If "Doctor talked to", ask			3a. What did the doctor say it was	? Did he give it a medical name?			TON USE			
If "Doctor not talked to" r description of condition or	record adequate illness.	•				Question number Condition diag. coo	le			
Do not ask for Cancer			3b. What was the cause of? Accident or injury — Go to			Number of this con	dition			
Asthma Measles	Ailment" 'Attack'' Condition" Defect" Disease"	Ask:	3c. What kind of is 1t?			1 Chronic Total conditions Accident Int inj.	2 Acute			
For ALLERGY OR STROK	Disease" Disorder" Trouble" E, ask:	1	3d. How does the ALLERGY (STE	ROKE) affect him?		Req. hosp. A Other accident Ther. mis.	Yes 0 No			
For any entry that includes			3e. What port of the body is affect	red?		LC. or Dum. code	2			
Ache (except N headache) N Bleeding P Blood clat P	nflammation levraigia levritis 'ain 'alsy 'aralysis		Show the following detail: Ear or eye one or both			Cause of limitation				
Cancer R Cramps (except S menstrual) - S Cyst T Damage U Growth W	Cupture ore oreness umor licer feak feakness	Ask:	' ''							
For person 6 years old or o	over		Not an eye condition 3f. Can — — see well enough to re	Not first eye condition Under 6						
			FILL QUESTIONS 4-8 FOR A	LL ACCIDENTS OR INJURIES						
4a. Did the accident happe past 2 years or before	n during the that time?		During past 2 years - Ask 4b Before 2 years - Go to 5s	6a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?	1 Te	s – Ask b 2[No - Go to			
4b. When did the accident Enter month and year:	mark one box		Last week Week before	b. Was more than one vehicle involved?		Yes	N			
Month	Year) :	2 weeks - 3 months 3 - 12 months	c. Was it (either one) moving at the time	?	Y	2 No			
Ask for all accidents or in 5a. At the time of the acci- What kind of injury was	dent what part		1 – 2 years was hurt?	7. Where did the occident happen? 1 At home (inside house) 2 At home (adjacent premises) 3 Street and highway (includes road	iway)					
Part(s) of body		Kìr	nd of injury	4 Farm 5 Industrial place (includes premise	e st)					
				6 School (includes premises) 7 Place of recreation and sports, ex		-11				
				S Other - Specify the place where	•					
If accident happened BEF(5h. What part of the body is How is his - affects	s affected now	ask:		8. Was — at work or at his job or busic	ness when	the accident happ	ened?			
Part(s) of body Present effects			sent effects	1 Yes						
				2 No 3 While in Armed Services						
	-			4 Under 17 at time of accident						

С	onditi	on	Pa	ge-	-Con	•
٠.	cause	him	to	cut	down	

Ask question 9a for all	9a. During the past two weeks, did his cause him to cut down on the things	Yes No-Go to 140					
conditions.	he usually daes? b. Did he have to cut down for as much as a day?	Yes No - Go to 140					
Ask questions 10 and 11 if "Yes" marked in question 9b.	10. How many days did he have to cut down during that two-week period?	Days					
	11. During that two-week period, how many days did his keep him in bed all or most of the day?	Days None					
Ask question 12 if person is 6-16 years old.	12. How many days did his keep him from school during that two-week period?	Days					
Ask question 13 if person is 17 years old or over.	13. How many days did his keep him from work during that two-week period? (For females add) not counting work around the house?	Days None					
Ask question 14 for all conditions.	14a. When did he first notice his ? Was it during the past 3 months or before that time?	2 During 3 months 6 Before 3 months - Go to 15					
	b. Did he first notice it during the past two weeks or before that time?	Past 2 weeks Before 2 weeks ~ Go to AA					
	c. Which week, last week or the weak before?	C Last week Go to AA					
Ask question 15 only if condition was first noticed "Before 3 months."	15. Did first notice It during the past 12 months or before that time?	4 3 - 12 months 5 Before 12 months					
	started "Before 3 months" or is in this list:	<u> </u>					
Cano Cirrh Colit	er, any kind Diverticulitis Gallstones Piles oais of the liver Enteritis Hemorrhoids Ruptu is Fatty liver Hernia, any kind Spaati ond for accidents, injuries, and pregnancies. Ulcer,	re, any kind c colon any kind					
"Doctor not seen"	in question 2 - Ask question 16 "Doctor seen" in question 2 - Ask question 17						
Ask if "Doctor not seen" in question 2.	16. During the past 12 months what did do or take for his ?	Go to 24					
Ask if "Doctor seen" in question 2.	17. Before —— first talked to a dactor about his , what did he do or take for this condition?						
	18. Before —— first talked to a dactor about this condition, what kind of symptoms did he have?						
	19. About how long did have any of these symptoms before he talked to a doctor about them?	day(s) month(s) week(s) year(s)					
	20. Does — take any medicine or treatment which a doctor advised for his ?	1 Yes 2 No					
	21. Has —— ever had surgery for ?	1 Yes 2 No					
İ	22. Was ever hospitalized for ?	1 Yes 2 No					
	23. During the past 12 months about how many times has seen or talked to a doctor for this condition?	Times None					
Ask for all conditions past AA.	24. About how many days during the post 12 months, has his kept him in bed all or most of the day?	DaysNone					
	25c. Does his bother him - a great deal, same, very little, or not at all? For "Other" answers: If "not bothered at all" ask b, otherwise go to next condition	Great deal Some next very little condition Not at all - Ask b					
	b, Daes still have this condition?	1 Yes - Go to next person No - Ask c					
	c. Is this condition completely cured or is it under control?	Cured-Asl d 2 Und. contro					
	d. About how long did have this condition?	month(s)year(s)					

