

**VITAL and HEALTH STATISTICS**  
DATA FROM THE NATIONAL HEALTH SURVEY

**Impairments Due to Injury**  
**by class and type of accident**

**United States - July 1959 - June 1961**

Statistics on the average prevalence of impairments due to injury, by age, type of impairment, and class and type of accident causing the injury. Based on data collected in household interviews during the period July 1959-June 1961.

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In accordance with specifications established by the National Health 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-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
Figure does not meet standards of reliability or precision-----	*

# IMPAIRMENTS DUE TO INJURY BY CLASS AND TYPE OF ACCIDENT

## SELECTED FINDINGS

Data collected in the Health Interview Survey during the 2-year period, July 1959 through June 1961, show that 10,670,000 of the 28,167,000 impairments in the civilian, noninstitutional population were due to injury. This number represents approximately 38 percent of all impairments, or a prevalence rate of 60.5 impairments due to injury per 1,000 population.

About 1 out of every 3 impairments due to injury resulted from an accident while the person was at work, and approximately 1 out of 6 resulted from a moving motor-vehicle accident.

### *Impairments due to injury*

<i>Class of accident</i>	<i>Number in thousands</i>	<i>Percent distribution</i>
Total-----	10,670	100.0
Moving motor vehicle-	1,646	15.4
While at work-----	3,516	33.0
Home-----	2,989	28.0
Other-----	2,519	23.6

Approximately 27 percent of the impairments due to injury resulted from accidents described as falls. About 46 percent of the impairments resulting from accidents in the home were due to falls.

More than one-fourth of the impairments due to injury while the person involved was at work resulted from accidents related to machinery in operation. Other types of work accidents that contributed to chronic impairment were falls on stairs, steps, or from a height, being struck by a moving object (other than vehicle), and one-time lifting or exertion.

Injury resulting from moving motor-vehicle accidents was reported as the cause of impairments of limbs, back, and trunk (except paralysis or absence) in 1,390,000, or 18.5 percent, of the estimated 7,518,000 impairments of these parts of the body. Falls classified as having occurred on stairs, steps, or from a height, and those classified as all other falls, contributed equally to impairments of limbs, back, and trunk with each classification accounting for about 18 percent of these impairments.

Approximately 3 out of 5 of the impairments of limbs, back, and trunk, commonly known as orthopedic defects, resulting from injuries in the home were due to falls. Work accidents named most frequently as the cause of orthopedic defects included machinery in operation, one-time lifting or exertion, and falls on stairs, steps, or from a height. Work accidents involving lifting or exertion accounted for more than one-third of the orthopedic defects involving the back or spine.

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*This report was prepared by Geraldine A. Gleeson of the Division of Health Interview Statistics.*

## SOURCE OF DATA

The information contained in this report is based on health interviews conducted by the Health Interview Survey as a part of the National Health Survey. The survey is continuous, each week covering a sample of the civilian, non-institutional population of the United States. During the 104 weeks covered in this report, interviews were conducted in about 76,000 households comprising 250,000 persons.

A further description of the statistical design of the survey, the methods of estimation, and the general qualifications of the data obtained from surveys is presented in Appendix I. Since all of the data included in this report are estimates based on a sample of the population rather than on the entire population, they are subject to sampling errors. While the sampling errors for most of the estimates are of relatively low magnitude, where an estimated number or the numerator or denominator of a rate or percentage is small, the sampling error may be high. Charts from which approximate sampling errors may be estimated and instructions for their use are contained in the section "Reliability of Estimates" in Appendix I.

Definitions of certain terms used in this report are explained in Appendix II. Since many of the terms have specialized meanings, it is suggested that the reader familiarize himself with these definitions.

The sections of the survey questionnaire shown in Appendix III that apply to data presented in this report include the "illness-recall" questions (11-17), with the checklists of chronic conditions and impairments (cards A and B) used for questions 16 and 17. If, from information recorded in Cols. D-1 and D-2 of table I, it was found that a reported impairment was due to injury, additional information about the injury and the type of accident causing it was recorded in table A of the questionnaire.

An earlier report published by the U.S. National Health Survey—*Selected Impairments by Etiology and Activity Limitation: United States, July 1959-June 1961*, Series B, Number 35—included data on selected types of impairments according to the etiological factors responsible for the impaired condition and the degree of activity limitation caused by the impairment. The

present report is based on the same period of data collection, but deals principally with impairments due to injury. Although it has not been possible to show the same amount of detail because of the magnitude of sampling error, the classification system by type of accident causing the injury is the same as that used in the report on current injuries entitled, *Persons Injured by Detailed Type and Class of Accident: United States, July 1959-June 1961*, Series B, Number 37. In fact, the present report covers the long-range effects of injury, and, even though the estimates shown are not additive to those presented in the report on current injuries (Series B, No. 37), they do, in a sense, supply the information on the residual aspect of injury which is necessary for a complete appraisal of the total effects of injury in the population during the period under consideration.

Since the primary purpose of this report is to assess the relative importance of various types of accidents leading to chronic impairment, most of the tables are presented in terms of percent distributions based on impairments due to injury. Appropriate estimates are shown in table 11 for users of the data who may wish to compute rates based on the population.

## IMPAIRMENTS DUE TO INJURY

Of the estimated 28,167,000 impairments present in the civilian, noninstitutional population during the period July 1959-June 1961, 10,670,000, or 37.9 percent, were due to injury. This represents a rate of 60.5 impairments due to injury per 1,000 persons in the population (table 1). Impairments described as absence of fingers or toes and absence of major extremities showed the highest percentage due to injury, and the prevalence of impairments of this kind due to injury amounted to 10 per 1,000 population. Impairments of the limbs, back, and trunk (except paralysis or absence), usually referred to as orthopedic defects, accounted for two-thirds of the impairments due to injury. Displacements of intervertebral disc, commonly called "disc conditions," are not included in the impairment category.

Approximately 1,894,000, or 17.8 percent, of the 10,670,000 impairments due to injury were

serious enough that the person involved could not pursue the major activity for his age-sex group—e.g., working, keeping house, or going to school—or was limited in amount or kind of major activity (table 2). The rate of activity limitation affecting major activity was highest among persons impaired by complete or partial paralysis due to injury. However, orthopedic defects made up 86.5 percent of the impairments due to injury causing limitation of major activity.

About 1 out of every 3 impairments due to injury resulted from a work injury. The proportion of impairments attributed to injury in the home was slightly lower with 28.0 percent of all impairments due to injury (table 3).

From figure 1, in which the distribution of selected types of impairments due to injury is shown by class of accident, it is evident that moving motor-vehicle accidents were responsible for approximately one-fourth of the paralysis, impairments of back or spine, and multiple

"orthopedic impairment" due to injury. Home accidents were responsible for 40.5 percent of the visual impairment and 34.2 percent of the impairments of shoulder or upper extremity. Work accidents, responsible for one-third of all impairments due to injury, accounted for more than half, 55.8 percent, of the impairments described as absence of fingers or toes, and for 39.8 percent of the cases of absence of major extremity.

A few of the impairments shown in figure 1 were due to accidents that could be classified in more than one type of accident. For example, a moving motor-vehicle accident that happened while the person was at work could be classified as a moving motor-vehicle accident and also as a work accident. In figure 1, such accidents were included in appropriate categories; this procedure slightly reduced the percent of impairments due to other than moving motor vehicle, work, or home accidents. The "other" category consists of accidents occurring at school, places of recre-

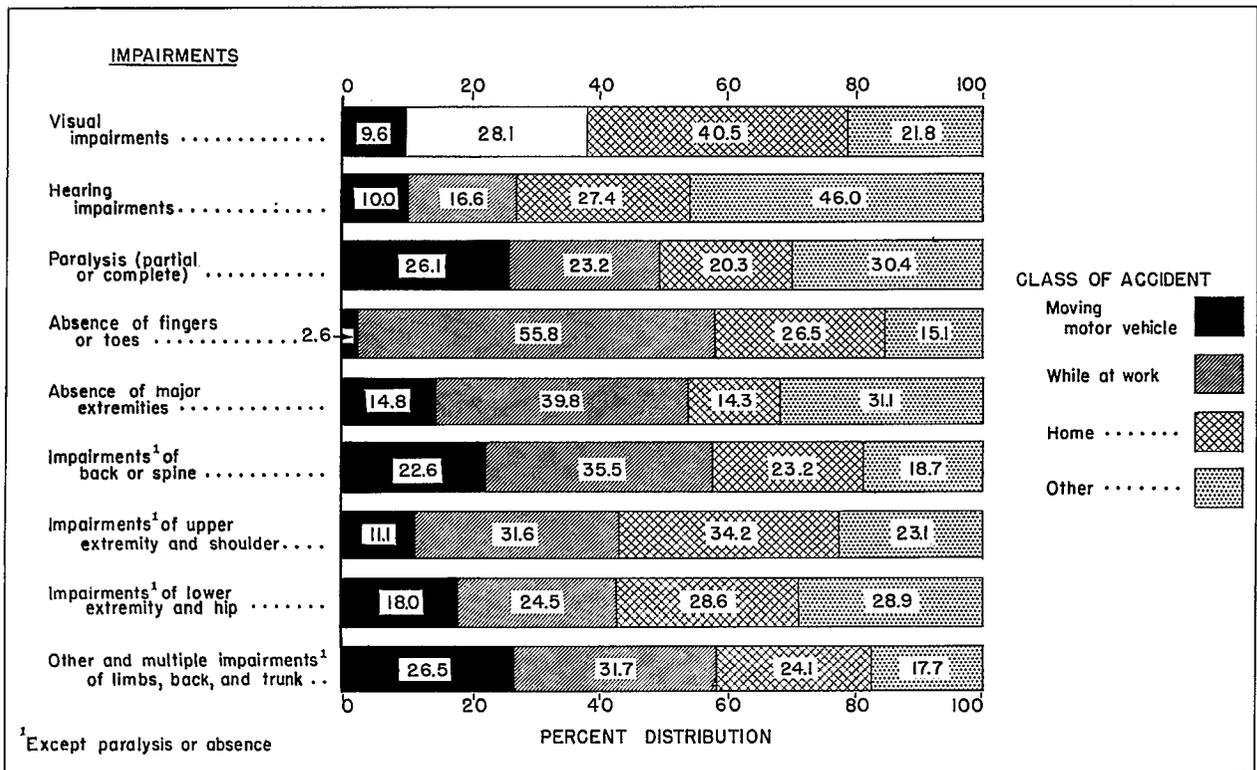


Figure 1. Percent distribution of selected impairments due to injury, by class of accident.

ation, public places, and a few mishaps for which the class of accident could not be ascertained. Accidents in which nonmoving motor vehicles were involved, exclusive of those occurring at home or "while at work," would also be classified in the "other" category.

