

VITAL and HEALTH STATISTICS
DATA FROM THE NATIONAL HEALTH SURVEY

Use of Special Aids in Homes

for the aged and chronically ill

United States - May-June 1964

Statistics on the use of wheelchairs, eyeglasses, hearing aids, braces, crutches, artificial limbs, and walkers according to age, sex, mobility status, type of service, type of disease or impairment, and length of stay. Based on data collected during the period May-June 1964.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration



Public Health Service Publication No. 1000-Series 12-No. 11

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C., 20402 - Price 40 cents

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

Public Health Service Publication No. 1000-Series 12-No. 11

Library of Congress Catalog Card Number 68-62242

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IN THIS REPORT residents of nursing and personal care homes are described in terms of the special aids they use. These aids—wheelchairs, eyeglasses, hearing aids, braces, crutches, artificial limbs, and walkers—are discussed with such characteristics as age, sex, mobility status, type of service provided in the home, chronic diseases and impairments, and length of stay.

An estimated 554,000 persons resided in nursing and personal care homes at the time of this survey. Excluding hearing aids and eyeglasses, about 71 percent of the residents used no special aids; however, with the inclusion of these, about 29 percent used no aids. A higher proportion of women than men used special aids (76 percent of the women and 63 percent of the men). The use of hearing aids, eyeglasses, and walkers increased with age, whereas the use of wheelchairs remained fairly constant. The use of crutches, braces, and artificial limbs, on the other hand, decreased in the older age groups.

Most of the residents (96 percent) were reported as having a chronic disease or impairment. Chronic diseases appeared to be the main cause leading to the use of walkers, crutches, and wheelchairs. Braces were just as likely to be used by residents with impairments as by residents with chronic diseases.

Of the residents who used special aids of any kind, about 14 percent were restricted to their beds, 21 percent were restricted to their rooms, and about 65 percent were unrestricted. Of those residents who used none of the special aids, approximately 23 percent were restricted to their beds, 20 percent to their rooms, and almost 57 percent were unrestricted.

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-----	*

USE OF SPECIAL AIDS IN HOMES FOR THE AGED AND CHRONICALLY ILL

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INTRODUCTION

Highlights

Over 1,724,000 special aids (hearing aids, walkers, crutches, braces, wheelchairs, artificial limbs, and eyeglasses) were used by 395,000 of the 554,000 residents of institutional facilities providing nursing and personal care, according to estimates from a survey conducted during May and June of 1964. By far the most prevalent types of aids used were eyeglasses and wheelchairs, with an estimated 330,900 residents using eyeglasses and 117,400 residents, wheelchairs. Excluding hearing aids and eyeglasses, the percent of residents using no special aids ranged from approximately 65 percent in homes providing primarily nursing care to 91 percent in homes providing only personal care. In general, it was apparent that the use of special aids by residents was more common among the older residents. One of the more interesting observations is that a higher percentage of both male and female residents using one aid (excluding hearing aids and eyeglasses) were restricted to their beds than residents using two or more aids.

Description of Survey

This report is one of a series based on a survey titled Resident Places Survey-2 (RPS-2).¹⁻⁵ This survey included such institutional facilities as nursing homes, homes for the aged, and similar types of places, as well as geriatric hospitals.

To be included in the universe (sampling frame), the facilities must have maintained at least three beds and routinely have provided some level of nursing or personal care. Thus homes providing only room and board to aged people were not within the scope of the survey.

The estimates presented in this report are based on a two-stage probability design consisting of a sample of 1,073 facilities found to be in operation at the time of the survey and, within the sample facilities, a sample of 10,560 residents. Personal visits were made to each of the homes by Bureau of the Census interviewers to select samples of the residents and to conduct the interviews.

Details about the sample design, survey procedures, and tables of approximate sampling errors are given in appendix I. Definitions of certain terms used in the report and an explanation of the procedure for classifying facilities may be found in appendix II. Questionnaires and forms are provided in appendix III.

DISTRIBUTION OF SPECIAL AIDS

Type of Service

The homes as classified by the type of service provided in the home were either nursing care, personal care with nursing, or personal care homes. Definitions of these types of homes are provided in appendix II.

Table A. Number and percent of residents using specified special aids, by type of service: United States, May-June 1964

[Percents do not add to 100 because of duplication of aids]

Type of service	Number of residents	Aid							
		Hearing aids	Walkers	Crutches	Braces	Wheelchairs	Artificial limbs	Eye-glasses	No aids
All services-	554,000	4.4	8.7	2.1	1.0	21.2	0.4	59.7	28.7
Nursing care--	373,300	4.1	10.3	2.0	1.1	26.1	0.5	58.1	28.1
Personal care with nursing-	145,400	5.0	5.8	2.1	0.7	12.9	*	64.2	28.3
Personal care-	35,300	5.6	3.1	2.9	0.6	3.3	0.6	58.6	37.2

In table A it is shown that the percent of residents using certain types of special aids varies according to the type of home. A higher percent of residents in nursing care homes used walkers, braces, and wheelchairs in comparison with residents of personal care homes. Also, a higher percent of residents in nursing care homes used some type of special aid than did residents of personal care homes. It may be seen in tables A and 1 that about 28 percent of the residents in nursing care homes used no special aids compared with 37 percent of the residents in personal care homes. However, a higher percent of residents in personal care homes used hearing aids and crutches. The percent of residents using eye-glasses showed little variation by type of service.

If hearing aids and eyeglasses are excluded, approximately 65 percent of the residents of nursing care homes, 81 percent of the residents of homes providing personal care with nursing, and 91 percent of the residents of personal care homes used no special aids (fig. 1). This figure presents a clearer picture of the health of residents in the three types of homes, since eyeglasses and hearing aids are probably not as good indicators of health as the other special aids. It follows from the above statements that a higher percent of residents using one or more special aids were in homes providing the most skilled care.

Figure 2 and table 2 illustrate a relationship between a resident's length of stay and the use of special aids (excluding hearing aids and eye-glasses). The use of special aids was more prevalent among residents who had been in the homes

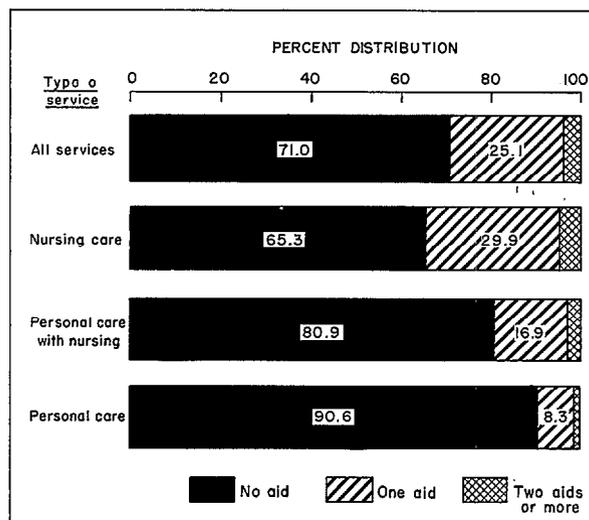


Figure 1. Percent distribution of residents, by number of special aids used (excluding hearing aids and eye-glasses) according to type of service.

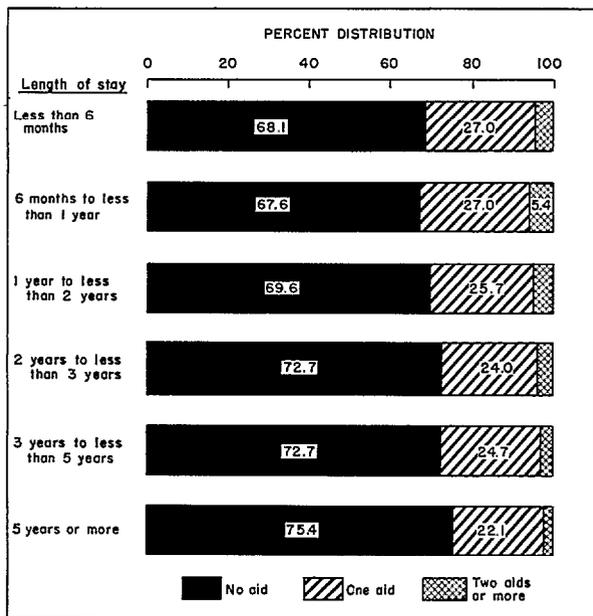


Figure 2. Percent distribution of residents, by number of special aids used (excluding hearing aids and eyeglasses) according to length of stay.

a short time than among residents who had been in the homes longer periods of time. Two or more special aids were used by almost twice as many residents who had stayed in the institution less

than 6 months than by residents who had been in the institution 5 or more years. This may be because of a condition or illness which prompted the admission of the residents to the homes; therefore, their health was not as good as that of residents who had been in the home several years. Also, because of the care provided in the home a person may rely on certain aids less after he is admitted to a nursing home than before. A comparison of figures 1 and 2 indicates that the use of special aids by residents is more dependent on the type of home than on the length of stay. About four and one-half times as many residents of homes providing nursing care used two or more special aids as residents of homes providing personal care.

Age, Sex, and Mobility

Age has a definite influence on the use of many special aids. Compare residents under 65 years of age with those over 85. In the older group the use of eyeglasses was notably higher, the use of walkers was about double, and the use of hearing aids was five times greater (tables B and 3). In contrast, the use of crutches was only about one-half as frequent and that of braces and artificial limbs only about one-sixth as prevalent. This may be because the older resi-

Table B. Number and percent of residents using specified special aids, by age: United States, May-June 1964

[Percents do not add to 100 because of duplication of aids]

Age	Number of residents	Aid							
		Hear- ing aids	Walk- ers	Crutches	Braces	Wheel- chairs	Arti- ficial limbs	Eye- glasses	No aids
All ages--	554,000	4.4	8.7	2.1	1.0	21.2	0.4	59.7	28.7
Under 65 years-----	66,200	1.3	5.8	3.4	2.3	22.3	1.2	37.9	45.4
65-74 years---	104,500	2.6	6.5	2.1	1.5	22.4	0.4	56.9	30.9
75-84 years---	230,900	4.5	9.2	1.9	0.7	19.5	0.3	64.5	25.7
85+ years-----	152,400	6.8	10.6	1.8	0.4	22.4	0.2	64.0	24.6

Table C. Number and percent of residents using specified special aids, by sex: United States, May-June 1964

[Percents do not add to 100 because of duplication of aids]

Sex	Number of residents	Aid							
		Hear- ing aids	Walk- ers	Crutches	Braces	Wheel- chairs	Arti- ficial limbs	Eye- glasses	No aids
Both sexes--	554,000	4.4	8.7	2.1	1.0	21.2	0.4	59.7	28.7
Male-----	193,800	3.2	5.6	3.0	0.9	19.5	0.8	49.7	36.9
Female-----	360,200	5.1	10.3	1.6	1.0	22.1	0.2	65.2	24.3

dents were less ambulatory and hence unable to effectively continue using some of the aids. It is apparent that the overall use of special aids was more prevalent among the older residents; 55 percent of the residents under 65 years of age used special aids compared with 75 percent of those over 85. The basic reason for this difference is probably the increased use of eyeglasses by older residents.

