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HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY

Selected Survey Topics

United States

July 1957 - June 1958

Selected statistics relating to days of disability, acute conditions, chronic conditions, persons injured, physician visits, and dental visits. Based on data collected in household interviews during July 1957-June 1958.

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Arthur S. Flemming, Secretary

Public Health Service
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Division of Public Health Methods
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Washington, D. C. November 1958

U. S. NATIONAL HEALTH SURVEY

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the national household survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

Public Health Service Publication No. 584-B5

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EXPLANATION OF SYMBOLS

Data not available (three dashes)----------	---
Category not applicable (three dots)----------	...
Quantity is zero (1 dash)----------	-
Magnitude greater than zero but less than one half of the unit used----------	0 or 0.0

SELECTED SURVEY TOPICS

SOURCE OF DATA

The information contained in this report is based on data collected from a continuous nationwide household-interview survey. Each week a randomly selected sample of households is visited and information pertaining to the health characteristics of each member of the household is obtained. Although health information is obtained on a continuing basis for both the institutional and noninstitutional segments of the civilian population, the data contained in this report refer to the noninstitutional population only.

This report is based on data gathered from the household interviews during the period, July 1957 through June 1958. During this time interviews were obtained from approximately 36,000 households covering approximately 115,000 persons.

The household-interview survey obtains information on illness, disability, hospitalization, medical care, and dental care. In addition, basic demographic data relating to the individual members of the sample households are collected.

Included in this report are data relating to disability, acute conditions, chronic conditions, persons injured, physician visits, and dental visits. Also included are population estimates for use in rate computation, in conjunction with the basic data.

This report does not include all of the topics covered in the survey, nor does it contain all of the data collected on the topics that it does include. Rather, the report presents some of the basic material that has been tabulated so far, in order to make available as soon as possible some of the major findings of the survey. Individual reports dealing in greater detail with the various health topics covered in the survey will be published in the future.

Those portions of the interview questionnaire that apply to material covered in this report are reproduced below. After obtaining certain basic information relating to the personal characteristics of the members of the household, the Illness-Recall Questions (Questions 11 through 17) were asked about each person. The conditions listed on cards A and B below were read aloud to the respondents in connection with questions 16 and 17, respectively. All of the conditions reported in response to questions 11 through 17 were entered in Table I of the questionnaire, and the questions in Table 1 were then asked, as indicated, for each such condition. If a condition in Table 1 was picked up by either of the two accident questions (questions 12 and 13) or if the respondent mentioned an accident in response to question (d-2) in Table 1, the Accident Table was filled out. After Table 1 was completed for each illness reported in response to the Illness-Recall Questions, and an Accident Table completed for each accident, the Medical Care and Dental Care questions were then asked for each person in the household.

Included in Appendix I of this report is a brief description of the survey design and methods used in estimation. For a more complete description of these aspects of the survey, see "The Statistical Design of the Health Household-Interview Survey."[1] Tables of sampling errors and instructions for their use are also presented in Appendix I. Since all of the data contained 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. Use of the sampling error tables will permit a rough approximation of the sampling errors for the statistics in this report.

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

This report was prepared by Jane W. Bergsten, of the U. S. National Health Survey staff.

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

Illness—Recall Questions

We are interested in all kinds of illness, whether serious or not -- **11.** Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (a) What was the matter? (b) Anything else?	☐ Yes ☐ No
12. Last week or the week before did you have any accidents or injuries, either at home or away from home? (a) What were they? (b) Anything else?	☐ Yes ☐ No
13. Last week or the week before did you feel any ill effects from an earlier accident or injury? (a) What were these effects? (b) Anything else?	☐ Yes ☐ No
14. Last week or the week before did you take any medicine or treatment for any condition (besides ...which you told me about)? (a) For what conditions? (b) Anything else?	☐ Yes ☐ No
15. AT THE PRESENT TIME do you have any ailments or conditions that have continued for a long time? (If "No") Even though they don't bother you all the time? (a) What are they? (b) Anything else?	☐ Yes ☐ 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)	☐ Yes ☐ 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)	☐ Yes ☐ No

Card A

NATIONAL HEALTH SURVEY

Check List of Chronic Conditions

1. Asthma
2. Any allergy
3. Tuberculosis
4. Chronic bronchitis
5. Repeated attacks of sinus trouble
6. Rheumatic fever
7. Hardening of the arteries
8. High blood pressure
9. Heart trouble
10. Stroke
11. Trouble with varicose veins
12. Hemorrhoids or piles
13. Gallbladder or liver trouble
14. Stomach ulcer
15. Any other chronic stomach trouble
16. Kidney stones or other kidney trouble
17. Arthritis or rheumatism
18. Prostate trouble
19. Diabetes
20. Thyroid trouble or goiter
21. Epilepsy or convulsions of any kind
22. Mental or nervous trouble
23. Repeated trouble with back or spine
24. Tumor or cancer
25. Chronic skin trouble
26. Hernia or rupture

Card B

NATIONAL HEALTH SURVEY

Check List of Impairments

1. Deafness or serious trouble with hearing.
2. Serious trouble with seeing, even with glasses.
3. Condition present since birth, such as cleft palate or club foot.
4. Stammering or other trouble with speech.
5. Missing fingers, hand, or arm.
6. Missing toes, foot, or leg.
7. Cerebral palsy.
8. Paralysis of any kind.
9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back.

Portion of Questionnaire Table 1

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

How many days, including the 2 weekends? (g)	How many of these -- days were you in bed all or most of the day? (h)	If 6 years old or over, ask: Last week or the week before would you have been working at a job or business (going to school) except for ...? (i)	If "Yes" in col. (i): How many days did ... keep you from work (going to school)? (j)	Did you first notice ... DURING THE PAST 3 MONTHS or before that time? Check one: Before 3 months (Go to col. (n)) (k)	During 3 months → (l)	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? (m)
____ Days	____ Days or ☐ None	☐ Yes ☐ No	____ Days or ☐ None			☐ Last ☐ Before 2 wks. ☐ Week before

Accident Table

Line No. from Table I	1. What part of the body was hurt? What kind of injury was it? Anything else?	☐ Accident happened during past 2 weeks
	2. When did it happen? Month _____ Year _____ (Enter only the year if prior to 1958)	☐ Accident happened during past 2 weeks
	3. Where did the accident happen? ☐ At home (inside or outside the house) ☐ While in Armed Services ☐ Some other place	
	4. Was a car, truck, bus or other motor vehicle involved in the accident in any way? ☐ Yes ☐ No	
	5. Were you at work at your job or business when the accident happened? ☐ Yes ☐ No ☐ Under 14 years at time of accident	

Medical Care and Dental Care Questions

MEDICAL CARE

18. (a) **LAST WEEK OR THE WEEK BEFORE did anyone in the family - you, your--, etc.- talk to a doctor or go to a doctor's office or clinic? Anyone else?**

☐ Yes ☐ No (skip to q.20)

If "Yes"

(b) **How many times during the past 2 weeks?**

_____ No. of times

(c) **Where did you talk to the doctor?**

(d) **How many times at -- (home, office, clinic, etc.)?**

(Record total number of times for each type of place)

Place	Times
At home.....	
At office.....	
Hospital clinic.....	
Company or industry...	
Over telephone.....	
Other *(Specify)*.....	

19. **What did you have done?**

If more than one visit or telephone call:

What did you have done on the {first / second / etc.} visit (or telephone call)?

(1) (2) (3)

☐☐☐ Diag. or treatment
☐☐☐ Pre/post natal care
☐☐☐ Gen'l check-up
☐☐☐ Immun./Vacc.
☐☐☐ Eye exam. (glasses)
☐☐☐ Other *(Specify)*

20. If "No" to q. 18a, ask:

How long has it been since you last talked to a doctor?