HOSPITAL PAGE	 	<u> </u>	USE YO	UR CALENDAR	Probe	1.0	. or Du	n.		
Enter month, day, year; if the exact date is not known, obtain	You said that —— was in the (hospital/r	nursing home) durin	L		- rure the	YEAR is con				
the best estimate.	2. When did — — enter the (hospital/nursin			Month	Day		řear	···········		
Do not include any nights in interview week. If the exact number is not known, accept the best estimate.	3. How many nights was — — in the (hospit	tal/n ursing home)?	To	otal nights in hospital/nu	rsing hom					
Complete question 4 from entries in questions 2 and 3 if not clear, ask the questions.	4a. How many of these — — nights were duri	ing the past 12 mor	iths?	Nights pas	t 12 month	s]		
Do not include any nights in interview week.	b. How many of these — — nights were duri	ing the past 2 week	:s? 	Nights pe	ast 2 week	s				
	c. Was — — still in the (hospital/nursing h		•	T		1 Yes	2N	۰		
If medical name notknown, enter an adequate description.	5a. For what condition did — — enter the (he do you know the medical name?	ospital/nursing hor	ne)	Condition Cause						
Entry must show CAUSE, KIND,	For delivery ask: Was this a normal delive	ery? If "No" as What was i	sk: he matter?	Kind						
and PART OF BODY in same detail as required for the Condition page.	For newborn, ask: Was the baby normal at I									
Ask for all conditions except deliveries and births	6. Was this the first time was hospitalized for ? 1 Yes 2 No									
	7a. Were any operations performed on — — d	uring this stay at t	he (hospital/nurs	sing home.)?	es 2[□No-Go to	8			
If name of operation is not known, describe what was b. What was the name of the operation? Operation										
done.	c. Any other operations?						71			
	Yes-Describe				No					
Enter the full name of the hospital or nursing home; the street or highway on which it	8. What is the name and address of the (ho Name of Hospital:	spital/nursing hom	•)?							
is located, and the city and State; if the city is not known,	Street		City (or	county)	State	1				
enter the county.										
Ask questions 9-18 for all complet		s" in Q4c - Go to " in Q4c - Ask Q-				Hosp: Dollars	tal Bill	nts		
						1	1			
	ne hospital (nursing home) bill for this stay?	Do not include any	doctor's or surge	eon's bills.		<u> </u>	<u> </u>			
10a. Did (will) health insurance pa	Yes - Ask b No - Go to 11									
			Naı	me of Insurance Plan		Dollars	Ce	nts		
b. What is the name of the Insura c. Did (will) any other health ins							- ‡			
this hospital (nursing home) b	ill? No - Go					1	_Ĺ			
For each Health Insurance Plant d. What was (will be) the amount	paid by (Name of pion)?						į			
Enter total amount paid by her Enter any amount paid by Soci	olth insurance in line A al Security Medicare in line B			Source of Payment		Dollars	Ce	nts		
11a. Who paid (will pay) the (remai			A. 1 Health In	surance-All plans excl.	Medicare					
	y pay any other part of the hospital bill?	Yes⊸Askc No –Go to d	B. 2 Social Se	ecurity Medicare			_ <u>i</u>			
c. Who was this?			C. 3 Self and	Family			1			
d. What was the amount paid by	?		D. 4 Other (Sp	pecify)						
Interviewer: After totaling all sources of payment for the hospital bill, check one of the following boxes: Total of above-include amount							į			
Total amount paid (to be paid) agrees with amount of the hospital bill - Go to Q. 12							-			
Total amount paid (to be paid)	loes not agree with amount of the hospital bil	l-Resolve differen	ce with responder	at						