The distribution of special aids according to sex is given in table C. A higher percent of female residents used hearing aids, walkers, and eyeglasses than did male residents. It was noted above that the use of these three aids was higher among older residents. Use of these aids may be more closely related to age than to sex, as the majority of the older residents were females (table 4). The sex of the resident apparently had little effect on the use of braces and wheelchairs. However, the percent of male residents using crutches was about double that of females, and the percent of male residents using artificial limbs was about four times that of females. This difference may be explained by the fact that, because of military and/or occupational hazards, males are more susceptible to injuries or conditions leading to the use of these aids. Overall, more females (76 percent) used special aids than males (63 percent) because,

as noted above, substantially more females than males used hearing aids, walkers, and eyeglasses.

The distribution of residents according to the number of special aids used (excluding hearing aids and eyeglasses) is given in table D. A larger percent of both male and female residents using one aid were reported to be restricted to their beds than residents who used no aids or two or more aids (table 5). In order to better understand this phenomenon, it is necessary to look at the frequency with which each special aid appears among the residents. This procedure reveals that the wheelchair is by far the most widely used special aid when eyeglasses and hearing aids have been excluded from consideration. Hence it is reasonable to hypothesize that in general it is the wheelchair that is being used if only one aid is being used. If two or more aids are being used, it is again quite likely that one is a wheelchair, because of its high frequency of appearance, and the use of one or more other aids would tend to help the resident in moving about. Thus it seems reasonable that a resident using two or more aids would be less restricted in mobility than a resident who uses only one aid. Another interesting observation is that more residents using no aids were restricted to their beds than residents who used two or more aids. This may be because many of the residents who

Table D. Number and percent distribution of residents, by number of special aids used (excluding hearing aids and eyeglasses) and mobility status according to sex: United States, May-June 1964

Number of aids and mobility status	Both sexes	Male	Female
	Number		
Total residents-----	554,000	193,800	360,200
<u>No aids</u>			
All residents-----	393,200	143,200	250,000
	Percent distribution		
Total-----	100.0	100.0	100.0
Restricted to bed-----	15.2	12.8	16.7
Restricted to room-----	18.9	14.8	21.3
Unrestricted-----	65.9	72.4	62.0
<u>One aid</u>			
All residents-----	139,100	43,900	95,200
	Percent distribution		
Total-----	100.0	100.0	100.0
Restricted to bed-----	21.4	23.0	20.6
Restricted to room-----	26.2	23.3	27.5
Unrestricted-----	52.4	53.7	51.9
<u>Two aids or more</u>			
All residents-----	21,700	6,700	15,000
	Percent distribution		
Total-----	100.0	100.0	100.0
Restricted to bed-----	11.6	13.6	10.7
Restricted to room-----	28.3	25.3	29.6
Unrestricted-----	60.1	61.1	59.7

used no aids were physically unable to use them and hence were severely restricted in mobility.

Selected Chronic Diseases and Impairments

The residents who used special aids were classified in the following categories: those who had one or more chronic diseases and no impairments, those who had one or more impairments and no chronic diseases, those who had

both chronic diseases and impairments, and those who had no chronic diseases or impairments. When certain selected chronic diseases and impairments (listed in footnotes to table E) were considered, it was found that their presence increased the likelihood that a resident used some type of special aid as shown in table E.

Chronic diseases appeared to be a major cause leading to the use of walkers, crutches,

Table E. Number and percent distribution of residents using specified special aids, by report of selected chronic diseases¹ or impairments²: United States, May-June 1964

Chronic condition	Walkers	Crutches	Braces	Wheel-chairs	Artificial limbs
	Number				
All residents-----	48,000	11,600	5,400	117,400	2,100
	Percent distribution				
Total-----	100.0	100.0	100.0	100.0	100.0
One or more chronic diseases and no impairments-----	48.1	35.4	12.6	37.1	4.9
One or more impairments and no chronic diseases-----	4.9	13.3	13.4	7.2	34.1
Both chronic diseases and impairments-----	40.2	43.7	67.5	50.5	56.1
Neither chronic diseases nor impairments-----	6.8	7.6	6.5	5.2	4.9

¹**Chronic diseases:** diabetes mellitus, vascular lesions, multiple sclerosis, Parkinson's disease, diseases of the heart, hypertension, arteriosclerosis, arthritis, rheumatism, other diseases of the musculoskeletal system, and fracture of the femur.

²**Impairments:** paralysis or palsy due to stroke; paralysis or palsy due to other causes; absence, major extremities; impairment of limbs, back, or trunk.

and wheelchairs; while impairments, as expected, were the apparent cause leading to the use of artificial limbs. The use of braces was unique in that a combination of chronic diseases and impairments appears to be the cause. However, with the exception of walkers, each aid was used most often when both chronic diseases and impairments were reported.

Less than 8 percent of the residents who used walkers, crutches, braces, wheelchairs, or artificial limbs had no chronic diseases or impairments. Also there was little variation between the types of aids.

TYPE OF AID

Wheelchairs

There were an estimated 117,400 residents using wheelchairs at the time of the survey, representing about one person in five of the 554,000 residents in nursing and personal care homes. Although about two-thirds of the users

were women, this was not surprising since nearly two-thirds of the residents were women. Actually, the proportion of men using wheelchairs (20 percent) was almost that of the women (22 percent). Figure 3 shows the age distribution of the men and women using wheelchairs.

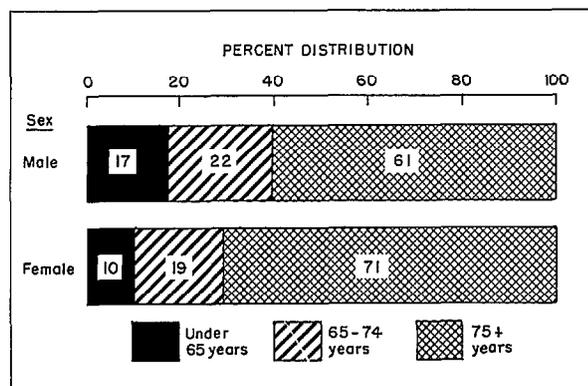


Figure 3. Percent distribution of residents using wheelchairs, by age according to sex.

Table F. Number of residents with selected chronic diseases or impairments and percent of these residents who use wheelchairs: United States, May-June 1964

Chronic diseases and impairments	Residents with chronic diseases and/or impairments	
	Number	Percent using wheelchairs
Diabetes mellitus-----	44,300	27.5
Vascular lesions-----	188,100	30.6
Parkinson's disease-----	12,500	34.5
Multiple sclerosis-----	3,300	77.2
Diseases of the heart-----	156,500	22.1
Hypertension-----	35,100	15.6
Arteriosclerosis-----	43,500	23.3
Arthritis-all types-----	114,600	25.7
Rheumatism-----	7,700	20.3
Other diseases of the musculoskeletal system-----	4,800	35.8
Fracture of the femur-----	17,200	43.3
Paralysis or palsy due to stroke-----	66,600	46.2
Paralysis or palsy due to other causes-----	26,000	36.6
Absence, major extremities-----	11,600	72.6
Impairment of limbs, back, or trunk-----	75,200	31.8

The distribution of residents using wheelchairs was not affected by age, as seen from the fact that 88 percent of all residents were 65 years or over and 88 percent of all residents who used wheelchairs were 65 or over. Furthermore, neither the distribution of males nor of females using wheelchairs differed much by age.

As is pointed out in table E, the majority of the residents using wheelchairs had *both* chronic diseases and impairments, so there were many patients with several conditions. Because of this, it was impossible to verify which disease or impairment was directly responsible for the use of a particular aid. For instance, someone with a heart disease and a back impairment might be using a wheelchair because of his back, because of his heart, or because of both. Some selected chronic diseases and impairments that could conceivably require the use of a wheelchair are given in table F. Residents with multiple sclerosis or without one of the major extremities (probably a leg) were very likely to be using a wheelchair, whereas residents with arthritis or heart disease were not.

The use of a wheelchair does not imply immobility, however. Of the estimated 117,400

residents using wheelchairs, 51 percent were unrestricted as to mobility. Restriction to room or bed was divided quite evenly, with 25 percent restricted to their rooms and 24 percent to their beds. There was very little difference between the mobility status of the men and the women using wheelchairs, as seen in table 6. What this table does not show is that 38 percent of all residents were restricted either to their rooms or beds; so although the population using wheelchairs was not greatly restricted in its activities, it was more restricted than was the population which did not use wheelchairs.

Whereas 67 percent of all residents lived in homes providing nursing care as their primary and predominate service, 83 percent of those using wheelchairs lived in such homes. This difference, 83 percent to 67 percent, indicated that residents using wheelchairs had access to a higher level of nursing care than did those not using wheelchairs. This was true for both the older and younger age groups (table G).