_____ Mos. or _____ Yrs.

☐ Less than 1 mo. ☐ Never

DENTAL CARE

21. (a) **Last week or the week before did anyone in the family go to a dentist? Anyone else?**

☐ Yes ☐ No (skip to q.23)

If "Yes"

(b) **How many times during the past 2 weeks?**

_____ No. of times

22. **What did you have done?**

If more than one visit:

What did you have done on the {first / second / etc.} visit?

(1) (2) (3)

☐☐☐ Fillings
☐☐☐ Extractions or other surgery
☐☐☐ Straightening
☐☐☐ Treatment for gums
☐☐☐ Cleaning teeth
☐☐☐ Other *(Specify)*

If "No" to q. 21a, ask:

23. **How long has it been since you went to a dentist?**

_____ Mo. or _____ Yrs.

☐ Less than 1 mo. ☐ Never

24. **Is there anyone in the family who has lost all of his teeth?**

☐ Yes ☐ No

DISABILITY

The material on disability presented in this section includes data on restricted-activity days, bed-disability days, work-loss days, and school-loss days. Days of restricted activity and days of bed disability are distributed according to calendar quarter in tables 1 and 2, according to sex and age in table 3, and according to residence in tables 5 and 6. Work-loss days and school-loss days are distributed by quarter in tables 1 and 2, according to age in table 4, and according to residence in tables 5 and 6.

During the year, July 1957-June 1958, civilian noninstitutional persons in the United States experienced 3,370 million days of restricted activity due to illness or injury. Expressed as a rate, this amounted to about 20 days of restricted activity per person per year. During this same period, there were about 1,310 million days of bed disability due to illness or injury, which amounted to an average of 7.8 bed-disability days per person per year.

All days in which a person's customary daily activities are restricted for the whole of the day because of an illness or injury are counted as restricted-activity days. Since missing a day from work or school or spending a day in bed or in the hospital constitutes restricting one's customary activities, these types of disability days are included in the counts of restricted-activity days. Thus the number of restricted-activity days is the most inclusive measure of disability.

Bed-disability days are days in which a person spent all or most of the day (more than half of the daylight hours) in bed because of an illness or an injury. A day spent in the hospital is considered to be a bed-disability day, even though the person was not actually in bed while in the hospital.

Restricted-activity days and bed-disability days showed marked seasonal variation as may be seen in figure 1 and table 2. Restricted-activity days were at a low for the year during the July-September 1957 quarter with a rate of about 15.9 days per person per year. A marked increase occurred during the October-December quarter when the rate rose to 26.1 restricted-activity days per person per year. This sharp difference no doubt was partially due to the Asian influenza epidemic which reached its peak during the last quarter of 1957. Restricted-activity days dropped to a lower level, 20.9 days per person per year, during the first quarter of 1958, and fell still lower during the second quarter of 1958, reaching about 17.3 days per person per year. Bed-disability days followed the same seasonal pattern.

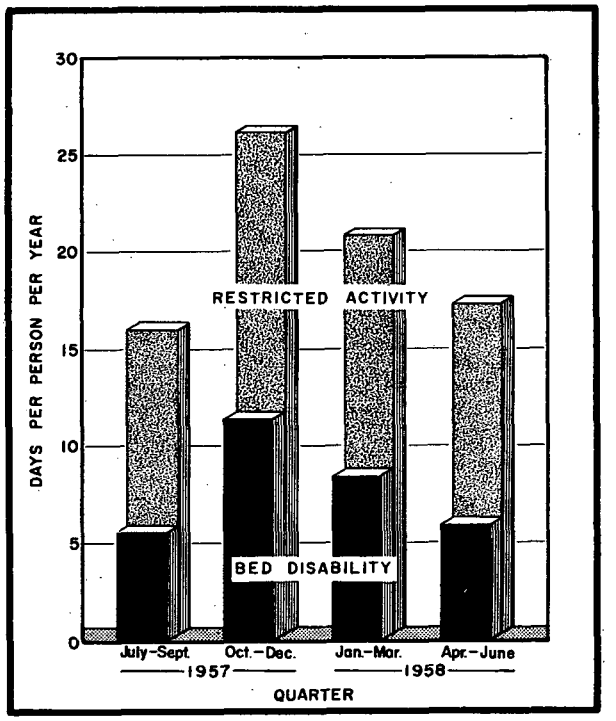

Figure 1. Number of days of restricted activity and bed disability per person per year by quarter.

Restricted-activity days and bed-disability days for the 1-year period, July 1957-June 1958, are distributed according to sex and age in table 3 and figure 2. Females in each of the age groups experienced a higher rate of both restricted-activity days and bed-disability days than did males. For all age groups combined, the rate for females was 22.2 restricted-activity days per person per year as compared with 17.7 days for males. Bed-disability days for females averaged 8.7 per person as compared with 6.9 days for males.

As might be expected, the rate of restricted-activity days and bed-days increased with age. Children under 5 experienced an average of 13.2 restricted-activity days per person per year. Each successive age group had a higher rate than the preceding, with persons 65 years of age and over showing the highest rate, 47.3 restricted-activity days per person per year. Bed-disability days showed a similar increase with age, varying from 5.8 days per person for children under 5 to a high of 16.3 days for persons 65 and over.

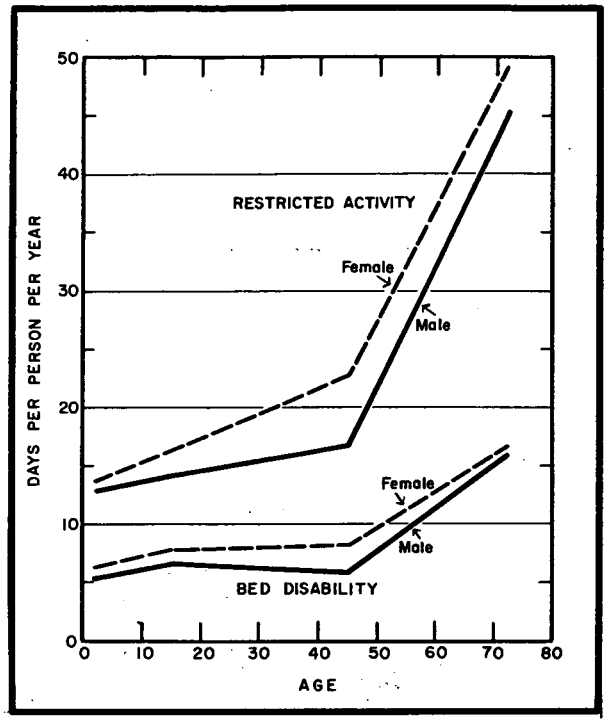

Figure 2. Number of days of restricted activity and bed disability per person per year by sex and age.

Table 6 shows restricted-activity days and bed-disability days per person per year according to place of residence. Although the differences among residence groups are not as marked as those found among calendar quarters, between males and females, or among the different age groups certain differences are worth noting.

The rural-farm population on the average had a greater rate of restricted-activity days during the year, July 1957-June 1958, than did either the urban or the rural-nonfarm population. Rural-farm persons averaged 21.5 restricted days per person per year as compared with 19.7 days for urban persons and 20.0 for rural-nonfarm persons. This difference does not exist for bed-disability days. On the contrary, urban, rural-nonfarm, and rural-farm persons showed about the same rate of bed-disability days; 7.9, 7.5, and 7.6 days, respectively. Different occupational demands among persons in the different residence groups might account for this apparent inconsistency. For example, the farmer might find it feasible to reduce his daily activities somewhat because of illness, but the needs of the livestock and crops might make it quite difficult for him to spend most of the day in bed.

Work-loss days and school-loss days are two additional types of disability days measured in the survey. In all, during the year, July 1957-June 1958, there were in the United States a total of 599 million work-loss days incurred by persons 17 years of age and over. This averages about 10.1 work-loss days per person classified as "usually working." During this same period there were a total of about 292 million school-loss days incurred by children from 6-16 years of age, which amounts to about 8.4 days of school-loss per year per child in this age group.