HOSPITAL PAGE (Cont'd)		octor/Surgeon	7
12a. What was the amount of the doctor's and surgeon's bill for this stay?		Hars - Cents]
	e me for the hospital bill?		
) Yes (In a footnote, indicate the actual amount of the hospital bill after deducting the doctor's and surgeon's bills, also indicate any changes in the amounts paid by health insurance or other sources if the entries in Qs. 10 and 11 include payments for expenses other than the hospital bill).	2∐Na–Go to 13		
13a. Did (will) health insurance pay any part of the doctor's and surgeon's bill?	No-Go to 14		
b. What is the name of the Insurance Pian?	Name of Insurance Plan	Dollars	Cents
c. Did (will) any other health insurance plan pay part of the doctor's and surgeon's bill? Yes—Reask b No—Ask d		·	
For each Health Insurance Plan named, ask: d. Whot was (will be) the amount poid by (Name of plan)?	†		
Enter total amount paid by health insurance in line A	Source of Payment	Dollars	Cents
Enter any amount paid by Social Security Medicare in line B 14c. Who paid (will pay) the (remainder of the) doctor's and surgeon's bill?	A. Health Insurance-All plans excl. Medicare		
b. Did any other person or agency pay any other part of the doctor's and surgeon's bill?	B. 2 Social Security Medicare		
c. Who was this?	C. 3 Self and Family		
d. What was the amount pold by $ -$?	D. 4 Other—Specify		
Interviewer: After totaling all sources of payment for the doctor's and surgeon's bill, check one Total amount paid (to be paid) agrees with amount of doctor's bill—Go to Q. 15 Total amount paid (to be paid) does not agree with amount of the doctor's bill—Resolve or	insurance		
Mark one box Under 55-Go to 18 55 and over-Ask 15s	·		
15a. When left (name of hospital/nursing home) did he return home or go some other place?			
Home-Go to 16 Some other place-Ask 15b			-p
b. What kind of place did — — go to? Specify	filled for that stay?	_	L
16. After looving the hospital (nursing home) how many days did — — have to remain in bed all or most of the day?	None xxx Still in bed	days	
17. ALTOGETHER how many days was — confined to the house after returning hame from the hospital (nursing home)?		r	
18.	None xxx Still confined to hous	ليبهتيناه	days
NOTE TO INTERVIEWER If the condition in Q.5 or 7 is listed in item AA on the Condition Page or any p the condition must have a completed Condition Page. If the condition does not required Hospital pages.	ort of this hospitalization was during the past 2 week have a Condition page, fill one after completing all	5	