All homes in this survey were classified according to type of ownership into three major categories: (1) proprietary homes, (2) nonprofit homes, and (3) government homes. About 23

Table G. Number and percent distribution of total residents and of residents using wheelchairs, by age and type of service: United States, May-June 1964

Age and type of service	Number	Percent distribution
TOTAL RESIDENTS		
<u>Under 65 years</u>		
All services-----	66,200	100.0
Nursing care-----	40,600	61.3
Personal care with nursing-----	18,400	27.8
Personal care-----	7,200	10.9
<u>65 years and over</u>		
All services-----	487,800	100.0
Nursing care-----	332,700	68.2
Personal care with nursing-----	127,000	26.0
Personal care-----	28,100	5.8
WHEELCHAIR USERS		
<u>Under 65 years</u>		
All services-----	14,700	100.0
Nursing care-----	12,500	84.6
Personal care with nursing-----	2,000	13.9
Personal care-----	200	1.5
<u>65 years and over</u>		
All services-----	102,700	100.0
Nursing care-----	85,000	82.8
Personal care with nursing-----	16,700	16.3
Personal care-----	1,000	0.9

percent of the residents both in proprietary and in government homes used wheelchairs, compared with only 15 percent in nonprofit homes (table 7).

Eyeglasses

Almost 330,900 residents (60 percent) wore eyeglasses, precisely the percent of the noninstitutionalized adult population who wear glasses.

Approximately half of the total male residents and just under two-thirds of the female residents wore glasses. In addition, 38 percent of the residents who were under 65 wore glasses, compared with the 63 percent of the residents who were 65 and over who wore them. In the noninstitutionalized population, over 90 percent of those 55-79 years wore glasses;⁶ of the residents in nursing and personal care homes, however, only 62 percent of those 55 and over wore glasses. An explanation for this may be that many residents are bedridden and in such poor health that they could not use glasses even if they had them.

The residents who wore eyeglasses were less restricted in their mobility than the residents who did not wear them. Maybe they would not be restricted if they wore glasses; on the other hand, perhaps those who do not wear glasses are very old and feeble, restricted because of ill health rather than poor eyesight.

An important aspect that should be considered here is the mobility status of residents who had a disease of or impairment to their eyes. Five eye categories were available for analysis of which three were diseases and two impairments. These diseases (glaucoma; other chronic diseases of the eye; and cataract, all forms) and impairments (visual impairments defined by the inability to read a newspaper with or without glasses; and other visual impairments) could quite possibly affect the mobility of the residents. A comparison was made between all residents with an eye condition who wore glasses and all residents with the same condition who did not wear glasses. The comparison showed that for each eye condition the residents wearing glasses had relatively fewer mobility restrictions than did the residents without glasses (fig. 4).

Thus persons with these diseases and impairments apparently would have more mobility if they wore glasses. The exceptions to these, of course, are those persons whose diseases or impairments are so severe that eyeglasses are useless.

An interesting fact was discovered when the two classifications of eye impairment were explored. They are, as defined before, (1) the inability to read newspaper print with or without glasses, and (2) any eye impairment which does not prevent a person's reading newspaper print.

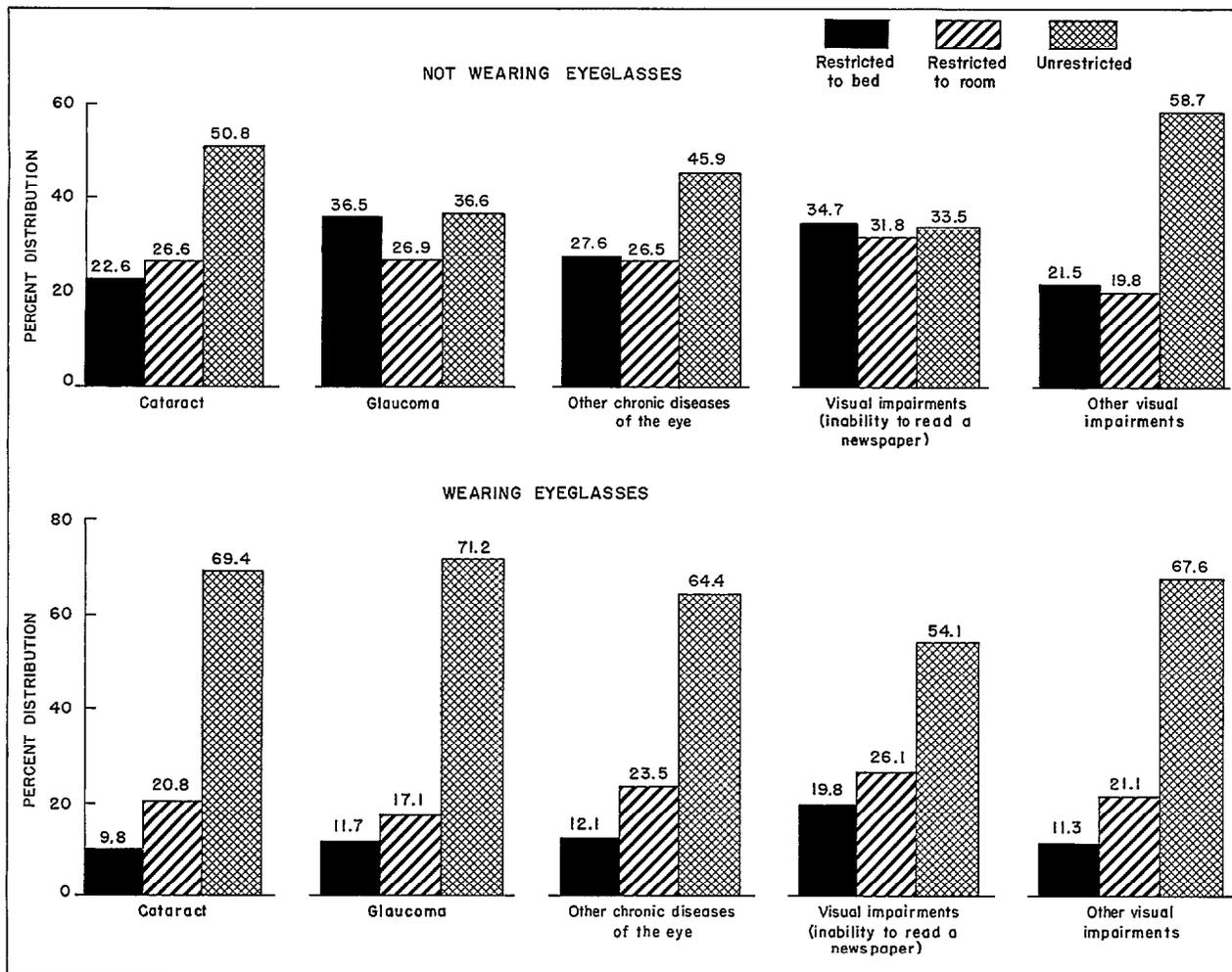


Figure 4. Percent distribution of residents with specified eye diseases and impairments, by mobility status according to whether eyeglasses were worn.

Of the residents classified in the first group less than 48 percent wore glasses. In other words, of the more than 66,000 residents who could not see well enough to read a newspaper, less than 32,000 of them wore glasses. In the second classification 83 percent of the residents wore eyeglasses.

The question therefore arose as to why the majority of residents who had a serious eye impairment did not wear glasses. Would they be able to see well enough to read if they had glasses, or was their eyesight so poor that eyeglasses would not help? Since the questionnaire asked only "do you wear glasses?" and not "why

don't you?" the question cannot be answered at this time.

Throughout this section, questions have been raised and answers suggested for many of the findings. Further study in the area of eyeglasses and eye conditions should prove valuable when dealing with the institutional care of old people. It is a well known fact that persons who are not constantly stimulated with outside interests become depressed. Since reading is an important source of outside stimuli for older people, one of the problems for administrators is substituting appropriate stimuli for people with poor vision.

Hearing Aids

Approximately 4 percent of the 554,000 residents used hearing aids. Most of the hearing aids were worn by persons 75 years of age and over (86 percent), with only 4 percent of the users less than 65 years. More women (87 percent) than men (80 percent) aged 75 and over used hearing aids.

In the overall resident population, only 1 percent of the persons under 65 years of age used hearing aids. About 5 percent of the residents 65 years and over used hearing aids, of which 4 percent were men and 5 percent, women.

The lack of good hearing can affect a person's activities. The two areas of primary concern here are chronic diseases of the ear and hearing impairments. There were nearly 1,600 residents who had chronic diseases of the ear; about 16 percent of these were restricted to their beds, another 25 percent were restricted to their rooms, and the remaining 59 percent were unrestricted. Hearing impairments were reported by more than 103,900 residents. About 20 percent of these were restricted to their beds, 25 percent to their rooms, and 55 percent were unrestricted.

Not all residents with hearing impairments used hearing aids; in fact, only 20 percent did. The extent to which bad hearing affects mobility is uncertain, since 61 percent of the residents who used hearing aids and 62 percent of the residents who did not use hearing aids were unrestricted in their mobility.

Braces

More than twice as many braces (nearly 5,400) were used than artificial limbs. About 29 percent of both male and female residents wearing braces were under 65 years of age, in contrast to the 12 percent of the total residents who were under 65. One-half of the residents who used braces were women 65 years and over.

Nearly all the residents who used braces had a chronic disease or an impairment (93 percent). In fact, the majority of the residents using braces (68 percent) had both chronic diseases and impairments (table E). A slightly larger percentage of the female residents who

used braces were unrestricted (72 percent) than were the male residents (65 percent).

Crutches

Approximately 11,600 residents were reported as using crutches at the time of the survey. Of these, about 80 percent were 65 years of age and over, with 62 percent 75 and older.

This is surprising, for when older people are disabled one would not expect them to resort to crutches for assistance, but rather to wheelchairs or walkers since manipulating the latter two requires very little strength. One possible explanation is that these people were using crutches only rarely and were, in fact, using wheelchairs or walkers most of the time.

Because women made up such a large proportion of the resident population (almost two-thirds), it did not seem unreasonable to find that nearly half (5,700) of the residents using crutches were women. However, about 90 percent of these women were 65 and over, and nearly 70 percent were 75 and over. Again the previous explanation is relied upon.

The persons using crutches generally had at least one chronic disease, with 35 percent having one or more chronic diseases and no impairments, and 44 percent having both chronic diseases and impairments. Only 13 percent had one or more impairments and no chronic diseases, leaving 8 percent with neither (table E).

Sixty-two percent of the residents who used crutches were unrestricted in their mobility. This was the same percent as that for the entire resident population. Thirty percent of those who used crutches were restricted to their rooms and 8 percent to their beds.