A day on which a person would have been working but instead lost the whole of the work day because of an illness or an injury was considered to be a work-loss day. Work-loss days were counted only for persons 17 years of age and over. "Usually working" persons were used as population bases for computing work-loss rates. A person was classified as "usually working" if "working" was given as his principal activity for the 1-year period prior to the week of interview.

A school-loss day is defined as a day on which a child would have been going to school but instead lost the whole of the school day because of an illness or an injury. School-loss days were obtained only for children 6-16 years of age.

Table 2 presents rates of work-loss days by quarter. It may be seen that the seasonal variation in work-loss days followed much the same pattern as the seasonal variation in restricted-activity days and bed-disability days. The high for the year, 13.6 days per "usually working" person per year, occurred during the October-December quarter, again reflecting the high incidence of influenza during that period.

It may be seen in table 4 that the rate of work loss varies with age. The average number of work-loss days per "usually working" person per year was about twice as great for persons 65 years of age and over as it was for persons in the two younger age groups. Persons 65 years of age and over experienced work loss at the rate of 21.4 days per year as compared with 11.6 days for persons 17-24 years of age, and 9.2 days for persons 25-64 years of age. It should be noted, however, that this difference in work-loss rates may also be reflecting a difference among the age groups in the proportion of persons who have only seasonal or part-time employment. Work-loss days of persons who are employed on a seasonal or part-time basis are included in the estimates of work-loss days. However, these persons would not in general be classified as "usually working" persons. Because of this, work-loss rates of groups where a relatively large proportion of persons work on a seasonal or part-time basis are artificially high. If it is accepted that seasonal or part-time employment is somewhat more prevalent in the younger and older age groups, it follows that the rate of work-loss days for the 17-24 and 65 years and over age groups would be affected to a greater extent than the 25-64 year age group. One, therefore, should use caution in interpreting the magnitude of the difference between the age groups.

Work-loss days per "usually working" person per year according to place of residence are pre-

sented in table 6. Urban and rural nonfarm persons lost work at the rate of 9.8 and 9.9 days, respectively, during the year, July 1957-June 1958, while the rate for the rural-farm population was substantially higher, 12.2 days. Again, the higher rate of work-loss days for the rural-farm population may be at least partly due to a greater proportion of seasonal and part-time workers in this group.

School-loss days per child per year are presented by quarter in table 2. An average of 1.1 days of school loss per child per year was experienced during the period, July-September 1957. Since school was in session for only a very short time during this period, one would expect the rate of school loss to be extremely low. The highest rate, 17.5 days per child per year, occurred in the October-December 1957 quarter when the influenza epidemic was at its peak. The first two quarters in 1958 were considerably lower, 8.8 days per child per year during January-March and 6.2 days per child per year during April-June.

There was no substantial difference in the rate of school loss during the year between the two age groups, 6-14 and 15-16 years of age, as can be seen in table 4.

Comparing the school-loss rates for children in the different place of residence groups (table 6), it appears that urban children experienced a somewhat greater rate of school-loss days than rural-nonfarm or rural-farm children; 9.0 for urban children as compared with 7.8 and 7.3 days for rural-nonfarm and rural-farm children, respectively.

Data showing disability days associated with each of various types of illness conditions are included in this report in the sections "Acute Conditions" and "Chronic Conditions."

Table 1. Number of days of disability by quarter: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Quarter	Restricted-activity days	Bed-disability days	Work-loss days[1]	School-loss days[2]
	Number of days in millions			
Annual total	3,369.6	1,309.9	599.1	291.5
July-September 1957	662.8	227.9	126.8	9.5
October-December 1957	1,095.3	479.0	203.7	151.0
January-March 1958	880.1	357.3	165.1	76.4
April-June 1958	731.4	245.7	103.5	54.6

[1]Computed for persons 17 years of age and over.

[2]Computed for children 6-16 years of age.

Table 2. Number of days of disability per person per year by quarter: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. 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.]

Quarter	Restricted-activity days per person per year	Bed-disability days per person per year	Work-loss days[1] per "usually working"[2] person per year	School-loss days per child per year[3]
Annual average	20.0	7.8	10.1	8.4
July-September 1957	15.9	5.5	8.5	1.1
October-December 1957	26.1	11.4	13.6	17.5
January-March 1958	20.9	8.5	11.1	8.8
April-June 1958	17.3	5.8	7.0	6.2

[1]Computed for persons 17 years of age and over.

[2]Persons who reported "working" as their major activity during the 12-month period preceding the week of interview are classified as usually working.

[3]Computed for children 6-16 years of age.

Table 3. Number of days and number of days per person per year of restricted activity and bed disability by sex and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Sex and age	Number of days in millions		Number of days per person per year	
	Restricted-activity days	Bed-disability days	Restricted-activity days	Bed-disability days
Both sexes				
All ages	3,369.6	1,309.9	20.0	7.8
Under 5	255.8	111.8	13.2	5.8
5-24	829.8	393.9	15.3	7.2
25-64	1,597.4	567.0	19.9	7.1
65+	686.7	237.2	47.3	16.3
Male				
All ages	1,452.5	561.3	17.7	6.9
Under 5	126.2	51.0	12.8	5.2
5-24	377.3	177.9	14.1	6.6
25-64	648.6	225.8	16.8	5.8
65+	300.4	106.5	45.2	16.0
Female				
All ages	1,917.1	748.6	22.2	8.7
Under 5	129.6	60.7	13.7	6.4
5-24	452.5	216.0	16.4	7.8
25-64	948.8	341.2	22.9	8.2
65+	386.3	130.7	49.1	16.6

Table 4. Number of work-loss and school-loss days, number of work-loss days per "usually working"[1] person per year, and number of school-loss days per child per year by age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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 of days lost (in millions)	Work-loss days[2] per "usually working" person per year	School-loss days per child per year[3]
School-loss days			
All ages-6-16	291.5	...	8.4
6-14	253.3	...	8.6
15-16	38.2	...	7.4
Work-loss days			
All ages-17+	599.1	10.1	...
17-24	81.2	11.6	...
25-64	460.1	9.2	...
65+	57.8	21.4	...

[1] Persons who reported "working" as their major activity during the 12-month period preceding the week of interview are classified as usually working.

[2] Computed for persons 17 years of age and over.

[3] Computed for children 6-16 years of age.

Table 5. Number of days of disability by residence: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Residence	Restricted-activity days	Bed-disability days	Work-loss days[1]	School-loss days[2]
	Number of days in millions			
All areas	3,369.6	1,309.9	599.1	291.5
Urban	2,029.3	817.0	380.3	174.4
Rural nonfarm	886.9	333.4	138.9	77.7
Rural farm	453.5	159.5	79.9	39.4

[1] Computed for persons 17 years of age and over.

[2] Computed for children 6-16 years of age.

Table 6. Number of days of disability per person per year by residence: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. 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.]

Residence	Restricted-activity days per person per year	Bed-disability days per person per year	Work-loss days[1] per "usually working"[2] person per year	School-loss days per child per year[3]
All areas	20.0	7.8	10.1	8.4
Urban	19.7	7.9	9.8	9.0
Rural nonfarm	20.0	7.5	9.9	7.8
Rural farm	21.5	7.6	12.2	7.3

[1] Computed for persons 17 years of age and over.

[2] Persons who reported "working" as their major activity during the 12-month period preceding the week of interview are classified as usually working.

[3] Computed for children 6-16 years of age.

ACUTE CONDITIONS

Data on incidence of acute conditions are presented according to condition group and calendar quarter in tables 7 and 8 and according to sex and age in tables 9 and 10. Estimates of the number of disability days which were associated with acute conditions are presented according to condition group in tables 11 and 12.

Approximately 438 million cases of acute conditions of all types had their onset during the year, July 1957-June 1958. This is an average for the year of 260 acute conditions per 100 persons.

In this survey acute conditions are defined as illness or injury conditions of 3 months or less duration. There are, however, certain conditions which are classified as chronic rather than acute even though the duration of the condition was 3 months or less. (See definitions of Acute condition and Chronic condition in Appendix II.) Minor acute conditions involving neither medical attention nor restricted-activity days were excluded from the statistics presented here. Difficulty in obtaining reliable data on such minor acute conditions led to their exclusion.