## TYPES OF ACCIDENTS CAUSING IMPAIRMENT

Of the impairments due to injury, 27.3 percent resulted from accidents described as falls—on stairs, steps, from a height, or on the same level. While this type of accident occurs frequently in all of the age groups shown in table 4, the proportion of impairments due to falls ranged from 21.7 percent among persons 15-44 years of age to 38.6 percent among persons 65 years of age and older.

Moving motor-vehicle accidents were responsible for 15.4 percent of the impairments due to injury. In an earlier report—*Disability Days Due to Injury: United States, July 1959-June 1961*, Series B, Number 40—it was pointed out that moving motor-vehicle injuries accounted for 22.7 percent of the total bed-disability days due to injury, even though they represented only 6 percent of the persons injured during the year. The high percentage of impairments due to injury attributable to moving motor-vehicle accidents is added evidence of the serious disability resulting from this type of accident.

Estimates shown in tables 5 and 6 indicate that the types of accidents in the home that lead to impairment are distributed differently from those occurring "while at work." Of the home injuries causing impairment, 46.0 percent were described as falls. The proportion of impairments due to falls in the home increased with age, representing 63.2 percent of the impairments due to injury among persons 65 years of age and older (fig. 2).

Of the impairments due to injury sustained while at work, 26.5 percent resulted from accidents involving machinery in operation (table 6). Other types of work accidents that frequently led

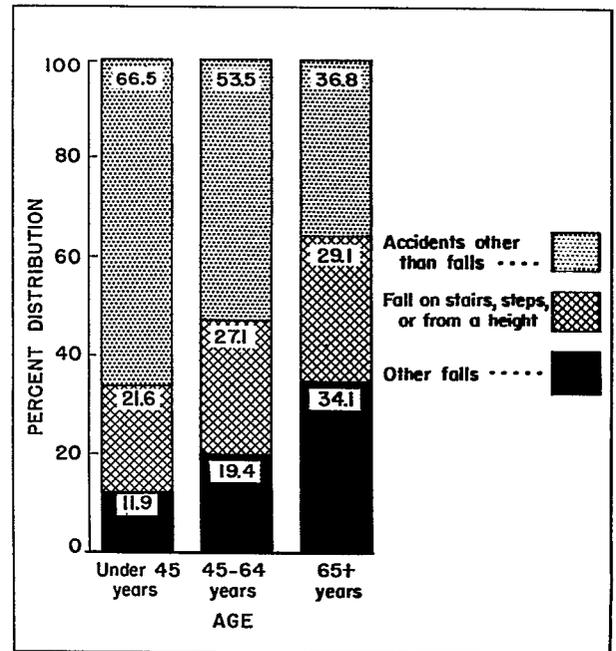


Figure 2. Percent distribution of impairments due to injury in the home attributed to falls, by age.

to impairment were described as falls on stairs, steps, or from a height, struck by moving object, and one-time lifting or exertion.

## TYPES OF IMPAIRMENTS DUE TO INJURY

Estimates shown in table 7 describe, in as much detail as the magnitude of sampling error permits, the types of accidents that lead to impairments other than those classified as orthopedic defects, which are shown in other tables.

Visual impairments due to injury were caused most frequently by accidents classified as "foreign body in the eye" and "struck by moving object." Visual impairment, as used in this report, includes all degrees of chronic or permanent visual difficulty; excluded are refractive errors which have been corrected to such an extent that they do not cause visual trouble.

Table A. Impairments described as absence of extremities due to work accidents involving machinery in operation: United States, July 1959-June 1961

Type of impairment	Due to work accidents		Involving machinery, in operation	
	Number in thousands		Percent	
Absence of major extremities-----	78	46	59.0	
Absence of fingers or toes-----	833	562	67.5	

The high percentage of hearing impairments resulting from "uncontrolled fire, explosion, or discharge of firearm" is probably due to the inclusion of persons who are deaf, either totally or partially, because of exposure to explosion or detonation of firearms in war or war-related activities. This inclusion also explains to some extent the high percentage of hearing impairments due to other than home, work, or moving motor-vehicle accidents (fig. 1). Injury is not considered as the etiology of hearing impairment resulting from continual exposure to noise, such as that experienced by some occupational groups.

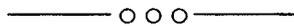
Accidents involving machinery, in operation, including nonmotor vehicles, were the principal cause of impairments described as absence of major extremities and absence of fingers or toes (table A). The 47,000 impairments (24.0 percent) classified as absence of major extremities related to injury resulting from uncontrolled fire, explosion, or discharge of firearm include, as in the case of hearing impairments, those due to war and war-related injuries (table 7).

Moving motor-vehicle accidents are one of the principal causes of injuries leading to orthopedic impairment (table 8). Injury sustained in this type of accident was reported as the etiology in 18.5 percent of all orthopedic defects, in 22.6

percent of those affecting the back or spine, and in 26.5 percent of those affecting multiple sites. Falls classified as those on stairs, steps, or from a height (18.0) and those classified as all other falls (17.6) contributed equally to orthopedic impairments. Of the impairments of back or spine, 19.9 percent were due to one-time lifting or exertion. This percentage reflects the frequent occurrence of back impairments resulting from injuries occurring in the home, 23.0 percent, and from work injuries, 36.0 percent (tables 9 and 10).<sup>1</sup>

Of the orthopedic impairments attributable to home injuries, 59.9 percent were described as falls. Falls on stairs, steps, or from a height were named more frequently than other falls, particularly as a cause of impairment of the back or spine. Of the impairments involving upper extremity and shoulder, 9.6 percent resulted from home injuries incurred from machinery in operation, and 17.9 percent were attributed to miscellaneous accidents, consisting principally of accidents involving cutting or piercing instruments, or contact with hot objects or open flame.

Machinery in operation, falls on stairs, steps, or from a height, and one-time lifting or exertion were the types of work accidents named most frequently as the cause of orthopedic impairment.



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Table 1. Average prevalence of impairments, number, percent, and rate per 1,000 population of impairments due to injury, by type of impairment: United States, July 1959-June 1961

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

Type of impairment	Average total number of impairments in thousands	Due to injury		
		Number in thousands	Percent of total impairments	Rate per 1,000 population
All impairments-----	28,167	10,670	37.9	60.5
Visual impairments-----	3,494	570	16.3	3.2
Hearing impairments-----	6,231	452	7.3	2.6
Paralysis, complete or partial-----	946	138	14.6	0.8
Absence of fingers or toes-----	1,617	1,492	92.3	8.5
Absence of major extremities-----	259	196	75.7	1.1
Impairments, <sup>1</sup> back or spine-----	4,758	2,287	48.1	13.0
Impairments, <sup>1</sup> upper extremity and shoulder-----	2,269	1,700	74.9	9.6
Impairments, <sup>1</sup> lower extremity and hip-----	5,089	2,991	58.8	17.0
Other and multiple impairments <sup>1</sup> of limbs, back, and trunk-----	1,082	540	49.9	3.1
All other impairments-----	2,422	304	12.6	1.7

<sup>1</sup>Except paralysis or absence.

Table 2. Average prevalence of impairments due to injury, and number and percent of impairments resulting in chronic limitation affecting major activity, by type of impairment: United States, July 1959-June 1961

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

Type of impairment	Average number of impairments due to injury in thousands	Affecting major activity	
		Number in thousands	Percent of impairments due to injury
All impairments-----	10,670	1,894	17.8
Visual impairments-----	570	92	16.1
Hearing impairments-----	452	33	7.3
Paralysis, complete or partial-----	138	73	52.9
Absence of fingers or toes-----	1,492	36	2.4
Absence of major extremities-----	196	76	38.8
Impairments, <sup>1</sup> back or spine-----	2,287	541	23.7
Impairments, <sup>1</sup> upper extremity and shoulder-----	1,700	217	12.8
Impairments, <sup>1</sup> lower extremity and hip-----	2,991	597	20.0
Other and multiple impairments <sup>1</sup> of limbs, back, and trunk-----	540	162	30.0
All other impairments-----	304	68	22.4

<sup>1</sup>Except paralysis or absence.

Table 3. Average prevalence of impairments due to injury, and number and percent of impairments due to injury in the home, while at work, or in moving motor-vehicle accidents, by type of impairment: United States, July 1959-June 1961

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

Type of impairment	Average number of impairments due to injury in thousands	Due to injury					
		In the home		While at work		In moving motor vehicles	
		Number in thousands	Percent	Number in thousands	Percent	Number in thousands	Percent
All impairments-----	10,670	2,989	28.0	3,516	33.0	1,646	15.4
Visual impairments-----	570	231	40.5	160	28.1	55	9.6
Hearing impairments-----	452	124	27.4	75	16.6	45	10.0
Paralysis, complete or partial---	138	28	20.3	32	23.2	36	26.1
Absence of fingers or toes-----	1,492	395	26.5	833	55.8	39	2.6
Absence of major extremities-----	196	28	14.3	78	39.8	29	14.8
Impairments, <sup>1</sup> back or spine-----	2,287	531	23.2	811	35.5	518	22.6
Impairments, <sup>1</sup> upper extremity and shoulder-----	1,700	582	34.2	538	31.6	189	11.1
Impairments, <sup>1</sup> lower extremity and hip-----	2,991	856	28.6	733	24.5	539	18.0
Other and multiple impairments <sup>1</sup> of limbs, back, and trunk-----	540	130	24.1	171	31.7	143	26.5
All other impairments-----	304	84	27.6	85	28.0	53	17.4

<sup>1</sup>Except paralysis or absence.