While 65 percent of the persons using crutches resided in homes providing primarily nursing care, 26 percent were in homes providing some nursing care—referred to as personal care with nursing—and 9 percent resided in homes providing primarily personal care. This is nearly identical to the 67 percent of all residents who lived in nursing care homes, the 26 percent who lived in personal care with nursing homes, and the 7 percent who resided in personal care homes.

Artificial Limbs

Since only about 2,100 residents used artificial limbs, in only a few areas were the numbers sufficiently large to insure statistical validity. These areas are discussed below.

Approximately 63 percent of the residents who used artificial limbs were 65 years and over (88 percent of the total residents were 65 and over). About 73 percent of the users were men, whereas only 35 percent of the total resident population was male.

Most of the persons (90 percent) using artificial limbs were not restricted in their activities, and those who were (10 percent) were restricted to their rooms. For about 6,600 men and 5,000 women an extremity was reported missing. In this group, only 23 percent of the men and 12 percent of the women used artificial limbs.

Possible reasons for this low usage are numerous. Expense is a big factor. Some may have tried using artificial limbs and decided against it, whereas others may not have wanted to take the time and effort required to learn how to use them. In the case of artificial legs, the elderly quite possibly were too weak to use them and were better off on crutches or in a wheelchair. Some probably had other conditions which so disabled them that artificial limbs would do no good.

Walkers

There were an estimated 48,000 residents using walkers at the time of the survey. Only 8 percent of these were under 65, and 23 percent were males. Of the residents using walkers, around 15 percent of the males and 6 percent of the females were under 65 years of age.

Here again as with crutches there is the situation of nearly all the users being 65 and over. Unlike crutches, however, a walker is used more to balance a patient than to support him, and so less physical strength is required.

It was not surprising to find that more than 88 percent of the residents who used walkers had a chronic disease (table E). And since only 5 percent had an impairment and no disease, it is obvious that chronic diseases led to the use of walkers. These diseases left the residents weak

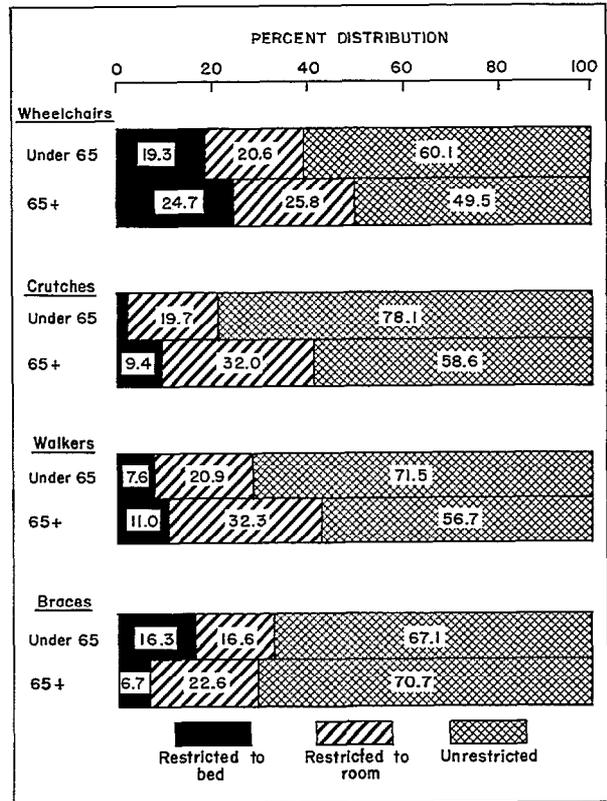


Figure 5. Percent distribution of residents using specified special aids, by age according to mobility status.

but not disabled; thus they did not need crutches but did need the support of walkers.

A higher proportion of the residents using walkers were restricted to their rooms and beds than were the residents using braces or crutches. Of those using walkers, 58 percent were unrestricted, 31 percent were restricted to their rooms, and 11 percent were restricted to their beds (table 6). About the same percentage of women using walkers were unrestricted as were men (59 percent and 55 percent, respectively).

Comparison of Aids

Since wheelchairs, crutches, walkers, and braces all pertain to walking, these aids have been brought together in this section for comparison. It should be understood that some residents were using several aids and hence

were included in more than one of the following percents.

Of the 554,000 residents, approximately 21 percent used wheelchairs, 9 percent used walkers, 2 percent used crutches, and 1 percent used braces. More persons using wheelchairs (67 percent), crutches (62 percent), and walkers (78 percent) were 75 years of age and over than were those using braces (41 percent).

More residents wearing braces were un-restricted in their mobility (70 percent) than were the users of wheelchairs (51 percent), crutches (62 percent), and walkers (58 percent). The distribution by age and mobility of the residents using these aids is given in figure 5.

Chronic diseases appeared to be the main cause leading to the use of walkers, crutches, and wheelchairs. Braces, however, were just as likely to be used by residents with impairments as by those with chronic diseases (table E).

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Table 1. Number and percent of residents using specified special aids, by type of service and length of stay: United States, May-June 1964

[Percents do not add to 100 because of duplication of aids]

Type of service and length of stay	Number of residents	Aid							
		Hear- ing aids	Walkers	Crutches	Braces	Wheel- chairs	Arti- ficial limbs	Eye- glasses	No aids
<u>All services</u>		Percent							
Total-----	554,000	4.4	8.7	2.1	1.0	21.2	0.4	59.7	28.7
Less than 6 months-----	106,500	4.6	10.0	2.8	1.1	23.1	0.4	59.5	27.4
6 months to less than 1 year--	77,800	4.3	9.5	2.4	1.1	24.9	0.5	61.1	25.4
1 year to less than 2 years---	113,000	4.4	10.1	1.9	0.9	22.3	0.2	60.5	27.5
2 years to less than 3 years--	76,100	4.7	7.9	1.9	0.7	20.0	0.5	59.4	29.9
3 years to less than 5 years--	82,400	4.1	7.5	1.9	0.9	19.5	0.2	59.2	30.4
5 years or more-----	98,200	4.3	6.6	1.8	1.1	17.2	0.5	58.7	31.6
<u>Nursing care</u>									
Total-----	373,300	4.1	10.3	2.0	1.1	26.1	0.5	58.1	28.1
Less than 6 months-----	79,500	4.9	11.4	2.6	1.1	27.3	0.5	60.0	25.0
6 months to less than 1 year--	56,200	3.6	11.0	2.8	1.0	29.8	0.6	59.0	25.5
1 year to less than 2 years---	80,600	4.1	11.9	1.7	1.1	26.3	0.2	59.1	27.2
2 years to less than 3 years--	52,600	4.9	9.3	1.7	0.7	23.8	0.6	58.0	29.1
3 years to less than 5 years--	53,400	3.3	8.9	1.9	1.2	24.3	0.2	56.7	30.8
5 years or more-----	51,000	3.1	8.0	1.3	1.8	24.0	0.9	54.0	33.0
<u>Personal care with nursing</u>									
Total-----	145,400	5.0	5.8	2.1	0.7	12.9	*	64.2	28.3
Less than 6 months-----	21,600	4.2	6.9	3.0	1.0	12.8	-	58.9	32.7
6 months to less than 1 year--	16,700	6.1	6.0	1.5	1.6	14.8	*	68.2	22.8
1 year to less than 2 years---	26,300	4.4	6.5	2.0	0.6	14.5	-	63.1	27.8
2 years to less than 3 years--	18,600	4.4	5.2	2.5	0.8	13.9	*	62.9	30.6
3 years to less than 5 years--	23,000	5.8	5.4	1.7	*	12.6	-	65.3	26.6
5 years or more-----	39,200	5.2	5.0	1.9	0.4	10.8	-	66.0	28.5
<u>Personal care</u>									
Total-----	35,300	5.6	3.1	2.9	0.6	3.3	0.6	58.6	37.2
Less than 6 months-----	5,500	1.9	1.8	4.7	*	2.1	*	53.5	41.7
6 months to less than 1 year--	4,800	6.7	4.5	*	*	3.5	-	60.9	33.5
1 year to less than 2 years---	6,100	7.8	*	3.5	*	2.6	*	68.2	29.3
2 years to less than 3 years--	5,000	4.3	2.3	*	-	2.0	*	61.0	35.9
3 years to less than 5 years--	6,000	4.4	3.7	1.9	*	3.6	*	56.4	41.3
5 years or more-----	7,900	7.5	4.8	4.2	-	5.3	-	53.5	39.6

Table 2. Number and percent distribution of residents, by number of special aids used (excluding hearing aids and eyeglasses) according to type of service and length of stay: United States, May-June 1964

Type of service and length of stay	Number of residents	Total	No aid	One aid	Two aids or more
<u>All services</u>		Percent distribution			
Total-----	554,000	100.0	71.0	25.1	3.9
Less than 6 months-----	106,500	100.0	68.1	27.0	4.9
6 months to less than 1 year-----	77,800	100.0	67.6	27.0	5.4
1 year to less than 2 years-----	113,000	100.0	69.6	25.7	4.7
2 years to less than 3 years-----	76,100	100.0	72.7	24.0	3.3
3 years to less than 5 years-----	82,400	100.0	72.7	24.7	2.5
5 years or more-----	98,200	100.0	75.4	22.1	2.5
<u>Nursing care</u>					
Total-----	373,300	100.0	65.3	29.9	4.9
Less than 6 months-----	79,500	100.0	63.3	31.3	5.5
6 months to less than 1 year-----	56,200	100.0	62.3	31.3	6.5
1 year to less than 2 years-----	80,600	100.0	64.8	29.4	5.7
2 years to less than 3 years-----	52,600	100.0	68.1	28.1	3.9
3 years to less than 5 years-----	53,400	100.0	66.8	30.2	3.0
5 years or more-----	51,000	100.0	67.8	28.5	3.7
<u>Personal care with nursing</u>					
Total-----	145,400	100.0	80.9	16.9	2.2
Less than 6 months-----	21,600	100.0	80.0	16.6	3.4
6 months to less than 1 year-----	16,700	100.0	79.4	17.3	3.3
1 year to less than 2 years-----	26,300	100.0	79.0	18.7	2.2
2 years to less than 3 years-----	18,600	100.0	80.0	17.5	2.4
3 years to less than 5 years-----	23,000	100.0	81.7	16.7	1.6
5 years or more-----	39,200	100.0	83.2	15.5	1.3
<u>Personal care</u>					
Total-----	35,300	100.0	90.6	8.3	1.1
Less than 6 months-----	5,500	100.0	91.5	6.5	2.0
6 months to less than 1 year-----	4,800	100.0	89.7	10.3	-
1 year to less than 2 years-----	6,100	100.0	92.3	6.8	*
2 years to less than 3 years-----	5,000	100.0	94.5	4.3	*
3 years to less than 5 years-----	6,000	100.0	91.0	7.1	1.9
5 years or more-----	7,900	100.0	86.3	13.1	*