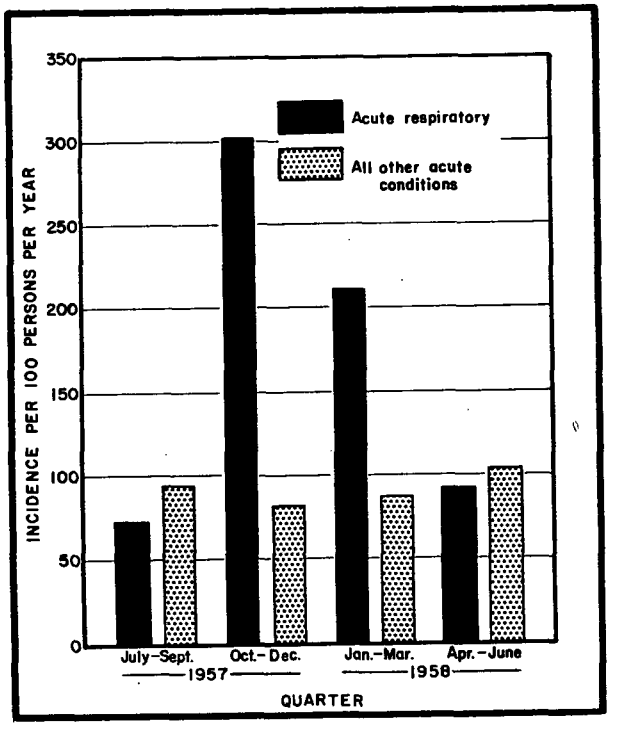

Figure 3. Incidence of acute conditions per 100 persons per year by quarter.

It may be seen in tables 7 and 8 that respiratory conditions accounted for well over half of all acute conditions that started during the year, July 1957-June 1958. Of the 438 million acute conditions occurring about 284 million were respiratory conditions. Included in the respiratory group are such conditions as colds, pneumonia, and influenza. Because of the Asian influenza epidemic that occurred during the latter part of 1957, the incidence of acute respiratory conditions was, no doubt, considerably higher than it would be for other comparable periods.

There is marked seasonal variation in the incidence of acute conditions. As may be seen in table 8 and figure 3, acute respiratory conditions played the dominating role in the seasonal fluctuation but the other acute conditions groups also showed some variation from quarter to quarter. For all acute conditions, the incidence per 100 persons per year was about 167 for the July-September quarter. The rate rose to about 382 during the October-December quarter, dropped to 297 during January-March, and fell still further to about 195 during the April-June quarter.

There was a slightly higher incidence of acute conditions among females than among males during the year, July 1957-June 1958. Except for children under 5 years of age, this male-female difference exists for each of the separate age groups (fig. 4).

As might be expected, the incidence of acute conditions decreased with age. Children under 5 experienced a rate of acute conditions of 404 per 100 persons, or approximately 2½ times the rate for persons 65 and over (table 10 and fig. 4).

Estimates of days of disability associated with acute conditions appear in tables 11 and 12. Acute respiratory conditions were responsible for the greatest number of each of the four types of disability days. Respiratory conditions accounted for about 1,172 million days of restricted activity, 593 million days of bed disability, 219 million days lost from work, and 196 million days lost from school.

Injuries ranked second among the acute condition groups as a reason for time lost from work, but the infectious and parasitic diseases, which include the common communicable diseases of childhood such as measles, chickenpox, mumps, and so forth, ranked second as a cause of school absenteeism.

It should be noted that the disability days presented here by condition group contain some duplication. Whenever a person spent the day in bed, re-

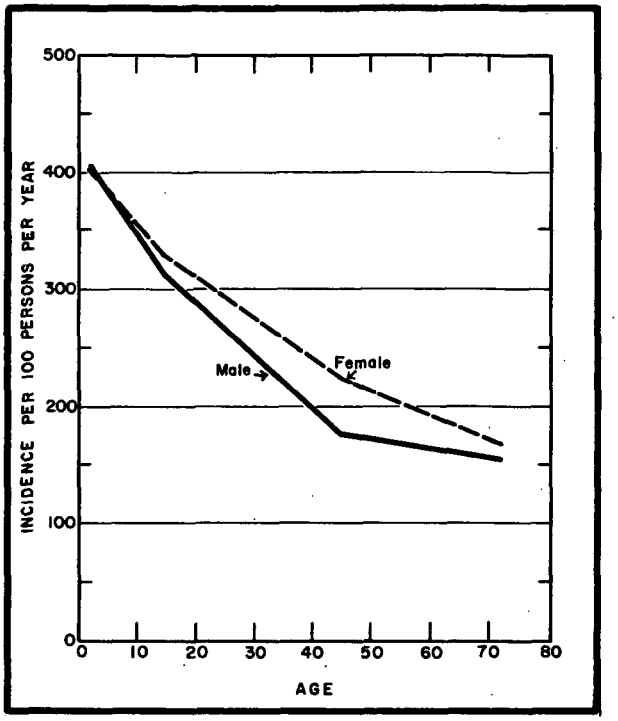

Figure 4. Incidence of acute conditions per 100 persons per year by sex and age.

stricted his usual activities for the day, or lost a day from work or school because of several concurrent acute conditions the days of disability were tallied under each contributing condition. Therefore, the sum of days for all condition groups will be somewhat greater than the number of days of disability actually incurred by persons as a result of acute conditions. Although the duplication in the count of days for persons with multiple acute conditions is believed to be small, the reader is cautioned against adding the condition days of disability for all or several groups of conditions to obtain the total number of person days of disability involved. Such a procedure would yield only crude estimates of the number of disability days experienced by persons as a result of acute conditions.

Table 7. Incidence of acute conditions according to condition group by quarter: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Condition group	Annual total	July-September 1957	October-December 1957	January-March 1958	April-June 1958
	Incidence of acute conditions in millions				
Total conditions[1]	437.9	69.7	160.3	125.4	82.4
Infectious and parasitic	38.6	7.9	6.8	10.0	13.8
Respiratory	284.5	30.6	126.3	88.7	38.8
Digestive	24.0	6.9	4.7	5.9	6.6
Injuries	47.6	13.9	11.1	10.2	12.4
All other acute conditions	43.1	10.3	11.4	10.6	10.8

[1] Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

Table 8. Incidence of acute conditions per 100 persons per year according to condition group by quarter: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Condition group	Annual average	July-September 1957	October-December 1957	January-March 1958	April-June 1958
Total conditions[1]	260.1	166.8	381.6	297.2	194.6
Infectious and parasitic	22.9	19.0	16.2	23.8	32.6
Respiratory	169.0	73.3	300.7	210.2	91.7
Digestive	14.3	16.5	11.1	13.9	15.5
Injuries	28.3	33.3	26.5	24.1	29.2
All other acute conditions	25.6	24.7	27.0	25.1	25.5

[1] Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

Table 9. Incidence of acute conditions by condition group, sex, and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Sex and age	Condition group					
	Total conditions[1]	Infectious and parasitic	Respiratory	Digestive	Injuries	All other acute conditions
	Incidence of acute conditions in millions					
Both sexes						
All ages	437.9	38.6	284.5	24.0	47.6	43.1
Under 5	78.1	10.4	51.5	4.6	5.6	6.1
5-24	174.3	18.6	110.6	9.5	18.3	17.2
25-64	161.9	9.2	107.1	7.9	20.3	17.2
65+	23.6	0.4	15.3	2.0	3.4	2.5
Male						
All ages	202.7	17.9	129.4	10.8	27.8	16.8
Under 5	40.0	5.5	25.6	2.0	3.5	3.3
5-24	83.6	8.3	51.3	4.8	11.9	7.4
25-64	68.8	4.0	45.0	3.2	11.4	5.3
65+	10.3	0.1	7.6	0.8	1.0	0.8
Female						
All ages	235.2	20.7	155.1	13.2	19.8	26.3
Under 5	38.1	4.8	25.9	2.6	2.0	2.8
5-24	90.7	10.4	59.4	4.8	6.4	9.9
25-64	93.0	5.3	62.1	4.7	8.9	12.0
65+	13.3	0.3	7.7	1.1	2.5	1.7