Table 4. Average prevalence and percent distribution of impairments due to injury, by type of accident, according to age of impaired person: United States, July 1959-June 1961

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

Type of accident	All ages	0-14	15-44	45-64	65+
	Average number of impairments in thousands				
Impairments due to injury-----	10,670	345	4,425	3,774	2,127
Moving motor vehicle-----	1,646	46	783	569	248
Uncontrolled fire or explosion-----	273	*	132	81	43
Discharge of firearm-----	537	*	320	158	57
Nonmotor vehicle, in operation-----	314	*	118	103	76
Machinery, in operation-----	1,241	*	459	507	254
Cutting or piercing instrument-----	419	*	178	136	81
Foreign body in eye or other orifice-----	169	*	54	56	45
Injury caused by animal or insect-----	159	*	58	56	38
Fall on stairs, steps, or from a height-----	1,504	56	504	560	385
All other falls-----	1,411	30	457	488	435
Bumped into object or person-----	463	*	278	114	51
Struck by moving object-----	784	27	306	300	150
Handled or stepped on rough objects-----	124	*	44	46	*
Caught in, pinched, or crushed between two objects---	316	*	115	128	60
One-time lifting or exertion-----	604	*	317	225	59
Twisted or stumbled-----	249	*	116	88	39
All other types of accidents-----	457	*	185	159	89
	Percent distribution				
Impairments due to injury-----	100.0	100.0	100.0	100.0	100.0
Moving motor vehicle-----	15.4	13.3	17.7	15.1	11.7
Uncontrolled fire or explosion-----	2.6	*	3.0	2.1	2.0
Discharge of firearm-----	5.0	*	7.2	4.2	2.7
Nonmotor vehicle, in operation-----	2.9	*	2.7	2.7	3.6
Machinery, in operation-----	11.6	*	10.4	13.4	11.9
Cutting or piercing instrument-----	3.9	*	4.0	3.6	3.8
Foreign body in eye or other orifice-----	1.6	*	1.2	1.5	2.1
Injury caused by animal or insect-----	1.5	*	1.3	1.5	1.8
Fall on stairs, steps, or from a height-----	14.1	16.2	11.4	14.8	18.1
All other falls-----	13.2	8.7	10.3	12.9	20.5
Bumped into object or person-----	4.3	*	6.3	3.0	2.4
Struck by moving object-----	7.3	7.8	6.9	7.9	7.1
Handled or stepped on rough objects-----	1.2	*	1.0	1.2	*
Caught in, pinched, or crushed between two objects---	3.0	*	2.6	3.4	2.8
One-time lifting or exertion-----	5.7	*	7.2	6.0	2.8
Twisted or stumbled-----	2.3	*	2.6	2.3	1.8
All other types of accidents-----	4.3	*	4.2	4.2	4.2

Table 5. Average prevalence and percent distribution of impairments due to injury in the home, by type of accident, according to age of impaired person: United States, July 1959-June 1961

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

Type of accident	All ages	Under 45	45-64	65+
Average number of impairments in thousands				
Impairments due to injury-----	2,989	1,155	1,024	810
Moving motor vehicle-----	33	*	*	*
Uncontrolled fire, explosion, or discharge of firearm-----	172	92	58	*
Nonmotor vehicle, in motion-----	27	*	*	*
Machinery, in operation-----	205	89	71	45
Cutting or piercing instrument-----	228	110	75	43
Foreign body in eye or other orifice-----	71	35	*	*
Injury caused by animal or insect-----	55	27	*	*
Fall on stairs, steps, or from a height-----	763	249	278	236
All other falls-----	613	138	199	276
Bumped into object or person-----	109	49	38	*
Struck by moving object-----	185	77	69	39
Handled or stepped on rough objects-----	63	38	*	*
Caught in, pinched, or crushed between two objects---	85	42	29	*
One-time lifting or exertion-----	159	75	57	27
Twisted or stumbled-----	88	38	30	*
All other types of accidents-----	133	59	52	*
Percent distribution				
Impairments due to injury-----	100.0	100.0	100.0	100.0
Moving motor vehicle-----	1.1	*	*	*
Uncontrolled fire, explosion, or discharge of firearm-----	5.8	8.0	5.7	2.7
Nonmotor vehicle, in motion-----	0.9	*	*	*
Machinery, in operation-----	6.9	7.7	6.9	5.6
Cutting or piercing instrument-----	7.6	9.5	7.3	5.3
Foreign body in eye or other orifice-----	2.4	3.0	*	*
Injury caused by animal or insect-----	1.8	2.3	*	*
Fall on stairs, steps, or from a height-----	25.5	21.6	27.1	29.1
All other falls-----	20.5	11.9	19.4	34.1
Bumped into object or person-----	3.6	4.2	3.7	*
Struck by moving object-----	6.2	6.7	6.7	4.8
Handled or stepped on rough objects-----	2.1	3.3	*	*
Caught in, pinched, or crushed between two objects---	2.8	3.6	2.8	*
One-time lifting or exertion-----	5.3	6.5	5.6	3.3
Twisted or stumbled-----	2.9	3.3	2.9	*
All other types of accidents-----	4.4	5.1	5.1	*

Table 6. Average prevalence and percent distribution of impairments due to injury while at work, by type of accident, according to age of impaired person: United States, July 1959-June 1961  
 [Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Type of accident	All ages 17+	17-44	45+
	Average number of impairments in thousands		
Impairments due to injury-----	3,516	1,239	2,277
Moving motor vehicle-----	269	107	162
Uncontrolled fire, explosion, or discharge of firearm-----	84	25	59
Nonmotor vehicle, in motion-----	106	*	83
Machinery, in operation-----	932	319	613
Cutting or piercing instrument-----	105	36	69
Foreign body in eye or other orifice-----	65	*	48
Injury caused by animal or insect-----	48	*	36
Fall on stairs, steps, or from a height-----	424	131	293
All other falls-----	252	76	176
Bumped into object or person-----	58	*	38
Struck by moving object-----	417	144	273
Handled or stepped on rough objects-----	34	*	*
Caught in, pinched, or crushed between two objects-----	164	53	112
One-time lifting or exertion-----	381	200	181
Twisted or stumbled-----	78	33	46
All other types of accidents-----	99	33	66
	Percent distribution		
Impairments due to injury-----	100.0	100.0	100.0
Moving motor vehicle-----	7.7	8.6	7.1
Uncontrolled fire, explosion, or discharge of firearm-----	2.4	2.0	2.6
Nonmotor vehicle, in motion-----	3.0	*	3.6
Machinery, in operation-----	26.5	25.7	26.9
Cutting or piercing instrument-----	3.0	2.9	3.0
Foreign body in eye or other orifice-----	1.8	*	2.1
Injury caused by animal or insect-----	1.4	*	1.6
Fall on stairs, steps, or from a height-----	12.1	10.6	12.9
All other falls-----	7.2	6.1	7.7
Bumped into object or person-----	1.6	*	1.7
Struck by moving object-----	11.9	11.6	12.0
Handled or stepped on rough objects-----	1.0	*	*
Caught in, pinched, or crushed between two objects-----	4.7	4.3	4.9
One-time lifting or exertion-----	10.8	16.1	7.9
Twisted or stumbled-----	2.2	2.7	2.0
All other types of accidents-----	2.8	2.7	2.9

**Table 7. Average prevalence and percent distribution of visual and hearing impairments, paralysis, and absence of extremities, by type of accident: United States, July 1959-June 1961**

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

Type of accident	Visual impairments	Hearing impairments	Paralysis	Absence of major extremities	Absence of fingers or toes
	Average number of impairments in thousands				
Impairments due to injury-----	570	452	138	196	1,492
Moving motor vehicle-----	55	45	36	29	39
Uncontrolled fire, explosion, or discharge of firearm-----	74	142	26	47	119
Nonmotor vehicle or machinery, in operation-----	26	25	*	77	797
Cutting or piercing instrument-----	59	*	*	*	163
Foreign body in eye or other orifice-----	130	36	...	...	...
Falls of any kind-----	44	57	37	*	*
Struck by moving object-----	108	53	*	*	112
Caught in, pinched, or crushed between two objects-----	*	*	*	*	153
All other types of accidents-----	74	80	*	*	93
	Percent distribution				
Impairments due to injury-----	100.0	100.0	100.0	100.0	100.0
Moving motor vehicle-----	9.6	10.0	26.1	14.8	2.6
Uncontrolled fire, explosion, or discharge of firearm-----	13.0	31.4	18.8	24.0	8.0
Nonmotor vehicle or machinery, in operation-----	4.6	5.5	*	39.3	53.4
Cutting or piercing instrument-----	10.4	*	*	*	10.9
Foreign body in eye or other orifice-----	22.8	8.0	...	...	...
Falls of any kind-----	7.7	12.6	26.8	*	*
Struck by moving object-----	18.9	11.7	*	*	7.5
Caught in, pinched, or crushed between two objects-----	*	*	*	*	10.3
All other types of accidents-----	13.0	17.7	*	*	6.2

Table 8. Average prevalence and percent distribution of impairments<sup>1</sup> of limbs, back, and trunk due to injury, by type of accident: United States, July 1959-June 1961

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

Type of accident	All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple impairments of limbs, back, and trunk
	Average number of impairments in thousands				
Impairments due to injury-----	7,518	2,287	1,700	2,991	540
Moving motor vehicle-----	1,390	518	189	539	143
Uncontrolled fire, explosion, or discharge of firearm-----	373	58	107	178	31
Machinery, in operation-----	380	42	236	85	*
Fall on stairs, steps, or from a height-----	1,352	446	251	562	94
All other falls-----	1,325	327	289	610	99
Bumped into object or person-----	383	79	83	204	*
Struck by moving object-----	477	104	140	206	28
Handled or stepped on rough objects-----	84	*	51	29	*
Caught in, pinched, or crushed between two objects-----	142	*	76	45	*
One-time lifting or exertion-----	588	454	39	58	37
Twisted or stumbled-----	242	66	*	157	*
All other types of accidents-----	780	177	228	317	58
	Percent distribution				
Impairments due to injury-----	100.0	100.0	100.0	100.0	100.0
Moving motor vehicle-----	18.5	22.6	11.1	18.0	26.5
Uncontrolled fire, explosion, or discharge of firearm-----	5.0	2.5	6.3	6.0	5.7
Machinery, in operation-----	5.1	1.8	13.9	2.8	*
Fall on stairs, steps, or from a height-----	18.0	19.5	14.8	18.8	17.4
All other falls-----	17.6	14.3	17.0	20.4	18.3
Bumped into object or person-----	5.1	3.5	4.9	6.8	*
Struck by moving object-----	6.3	4.5	8.2	6.9	5.2
Handled or stepped on rough objects-----	1.1	*	3.0	1.0	*
Caught in, pinched, or crushed between two objects-----	1.9	*	4.5	1.5	*
One-time lifting or exertion-----	7.8	19.9	2.3	1.9	6.9
Twisted or stumbled-----	3.2	2.9	*	5.2	*
All other types of accidents-----	10.4	7.7	13.4	10.6	10.7

<sup>1</sup>Except paralysis or absence.