Table 3. Number and percent of residents using specified special aids, by type of service and age: United States, May-June 1964

[Percents do not add to 100 because of duplication of aids]

Type of service and age	Number of residents	Aid							
		Hear- ing aids	Walk- ers	Crutches	Braces	Wheel- chairs	Arti- ficial limbs	Eye- glasses	No aids
<u>All services</u>		Percent							
All ages-----	554,000	4.4	8.7	2.1	1.0	21.2	0.4	59.7	28.7
Under 65 years-----	66,200	1.3	5.8	3.4	2.3	22.3	1.2	37.9	45.4
65-74 years-----	104,500	2.6	6.5	2.1	1.5	22.4	0.4	56.9	30.9
75-84 years-----	230,900	4.5	9.2	1.9	0.7	19.5	0.3	64.5	25.7
85 years and over-----	152,400	6.8	10.6	1.8	0.4	22.4	0.2	64.0	24.6
<u>Nursing care</u>									
All ages-----	373,300	4.1	10.3	2.0	1.1	26.1	0.5	58.1	28.1
Under 65 years-----	40,600	1.5	8.3	4.7	3.3	30.7	1.7	40.8	35.9
65-74 years-----	71,700	2.8	7.8	2.0	1.9	27.6	0.5	56.1	29.8
75-84 years-----	154,900	4.2	10.9	1.7	0.7	23.8	0.3	61.9	26.5
85 years and over-----	106,100	5.8	12.0	1.5	0.4	26.7	0.3	60.4	26.2
<u>Personal care with nursing</u>									
All ages-----	145,400	5.0	5.8	2.1	0.7	12.9	*	64.2	28.3
Under 65 years-----	18,400	1.2	2.7	1.0	0.8	11.1	*	35.3	57.4
65-74 years-----	26,100	1.9	4.3	2.4	0.6	13.6	-	59.3	31.1
75-84 years-----	62,000	4.9	6.2	2.2	0.8	12.5	*	70.4	22.6
85 years and over-----	38,900	9.0	7.5	2.2	0.5	13.9	-	71.4	21.8
<u>Personal care</u>									
All ages-----	35,300	5.6	3.1	2.9	0.6	3.3	*	58.6	37.2
Under 65 years-----	7,200	*	-	2.2	*	3.0	*	27.7	67.9
65-74 years-----	6,600	4.0	1.7	1.7	1.5	*	*	55.1	42.4
75-84 years-----	14,000	6.5	3.5	3.9	-	3.4	*	67.0	30.0
85 years and over-----	7,500	10.0	6.6	2.8	*	5.8	-	75.8	16.4

Table 4. Number and percent of residents using specified special aids, by sex and age: United States, May-June 1964

[Percents do not add to 100 because of duplication of aids]

Sex and age	Number of residents	Aid							
		Hearing aids	Walkers	Crutches	Braces	Wheel-chairs	Artificial limbs	Eye-glasses	No aids
<u>Both sexes</u>		Percent							
All ages-----	554,000	4.4	8.7	2.1	1.0	21.2	0.4	59.7	28.7
Under 45 years-----	13,800	1.8	4.7	2.3	2.9	23.4	*	22.3	57.0
45-54 years-----	15,600	0.7	3.2	*	2.3	20.5	0.7	30.9	55.5
55-64 years-----	36,800	1.4	7.3	5.2	2.2	22.6	1.7	46.7	36.7
65-74 years-----	104,500	2.6	6.5	2.1	1.5	22.4	0.4	56.9	30.9
75-84 years-----	230,900	4.5	9.2	1.9	0.7	19.5	0.3	64.5	25.7
85 years and over-----	152,400	6.8	10.6	1.8	0.4	22.4	0.2	64.0	24.6
<u>Male</u>									
All ages-----	193,800	3.2	5.6	3.0	0.9	19.5	0.8	49.7	36.9
Under 45 years-----	7,000	*	3.6	3.7	2.9	17.9	*	12.0	68.1
45-54 years-----	9,400	*	2.2	*	1.1	16.0	1.1	28.0	61.0
55-64 years-----	19,800	1.8	5.8	6.9	1.0	18.3	2.9	41.6	42.9
65-74 years-----	40,400	1.8	4.3	2.5	1.3	21.0	0.5	49.6	36.9
75-84 years-----	74,100	3.2	7.0	2.8	0.7	20.3	0.5	55.3	31.9
85 years and over-----	43,100	6.1	5.5	2.6	0.5	18.1	0.5	54.5	32.6
<u>Female</u>									
All ages-----	360,200	5.1	10.3	1.6	1.0	22.1	0.2	65.2	24.3
Under 45 years-----	6,800	2.9	5.9	*	2.9	29.0	-	32.9	45.5
45-54 years-----	6,300	*	4.7	-	4.1	27.2	-	35.2	47.2
55-64 years-----	17,000	0.9	9.2	3.3	3.5	27.6	*	52.6	29.5
65-74 years-----	64,000	3.2	8.0	1.8	1.7	23.3	0.3	61.5	27.1
75-84 years-----	156,800	5.1	10.2	1.5	0.7	19.1	0.1	68.8	22.7
85 years and over-----	109,300	7.1	12.6	1.5	0.4	24.1	0.1	67.7	21.4

Table 5. Number and percent distribution of residents, by number of special aids used (excluding hearing aids and eyeglasses) and mobility status according to sex and age: United States, May-June 1964

Sex and age	Number of residents	No aids				
		Total		Restriction		
		Number	Percent	Bed	Room	None
<u>Both sexes</u>			Percent distribution			
All ages-----	554,000	393,200	100.0	15.2	18.9	65.9
Under 45 years-----	13,800	10,000	100.0	18.3	8.0	73.7
45-54 years-----	15,600	12,000	100.0	7.0	6.3	86.7
55-64 years-----	36,800	25,400	100.0	10.6	11.5	77.9
65-74 years-----	104,500	74,800	100.0	13.9	16.2	69.9
75-84 years-----	230,900	166,600	100.0	14.3	18.7	67.0
85 years and over-----	152,400	104,400	100.0	19.5	25.4	55.1
<u>Male</u>						
All ages-----	193,800	143,200	100.0	12.8	14.8	72.4
Under 45 years-----	7,000	5,400	100.0	13.8	6.5	79.7
45-54 years-----	9,400	7,600	100.0	6.4	1.2	92.4
55-64 years-----	19,800	14,500	100.0	7.6	8.7	83.7
65-74 years-----	40,400	29,800	100.0	11.2	14.7	74.1
75-84 years-----	74,100	53,300	100.0	12.9	16.4	70.7
85 years and over-----	43,100	32,600	100.0	17.6	19.6	62.8
<u>Female</u>						
All ages-----	360,200	250,000	100.0	16.7	21.3	62.0
Under 45 years-----	6,800	4,600	100.0	23.7	9.9	66.4
45-54 years-----	6,300	4,400	100.0	8.1	15.1	76.8
55-64 years-----	17,000	10,900	100.0	14.6	15.3	70.1
65-74 years-----	64,000	44,900	100.0	15.7	17.3	67.0
75-84 years-----	156,800	113,300	100.0	15.0	19.8	65.2
85 years and over-----	109,300	71,900	100.0	20.3	28.1	51.6

Table 5. Number and percent distribution of residents, by number of special aids used (excluding hearing aids and eyeglasses) and mobility status according to sex and age: United States, May-June 1964—Con.

One aid					Two aids or more				
Total		Restriction			Total		Restriction		
Number	Percent	Bed	Room	None	Number	Percent	Bed	Room	None
Percent distribution					Percent distribution				
139,100	100.0	21.4	26.2	52.4	21,700	100.0	11.6	28.3	60.1
3,100	100.0	12.8	22.7	64.5	700	100.0	20.8	*	71.4
3,000	100.0	18.2	13.3	68.5	600	100.0	19.1	18.6	62.3
9,100	100.0	19.1	27.8	53.1	2,300	100.0	4.3	10.7	85.0
25,600	100.0	21.7	21.2	57.1	4,100	100.0	8.5	12.3	79.2
56,000	100.0	20.5	26.8	52.7	8,300	100.0	14.5	35.3	50.2
42,300	100.0	23.7	29.2	47.1	5,700	100.0	10.7	40.1	49.2
43,900	100.0	23.0	23.3	53.7	6,700	100.0	13.6	25.3	61.1
1,200	100.0	21.5	*	74.2	400	100.0	*	-	87.3
1,400	100.0	14.3	14.7	71.0	300	100.0	*	*	59.2
4,100	100.0	17.4	24.4	58.2	1,300	100.0	*	15.7	80.3
9,300	100.0	23.9	20.9	55.2	1,300	100.0	11.4	19.4	69.2
18,400	100.0	20.6	25.5	53.9	2,400	100.0	18.8	38.5	42.7
9,500	100.0	30.7	24.4	44.9	1,000	100.0	14.7	25.8	59.5
95,200	100.0	20.6	27.5	51.9	15,000	100.0	10.7	29.6	59.7
1,900	100.0	7.4	34.1	58.5	300	100.0	*	*	49.5
1,600	100.0	21.7	12.1	66.2	300	100.0	*	*	64.9
5,000	100.0	20.6	30.5	48.9	1,100	100.0	*	*	90.5
16,400	100.0	20.4	21.4	58.2	2,700	100.0	7.1	8.9	84.0
37,600	100.0	20.4	27.4	52.2	5,900	100.0	12.7	34.1	53.2
32,700	100.0	21.6	30.7	47.7	4,700	100.0	9.7	43.3	47.0