1		
DOCTOR VISITS (1)	 	First Visit Dum.
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	Earlier you told me that — — had seen or talked to a doctor during the past 2 weeks.	
Ask and record the answer to question 2b on the last set of Doctor Visits questions for each person.	2a. On what dates during that 2-week period did visit or talk to a dector? Month b. Were there any other doctor visits for during that period? Yes-Ressk Q. 2s No-Ask Q. 3-5 for each visit	Day
FOOTNOTES:	3. Where dld see the doctor on the (Date)? Mark one on Home 20 Doctor's Office 40 Hospital Out-patient Clir to Telephone 30 Pre-paid Insurance Group so Hospital Emergency Roo	
	90 Other-Specify xx While inpatient in hospital — Stop	
	4. How much was the doctor's bill for that visit (call)? If bill not received, esk: How much do you expect the doctor's bill to be for that visit (call)?	Dollars Cents
	5. Is the doctor a general practitioner or a specialist? General Practitioner Specialist	
	If "Specialist" ask: What kind of specialist is he?	·······
DOCTOR VISITS (2)		First Visit Dum.
1	1. Person number	<u> </u>
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	1. Person number 2a, On what dates during that 2-week period did visit or tolk to a doctor? Month	
Record each date on which a Doctor was visited in a separate question 2a		Day
Record each date on which a Doctor was visited in a separate question 2a	2a. On what dates during that 2-week period did — — visit or telk to a dector? Month b. Were there any other dector visits for — — during that period?	Day
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	2a. On what dates during that 2-week period did — visit or talk to a dector? Month b. Were there any other dector visits for — during that period? Yes-Reask Q. 2e No-Ask Q. 3-5 for each visit	ic 70 — Health Department
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	2a. On what dates during that 2-week period did — visit or telk to a doctor? Manth b. Ware there any other dector visits for — during that period? Yes-Reak Q. 2a No-Aek Q. 3-5 for each visit 3. Where did — see the doctor on the (Date)? Mark one ot Home 20 Doctor's Office 40 Hospital Out-patient Clini	ic 70 — Health Department
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	2a. On what dates during that 2-week period did — visit or talk to a doctor? Month b. Were there any other dactor visits for — during that period? Yes—Resak Q. 2a	ic 70 — Health Department
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	2a. On what dates during that 2-week period did — visit or telk to a doctor? Manth b. Ware there any other dector visits for — during that period? Yes—Reak Q. 2a No—Aek Q. 3-5 for each visit 3. Where did — see the doctor on the (Date)? Mank one of Home 20 Doctor's Office 40 Hospital Out-patient Clini 10 Telephone 30 Pre-paid Insurance Group 50 Hospital Emergency Room 90 Other—Specify xx—While impatient in hospital—Stop 4. How much was the doctor's bill for that visit (cell)? If bill not received, ask: How much do you expect the doctor's bill to be for that visit (call)?	ic 70 Health Department n so Company or Industry
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	2a. On what dates during that 2-week period did — visit or talk to a doctor? Month	ic 70 Health Department n so Company or Industry
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	2a. On what dates during that 2-week period did — visit or talk to a doctor? Month	ic 70 Health Department n so Company or Industry

HOME CARE PAGE			1	1	ť			***************************************
Earlier in the interview you mentioned that —— needed help of some kind here at home. I am going to road a list of different kinds of personal care some people need in the home. Please tell me if —— meeds help in any of the following ways.						For each "Y	es " answer to la, Ask	:
			2 No) 1 e	Ib. Who he	olps?	Does any	one else help?
la. Does need help -								
in walking up stairs or getti	ng from roo	m to room?	_	_	5		∏ No	
in dressing or putting on sho	oes?		<u> </u>				☐ No	
Does need help - with bathing (shaving) or oth	tallat						□ No	
in eating or having meals se							□ No	
Does need help -							□ No	
with changing bandages?			\vdash	+-			l no	
in receiving injections? with other treatments?			 	+			1 110	
IÍ "Yes," ask; What kind≤			ļ	 	<u>.</u>			
Specify							□ No	
Does need help:- in changing bed positions?		3			: :		□ No	
in exercising or physical the		3		Т		□ No		
in cutting toenails?				1			∏ No	
Does get any OTHER help or care If "Yes," ask: What kinds					,			
Specify								
IF PERSON IS NOT RECEIVING CARE	(A11 "No's"	" to question la)	FEEC	oncile	differences hetween and	were in O 25 or 2	No No	escribe
		on in the footnote					oc and Q. In above of a	CBCFIDE
 For what condition(s) does — receive this help or care?	cify conditi	lon(s)						
3. How long has —— received help or car	e at home?	Mark one box:	- :	7 7 7	akir oʻri "estilik ili ili		ran ereken kazar akar as	1
] I month on less] Over 1 to 6 months		: 1 to 3 years : 3 to 5 years	
				_	Over 6 to 12 months	5 🗆 Over	•	
 Because of —-'s health, must someon all of the time, port of the time, or onl needed help or care? 					2 🔲 Par	of the time		
		,			3 Only	wnen providing the	ne needed help or care	<u> </u>
For each person, other than a nurse, leads a nurse, a physical therapist, or			worke	17?	ì		type(s) of person(s)	
If "Nurse" reported in Q. 1b or 5a, as 5b. Is the nurse that cares for —— a regis	k:				other kind of nurse?	providing the ca and mark approp column (1) of T		
FOOTNOTES:								
•								

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Home Care Pa	igeCon
TABLE !	1
	About he