Table 9. Average prevalence and percent distribution of impairments<sup>1</sup> of limbs, back, and trunk due to injury in the home, by type of accident: United States, July 1959-June 1961

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

Type of accident	All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple impairments of limbs, back, and trunk
	Average number of impairments in thousands				
Impairments due to injury-----	2,099	531	582	856	130
Moving motor vehicle-----	22	*	*	*	*
Uncontrolled fire, explosion, or discharge of firearm-----	60	*	*	28	*
Machinery, in operation-----	70	*	56	*	*
Fall on stairs, steps, or from a height-----	683	210	140	289	43
All other falls-----	575	120	139	274	41
Bumped into object or person-----	78	*	*	36	*
Struck by moving object-----	83	*	32	39	*
Handled or stepped on rough objects-----	42	*	27	*	*
Caught in, pinched, or crushed between two objects-----	34	*	27	*	*
One-time lifting or exertion-----	156	122	*	*	*
Twisted or stumbled-----	86	*	*	54	*
All other types of accidents-----	210	*	104	78	*
	Percent distribution				
Impairments due to injury-----	100.0	100.0	100.0	100.0	100.0
Moving motor vehicle-----	1.0	*	*	*	*
Uncontrolled fire, explosion, or discharge of firearm-----	2.9	*	*	3.3	*
Machinery, in operation-----	3.3	*	9.6	*	*
Fall on stairs, steps, or from a height-----	32.5	39.5	24.1	33.8	33.1
All other falls-----	27.4	22.6	23.9	32.0	31.5
Bumped into object or person-----	3.7	*	*	4.2	*
Struck by moving object-----	4.0	*	5.5	4.6	*
Handled or stepped on rough objects-----	2.0	*	4.6	*	*
Caught in, pinched, or crushed between two objects-----	1.6	*	4.6	*	*
One-time lifting or exertion-----	7.4	23.0	*	*	*
Twisted or stumbled-----	4.1	*	*	6.3	*
All other types of accidents-----	10.0	*	17.9	9.1	*

<sup>1</sup>Except paralysis or absence.

Table 10. Average prevalence and percent distribution of impairments<sup>1</sup> of limbs, back, and trunk due to injury while at work, by type of accident: United States, July 1959-June 1961

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

Type of accident	All sites	Back or spine	Upper extremity and shoulder	Lower extremity and hip	Other and multiple impairments of limbs, back, and trunk
Average number of impairments in thousands					
Impairments due to injury-----	2,253	811	538	733	171
Moving motor vehicle-----	226	89	*	87	*
Uncontrolled fire, explosion, or discharge of firearm-----	33	*	*	*	*
Machinery, in motion-----	279	31	172	61	*
Fall on stairs, steps, or from a height-----	394	143	61	155	35
All other falls-----	239	88	44	86	*
Bumped into object or person-----	45	*	*	*	*
Struck by moving object-----	279	65	73	120	*
Handled or stepped on rough objects-----	20	*	*	*	*
Caught in, pinched, or crushed between two objects-----	79	*	36	29	*
One-time lifting or exertion-----	370	292	*	34	*
Twisted or stumbled-----	76	30	*	40	*
All other types of accidents-----	213	*	67	82	*
Percent distribution					
Impairments due to injury-----	100.0	100.0	100.0	100.0	100.0
Moving motor vehicle-----	10.0	11.0	*	11.9	*
Uncontrolled fire, explosion, or discharge of firearm-----	1.5	*	*	*	*
Machinery, in motion-----	12.4	3.8	32.0	8.3	*
Fall on stairs, steps, or from a height-----	17.5	17.6	11.3	21.1	20.5
All other falls-----	10.6	10.9	8.2	11.7	*
Bumped into object or person-----	2.0	*	*	*	*
Struck by moving object-----	12.4	8.0	13.6	16.4	*
Handled or stepped on rough objects-----	0.9	*	*	*	*
Caught in, pinched, or crushed between two objects-----	3.5	*	6.7	4.0	*
One-time lifting or exertion-----	16.4	36.0	*	4.6	*
Twisted or stumbled-----	3.4	3.7	*	5.5	*
All other types of accidents-----	9.5	*	12.5	11.2	*

<sup>1</sup>Except paralysis or absence.

Table 11. Population for use in computing rates for estimates shown in this publication, by age:  
 United States, July 1959-June 1961

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

Age	Number in thousands
All ages-----	176,302
0-14-----	56,379
15-44-----	68,600
17-44-----	63,068
45+-----	51,323
45-64-----	35,989
65+-----	15,334

## APPENDIX I

### TECHNICAL NOTES ON METHODS

#### Background of This Report

This report, Impairments Due to Injury, by Class and Type of Accident, is one of a series of statistical reports prepared by the U.S. National Health Survey. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, a major part of the program.

The Health Interview Survey utilizes a questionnaire which, in addition to personal and demographic characteristics, obtains information on illnesses, injuries, chronic conditions and impairments, and other health topics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics. The present report is based on the consolidated sample for 104 weeks of interviewing ending June 1961.

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

#### Statistical Design of the Health Interview Survey

General plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of drawing a sample of 500 from the 1,900 geographically defined primary sampling units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a standard metropolitan statistical area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSU's, then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households in the sample. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in those segments, household members are interviewed concerning factors related to health.

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

Sample size and geographic detail.—The sample plan for the 2-year period ending June 1961 included about 250,000 persons from 76,000 households. The overall sample was designed in such a fashion that tabulations can be provided for each of the major geographic regions and for urban and rural sectors of the United States.

Collection of data.—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the National Center for Health Statistics. In accordance with these specifications the Bureau of the Census designs and selects the sample; conducts the field interviewing, acting as the collecting agent for the Center; and edits and codes the questionnaires. Tabulations are prepared by the Division of Health Interview Statistics using the electronic computers of the Center.

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

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in about 60 age-sex-color classes are computed, and serve as second-stage factors for ratio estimating.

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

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

For prevalence statistics, such as the number of hearing impairments due to injury, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in that quarter. Prevalence data for a year are then obtained by averaging the four quarterly figures.

### General Qualifications

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

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

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can, at best, pass on to the interviewer only the information the physician has given 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 and sex, which are adjusted to independent estimates, these figures are

based on the sample of household in the Health Interview Survey. These are given primarily to provide denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than are other population data that may be available. In some instances these will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the overall totals by age and sex, mentioned above, the population figures may in some cases differ from corresponding figures (which are derived from different sources) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, and P-60 series.

### Reliability of Estimates

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

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

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

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

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

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

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

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

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

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

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

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

**Rule 1. Estimates of aggregates:** Approximate relative standard errors of estimates of aggregates, such as the number of persons with a given characteristic or the number of persons injured while at work, are obtained from appropriate curves on page

21. The number of persons in the total U.S. population or in an age-sex 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 of percentages in a percent distribution of a total are obtained from appropriate curves on page 22. 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 due to injury 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 on page 22. 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.

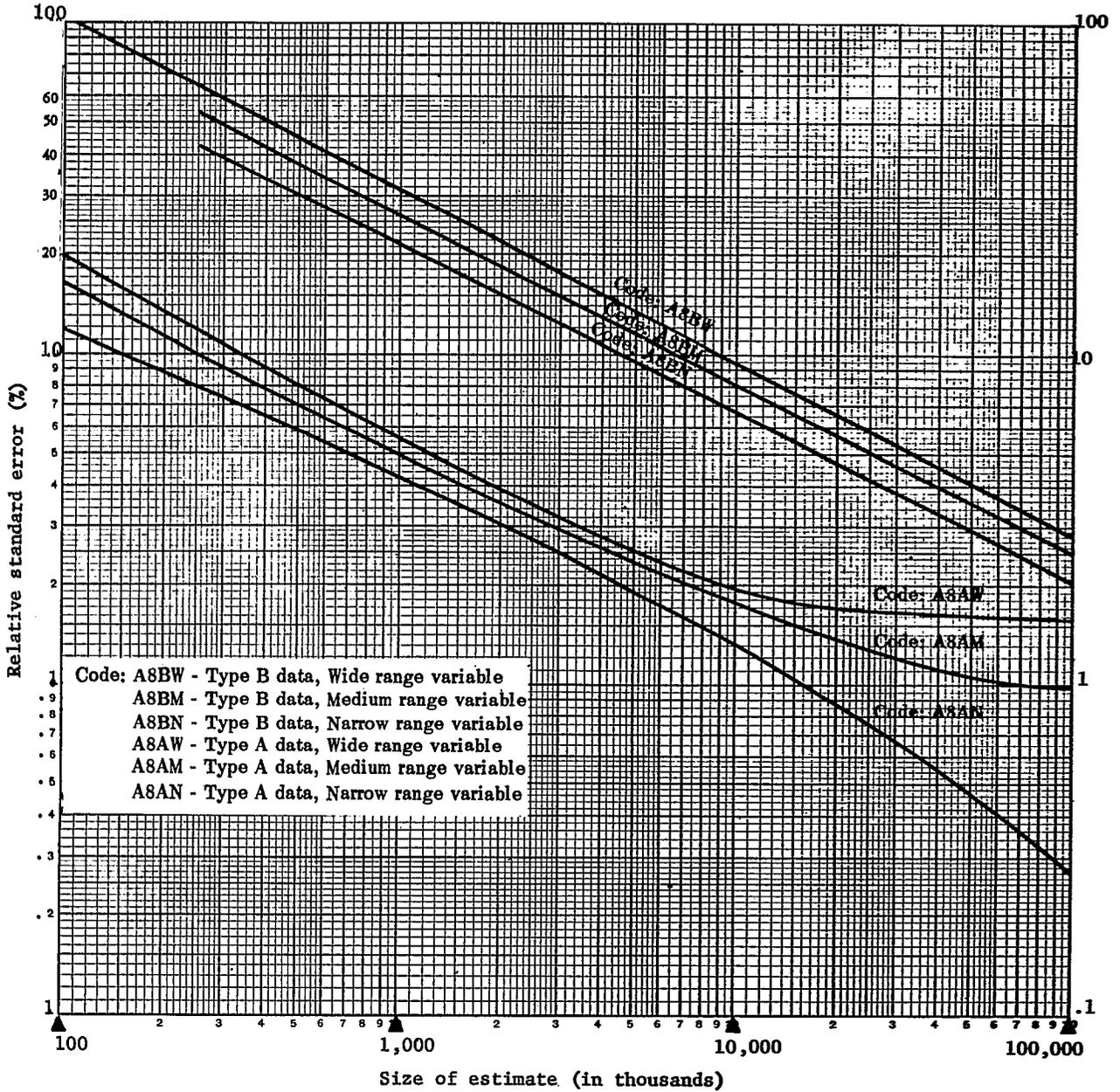
## Guide to Use of Relative Standard Error Charts

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 statistics 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 20; and (4) the range of the statistic as described on pages 19 and 20.