Table 6. Number and percent distribution of residents using specified special aids, by mobility status according to sex and age: United States, May-June 1964

Sex and age	Walkers					Crutches				
	Total		Restriction			Total		Restriction		
	Number	Percent	Bed	Room	None	Number	Percent	Bed	Room	None
<u>Both sexes</u>	Percent distribution					Percent distribution				
All ages-----	48,000	100.0	10.7	31.3	58.0	11,600	100.0	8.0	29.6	62.4
Under 65 years-----	3,900	100.0	7.6	20.9	71.5	2,300	100.0	*	19.7	78.1
65-74 years-----	6,800	100.0	10.8	22.3	66.9	2,100	100.0	*	23.6	73.9
75-84 years-----	21,200	100.0	11.8	32.3	55.9	4,500	100.0	9.0	34.8	56.2
85 years and over-----	16,100	100.0	10.1	36.3	53.5	2,700	100.0	15.6	33.8	50.6
<u>Male</u>	Percent distribution					Percent distribution				
All ages-----	10,900	100.0	12.9	31.8	55.3	5,900	100.0	4.4	28.3	67.3
Under 65 years-----	1,600	100.0	12.4	18.6	69.0	1,700	100.0	-	24.0	76.0
65-74 years-----	1,700	100.0	8.4	32.1	59.5	1,000	100.0	*	25.0	69.7
75-84 years-----	5,200	100.0	12.5	34.6	52.8	2,100	100.0	7.4	36.1	56.5
85 years and over-----	2,400	100.0	17.4	34.5	48.2	1,100	100.0	*	23.1	72.6
<u>Female</u>	Percent distribution					Percent distribution				
All ages-----	37,100	100.0	10.1	31.2	58.7	5,700	100.0	11.7	30.9	57.4
Under 65 years-----	2,300	100.0	*	22.6	73.3	600	100.0	8.2	*	83.6
65-74 years-----	5,100	100.0	11.6	19.1	69.3	1,100	100.0	-	22.5	77.5
75-84 years-----	16,000	100.0	11.5	31.6	56.9	2,400	100.0	10.4	33.6	56.0
85 years and over-----	13,700	100.0	8.9	36.6	54.5	1,600	100.0	23.5	41.4	35.1
Sex and age	Braces					Wheelchairs				
	Total		Restriction			Total		Restriction		
	Number	Percent	Bed	Room	None	Number	Percent	Bed	Room	None
<u>Both sexes</u>	Percent distribution					Percent distribution				
All ages-----	5,400	100.0	9.4	20.9	69.7	117,400	100.0	24.0	25.1	50.9
Under 65 years-----	1,600	100.0	16.3	16.6	67.1	14,700	100.0	19.3	20.6	60.1
65-74 years-----	1,600	100.0	9.3	8.6	82.1	23,400	100.0	22.7	18.9	58.4
75-84 years-----	1,500	100.0	*	33.4	63.2	45,100	100.0	24.2	26.6	49.1
85 years and over-----	700	100.0	*	*	*	34,200	100.0	26.7	29.3	44.1
<u>Male</u>	Percent distribution					Percent distribution				
All ages-----	1,800	100.0	8.8	26.0	65.2	37,700	100.0	26.8	21.4	51.8
Under 65 years-----	500	100.0	*	*	*	6,400	100.0	18.4	17.4	64.2
65-74 years-----	600	100.0	*	*	*	8,500	100.0	26.8	18.3	54.9
75-84 years-----	500	100.0	*	*	*	15,000	100.0	25.8	25.0	49.2
85 years and over-----	200	100.0	*	*	*	7,800	100.0	35.4	21.2	43.3
<u>Female</u>	Percent distribution					Percent distribution				
All ages-----	3,600	100.0	9.8	18.4	71.8	79,700	100.0	22.7	26.9	50.4
Under 65 years-----	1,000	100.0	14.2	19.7	66.1	8,400	100.0	20.0	23.0	57.0
65-74 years-----	1,100	100.0	*	*	86.4	14,900	100.0	20.4	19.3	60.3
75-84 years-----	1,000	100.0	*	24.9	70.0	30,000	100.0	23.4	27.5	49.1
85 years and over-----	500	100.0	*	*	*	26,400	100.0	24.1	31.7	44.3

Table 7. Number of residents and percent of specified special aids used by residents, by type of ownership and type of service: United States, May-June 1964

[Percents do not add to 100 because of duplication of aids]

Type of ownership and type of service	Number of residents	Aid							
		Hear- ing aids	Walk- ers	Crutches	Braces	Wheel- chairs	Arti- ficial limbs	Eye- glasses	No aids
<u>All homes</u>		Percent							
All services-----	554,000	4.4	8.7	2.1	1.0	21.2	0.4	59.7	28.7
Nursing care-----	373,300	4.1	10.3	2.0	1.1	26.1	0.5	58.1	28.1
Personal care with nursing-----	145,400	5.0	5.8	2.1	0.7	12.9	*	64.2	28.3
Personal care-----	35,300	5.6	3.1	2.9	0.6	3.3	0.6	58.6	37.2
<u>Proprietary homes</u>									
All services-----	333,300	4.2	9.6	2.4	1.0	23.3	0.4	56.8	30.3
Nursing care-----	258,700	4.4	10.6	2.2	1.0	26.6	0.4	56.4	29.4
Personal care with nursing-----	53,600	3.0	6.7	2.9	0.8	15.2	-	57.4	32.8
Personal care-----	21,000	5.1	3.4	4.1	0.7	3.9	1.0	59.9	35.0
<u>Nonprofit homes</u>									
All services-----	132,800	6.6	7.5	1.6	0.9	14.9	0.2	72.3	20.1
Nursing care-----	53,300	5.6	10.1	1.5	1.3	21.3	0.5	69.0	20.1
Personal care with nursing-----	71,700	7.2	6.0	1.7	0.6	11.5	*	74.7	19.5
Personal care-----	7,800	8.8	3.4	*	-	1.9	-	73.1	25.7
<u>Government homes</u>									
All services-----	87,800	1.8	7.1	1.7	1.1	22.7	0.6	51.8	35.6
Nursing care-----	61,300	0.8	9.2	1.9	1.3	28.4	0.8	55.6	29.3
Personal care with nursing-----	20,000	1.1	2.5	1.3	0.5	11.6	*	45.0	47.7
Personal care-----	6,500	13.2	1.7	1.6	*	3.3	-	37.0	58.1

APPENDIX I

A. TECHNICAL NOTES ON METHODS

General.—The Resident Places Survey-2 (RPS-2) was conducted during May and June 1964 by the Division of Health Records Statistics in cooperation with the U.S. Bureau of the Census. It was a survey of resident institutions in the United States providing nursing or personal care to the aged and chronically ill, of their patients or residents, and of their employees. The institutions within the scope of the survey included such places as nursing homes, convalescent homes, rest homes, homes for the aged, other related facilities, and geriatric hospitals. To be eligible for the survey an establishment must have maintained three or more beds and must have provided some level of nursing or personal care. The procedure for classifying establishments for the RPS-2 universe is described in appendix II-B.

This appendix presents a brief description of the survey design, general qualifications of the data, and the reliability of estimates presented in this report. Succeeding appendixes are concerned with classification procedures, definitions, and questionnaires used in the survey for collecting information about employees.

Sampling frame.—A "multiframe" technique was used in establishing the sampling universe for RPS-2. The principal frame was the Master Facility Inventory (MFI) which contained the names, addresses, and descriptive information for about 90-95 percent of the nursing and personal care homes in the United States. Establishments not listed in the MFI were, theoretically, on another list referred to as the Complement Survey List. A description of the MFI and the Complement Survey has been published.⁷

The Complement Survey is based on an area probability design, using the sample design of the Health Interview Survey (HIS).⁸ In the HIS, interviewers make visits each week to households located in probability samples of small segments of the United States. In addition to collecting information about the health of the household members, the interviewers are instructed to record the names and addresses of hospitals and institutions located wholly or partially within the specified areas. The Complement Survey list is composed of the establishments identified in these sample areas between January 1959 and July 1963 which were not listed in the MFI but which were in

business as of July 1, 1962. The Complement Survey sample for RPS-2 included four establishments representing an estimated total of about 800 such facilities in the United States not included in the Master Facility Inventory.

Sample design.—The sample design was a stratified, two-stage probability design. The first stage was a selection of establishments from the MFI and the Complement Survey, and the second stage was a selection of employees and residents from registers of the sample establishments. In preparation for the first-stage sample selection, the MFI was divided into two groups on the basis of whether or not current information was available about the establishment. Group I was composed of establishments which had returned a questionnaire in a previous MFI survey. Group II contained places which were possibly within the scope of RPS-2 but which were not confirmed in the MFI survey, e.g., nonresponses and questionnaires not delivered by the post office because of insufficient addresses. Group I was then sorted into three type-of-service strata: nursing care homes, including geriatric hospitals; personal care with nursing homes; and personal care homes. Group II was treated as a fourth type-of-service stratum. Each of these four strata was further sorted into four bed-size groups, producing 16 primary strata as shown in table I. Within each primary stratum, the listing of establishments was ordered by type of ownership, State, and county. The sample of establishments was then selected systematically after a random start within each of the primary strata.

Table I shows the distribution of establishments in the MFI and in the sample by primary strata and the final disposition of the sample places with regard to their response and in-scope status. Of the 1,201 homes originally selected, 1,085 were found to be in business and within the scope of the survey.