			TABLE	Н						
			past two weeks ow many days ceive help or care ive, nurse, etc.)?		any hours a day (relative, nurse,	Is (relative, nurse, etc.) paid for these services?				
			(2)				(4)			
	(1)	Days	xx Don't know	Hours	00 Less than	1 hour	xx Don't know	1 Yes	`2 No	
NON-HEALTH WORKERS	A. 8 Related household members		1 .							
	B. 1 Related persons not in household									
	C. 2 Friend or neighbor		İ							
	D. 3 Other									
	Specify	ļ		ļ						
HEALTH WORKERS	E. 4 Nurse - Registered									
	F. 5 Nurse - Practical or other	ļ								
	G. 6 Physical therapist									
1	H. 7 Other									
	Specify				<u> </u>		<u> </u>	<u> </u>		
to Q's 6–8.	All "No's" in	column (4) o	r only "A" checked							
	use services paid for by Medicare?		1 🔲 Үев	2 🗀	No	x 🔲 Don'	t know			
7a. Who pays (th	e remainder of the bill) for these services?		1 Self or family			4 Agency or organization (Visiting Nurses Association, etc.)				
b. Anyone else	ſ		2 Other relative or friend			5 Welfa				
			3 🔙 Health i	nsurance		6 🔲 Othe	r — Specify			
8a. During the p	ast 12 months, has — — received any care a	t home from	a nurse?					□ No Stop	,	
						Number	of visits			
FOOTNOTES:	ast 12 months, ABOUT how many visits did	a nurse ma	KE TO COPE FOR		Ī	<u> </u>	ASHINGTON USE			
]										
1										

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Ask for all persons 14 years of age and older: 28a. Has — — driven a motor vehicle during the past 12 months?			2Ba xv Under 14 years Go to next person Yes - Ask 28b
b. How many years has been driving?	·		b. 00 Less than 1 year
			Number of years
D			O Responded for self-entirely
R For persons 19 years old or over, show who responded for (or was if persons responded for self, show whether entirely or partly. For	present during the asking oi) Q. 5- or persons under 19 show who respo	-28. nded	R 1 Responded for self-partly
Q 5-28 for them. If eligible respondent is "at home" but did not respond	for self, enter the reason in a foot	note.	Personwas respondent
These next questions are about health insurance. We are interested in a	all binds of health insurance which	novs for MOST KINDS o	the state of the s
to include insurance which pays ONLY for accidents.		po, 0 1000 / 11	
29a. Is anyone in the family covered by a health insurance plan which pays a	il or part of a hospital bill?		
	Yes-Ask band c	☐No-Go to 30s	
b. What is the name of the plan? - Record in Table H. I.			ļ
c. is-anyone in the family covered by any other health insurance plan whic		?	
	Yes—Reask band c	No-Complete Tab	e H.I. for each plan reported
30a. (Besides the plan you told me about) is anyone in the family covere	d by a health insurance plan		
which pays all or part of a surgeon's bill?			
	Yes-Ask b and c	No-Go to 31a	
b. What is the name of the plan? - Record in Table H.I.			
b. What is the name of the plant - Record in Table 1.1.			
c. Is anyone in the family covered by any other-health-insurance plan whic	h pays all or part of a surgeon's bi	1[?	
	Yes-Reask b and c		le H.I. for each plan reported
	Tes-Mouse Danie C		1211 101 back plan reported
31a. (Besides the — — plan you told me about) is anyone in the family covers	d by a bealth insurance plan which		
pays all or part of a doctor's bill for home calls or affice visits?	to by a nearm mast ance pros. which		
, , , , , , , , , , , , , , , , , , ,	Yes-Ask b and c	No-Go to 32a	
	1 es-Ask b and c		
b. What is the name of the plan?			
c. Is anyone in the family covered by any other health insurance which pay	a all as and of a doctor's bill		
for home calls or office visits?	2 41, 51 par 0. 4 400,01 2 511		
1-1 10-11-11-11-11-11-11-11-11-11-11-11-11-1	Yes-Reask b and c	No_Complete Tab	le H.I. for each plan reported
32a. (Besides the — — plan you told me about) is anyone in the family covere	d by a deductible health insurance	alan which pays some o	art
of a bill far doctor visits or for hospital or surgical care, after a certain	amount has been paid by the famil	y?	
•	Yes-Ask 5 and c	No-Go to 33a	
b. What is the name of the plan?			
c. Is anyone in the family covered by any other deductible health insurance	e plan which pays some part of a bi	II for	
doctor visits or for hospital or surgical care after a certain amount has i	been paid by the family?		
	Yes-Reask b and c	No-Complete Tab	le H.I. for each plan reported
		-	•
INTERVIEWER CHECK ITEM:			0
			Und. 65-Go to next person
Mari	one box for each person		
			65 or over—Ask 33a
33a. Is covered by that part of Social Security Medicare which pays for a	loctor visits; that is the Medicare p	lan for which he or	☐YesAsk b
some agency must pay \$3.00 a month?			No-Go to next person
If person is covered by any insurance plan in Table H.I. ask for EACH			Line Line Line
b. Is this the (name of plan) you told me about before?			No No No
p. is this the (name of plan) you told me about details:			Yes Yes Yes
			No No No
			Go to next person
FOOTNOTES:			WASH, USE ONLY
			Type Number Coverage
			of of of Plans Head
			н
			S