Statistic	Use:		
	Rule	Code	on page
Number of: Persons in the U.S. population, or total persons in one or more age-sex categories--	Not subject to sampling error		
Impairments, by type-----	1	A8AN	21
Percentage distribution of: Impairments, by characteristic-----	2	P8AN-M	22
Prevalence rates of impairments: Per 1,000 persons in any population group---	3	P8AN-M	22

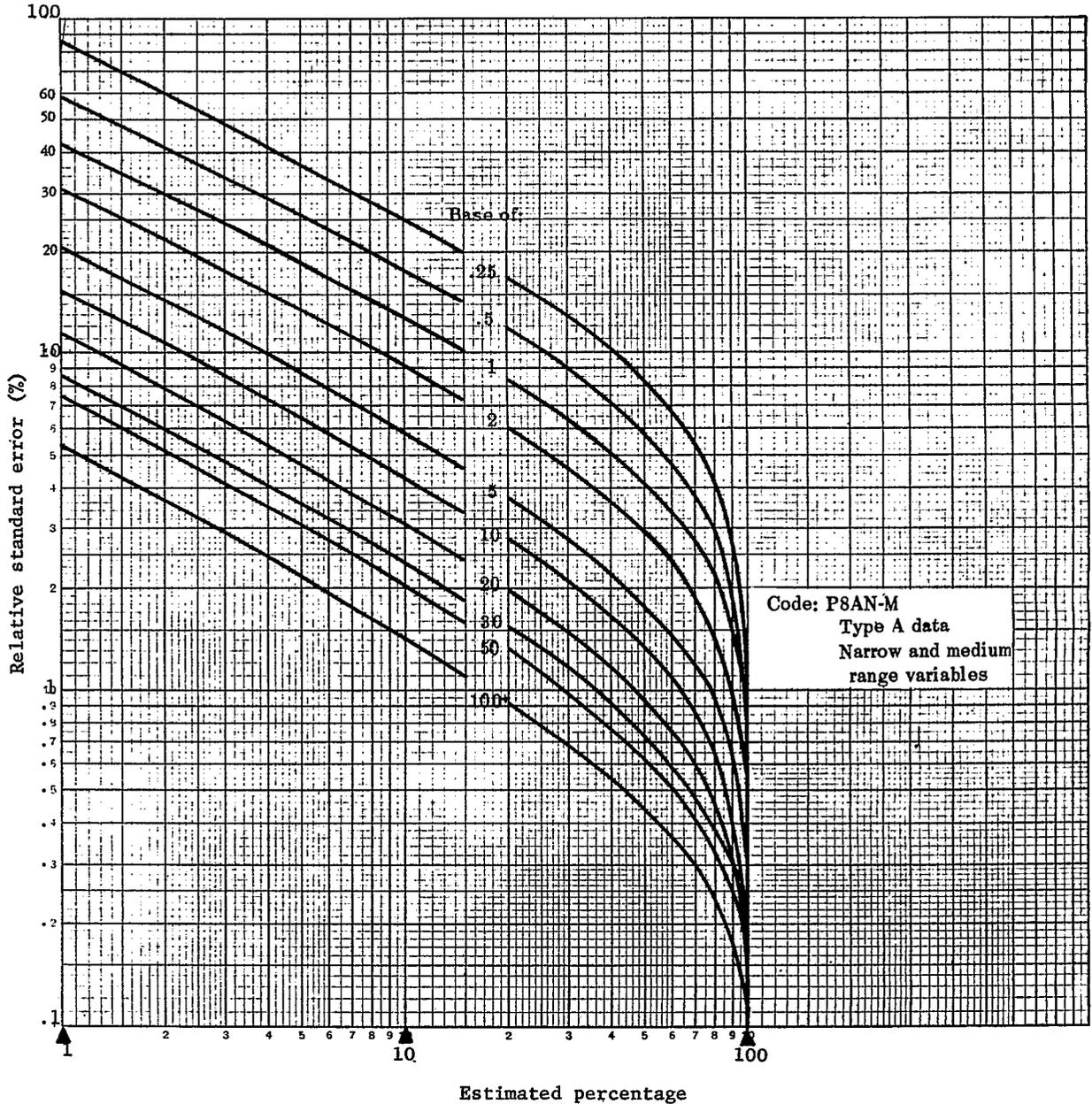
Relative standard errors for aggregates based on eight quarters of data collection  
for data of all types and ranges



Example of use of chart: An aggregate of 5,000,000 (on scale at bottom of chart) for a Narrow range type A statistic (code: A8AN) has a relative standard error of 1.9 percent, read from scale at left side of chart, or a standard error of 95,000 (1.9 percent of 5,000,000). For a Wide range type B statistic (code: A8BW), an aggregate of 10,000,000 has a relative error of 9.3 percent or a standard error of 930,000 (9.3 percent of 10,000,000).

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

(Base of percentage shown on curves in millions)



Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 2.8 percent (read from the scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 2.8 percent or 0.56 percentage points.

## APPENDIX II

### DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT, AND CLASSIFICATION OF IMPAIRMENTS (X-Code)

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

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

Conditions, except impairments, are coded according to the International Classification of Diseases with certain modifications adopted to make the code more suitable for a household-interview-type survey. Impairments are coded according to the Classification of Impairments (X-Code), shown later in this Appendix.

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

Impairments—general definition and method of coding.—The term "impairment," as used in the Health Interview Survey, refers to certain chronic or permanent defects, disabling or not, representing, for the most part, decrease or loss of ability to perform certain functions, particularly those of the musculo-skeletal system and special senses. Impairments are restricted to conditions included in the Classification of Impairments (referred to as the X-Code) and are coded by type, site, and etiology according to that classification. Type and site are expressed by the

numbers X00-X99, and etiology is indicated by adding to each type the appropriate 1-digit code from one of the two lists of etiologic factors.

Impairments are usually residuals of old injuries or past, inactive diseases or influences, but they may be due to continuing active chronic diseases. If the originating cause is now inactive or cured, or unknown, the impairment only is coded with its 1-digit etiologic code. If the cause is an active chronic disease, the cause is usually coded also, in terms of the code numbers of the International Classification of Diseases (referred to as the ICD); however, if the impairment is one of the types in X70-X79, and is due to a specified active chronic disease, the disease only is coded. Thus, the types of less structurally specific orthopedic difficulties in X70-X79 are excluded from the total count of impairments if they are due to, and more or less inherent in, the current underlying disease causing them.

#### Examples:

Paraplegia due to old war injury	X44.9
Trouble with spine, cause unknown	X70.0
Hard of hearing, hereditary	X09.Y
Missing foot due to diabetes	X29.5 and 260
Trouble in seeing due to glaucoma	X05.4 and 387
Poor eyesight, not blind, due to cataract and glaucoma	X05.3, 385, and 387
Foot trouble due to arthritis	725

The categories of impairments shown in this report, with their X-Code inclusion numbers, are:

Visual impairments (X00-X05)  
Hearing impairments (X06-X09)  
Absence of major extremity - i.e.,  
arm, leg, foot, hand, exclusive of fingers or  
toes only (X20-X24, X26-X30, X32, X33)  
Absence of fingers or toes (X25, X31, X34)  
Paralysis, complete or partial (X40-X69)  
Impairments (except paralysis or absence) of  
limbs, back, trunk (X70-X79, X80-X89)  
Other impairments (X10-X19, X35-X39, X90-X99)

**Injury as an etiology of impairment.**—The etiology of an impairment is its cause in terms of what the respondent considers as the cause. Injury as an etiology (coded 9 in the fourth digit of the X-Code) is defined as a condition sustained in an accident or in nonaccidental violence that at time of occurrence would have been codable to ICD N800-N999. Excluded from the category are birth injuries and damage to any part of the body because of continuous stresses and strains, e.g., continued exposure to loud noise or constant heavy lifting.

**Class of accident.**—Injuries may be grouped according to class of accident. This is a broad classification of the types of events which resulted in persons being injured. 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 work. In this report such an injury would be classified as a moving motor-vehicle injury, and also as one occurring while at work.

**Moving motor vehicle.**—An accident is classified as "moving motor vehicle" if at least one of the motor vehicles involved in an accident was moving at the time of the accident. 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.

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

**Home accident.**—The class of accident is "home" if the injury occurred either inside the house or outside the house. "Outside the house" refers to the yard, buildings, and sidewalks on the property. "Home" includes not only the person's own home but also any other home in which 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. 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. Injuries sustained in nonmoving motor vehicle accidents, provided the accident did not occur at home or while the person was at work, are included in this category. 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.

**Type of accident.**—Type of accident was recorded for all accidents involving injury in order to classify injuries according to the circumstances relating to the accident. Accidents have been grouped by type according to the following concepts:

- (A) Accidents in which specific factors were involved, but which may or may not have caused the injury. Included in this group are moving motor vehicle, uncontrolled fire, explosion, firearms, and nonmotor vehicle such as train or bicycle. The definition of moving motor vehicle in this instance is identical to that for moving motor vehicle as a class of accident. However, an accident in which a nonmoving motor vehicle was involved is classified under the detailed type of accident listed below that best describes the circumstances relating to the accident.
- (B) Accidents where injury was caused directly by an agent, such as machinery, in operation, a knife, scissors, nail, animal or insect, foreign body in eye or other orifice, or a poisonous substance swallowed by the person involved.
- (C) Accidents described in terms of the events leading to the occurrence of the injury, such as falling, bumping into a person or object, being struck by a moving object, handling or stepping on sharp or rough objects, being caught in, pinched, or crushed, coming in contact with hot object or flame, lifting, twisting, or stumbling.
- (D) Accidents resulting in injury that could not be classified in groups (A), (B), or (C) were classified as "other." Accidents of unknown type are also included in this group.

A complete listing of the types of accidents is shown in Appendix III within the format of Table A. In order that no injury would be described as resulting from more than one detailed type of accident, an injury which could have been assigned to two or more detailed types was classified in the first type designated in Table A (in Appendix III) that adequately described the circumstances of the accident.

# CLASSIFICATION OF IMPAIRMENTS (X-Code)

## History and Purpose

This classification of impairments was developed by the Division of Public Health Methods in the years 1955-1956 in order to provide—in the relatively simple detail required for household-health surveys—a method of coding certain residuals of diseases and injuries so that both the present effect and the underlying cause could be reflected within one diagnostic code.

The X-Code is essentially a rearrangement and expansion of the Supplementary Y-Codes, Y50-Y88, of ICD, Volume I.

## Abbreviations and Special Use of Parentheses

NOS = not otherwise specified  
NEC = not elsewhere classified

In addition to the usual purpose, parentheses are used to enclose words or phrases that may or may not be specified but, if used with a given diagnosis, do not change the code assignment of that diagnosis. For example, "paralysis (complete) both legs X44" means that the code number is X44 whether or not the modifier "complete" is specified; "glaucoma (congenital)" means that congenital glaucoma is coded in the same manner as glaucoma not specified as congenital.