The second-stage sample selection of residents was carried out by Bureau of the Census interviewers at the time of their visit in accordance with specific instructions given for each sample establishment as contained in the Resident Questionnaire (appendix III). All residents on the register of the establishment on the day of the survey were listed on the Establishment Questionnaire. Using predesignated sampling instruc-

Table I. Distribution of institutions for the aged and chronically ill in the Master Facility Inventory and in the RPS-2 sample, by primary strata (type of service and size of institution) and by response status to the RPS-2: United States

Type of service and size of institution	Number of homes in the MFI ¹	Number of homes in sample			
		Total homes ¹	Out of scope or out of business	In scope and in business	
				Nonresponding homes	Responding homes
All types-----	19,520	1,201	116	12	1,073
Nursing care ² -----	8,155	634	37	8	589
Under 30 beds-----	4,400	179	21	5	153
30-99 beds-----	3,247	260	11	3	246
100-299 beds-----	448	135	3	-	132
300 beds and over-----	60	60	2	-	58
Personal care with nursing-----	4,972	381	12	2	367
Under 30 beds-----	3,168	128	10	1	117
30-99 beds-----	1,423	114	1	1	112
100-299 beds-----	345	103	1	-	102
300 beds and over-----	36	36	-	-	36
Personal care-----	3,621	113	13	2	98
Under 30 beds-----	3,187	64	11	-	53
30-99 beds-----	402	32	-	1	31
100-299 beds-----	29	14	2	1	11
300 beds and over-----	3	3	-	-	3
Group II ³ -----	2,772	73	54	-	19
Under 25 beds-----	2,578	52	37	-	15
25-99 beds-----	185	15	12	-	3
100-299 beds-----	6	3	3	-	-
300 beds and over-----	3	3	2	-	1

¹The universe for the RPS-2 sample consisted of the MFI and the Complement Survey. Included in the RPS-2 sample were 4 homes from the Complement Survey.

²Includes geriatric hospitals.

³Group II consists of those institutions assumed to be in scope of the RPS-2 survey but for which current data were not available.

tions, the interviewer then selected the sample of residents. For each sample resident a questionnaire was completed by the interviewer from information furnished by the respondent. The total sample selected from establishments cooperating in the survey consisted of 10,560 residents.

Survey procedure.—The Bureau of the Census employed about 140 of their regular interviewers for the survey. All were experienced in the continuing surveys conducted by the Bureau of the Census; about half were employed in the Health Interview Survey—one of the major programs of the National Center for Health Statistics—and about half in other surveys. Since the interviewers were well trained in general survey methodology, it was relatively easy to train them in the specific methods used in RPS-2. Briefly, their training consisted of home study materials and observation by the Census Regional Supervisor on the first interview assignment.

The initial contact with an establishment was a letter signed by the Director of the Bureau of the Census. The letter (appendix III) notified each administrator about the survey, requested his cooperation, and stated that a representative would contact him for an appointment. The interviewer's telephone call usually followed within 3 or 4 days.

During the course of the interview, the interviewer collected data about the establishment, the residents, and the employees. The establishment and resident information was obtained by personal interview, and the staff information was collected by personal interview and by means of a self-enumeration questionnaire. The

respondent for the Resident (Patient) Questionnaire was a member of the staff who had close contact with the resident, thus having firsthand knowledge of the resident's health condition. This was usually a nurse who was responsible for the individual sample resident. One nurse might have completed questionnaires for all residents in a small home or shared the responsibility in a large home. The interviewer was instructed to encourage maximum use of records by the respondent. For data on chronic conditions and impairments, medical records, if available, were routinely used to supplement the information provided by the respondent.

The Census regional offices also performed certain checks during the course of the survey to insure that the interviewers were conducting the survey according to specified procedures. They reviewed all questionnaires for completeness prior to transmittal to the Washington office and made inquiries as necessary to obtain the missing information.

The completed questionnaires were edited and coded by the National Center for Health Statistics, and the data were processed on an electronic computer. This processing included assignment of weights, ratio adjustments, and other related procedures necessary to produce national estimates from the sample data. It also included matching with basic identifying information contained in the Master Facility Inventory, as well as carrying out internal edits and consistency checks to eliminate "impossible" responses and errors in editing, coding, or processing.

B. GENERAL QUALIFICATIONS

Nonresponse and imputation of missing data.—The survey was conducted in 1,073 homes, or about 89 percent of the original sample. About 7 percent of the sample places were found to be out of business, and an additional 3 percent were found to be out of scope of the survey, that is, they either did not provide nursing or personal care to their residents or maintained fewer than three beds. Only 12 homes, or about 1 percent of the sample, refused to cooperate in the survey (table I). The response rate for the in-scope sample was 98.9 percent.

Statistics presented in this report were adjusted for the failure of a home to respond by use of a separate nonresponse adjustment factor for each service-size stratum further stratified by three major ownership groups. This factor was the ratio of all in-scope sample homes in a stratum to the responding in-scope sample homes in the stratum.

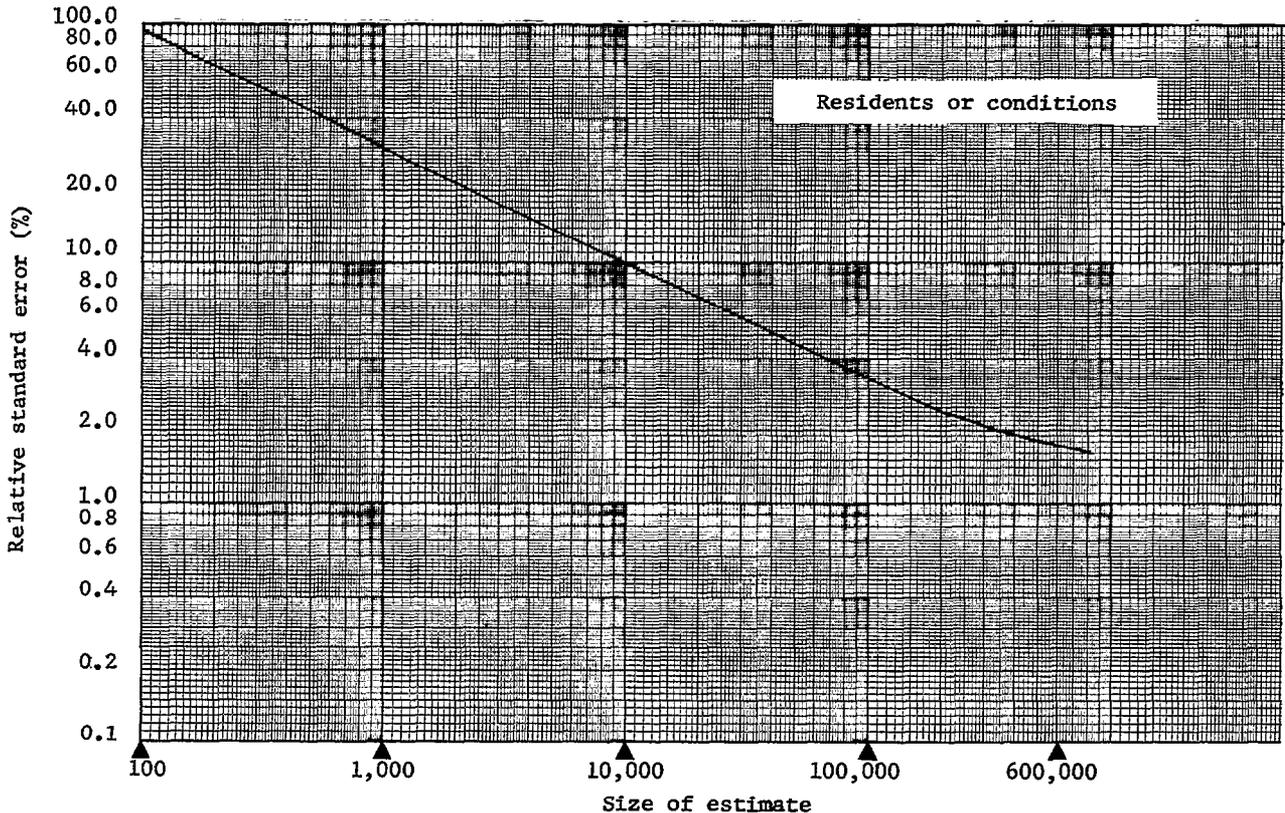
Data were also adjusted for nonresponse of sample residents within an establishment by a procedure which imputed to residents for whom data were not obtained

the characteristics of residents of the same age and in the same type of home. For item nonresponse on age, the adjustment was restricted to characteristics of residents in the same type of home. Adjustment for nonresponse in resident data for responding homes ranged from 0.7 percent for age to 3.5 percent for date last saw doctor.

Rounding of numbers.—Estimates relating to residents have been rounded to the nearest hundred. For this reason detailed figures within the tables do not always add to totals. Percents were calculated using the original unrounded figures and will not necessarily agree with percents which might be calculated from rounded data.

Estimation procedure.—Statistics reported in this publication are the result of two stages of ratio adjustments, one at each stage of selection. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The first-stage ratio adjustment was included in the estimation of establish-

Figure I. Approximate relative standard errors of estimated numbers of residents and conditions shown in this report



Example of use of figure I: An estimate of 100,000 total conditions has a relative standard error of 3.3 percent (read from scale at left side of figure). The estimate has a standard error of 3,300 (3.3 percent of 100,000).

ment and resident data for all primary service-size strata from which a sample of homes was drawn. This factor was a ratio, calculated for each stratum. The numerator was the total beds according to the Master Facility Inventory for all homes in the stratum. The denominator was the estimate of the total beds obtained through a simple inflation of the Master Facility Inventory data for the sample homes in the stratum. The effect of the first-stage ratio adjustment was to bring the sample in closer agreement with the known universe of beds. The second-stage ratio adjustment was included in the estimation of resident data for all primary strata. For resident data, the second-stage ratio adjustment is the product of two fractions: the first is the ratio of the total number of residents in the establishment to

the number of residents for whom questionnaires were completed within the home; the second is the sampling fraction for residents upon which the selection is based.

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

As in any survey, the results are also subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures.

The sampling error (or standard error) of a statistic is inversely proportional to the square root

Table II. Approximate standard errors of percentages shown in this report for residents (patients) and conditions.