Health Insurance

TABLE H. I.

				TABLE	н. і.						
Line No.	Name of Plan	Does this plan pay all or part of a hospital bill?	bi11?	Does this plon pay all ar part of a doctor's bill for home calls or office visits?	Does this plan pay any part of a doctor's bill for home calls or office visits after a certain amount has been poid by the family?	family ar (name of	lumn numbers	If 2 or more members of family covered by this plan ask: Are all of these persons covered by the same policy?	this plan a	me of plan) - a Sacial Se lan?	which
П	(1)	(2)	(3)	(4)	(5)		(6)	(7)	D	(8) Pers.	D
^		□Yes □No	□Yes □No	☐Yes_Go to 6	Yes	Not cover	4 5 6	No_Fitt separate line for each policy	Pers. No Yes	No Yes	Pers. No Yes
П	 					Covered:		ſ□Yes	Pers.	Pera.	Pers.
В		☐Yes ☐No	☐Yes ☐No	Yes_Go to 6	□Yes □No	1 2 3 Not cover 1 2 3		No-Fill separate line for each policy	No Yes No	NoYes	No Yes
П						Covered:		Yes	Pers.	Pers.	Pers.
c		☐Yes ☐No	□Yes □No	☐Yes_Go to 6	□Yes □No	1 2 3 Not cover		No_ Fill separate line for each policy	No ☐Yes ☐No	No Yes	No Yes No
Н		+-				Covered:	7 3 0	Yes	Pers.	Pers.	Pers.
D		Yes No	□Yes □No	Yes_Go to 6	□Yes □No	1 2 3 Not cover		No-Fill separate line for each policy	No Yes	No Yes No	No Yes No
H						Covered:	7.0.0	∏Yes	Pers.	Pers.	Pers.
E		Yes	Yes	Yes-Go	Yes	1 2 3	4 5 6	No_Fitt	No	No	No
[]		□No	□N∘	No	□No	Not cover		seperate line for each policy	□ No	Yes No	Yes No
П		Yes	Yes	□Yes_Go	Yes	Covered:		☐Yes ☐No-Fill	Pers. No.	Pers.	Pers.
F		□No	□N∘	□No	□N∘	Not cover		separate line for each policy	☐Yes ☐No	Yes No	☐Yes ☐No
П		□Yes	∏Yes	☐Yes_Go	☐Yes	Covered: 1 2 3		Yes	Pers.	Pers.	Pers.
G		-		to 6		Not cover		No-Fill separate line	Yes	Yes	∏Yes
		□ No	□No	□No	□N°	1 2 3		for each policy	□N∘	□N∘	□No
Н		□Yes	Yes	☐Yes-Go to 6	Yes	Covered:		☐Yes ☐No-Fiff	Pers. No	Pers.	Pers. No
		□No	□No	□No	□No	Not cover		separate line for each policy	☐ Yes	Yes	☐ Yes
Γ'	2)	(3)	T	4)			<u>(5)</u>		6	
_ ا	Und. 65-Go to next person	•			•			_		•	
	65 or over—Ask 33s	Und. 65–Go f		1 —	5-Go to next over-Aak 33a	person	65 or ove	Go to next person r-Ask 33s		5-Go to nex	
	Yes-Ask b	Yes-Ask b		☐Yes-A	lak b		Yes-Aak	ь.	☐Yes-A	ak b	
	No-Go to next person	No-Go to nex	t person	□ No-Ge	to next perso	M3	□ No-Go to	next person	□No-Go	to next per	т оп
Li		Line Line		Line		Line		ine Line		Line I	Line
No		No No	No	_ No	i i	No	! !	No.—	No	No	No
ı —	Yes Yes Yes	Yes Y	,	Yes	: :	Yes]Yes □Yes	☐Yes	☐Yes ;	Yes
	No ∷No ∷No Go to next person	□No i □N Go to ne		□N ₀		□No]No i □No	_	□No I	
-	WASH, USE ONLY	WASH, USE			SH USE ONL	***************************************		use only		(o next pere SHLUSE ONL	
T	Type Number Coverage		mber Coverns	71.1	Number	Coverage	Туре	Number Coverage	Type	Number	Coverage
	of of of Plan Plans Head	of Plan Pl	of of ans Head	Type of Plan	of Plans	of He≇d	or Plan	of of Plans Head	ol Plan	of Pians	of Head
Н		н		THE	1]	.	нI		н		
s] ,	S	I	S .	1		s		S	I .	
П		D		D		, ,	D		D	T	
<u> </u>		<u> </u>					<u> </u>		<u> </u>		