## LIST OF IMPAIRMENTS, BY TYPE AND SITE (X00-X99)

(The lists of 1-digit etiology codes are shown following X99)

### Impairment of Vision (X00-X05)

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

### Impairment of Hearing (X06-X09)

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

### Impairment of Speech, Intelligence, Special Sense (X10-X19)

- X10 Stammering, stuttering
- X11 Other speech defect  
Excludes deaf-mutism (X06) and cleft palate speech (X91)
- X12 Loss or impairment of sense of smell and/or taste
- X13 Loss or disturbance of sensation NEC
- X14 Special learning disability (reading)
- X15 Mental deficiency, mongolism
- X16 Mental deficiency, severe except in mongolism
- X17 Mental deficiency, moderate
- X18 Mental deficiency, mild
- X19 Mental deficiency, degree not specified

### Absence, Loss, All Sites Except as in X00-X19, X92 (X20-X39)

#### Upper Extremity

- X20 Arm, at or above elbow, and arm NOS
- X21 Arm, below elbow and above wrist
- X22 Arms, both
- X23 Hand, except fingers or thumbs only
- X24 Hands, both, except fingers or thumbs only
- X25 Fingers and/or thumbs, only, of one or both hands

## Absence, Loss—Continued

### Lower Extremity

- X26 Leg, at or above knee, and leg NOS
- X27 Leg, below knee and above ankle
- X28 Legs, both
- X29 Foot, except toe(s) only
- X30 Feet, both, except toes only
- X31 Toe(s) only, of one or both feet

### Upper and Lower Extremities

- X32 One upper (arm or hand) with one lower (leg or foot), except digits only
- X33 Three or more (arm, hand, leg, foot) except digits only
- X34 Fingers and/or thumb(s) and toe(s)

### Other Sites

- X35 Digestive organ
- X36 Respiratory organ
- X37 Urinary organ
- X38 Genital organ, breast
- X39 Site or organ NEC

## Paralysis, Complete or Partial, All Sites, Except as in X00-X19 (X40-X69)

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

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

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

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

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

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

## Non-Paralytic Orthopedic Impairment, NEC (X70-X79)

Excludes conditions in X20-X69, X80-X99 and "disc" conditions in ICD 735

### Orthopedic Impairment NEC Involving

- X70 Back NOS, spine NOS, vertebra NOS (low) (lumbosacral) (sacro-iliac)
- X71 Cervical or thoracic region of back, spine, vertebrae
- X72 Coccygeal region of back, spine, vertebrae
- X73 Shoulder, upper arm, forearm above wrist; arm NOS
- X74 Wrist, hand, finger, thumb
- X75 Hip and/or pelvis, alone, or with any other site in X70-X79  
Excludes congenital dislocation of hip (X85.X)
- X76 Knee, leg NOS, - hip not involved
- X77 Ankle, foot, toe, - sites in X76 not involved
- X78 Multiple sites NEC (back and legs) (fingers and toes)  
(legs and arms) (arms and back)
- X79 Other and ill-defined sites  
Includes: rib; trunk NOS; "side"; limping NOS; "trouble in walking," NOS.  
Excludes jaw (X92).

### **Specified Deformity of Limbs, Back, Trunk (X80-X89)**

- X80 Curvature of spine
- X81 Spina bifida (with meningocele)
- X82 Flatfoot; weak or fallen arches
- X83 Clubfoot
- X84 Deformity, other and multiple, lower extremity, NEC
- X85 Dislocation, congenital, and other deformity hip and/or pelvis
- X86 Deformity, neck or shoulder region
- X87 Deformity finger(s), thumb(s), only
- X88 Deformity, upper extremity, except as in X86, X87
- X89 Deformity, back, spine, trunk, NEC  
Includes: pigeon breast; cervical rib; postural defect NEC;  
deformed back NEC; deformed spine NEC

### **Defect, Abnormality, Impairment, NEC (X90-X99)**

- X90 Disfigurement, scarring, face, nose, lips, ears
- X91 Cleft palate and harelip (with speech defect)
- X92 Other dentofacial handicap  
Includes: malocclusion; congenital anomalies of teeth;  
deformity of jaw; absence, or deficient number of teeth;  
deformities of palate and of other oral structures NEC
- X93 Deformity of skull (hydrocephaly) (microcephaly)
- X94 Dwarfism
- X95 Gigantism (excessively overheight)
- X96 Obesity (excessively overweight)
- X97 Excessively underweight
- X98 Artificial orifice (opening) or valve (surgical), any site (colostomy)
- X99 Impairment, ill-defined site  
Includes: "birth injury" or "brain injury," at ages three months or over, without statement about  
type of residual; deformed NEC, site or type not indicated. Includes also ill-defined "after effects,"  
type not specified, of tuberculosis of bones and joints, gonococcal infection, poliomyelitis, encephalitis, rickets

## LISTS OF 1-DIGIT ETIOLOGY CODES

### For Visual Impairments Only (X00-X05)

- .0 Unknown or unspecified origin
- .1 Refractive errors (congenital)
- .2 Strabismus; other disorders of ocular movement (congenital)
- .3 Cataract (congenital) (with any other cause in 1-6)
- .4 Glaucoma (congenital)
- .5 Affections of the retina (congenital) (with any other local disease of eye except cataract)
- .6 Optic atrophy NEC and other local diseases of eye NEC
- .7 General infectious diseases (as in ICD 001-138)
- .8 General acquired noninfectious diseases (as in ICD 140-369, 400-468, 590-594)
- .9 Accident or injury except at birth
- .X Congenital origin NEC or birth injury
- .Y Diseases and conditions not in 0-9 or X (noncongenital) (nontraumatic) (noninfectious)  
(not localized to eye) (hereditary) (old age)

### For All Impairments Except of Vision (X06-X99)

- .0 Unknown or unspecified origin
- .1 Tuberculosis, any site
- .2 Poliomyelitis
- .3 Other infection or inflammation; ulcer; any site (general) (local) (scarlet fever) (meningitis)  
(arthritis) (etc.)
- .4 Neoplasm
- .5 Diabetes (with gangrene)
- .6 Diseases of arteries (with gangrene) (as in ICD 450-456)
- .7 Vascular lesions, central nervous system (as in ICD 330-334)
- .8 Rickets and osteomalacia
- .9 Accident or injury except at birth
- .X Congenital origin or birth injury
- .Y Diseases and conditions except as in 0-9 or X (noncongenital) (nontraumatic) (noninflammatory)  
(hereditary) (old age)

ICD CATEGORIES REPLACED BY X-CODE CATEGORIES

The following categories of ICD which are specific for types of impairments in the X-Code or for late effects of certain diseases are not used in the coding for the Health Interview Survey; they have been replaced by the categories in X00-X99 or have been incorporated into the lists of etiologic factors used in conjunction with the X-Code:

013	Late effects of tuberculosis of bones and joints	533.7	Other disorders of tooth development
035	Late effects of gonococcal infection	726.2	Torticollis
081	Late effects of acute poliomyelitis	734	Internal derangement of knee joint
083.3	Postencephalitic conditions except Parkinsonism (083.0) and psychiatric conditions (083.1, 083.2)	736	Affection of sacro-iliac joint
284	Late effects of rickets	737	Ankylosis of joint
287	Obesity	745	Curvature of spine
325	Mental deficiency	746	Flat foot
326.0	Specific learning defects	747	Hallux valgus and varus
326.1	Stammering and stuttering of nonorganic origin	748	Clubfoot
326.2	Other speech impediments of nonorganic origin	749	Other deformities
344	Late effects of intracranial abscess or pyogenic infection	751	Spina bifida and meningocele
351	Cerebral spastic infantile paralysis	752	Congenital hydrocephalus
352	Other cerebral paralysis	755	Cleft palate and harelip
389	Blindness	758.0	Congenital dislocation of hip
397	Deaf-mutism	758.2	Congenital malformations of skull
398	Other deafness	758.4	Cervical rib
533.0	Malocclusion	758.5	Congenital abnormalities of lumbosacral region
533.5	Congenital anomalies of teeth	N871	Enucleation of eye
		N886-	
		N888	Traumatic amputation of upper extremities
		N896-	
		N898	Traumatic amputation of lower extremities

The ICD has no categories within its numbers 001-999 exclusively for such conditions as: absence of part, all sites; paralysis, all sites; defective vision not blindness; limitation of motion not paralysis; facial disfigurement; artificial orifice or valve; dwarfism; underweight; and certain other impairments included in the X-Code.

# APPENDIX III

## QUESTIONNAIRE

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

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

FORM NHS-4 (4-4-60) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH SURVEY**

1. Questionnaire \_\_\_\_\_ of \_\_\_\_\_ Questionnaires

2. (a) Address or description of location \_\_\_\_\_  
 (b) Mailing address if not shown in (a) \_\_\_\_\_

3. Ident. Code \_\_\_\_\_ 3a. Reg. office Code \_\_\_\_\_ 4. Sub-sample weight \_\_\_\_\_ 5. Sample \_\_\_\_\_ 6. PSU Number \_\_\_\_\_ 7. Segment No. \_\_\_\_\_ 8. Serial No. \_\_\_\_\_

(c) Type of living quarters:  Housing unit  Other \_\_\_\_\_ (d) Name of Special Dwelling Place \_\_\_\_\_ Code \_\_\_\_\_

9. Is this house on a farm or ranch? .....  Yes  No

L Ask items 10 and 11 only, if "rural" box is checked:  Rural  All other

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

11. If "Own" or "rent free" in question 10, ask:  
 (a) Does this place have 10 or more acres?  Yes  No  
 If "rent" in question 10, ask:  
 (b) Does the place you rent have 10 or more acres?  Yes  No

(c) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more?  Yes  No  
 (d) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$250 or more?  Yes  No

12. Are there any other living quarters, occupied or vacant, in this building (apartment)? .....  Yes  No

13. Does anyone else living in this building use YOUR ENTRANCE to get to his living quarters? .....  Yes  No

INSTRUCTIONS FOR Q. 12, 13 AND 14  
 If "Yes," to questions 12, 13 or 14 apply definition of a housing unit to determine whether one or more additional questionnaires should be filled and whether the listing is to be corrected.