[1] Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

Table 10. Incidence of acute conditions per 100 persons per year by condition group, sex, and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Sex and age	Condition group					
	Total conditions[1]	Infectious and parasitic	Respiratory	Digestive	Injuries	All other acute conditions
Both sexes						
All ages	260.1	22.9	169.0	14.3	28.3	25.6
Under 5	403.9	53.5	266.2	23.7	28.7	31.6
5-24	320.6	34.3	203.5	17.5	33.6	31.7
25-64	202.0	11.5	133.7	9.9	25.4	21.5
65+	162.6	2.6	105.4	13.5	23.6	17.3
Male						
All ages	247.5	21.8	158.0	13.2	33.9	20.5
Under 5	405.9	56.2	259.7	20.3	35.7	34.0
5-24	312.1	30.9	191.4	17.7	44.4	27.4
25-64	178.2	10.3	116.4	8.4	29.5	13.6
65+	155.1	1.3	114.1	12.5	14.4	12.7
Female						
All ages	272.0	24.0	179.4	15.3	22.9	30.4
Under 5	401.8	50.7	273.0	27.3	21.5	29.1
5-24	328.9	37.5	215.1	17.2	23.1	35.8
25-64	224.2	12.7	149.7	11.4	21.5	28.8
65+	168.9	3.7	98.1	14.4	31.4	21.1

[1] Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

Table 11. Number of days of disability associated with acute conditions by condition group: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. 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.]

Acute condition group	Restricted-activity days	Bed-disability days	Work-loss days[1]	School-loss days[2]
	Number of days in millions			
Infectious and parasitic	190.3	89.7	19.6	43.1
Respiratory	1,172.0	593.1	218.7	195.9
Digestive	79.2	33.1	13.6	8.3
Injuries	246.9	72.2	67.5	12.9
All other acute conditions	234.3	84.8	37.1	13.0

[1]Computed for persons 17 years of age and over.

[2]Computed for children 6-16 years of age.

Table 12. Number of days of disability associated with acute conditions per 100 persons per year by condition group: United States, July 1957-June 1958

(See headnote on table II)

Acute condition group	Number of restricted-activity days per 100 persons per year	Number of bed-disability days per 100 persons per year	Number of work-loss days[1] per 100 "usually working"[2] persons per year	Number of school-loss days per 100 children per year[3]
Infectious and parasitic	113.0	53.3	33.0	124.4
Respiratory	696.2	352.3	367.1	565.2
Digestive	47.0	19.7	22.9	23.9
Injuries	146.6	42.9	113.4	37.3
All other acute conditions	139.2	50.4	62.2	37.4

[1]Computed for persons 17 years of age and over.

[2]Persons who reported "working" as their major activity during the 12-month period preceding the week of interview are classified as usually working.

[3]Computed for children 6-16 years of age.

CHRONIC CONDITIONS

Estimates of the numbers of days of disability associated with chronic conditions are presented in tables 13 and 14. Although data collected in the survey include information on the prevalence of chronic conditions, such statistics are not presented here. At the time of preparation of this report tabulations of the number of reported cases of chronic conditions had not been completed for a full year's sample.

Chronic conditions are defined, for the purposes of this survey, as illness or injury conditions of over 3 months' duration. Certain conditions, however, are classified as chronic even though the duration of the condition was less than 3 months. Lists of such chronic conditions and impairments are included in Appendix II under "Chronic conditions."

Circulatory conditions accounted for more days of restricted activity, bed disability, and work loss than did any other single category of chronic conditions. Chronic circulatory conditions resulted in 484 million days of restricted activity, 167 million days of bed disability, and 69 million days of work loss. This amounted to about 288 days of restricted activity per 100 population, 99 days of bed disability per 100 population, and 116 days of work loss per 100 "usually working" persons.

Digestive conditions, arthritis and rheumatism, impairments and other chronic effects of injuries, and other impairments each accounted for a substantial number of disability days, ranging from about 96 to about 152 restricted-activity days per 100 population, 22 to 48 bed-disability days per 100 population, and 52 to 91 work-loss days per 100 "usually working" persons. The group entitled "all other chronic conditions" in tables 13 and 14 and figure 5 consists of many different types of chronic conditions. Preliminary data indicated that no single logical group of these would have accounted for as many days of disability as the condition groups shown as separate categories.

School-loss days associated with chronic conditions appear to be relatively small as compared with other disability days. This is because school loss is confined to a young population in which chronic diseases are not as prevalent as they are among persons in the older age groups.

The estimates of disability days due to chronic conditions, like the estimates of disability days due to acute conditions, contain some duplication. A disability day resulting from more than one condition is tallied under each condition which was stated to be responsible for the disability. Therefore, the sum of all chronic condition days of disability is greater than the total number of days of disability experienced by individuals as a result of chronic conditions. This type of duplication probably occurs more frequently with disability days attributed to chronic conditions than with disability days attributed to acute conditions. Again, the reader is cautioned against adding the days of disability due to specified types of chronic conditions to obtain an estimate of the total number of disability days due to all chronic conditions combined. Total days of disability for acute conditions and chronic conditions also contain some duplication, and hence any comparison of the total days for acute conditions and chronic conditions are necessarily quite crude.

When interpreting the statistics on restricted-activity days due to chronic conditions the reader should keep in mind that restricted activity is, by definition, the restriction of one's customary daily activities. The customary activities of persons with long-term disabilities, such as persons who are un-

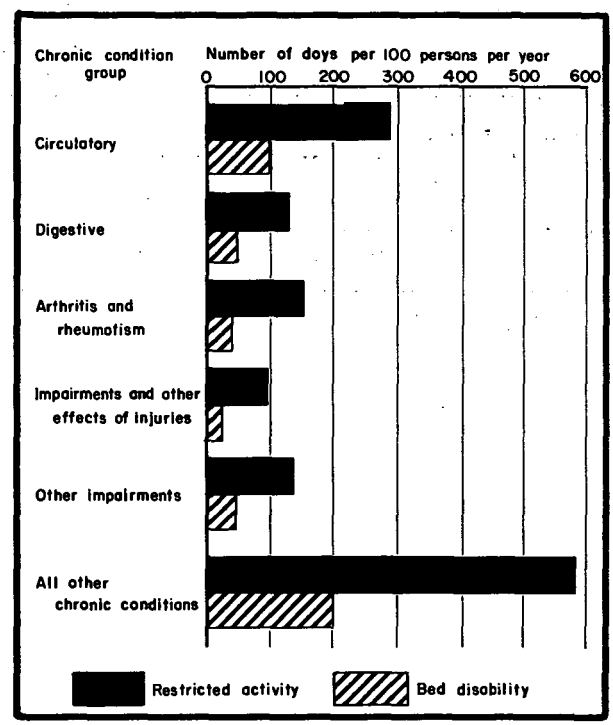

Figure 5. Number of days per 100 persons per year of restricted activity and bed disability associated with chronic conditions.

able to work or who are confined to the house on a more or less permanent basis, may be almost no activity at all. These persons would not necessarily report restricted-activity days. Because of this, the number of restricted-activity days associated with chronic conditions should not be thought of as a measure of the total impact of chronic conditions.

Because the questions relating to days of bed disability are asked only when restricted-activity days have been reported for an individual, it is possible that some days of bed disability are missed. A person whose customary activity includes some days of bed disability may not report restricted-activity days, and thus may not be queried concerning possible days of bed disability. The extent to which the estimates of bed-disability days are affected by this type of omission is not known at present, but it is believed to be small.

Table 13. Number of days of disability associated with chronic conditions by condition group: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. 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.]