Base of per- cent (number of residents)	Estimated percent				
	2 or 98	5 or 95	10 or 90	25 or 75	50
	Standard error expressed in percentage points				
1,000-----	4.4	6.9	9.5	13.6	15.8
2,500-----	2.8	4.4	6.0	8.6	10.0
5,000-----	2.0	3.1	4.2	6.1	7.1
10,000-----	1.4	2.2	3.0	4.3	5.0
20,000-----	1.0	1.5	2.1	3.0	3.5
30,000-----	0.8	1.3	1.7	2.5	2.9
40,000-----	0.7	1.1	1.5	2.1	2.5
50,000-----	0.6	1.0	1.3	1.6	2.2
80,000-----	0.5	0.8	1.1	1.5	1.8
100,000-----	0.4	0.7	0.9	1.0	1.6
200,000-----	0.3	0.5	0.7	0.8	1.1
500,000-----	0.2	0.3	0.4	0.5	0.7

of the number of observations in the sample. Thus, as the sample size increases, the standard error decreases. The standard error is primarily a measure of the variability that occurs by chance because only a sample rather than the entire universe is surveyed. As calculated for this report, the standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. The chances are about two out of three that an estimate from the sample differs from the value which would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2½ times as large.

Relative standard errors of aggregates shown in this report can be determined from figure I. 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 percent of the estimate. An example of how to convert the relative error into a standard error is given with figure I. Standard errors of estimated percentages are shown in table II.



APPENDIX II

A. DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Chronic diseases and impairments:

These are defined as the diseases and impairments contained in cards D and E of appendix III. This list was expanded, based on the further query "Does he have any other chronic conditions listed in his record you have not told me about? and on additional questions about specified conditions.

Length of stay:

Length of stay is defined as the current period of stay in the institution. The period of stay starts with the date of last admission to the institution and ends with the date of the survey.

Mobility status:

Restriction in mobility is defined in this report as limitation to bed or room. All other residents, including those who were routinely taken out of the room in a wheelchair for most of the day, were considered neither bed nor room limited.

Resident:

A resident is defined as a person who has been formally admitted to an establishment but not discharged. All such persons were included in the survey even though they were not physically present.

Special aid:

A special aid is a device used to compensate for defects resulting from disease, injury, impairment, or congenital malformation. Aids included in this survey are artificial limbs, braces, crutches, eyeglasses, hearing aids, walkers, and wheelchairs.

1. An *artificial limb* is a device used to replace a missing leg, arm, hand, or foot.
2. A *brace* is defined as any kind of supportive device for the arms; hands, legs, feet, back, neck, or head, excluding temporary casts,

slings, bandages, trusses, belts, or crutches. Dental braces are also excluded.

3. A *crutch* is a device of wood or metal, ordinarily long enough to reach from the armpit to the ground, with a concave surface fitting under the arm and a crossbar for the hand, used for supporting the weight of the body.
4. An *eyeglass* is a device used to correct defects of vision; it typically consists of a pair of glass lenses and the frame by which they are held in place.
5. A *hearing aid* is any kind of mechanical or electrical device used to improve hearing.
6. A *walker* is a supportive device with or without wheels; crutches and wheelchairs are excluded.
7. A *wheelchair* is a chair mounted on wheels and usually propelled by the occupant; wheeled "walkers" and nonwheeled devices used for support are excluded.

Government (operated) home:

A home operated under Federal, State, or local government auspices.

Nonprofit home:

A home operated under voluntary or nonprofit auspices, including both church-related institutions and institutions that are not church-related.

Proprietary home:

A home operated under private commercial ownership.

B. CLASSIFICATION OF HOMES BY TYPE OF SERVICE

For purposes of stratification of the universe prior to selection of the sample, the homes in the MFI were classified as nursing care, personal care with nursing, personal care, or domiciliary care homes. The latter two classes were combined to produce the three types of service classes shown in table I, appendix I. Details of the classification procedure in the MFI have been published.⁷

Due to the 2-year interval between the MFI survey and the RPS-2 survey, it was felt that, for producing statistics by type of service from the RPS-2 survey, the homes should be reclassified on the basis of the current data collected in the survey. This classification procedure is essentially the same as the MFI scheme. The three types of service classes delineated for RPS-2 are defined as follows:

1. A *nursing care home* is defined as one in which 50 percent or more of the residents received

nursing care during the week prior to the survey in the home, with an RN or LPN employed 15 hours or more per week. In this report, geriatric hospitals are included with the nursing care homes.

2. A *personal care with nursing home* is defined as one in which either (a) over 50 percent of the residents received nursing care during the week prior to the survey, but there were no RN's or LPN's on the staff; or (b) some, but less than 50 percent, of the residents received nursing care during the week prior to the survey, regardless of the presence of RN's or LPN's on the staff.
3. A *personal care home* is defined as one in which residents routinely received personal care, but no residents received nursing care during the week prior to the survey.



APPENDIX III

FORMS AND QUESTIONNAIRES

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON, D.C. 20233

Dear Administrator:

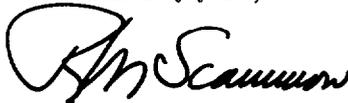
The Bureau of the Census, acting as the collecting agent for the United States Public Health Service, is conducting a nationwide survey of nursing homes, homes for the aged, and other establishments providing nursing, personal, and domiciliary care to the aged and infirm. The purpose of this survey is to collect much needed statistical information on the health of residents and on the types of employees in these homes. This survey is part of the National Health Survey program authorized by Congress because of the urgent need for up-to-date statistics on the health of our people.

The purpose of this letter is to request your cooperation and to inform you that a representative of the Bureau of the Census will visit your establishment within the next week or so, to conduct the survey. Prior to his visit, the Census representative will call you to arrange for a convenient appointment time.

All the information given to the Census representative will be kept strictly confidential by the Public Health Service and the Bureau of the Census, and will be used for statistical purposes only.

Your cooperation in this important survey will be very much appreciated.

Sincerely yours,



Richard M. Scammon
Director
Bureau of the Census

Establishment number		Resident's (patient's) line No.	
1. What is the month and year of this resident's (patient's) birth?		Month	Year
2. Sex		1 <input type="checkbox"/> Male (Ask question 3) 2 <input type="checkbox"/> Female (Go to question 4)	
3a. Has he served in the Armed Forces of the United States?		1 <input type="checkbox"/> Yes (Ask Q. 3b) 2 <input type="checkbox"/> No (Go to Q. 4) 3 <input type="checkbox"/> Unknown	
b. Did he serve in World War I?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
4. Is this resident (patient) married, widowed, divorced, separated, or never married?		1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	
5. In what month and year was he (last) admitted to this home?		Month	Year
6. With whom did he live at the time of his admission? (Check the FIRST box that applies)		1 <input type="checkbox"/> Spouse only 7 <input type="checkbox"/> In another nursing home or related facility 2 <input type="checkbox"/> Children only 8 <input type="checkbox"/> In mental hospital 3 <input type="checkbox"/> Spouse and children 9 <input type="checkbox"/> In a long-term specialty hospital (except mental) 4 <input type="checkbox"/> Relatives other than spouse or children 10 <input type="checkbox"/> In a general or short-stay hospital 5 <input type="checkbox"/> Lived in apartment or own home — alone or with unrelated persons 11 <input type="checkbox"/> Other place (Specify) 6 <input type="checkbox"/> In boarding home	
7. How often do friends or relatives visit him? (Check the FIRST box that applies)		1 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> Less than once a month 2 <input type="checkbox"/> Less often than once a week but at least once a month 4 <input type="checkbox"/> Never	
8a. Does he stay in bed all or most of the day?		1 <input type="checkbox"/> Yes (Go to question 9) 2 <input type="checkbox"/> No (Ask question 8b)	
b. Does he stay in his own room all or most of the day?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Ask question 8c)	
c. Does he go off the premises just to walk, shop, or visit with friends or relatives and so forth?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
9. Which of these special aids does this resident (patient) use? (Show card C)		(Check all that apply)	
1 <input type="checkbox"/> Hearing aid 4 <input type="checkbox"/> Braces 7 <input type="checkbox"/> Eye glasses			
2 <input type="checkbox"/> Walker 5 <input type="checkbox"/> Wheel chair		OR	
3 <input type="checkbox"/> Crutches 6 <input type="checkbox"/> Artificial limb(s) 8 <input type="checkbox"/> None of these aids used			
10. During his stay here when did he last see a doctor for treatment, medication, or for an examination by the doctor?		Month	Year
		<input type="checkbox"/> Never saw doctor while here	
11a. During his stay here, has he seen a dentist?		1 <input type="checkbox"/> Yes (Ask question 11b) 2 <input type="checkbox"/> No (Go to question 12)	
b. When was the last time he saw a dentist?		Month	Year
12a. Has he lost ALL of his teeth?		1 <input type="checkbox"/> Yes (Ask question 12b) 2 <input type="checkbox"/> No (Go to question 13)	
b. Does he wear full upper and lower dentures?		3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No	
13. Does this resident (patient) have any of these conditions? (Show card D. Record in Table 1 each condition which the patient has)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
14. Does he have any of these conditions? (Show card E. Record in Table 1 each condition which the patient has)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
15a. Does he have any other CHRONIC conditions listed in his record that you have not told me about? If "Yes," ask:		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. What are they? (Record in Table 1 each chronic condition mentioned)			

Card D

LIST OF CHRONIC CONDITIONS

Does this resident have any of these conditions?

1. Asthma
2. CHRONIC bronchitis
3. REPEATED attacks of sinus trouble
4. Hardening of the arteries
5. High blood pressure
6. Heart trouble
7. Ill effects of a stroke
8. TROUBLE with varicose veins
9. Hemorrhoids or piles
10. Tumor, cyst or growth
11. CHRONIC gall bladder or liver trouble
12. Stomach ulcer
13. Any other CHRONIC stomach trouble
14. Bowel or lower intestinal disorders
15. Kidney stones or CHRONIC kidney trouble
16. Mental illness
17. CHRONIC nervous trouble
18. Mental retardation
19. Arthritis or rheumatism
20. Diabetes
21. Thyroid trouble or goiter
22. Epilepsy
23. Hernia or rupture
24. Prostate trouble
25. ADVANCED senility

Card E

LIST OF SELECTED CONDITIONS

Does this resident have any of these conditions?

1. Deafness or SERIOUS trouble hearing with one or both ears
2. SERIOUS trouble seeing with one or both eyes even when wearing glasses
3. Any speech defect
4. Missing fingers, hand, or arm--toes, foot, or leg
5. Palsy
6. Paralysis of any kind
7. Any CHRONIC trouble with back or spine
8. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back



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