14. Is there any other building on this property for people to live in - either occupied or vacant? .....  Yes  No

15. What is the telephone number here? \_\_\_\_\_  No phone

16. In case I've overlooked anything, what is the best time to call? \_\_\_\_\_

**17. RECORD OF CALLS AT HOUSEHOLDS**

Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.
Entire household	Date Time										
Callbacks for individual respondents	Col. No. Date Time										

**18. REASON FOR NON-INTERVIEW**

TYPE	A	B	C	Z
Reason:	<input type="checkbox"/> Refusal (Fill item 19) <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Vacant - non-seasonal <input type="checkbox"/> Vacant - seasonal <input type="checkbox"/> Usual residence elsewhere <input type="checkbox"/> Armed Forces <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Demolished <input type="checkbox"/> In sample by mistake <input type="checkbox"/> Eliminated in sub-sample <input type="checkbox"/> Other (Specify)	Interview not obtained for: Cols. _____ because: _____

19. Reason for refusal \_\_\_\_\_

**20. TYPE A FOLLOW-UP PROCEDURE**

If final call results in a Type A non-interview (except Refusals) take the following steps:

- Contact neighbors (caretakers, etc.) until you find someone who knows the family.
- Find out the number of people in the household, their names and approximate ages; if names of all members not known, ascertain relationships. Record this information in the regular spaces inside the questionnaire.
- Find out if anyone in the housing unit is now in a hospital as a patient; if so, which person it is. This is done by asking the following question:

4. Is anyone in the household now in the hospital?  Yes  No  Don't know  No contact made

(a) If "Yes," - Who? (Enter name) \_\_\_\_\_ (Col. No.) \_\_\_\_\_

1. (a) What is the name of the head of this household? (Enter name in first column) Last name (1) Last name (2)  
 (b) What are the names of all other persons who live here? (List all persons who usually live here, and all persons staying here who have no usual place of residence elsewhere. List these persons in the prescribed order.)  
 (c) Do any (other) lodgers or roomers live here?  No  Yes (List) \_\_\_\_\_  
 (d) Is there anyone else who lives here who is now temporarily in a hospital?  No  Yes (List) \_\_\_\_\_  
 (e) Away on business?  No  Yes (List) \_\_\_\_\_  
 (f) On a visit?  No  Yes (List) \_\_\_\_\_  
 (g) Is there anyone else staying here now?  No  Yes (List) \_\_\_\_\_

(b) Do any of the people in this household have a home elsewhere?  
 No (leave on questionnaire)  Yes (apply household membership rules; if not a member, delete)

2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, partner, lodger, lodger's wife, etc.) Relationship Head Relationship

3. How old were you on your last birthday?	Age _____ <input type="checkbox"/> Under 1 year
4. Race (Check one box for each person)	<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other
5. Sex (Check one box for each person)	<input type="checkbox"/> Male <input type="checkbox"/> Female
6. Are you now married, widowed, divorced, separated or never married? (Check one box for each person)	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never married
7. (a) What is the highest grade you attended in school? (Circle highest grade attended or check "None")  (b) Did you finish the -- grade (year)?	If 17 years old or over, ask: <input type="checkbox"/> Under 17 years Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5 + <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No
8. (a) Did you ever serve in the Armed Forces of the United States? If "Yes," ask: (b) Are you now in the Armed Forces, not counting the reserves? (If "Yes," delete this person from questionnaire) →  (c) Was any of your service during a war or was it peace-time only? If "War," ask: (d) During which war did you serve? If "Peace-time" only, ask: (e) Was any of your service between June 27, 1950 and January 31, 1955?	If Male and 17 years old or over, ask: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fem. or und. 17 yrs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> War <input type="checkbox"/> Peace-time only <input type="checkbox"/> WW II <input type="checkbox"/> Korean <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No
9. (a) What were you doing most of the past 12 months-- (For males): working, or doing something else? (For females): working, keeping house, or doing something else? If "Something else" checked, and person is 45 years old or over, ask: (b) Are you retired?	If 17 years old or over, ask: <input type="checkbox"/> Under 17 years <input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Something else <input type="checkbox"/> Yes <input type="checkbox"/> No
10. (a) Were you working last week or the week before? If "Keeping house" or "Something else" in q. 9(a), ask: (b) Did you work at a job or business at any time last week or the week before? If "No," in q. 10(a) or 10(b), ask: (c) Even though you did not work last week or the week before, do you have a job or business?	<input type="checkbox"/> Under 17 years <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: Determine which adults are at home and record this information. Beginning with question 11 you are to interview for himself or herself, each adult person who is at home.	
11. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended last Sunday?) (a) What was the matter? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Last week or the week before did you take any medicine or treatment for any condition (besides... which you told me about)? (a) For what conditions? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Last week or the week before did you have any accidents or injuries? (a) What were they? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did you ever have an (any other) accident or injury that was still bothering you last week or the week before? (a) In what way did it bother you? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
15. AT THE PRESENT TIME do you have any ailments or conditions that have lasted for a long time? (If "No") Even though they don't bother you all the time? (a) What are they? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Has anyone in the family - you, your-, etc. - had any of these conditions DURING THE PAST 12 MONTHS? (Read Card A, condition by condition; record any conditions mentioned in the column for the person)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does anyone in the family have any of these conditions? (Read Card B, condition by condition; record any conditions mentioned in the column for the person)	<input type="checkbox"/> Yes <input type="checkbox"/> No
R For persons 17 years old or over, show who responded for (or was present during the asking of) questions 11-17. If person responded for self, show whether entirely or partly. For persons under 17 show who responded for them.	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly Col. No. _____ was respondent
18. (a) Has anyone in the family been in a hospital DURING THE PAST 12 MONTHS? If "Yes," (b) How many different times were you in the hospital overnight or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ No. of times
19. (a) During the past 12 months has anyone in the family been a patient in a nursing home or sanitarium? If "Yes," (b) How many times were you in a nursing home or sanitarium?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ No. of times
20. If baby under one year listed as a household member, ask: (a) Was --- baby born in a hospital or at home? If "hospital" in q. 20(a) and 1 or more in q. 18(b), ask: (b) Was this hospitalization included in the number you just gave me?	<input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Yes <input type="checkbox"/> No

Table I - ILLNESSES, IMPAIRMENTS AND INJURIES													
Line number	Col. No. of person	Question number	Did you EVER at any time talk to a doctor about ...?	Ask for all illnesses and injuries, ailments of old injuries: (a) If doctor talked to: What did the doctor say if was? ... did he give it a medical name? (b) If doctor not talked to: Record original entry and ask (d-2)-(d-5) as required.  Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else? (Also, fill Table A for all injuries)	What was the cause of...? (This column is to be asked if entry in Col. (d-1) is an Impairment or a Symptom or If entry in Col.(d-1) is from q. 14 or q.17)  (If "Cause" is an injury, also fill Table A)	If eye trouble of any kind and 6 years old or over; ask:  Can you see well enough to read ordinary newspaper print with glasses?	What kind of... is it? Ask only for: Any entry in Col. (d-1) or (d-2) that includes the words: Asthma "condition" Cysts "disease" Growths "trouble" Tumor For an allergy or stroke ask:  How does the... effect you?	What part of the body is affected? Ask only for: Impairments; Injuries; and for: Abscesses, boils, infections, inflammation, sores, ulcers Aches, pains, soreness, weakness Bleeding or blood clots Cancer, tumor, cysts or growths Neuralgia or neuritis Virus Show detail for: Eyes - (one or both) Head - (Skull, scalp, face) Back - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both)	LAST WEEK OR THE WEEK BEFORE did... cause you to cut down on your usual activities for as much as a day?		How many days, including the Saturdays and Sundays?	How many of these -- days were you in bed all or most of the day?	If 6-16 years old ask:  How many days did... keep you from school last week or the week before?
									Check one				
(a)	(b)	(c)	(d-1)	(d-2)	(d-3)	(d-4)	(d-5)	(e)	(f)	(g)	(h)	(i)	
1			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No					Days <input type="checkbox"/> None	Days <input type="checkbox"/> None	

Table II - HOSPITALIZATION DURING PAST 12 MONTHS										
Line number	Col. No. of person	Question No.	When did you enter the hospital? (Month, year)	How many nights were you in the hospital?	To Interviewer			What did they say of the hospital the condition was... did they give it a medical name? (If "they" didn't say, ask):  What did the last doctor you talked to say it was? (Show same detail as in cols. (d-1)-(d-5) of T.I) (If condition from accident or injury, also fill Table A)	Were any operations performed on you during this stay at the hospital? If "Yes," (a) What was the name of the operation? (b) Any other operations?	
					How many of these -- nights were in the past 12 months?	Will you need to ask cols. (f) and (g)?	How many of these -- nights were last week or the week before?		Was this person still in the hospital on last Sunday night?	(e)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
1			Mo: _____ Yr: _____ Nights _____	<input type="checkbox"/> All or Nights _____ <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
2			Mo: _____ Yr: _____ Nights _____	<input type="checkbox"/> All or Nights _____ <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
3			Mo: _____ Yr: _____ Nights _____	<input type="checkbox"/> All or Nights _____ <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No

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

Table X - FILL ONE LINE FOR EACH PART OF BODY ENTRY FROM QUESTIONS 22-25								
Line number	Col. No. of person	Question No.	Part of body	How many different times did you have your... X-rayed during the past 3 months?	Where did you have the X-ray(s)? How many X-rays were at the (hospital, doctor's office, etc.)?	What was this X-ray(s) for-- a check-up or an examination or for treatment?	If "both" in col. (f) ask:  How many of these... X-ray(s) were for treatment?	If "both" or "treatment" in col. (f) ask:  For what condition were you being treated?
1					Hospital _____ Dr. office _____ Other _____	<input type="checkbox"/> Check-up/examination <input type="checkbox"/> Treatment <input type="checkbox"/> Both		
2					Hospital _____ Dr. office _____ Other _____	<input type="checkbox"/> Check-up/examination <input type="checkbox"/> Treatment <input type="checkbox"/> Both		
3					Hospital _____ Dr. office _____ Other _____	<input type="checkbox"/> Check-up/examination <input type="checkbox"/> Treatment <input type="checkbox"/> Both		
26. During the past 12 months in which group did the total income of your family fall, that is, year's, year--s, etc.? (Show Card H) Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc.						Group No.	Group No.	