			Und. 17 yrsnext person
If 17 years old or ov	ver ask		Elem: 1 2 3 4 5 6 7 8
	grade — attended in school?	34a.	High: 9 10 11 12 College: 1 2 3 4 5+
b. Did finish the -		-	
Ask for all males 17		D.	Yes No
1	in the Armed Forces of the United States?		Yes No Go
	350.	Female 36	
b. Was any of his servi	ь.	Yes No Ask Stop DK 35c	
c. Was any of his servi	ce between June 27, 1950, and January 31, 1955?	ę.	Yes No Ask Stop DK 35d
d. Was any of his serv	ice after January 31, 1955?	d.	☐Yes ☐No ☐DK
Ask for all persons	17 years old or over.		1 ☐Yes – Go to 37a
36a. Did work at any	time last week or the week before?-For females add: Not counting work around the house.	36a.	No - Ask both b and c
b. Even though die	not work during those 2 weeks, does he have a job or business?	ь.	2 Yes-C 4 No-Ask
c. Was he looking for v	rork or on layoff from a job?	c.	Yes_Ask No_Omit
d. Which — looking for	work or on layaff from a job?	d.	1 Looking 2 Layoff a Both
If "Yes" in 36c	Ask for all persons with a "Yes" in 36a, 36b, or 36c.	П	Employer
only, questions 37a	37a. Who does (did) work for?	37a,	
through 37d apply to this person's LAST		١. ا	Industry
full-time civilian job.	b. What kind of business or industry is this?	-b:	
	c. What kind of work is (was) — — doing?	[_	Occupation
	Fill 37d from entries in 37a-37c, if not clear, ask:		o Pvt pd. 3 Own
1			1 Gov. Fed. 4 Non-pd.
	d. Class of worker	d.	2 Gov. Oth. 5 Nev. worked
INTERVIEWER CHECK I	TEM:		4 Not in Labor Force or Under 17
If person is under 17	years, or not in Labor Force (Q. 37 a-d blank) check "Not in Labor Force."		O No work-loss days-in LF Go to next person
If in Labor Force (Q	. 37 filled) refer to Question 5e and make appropriate entry.		Work-loss days
	t lost days from work during the past 2 weeks - (If self-employed, ask b; for other workers, ask a) ages by his employer for the days that he lost?	38a.	1 Yes-Ask No-Ask
		_	2 Yes-Ask 3 No-Ask
nove dry	insurance that pays him for the income he lost on these days?	-"1	
c. Did he receive his f	ull day's pay for all of these — — days he lost?	- c.	1 Yes-Ask 2 No-Ask
d. In total, how much i	ncome did — — lose because of the — — days he lost from work?	d.	\$
e. Is this before or afte	er taxes?	٠.	1 Before 2 After
f. How much does	venelly are as week?	".	
g. Is this before or afte			
		g.	1 Before 2 After
h. Did receive this	Income for those days through a sick leave plan, loss-of-pay insurance, or some other way?	h.	1 Sick leave plan 2 Loss-of-pay insurance
			3 Other - Specify
30 Which of these land	ne groups represents your total combined family income for the past 12 months — that is,	39.	Group ① 7 G
yours, your ∸ –'s et	c.? (Show Card I) include income from all sources such as wages, salaries, social	٧,٠	1 A 4 D 8 H
security or retiremen	it benefits, help from relatives, rents from property, and so forth.		2 B 5 E 9 I

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