Chronic condition group	Restricted-activity days	Bed-disability days	Work-loss days[1]	School-loss days[2]
	Number of days in millions			
Circulatory	484.2	166.6	69.2	2.1
Digestive	217.5	80.2	54.4	0.6
Arthritis and rheumatism	255.0	67.2	31.0	-
Impairments and other effects of injuries	160.7	37.3	39.2	1.3
Other impairments	228.5	75.7	32.2	2.0
All other chronic conditions	980.6	336.8	162.6	25.7

[1] Computed for persons 17 years of age and over.

[2] Computed for children 6-16 years of age.

Table 14. Number of days of disability associated with chronic conditions per 100 persons per year by condition group: United States, July 1957-June 1958

(See headnote on table 13)

Chronic condition group	Restricted-activity days per 100 persons per year	Bed-disability days per 100 persons per year	Work-loss days[1] per 100 "usually working"[2] persons per year	School-loss days per 100 children per year[3]
Circulatory	287.6	98.9	116.2	6.0
Digestive	129.2	47.6	91.3	1.7
Arthritis and rheumatism	151.5	39.9	52.0	-
Impairments and other effects of injuries	95.5	22.2	65.8	3.8
Other impairments	135.8	45.0	54.0	5.7
All other chronic conditions	582.5	200.1	272.9	74.1

[1] Computed for persons 17 years of age and over.

[2] Persons who reported "working" as their major activity during the 12-month period preceding the week of interview are classified as usually working.

[3] Computed for children 6-16 years of age.

PERSONS INJURED

The estimated numbers and rates of persons injured according to class of accident are presented in tables 15-20. Estimates of disability days associated with injuries by class of accident are shown in table 21.

A person injured is one who sustained an injury in an accident or in some type of nonaccidental violence. Included in the statistics are persons suffering from conditions that may not commonly be thought of as injuries, such as persons who suffered from effects of exposure (e.g., sunburn), from poisonings, and from adverse reactions to immunizations. The statistics of persons injured include only persons sustaining injuries which involved medical attendance or at least one full day of restricted activity.

During the period, July 1957-June 1958, there were a total of 46.9 million persons who sustained injuries which resulted in medical attention or caused restricted activity. This was an average of 27.9 persons injured per 100 persons in the population. It should be kept in mind that the survey includes data only on persons living at the time of interview, therefore persons who were injured and who died immediately or shortly after the accident are not included in these statistics.

Although there appears to have been some seasonal variation in the number of persons injured, the sampling errors are of such a magnitude that a definite seasonal pattern cannot be inferred. However, it does appear that the incidence of persons injured was somewhat higher in the July-September 1957 quarter than during any of the other three quarters.

It may be seen in tables 15 and 16 and figure 6 that home accidents accounted for a greater proportion of persons injured than any other class of accident. About 41 percent of the persons injured (11.4 out of 27.9 persons injured per 100 population) were injured in home accidents. Work accidents accounted for 4.8 persons injured per 100 population, and motor-vehicle accidents accounted for 2.8 persons injured per 100 population. Other types of injuries, including accidental injuries in public places and nonaccidental injuries, accounted for 8.9 persons injured per 100 persons. [For definitions of these categories, see Appendix II.]

Males were injured more frequently than females, experiencing a rate of 33.1 persons injured per 100 persons as compared with a rate of 22.9 for females. Figure 7 and table 18 show the rate of persons injured for males and females according to age. It may be seen that the rate for males exceeded that for females for all age groups except

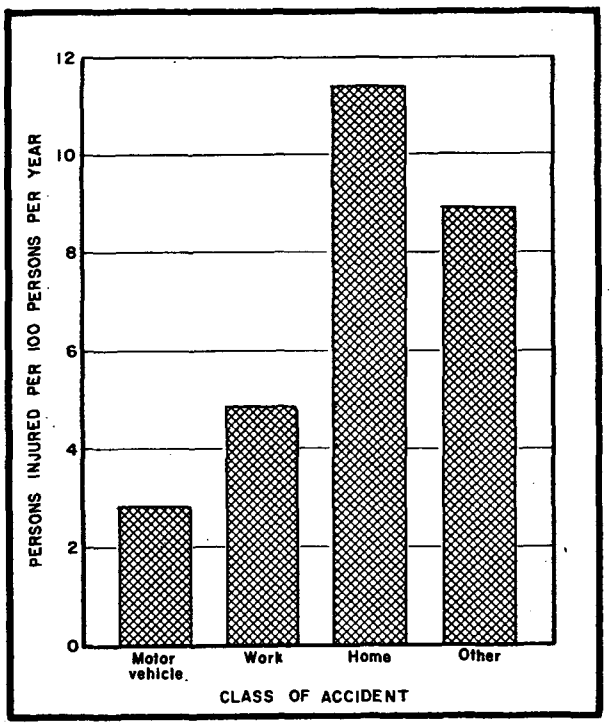

Figure 6. Number of persons injured per 100 persons per year by class of accident.

the age category, 65 years and over. For this oldest age category, the situation was clearly reversed.

Examining the distributions of persons injured according to class of accident for males and females separately, some interesting differences may be seen. Of all persons injured in work accidents, about 80 percent were males and 20 percent were females. This type of distribution would be expected when one considers that males constitute about two thirds of the labor force.

Persons injured in home accidents were about equally divided between the sex groups. It should be noted, however, that two thirds of all males injured in home accidents were under 15 years of age. The fact that women and children spend such a large portion of their time at home probably accounts for the concentration of home injuries in these groups.

Persons injured distributed by place of residence and class of accident are presented in tables 19 and 20. There are no substantial differences in the over-all rates for persons injured in the three

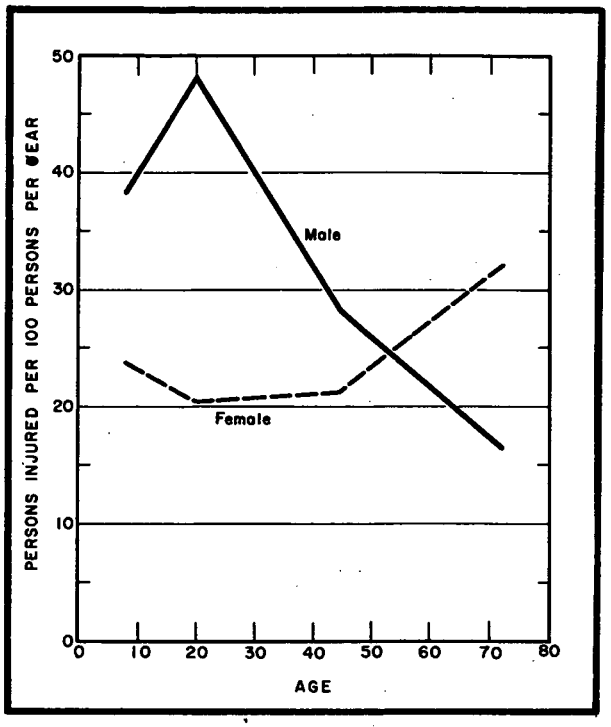

Figure 7. Number of persons injured per 100 persons per year by sex and age.

place-of-residence categories, nor are there any outstanding differences among the residence groups in the distributions of persons injured by class of accident.

A total of 424 million days of restricted activity due to injuries was estimated for the year, July 1957-June 1958. This amounted to an average of about 252 days of restricted activity per 100 persons in the population. During this same period about 114 million days of bed disability were incurred because of injuries. This averaged about 68 bed-disability days per 100 persons per year (table 21). These estimates of restricted-activity days and bed-disability days due to injuries include current disability from all injuries and effects of injuries, regardless of when the accident occurred.

The comparison of the distribution of bed-disability days with the distribution of incidence of injuries yields some interesting differences. Motor-vehicle accidents were responsible for about 10 percent of the injuries which occurred during the July 1957-June 1958 period but injuries resulting from this type of accident accounted for about 25 percent of the bed-disability days. The reverse situation exists for home accidents. This type of accident accounted for about 41 percent of the injuries which occurred but accounted for only about 34 percent of the bed-disability days.