**Table I - ILLNESSES, IMPAIRMENTS AND INJURIES**

If 17 years old or over and if "Yes", in q. 10(a), 10(b) or 10(c), ask:  How many days did ... keep you from work last week or the week before?	Did you first notice... (did it happen) DURING THE PAST 3 MONTHS or before that time?		To interview:	Did you first notice... DURING THE PAST 12 MONTHS or before that time?	How long since you last talked to a doctor about...? (If less than one month enter "Und. 1" for "No.")	Do you still take any medicine or treatment that the doctor prescribed for...? Or, follow any advice he gave?	About how many days during the past 12 months, has... kept you in bed for all or most of the day?	If 1 or more days in col. (q-1) and col. (c) is checked, ask:  How many of these days were during last week or the week before?	Ask after completing last condition, for each person:				If "1" or "2" or "3" in col. (c) ask:  Please look at this card and read each statement. Then tell me which one fits you best, in terms of health. (Show Cards C-F, as appropriate)	If "1" or "2" or "3" in col. (r) ask:  How long have you been...? (Insert the words of the statement selected)	If 17 years old or over, ask:  Were you working at a job or business up to that time?	Please look at this card and read each statement. Then tell me which one fits you best. (Show Card G)	Line number
	Check one Before 3 mos. During 3 mos.	Did... start during the past 2 weeks or before that time? (If during past 2 weeks, ask):  Which week, last week or the week before?							CONTINUE if col. (c) is checked, or the condition is on Card A or is an impairment; otherwise, STOP	Please look at this card and read each statement. Then tell me which one fits you best, in terms of health. (Show Cards C-F, as appropriate)	If "Yes" in col. (s): Which? (Enter X on line for each condition named)	If "1" or "2" or "3" in col. (r) ask:  How long have you been...? (Insert the words of the statement selected)					
(l)	(t)	(i)	(m)	(aa)	(a)	(o)	(p)	(q-1)	(q-2)	(t)	(s)	(i)	(u)	(v)	(w)		
____ Days or <input type="checkbox"/> None			<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 wks		<input type="checkbox"/> During past 12 months <input type="checkbox"/> Before <input type="checkbox"/> Birth	____ Mos. ____ Yrs. <input type="checkbox"/> No Dr.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Dr.	____ Days or <input type="checkbox"/> None	____ Days or <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No		____ Mos. ____ Yrs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Und. 17		1	

**Table II - HOSPITALIZATION DURING PAST 12 MONTHS**

For completed hospitalizations ("No" in Col. (g) of persons 6 years old and over who show an operation, a setting of a fracture, or a delivery in Cols. (h) or (i):			What is the name and address of the hospital you were in?  (Enter name, city and State; if city not known, enter county)
How many nights were you in the hospital, before you had your operation (delivery, etc.)?	After you left the hospital, how many days was it before you returned to your usual activities full-time?	If "still unable" in (k), ask: How long has it been since you left the hospital?	(m)
(j)	(k)	(l)	
No. of nights _____	No. of days _____ <input type="checkbox"/> Still unable	<input type="checkbox"/> Over 6 months If under 6 months: ____ Days _____ Months	
No. of nights _____	No. of days _____ <input type="checkbox"/> Still unable	<input type="checkbox"/> Over 6 months If under 6 months: ____ Days _____ Months	
No. of nights _____	No. of days _____ <input type="checkbox"/> Still unable	<input type="checkbox"/> Over 6 months If under 6 months: ____ Days _____ Months	

**X-RAY QUESTIONS**

24. (a) During the past 3 months, did anyone in the family have any X-rays for the treatment of a condition? If "Yes," (b) What part of the body was treated? (c) Was this included in the X-ray(s) you told me about before?	<input type="checkbox"/> Yes Part(s) of body: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes Part(s) of body: _____	<input type="checkbox"/> No
25. (a) Did anyone in the family have a fluoroscope during the past 3 months? If "Yes," (b) What part of the body was this for? (c) Was this included in the X-ray(s) you told me about before?	<input type="checkbox"/> Yes Part(s) of body: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes Part(s) of body: _____	<input type="checkbox"/> No

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

Ask for each person with 2 or more lines in Table X: (Ask after all X-rays have been recorded through cols. (a)-(h) of Table X for a person)				FOOTNOTES	
Were any of these... X-rays you told me about taken at the same time? If "Yes," Which X-rays were these? (i)					
No (Step)	Yes	Enter information below for X-rays taken at same time:			
		Part(s) of body: _____	No.	Part(s) of body: _____	No.
		Part(s) of body: _____	No.	Part(s) of body: _____	No.
		Part(s) of body: _____	No.	Part(s) of body: _____	No.
Group No.		Group No.		Group No.	

**Table A - (Accidents and Injuries)**

Line No. from Table I <input style="width: 40px; height: 15px;" type="text"/>	<b>1. When did the accident happen?</b> Year: _____ (If 1960 or 1961 also enter the month)  Month: _____	<b>2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else?</b> Part(s) of body _____ Kind of injury(s) _____ _____ _____
Accident happened last week or week before (Go to q. 3) <input type="checkbox"/>	<b>3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Section B) <b>(b) Was more than one motor vehicle involved?</b> <input type="checkbox"/> Yes (more than one) <input type="checkbox"/> No <b>(c) Was it (either one) moving at the time?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Section B)	
<b>4. Were you outside the vehicle, getting in or out of it, a passenger or were you the driver?</b>		
1. <input type="checkbox"/> Outside (Go to Section A q.5)      2. <input type="checkbox"/> Getting in or out 3. <input type="checkbox"/> Passenger      4. <input type="checkbox"/> Driver      } (Go to Section A q. 6)		
<b>Section A - (Motor Vehicle Accidents)</b>		<b>Section B - (Non-Motor Vehicle Accidents)</b>
If "Outside" in q. 4, ask: <b>5. (a) How did the accident happen?</b> 1. <input type="checkbox"/> Accident between motor vehicle and person riding on bicycle, in streetcar, on railroad train, on horse-drawn vehicle 2. <input type="checkbox"/> Accident between motor vehicle and person who was walking, running, or standing 3. <input type="checkbox"/> Other (Specify how the accident happened) _____ _____ <b>(b) What kind(s) of motor vehicle was involved?</b> 1. <input type="checkbox"/> Car      2. <input type="checkbox"/> Taxi      3. <input type="checkbox"/> Bus 4. <input type="checkbox"/> Truck      5. <input type="checkbox"/> Motorcycle      6. <input type="checkbox"/> Other (Specify) _____ _____		<b>7. How did the accident happen?</b> A.1. <input type="checkbox"/> Any injury involving an uncontrolled fire or explosion 2. <input type="checkbox"/> Any injury involving the discharge of a firearm 3. <input type="checkbox"/> Any injury from an accident involving a non-motor vehicle in motion (streetcar, railroad train, airplane, boat, bicycle, horse-drawn vehicle) B.4. <input type="checkbox"/> Any injury caused by machinery (belt or motor driven) while in operation (Specify kind of machinery) _____ 5. <input type="checkbox"/> Any injury caused by edge or point of knife, scissors, nail or other cutting or piercing implement 6. <input type="checkbox"/> Any injury caused by foreign body in eye, windpipe, or other orifices 7. <input type="checkbox"/> Any injury caused by animal or insect 8. <input type="checkbox"/> Any injury caused by poisonous substance swallowed (Specify substance) _____ C.9. <input type="checkbox"/> Fell on stairs or steps or from a height 10. <input type="checkbox"/> All other falls 11. <input type="checkbox"/> Bumped into object or person (covers all collisions between persons including striking, punching, kicking, etc.) 12. <input type="checkbox"/> Struck by moving object (include objects held in own hand or hand of other person, also falling, flying, or thrown objects) 13. <input type="checkbox"/> Handling or stepping on sharp or rough objects such as stones, splinters, broken glass, rope, etc. 14. <input type="checkbox"/> Caught in, pinched or crushed between two moving objects or between a moving and a stationary object 15. <input type="checkbox"/> Came in contact with hot object or substance or open flame 16. <input type="checkbox"/> One-time lifting or other one-time exertion 17. <input type="checkbox"/> Twisting, stumbling, etc. D.18. <input type="checkbox"/> Other (Specify how accident happened) _____ _____ _____ _____
If "Getting in or out" "Passenger" or "Driver," in q. 4, ask: <b>6. (a) How did the accident happen?</b> 1. <input type="checkbox"/> Accident between two or more motor vehicles on roadway 2. <input type="checkbox"/> Accident between motor vehicle and some other object on roadway (Specify object) _____ 3. <input type="checkbox"/> Motor vehicle came to sudden stop on roadway 4. <input type="checkbox"/> Motor vehicle ran off roadway 5. <input type="checkbox"/> Other (Specify how the accident happened) _____ _____ <input type="checkbox"/> Acc. on roadway _____ <input type="checkbox"/> Acc. not on roadway <b>(b) What kind of motor vehicle were you in (getting in) (getting out of) when the accident happened?</b> 1. <input type="checkbox"/> Car      2. <input type="checkbox"/> Taxi      3. <input type="checkbox"/> Bus 4. <input type="checkbox"/> Truck      5. <input type="checkbox"/> Motorcycle      6. <input type="checkbox"/> Other (Specify) _____ _____		
<b>ASK FOR ALL ACCIDENTS</b>		
<b>8. (a) Where did the accident happen--at home or some other place?</b> 1. <input type="checkbox"/> At home (inside house)      2. <input type="checkbox"/> At home (adjacent premises) <input type="checkbox"/> Some other place If "Some other place," ask: <b>(b) What kind of place was it?</b> 3. <input type="checkbox"/> Street and highway (includes roadway)      6. <input type="checkbox"/> School (includes school premises) 4. <input type="checkbox"/> Farm      7. <input type="checkbox"/> Place of recreation and sports, except at school 5. <input type="checkbox"/> Industrial place (includes premises)      8. <input type="checkbox"/> Other (Specify the place where accident happened) _____		
<b>9. Were you at work at your job or business when the accident happened?</b> 1. <input type="checkbox"/> Yes      2. <input type="checkbox"/> No      3. <input type="checkbox"/> While in Armed Services      4. <input type="checkbox"/> Under 17 at time of accident		
<b>FOOTNOTES AND COMMENTS</b>		

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

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## Catalog Card

*U.S. National Center for Health Statistics*

Impairments due to injury by class and type of accident, United States, July 1959-June 1961. Statistics on the average prevalence of impairments due to injury, by age, type of impairment, and class and type of accident causing the injury. Based on data collected in household interviews during the period July 1959-June 1961. Washington, U.S. Department of Health, Education, and Welfare. Public Health Service, 1964.

35 p. diags., tables. 27 cm. (*Its Vital and Health Statistics, Series 10, no. 6*)  
U.S. Public Health Service. Publication no. 1000, Series 10, no 6

1. Accidents - U.S. - Statistics. 2. Personal injuries - U.S. - Statistics. I. Title.  
(Series. Series: U.S. Public Health Service. Publication no. 1000, Ser. 10, no. 6)

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