Table 15. Number of persons injured[1] by class of accident and quarter: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Class of accident	Annual total	July-September 1957	October-December 1957	January-March 1958	April-June 1958
	Number of persons in millions				
All classes	46.9	14.0	11.0	9.6	12.4
Motor vehicle	4.7	1.2	1.3	0.8	1.4
Work	8.2	2.4	1.8	1.7	2.3
Home	19.1	6.2	3.8	4.3	4.8
Other	14.9	4.2	4.0	2.8	3.9

[1] Includes only persons with injuries involving one or more days of restricted activity or medical attendance.

Table 16. Number of persons injured[1] per 100 persons per year by class of accident and quarter: United States, July 1957-June 1958

(See headnote on table 15)

Class of accident	Annual average	July-September 1957	October-December 1957	January-March 1958	April-June 1958
All classes	27.9	33.5	26.1	22.7	29.2
Motor vehicle	2.8	2.8	3.0	1.9	3.4
Work	4.8	5.6	4.3	4.0	5.3
Home	11.4	14.9	9.1	10.1	11.3
Other	8.9	10.1	9.6	6.6	9.1

[1] Includes only persons with injuries involving one or more days of restricted activity or medical attendance.

Table 17. Number of persons injured[1] by class of accident, sex, and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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]

Sex and age	Class of accident				
	All classes	Motor vehicle	Work	Home	Other
	Number of persons in millions				
Both sexes					
All ages	46.9	4.7	8.2	19.1	14.9
Under 15	16.5	0.4	0.2	9.6	6.3
15-24	7.0	1.2	1.5	1.3	3.1
25-64	19.8	2.7	6.2	5.7	5.1
65+	3.6	0.3	0.3	2.5	0.5
Male					
All ages	27.1	2.9	6.6	9.0	8.6
Under 15	10.3	0.2	0.1	6.0	3.9
15-24	4.7	0.7	1.4	0.6	2.1
25-64	11.0	1.9	4.9	1.7	2.5
65+	1.1	0.1	0.2	0.7	0.1
Female					
All ages	19.8	1.8	1.6	10.1	6.3
Under 15	6.2	0.2	0.1	3.5	2.3
15-24	2.3	0.5	0.1	0.7	1.0
25-64	8.8	0.9	1.3	4.0	2.6
65+	2.5	0.2	0.1	1.9	0.4

[1] Includes only persons with injuries involving one or more days of restricted activity or medical attendance.

Table 18. Number of persons injured[1] per 100 persons per year by class of accident, sex, and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Sex and age	Class of accident				
	All classes	Motor vehicle	Work	Home	Other
Both sexes					
All ages	27.9	2.8	4.8	11.4	8.9
Under 15	31.3	0.8	0.3	18.2	11.9
15-24	33.3	5.8	6.9	6.2	14.5
25-64	24.7	3.4	7.8	7.1	6.4
65+	25.0	2.0	1.9	17.5	3.4
Male					
All ages	33.1	3.5	8.0	11.0	10.5
Under 15	38.4	0.8	0.4	22.5	14.7
15-24	48.2	6.9	13.8	6.1	21.3
25-64	28.4	4.8	12.6	4.4	6.5
65+	16.8	1.9	3.4	10.0	1.4
Female					
All ages	22.9	2.1	1.8	11.7	7.3
Under 15	23.9	0.9	0.2	13.7	9.1
15-24	20.5	4.7	1.0	6.3	8.5
25-64	21.3	2.1	3.2	9.7	6.2
65+	31.9	2.2	0.7	23.9	5.2

[1] Includes only persons with injuries involving one or more days of restricted activity or medical attendance.

Table 19. Number of persons injured[1] by residence and class of accident: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Class of accident	Residence			
	All areas	Urban	Rural nonfarm	Rural farm
	Number of persons in millions			
All classes	46.9	28.4	12.9	5.6
Motor vehicle	4.7	2.7	1.4	0.6
Work	8.2	4.7	2.3	1.1
Home	19.1	11.6	5.5	2.0
Other	14.9	9.4	3.7	1.8

[1] Includes only persons with injuries involving one or more days of restricted activity or medical attendance.

Table 20. Number of persons injured[1] per 100 persons per year by residence and class of accident: United States, July 1957-June 1958

(See headnote on table 19)

Class of accident	Residence			
	All areas	Urban	Rural nonfarm	Rural farm
All classes	27.9	27.6	29.1	26.7
Motor vehicle	2.8	2.6	3.2	3.0
Work	4.8	4.5	5.3	5.4
Home	11.4	11.3	12.3	9.7
Other	8.9	9.2	8.4	8.5

[1] Includes only persons with injuries involving one or more days of restricted activity or medical attendance.

Table 21. Number of days of disability and number of days of disability per 100 persons per year associated with injuries by class of accident: United States, July 1957-June 1958

(See headnote on table 19)

Class of accident	Number of days in millions		Number of days per 100 persons per year	
	Restricted-activity days	Bed-disability days	Restricted-activity days	Bed-disability days
All classes	424.1	113.7	251.9	67.5
Motor vehicle	92.0	28.3	54.6	16.8
Work	84.6	17.2	50.2	10.2
Home	138.4	39.2	82.2	23.3
Other	109.1	29.0	64.8	17.2

PHYSICIAN VISITS

Physician visits distributed by calendar quarter, type of service, and place of visit are presented in tables 22-28.

During the year, July 1957-June 1958, there were approximately 890 million physician visits. Since there are roughly 220,000 practicing physicians in the Nation, physician visits averaged about 4,000 visits per physician. The rate of physician visits per person in the population was calculated to be about 5.3 visits for the year.

A physician visit was defined in the survey as including consultation with a physician (either a doctor of medicine or an osteopathic physician), in person or by telephone, for examination, diagnosis, treatment, or advice. The physician visit may involve service provided directly by the physician or by a nurse or technician acting under the physician's general supervision. Physician visits made while a person was an inpatient in a hospital and services received on a mass basis, such as chest X-rays given in a mobile unit, were not included in the counts of physician visits.

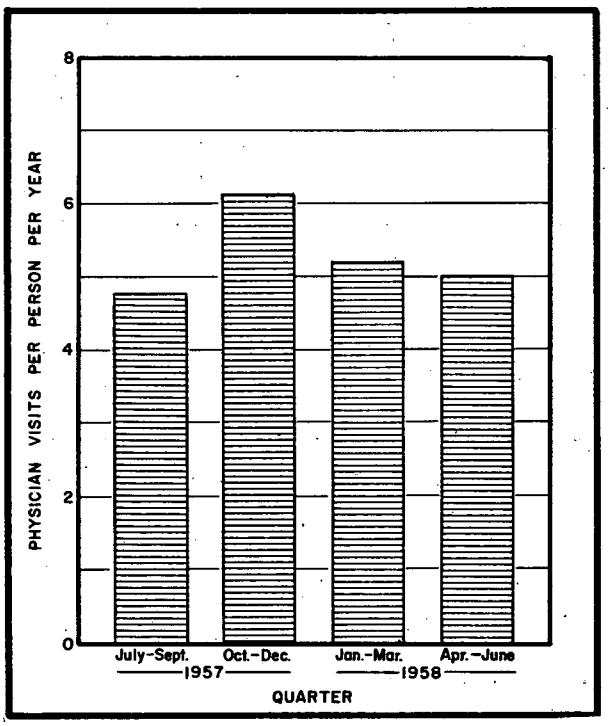

Figure 8. Number of physician visits per person per year by quarter.

It may be seen in table 22 and figure 8 that there was some seasonal variation in the rate of physician visits. Physician visits during the October-December quarter of 1957 were noticeably higher than visits during the other three quarters. Visits were made at a rate of about six visits per person per year during the October-December period as compared with about five visits per person per year during each of the other periods. The extent to which the Asian influenza epidemic was responsible for the rise in physician visits during the last quarter of 1957 is not known, but it may be assumed that it was at least partially responsible.

Table 23 shows that the majority, roughly three fourths, of physician visits for each sex and age group involved diagnosis and treatment. The remaining visits involved "all other services" most of which were preventive in nature, such as a "checkup," pre- and post-natal care, and immunization.

During the year, July 1957-June 1958, females made use of physician services at a greater rate than males, 6.0 visits per person for females as compared with 4.5 visits per person for males. This difference exists in each of the age groups (fig. 9).

There is a definite association between age and rate of physician visits as can be seen in table 23 and figure 9. The rate of visits was relatively high, 6.4 visits per person per year, for the group under 5 years of age, but was considerably lower, 4.2 visits, in the next age group. Physician visits were successively higher in each of the two older age groups with 5.4 and 6.8 visits per year for persons 25-64 and 65 years and over, respectively.

Comparing rates of physician visits among persons in each of the three place-of-residence groups it may be seen that the rate of physician visits was noticeably lower among rural-farm persons than among either rural-nonfarm or urban persons. Rural-farm persons made an average of 3.9 visits per person per year as compared with 5.2 visits for rural-nonfarm persons and 5.6 visits for urban persons (table 24 and fig. 10).

About two thirds of all physician visits (3.4 out of a total of 5.3 visits per person) took place in the physician's office. About 0.5 visits per person per year took place at home, and about 0.5 were made at hospital outpatient clinics. The remaining visits were of other types (table 26).

Looking at place of visit according to age, it may be seen that the rate of physician visits occurring at home was considerably higher among

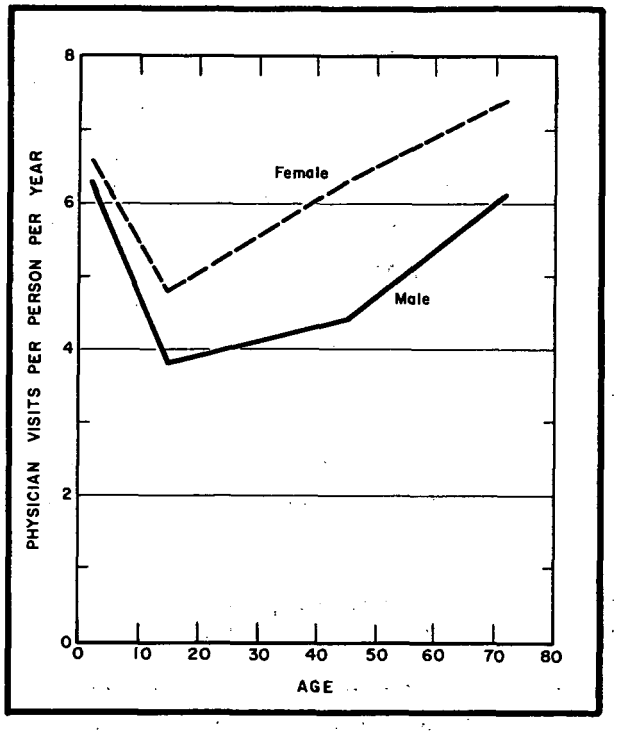

Figure 9. Number of physician visits per person per year by sex and age.

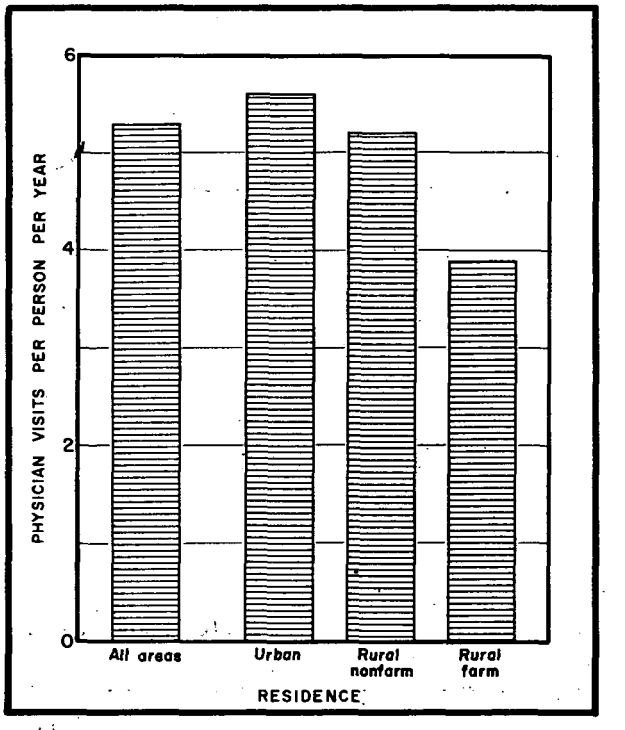

Figure 10. Number of physician visits per person per year by residence.

persons 65 years of age and over than it was among persons in the younger age groups. Persons over 65 experienced about 1.5 home visits per person per year as compared with about 0.5 home visits for persons in the younger age groups. This higher rate of home visits among older persons is no doubt related to the fact that a greater proportion of older persons are restricted in their ability to get around because of chronic conditions.

Visits classified as "Other" include telephone consultations, a fact which helps to explain the higher rate of physician visits in this category for children under 5. Children in this age group averaged 1.6 visits of this type per child per year as compared with rates of 0.7 and 0.6 in the other age groups.

Although persons in the urban, rural-nonfarm, and rural-farm groups were found to have roughly the same rate of office visits, a somewhat larger proportion of total visits among the rural-farm population were office visits. About two thirds of the visits made by urban and rural-nonfarm persons were office visits as compared with about three fourths of the visits for rural-farm persons. One of the elements contributing to this difference would probably be the greater difficulty involved in making home calls in rural-farm areas where the distance factor would be a deterrent.

Table 22. Number of physician visits and number of physician visits per person per year by quarter: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 – June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Quarter	Number of physician visits (in millions)	Number of physician visits per person per year
Annual total	889.9	5.3
July-September 1957	198.9	4.8
October-December 1957	257.7	6.1
January-March 1958	220.4	5.2
April-June 1958	212.9	5.0

Table 23. Number of physician visits and number of physician visits per person per year by type of service, sex, and age: United States, July 1957-June 1958

See headnote on table 22.

Sex and age	Number of physician visits in millions			Number of physician visits per person per year		
	Total visits[1]	Diagnosis and treatment	All other	Total visits[1]	Diagnosis and treatment	All other
Both sexes						
All ages	889.9	670.4	231.5	5.3	4.0	1.4
Under 5	124.5	85.2	41.8	6.4	4.4	2.2
5-24	234.8	166.7	70.3	4.2	3.0	1.3
25-64	431.5	336.6	101.1	5.4	4.2	1.3
65+	99.0	81.9	18.2	6.8	5.6	1.3
Male						
All ages	372.5	292.9	84.1	4.5	3.6	1.0
Under 5	62.3	43.0	20.4	6.3	4.4	2.1
5-24	101.1	76.3	25.8	3.8	2.8	1.0
25-64	168.7	139.3	31.1	4.4	3.6	0.8
65+	40.4	34.2	6.7	6.1	5.2	1.0
Female						
All ages	517.4	377.5	147.5	6.0	4.4	1.7
Under 5	62.2	42.1	21.4	6.6	4.4	2.3
5-24	133.7	90.5	44.5	4.8	3.3	1.6
25-64	262.9	197.2	70.0	6.3	4.8	1.7
65+	58.6	47.7	11.5	7.4	6.1	1.5

[1] Sum of visits by type of service may add to more than the totals shown, since one visit may involve more than one type of service.

Table 24. Number of physician visits and number of physician visits per person per year by type of service and residence: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Residence	Number of visits in millions			Number of visits per person per year		
	Total visits[1]	Diagnosis and treatment	All other	Total visits[1]	Diagnosis and treatment	All other
All areas	889.9	670.4	231.5	5.3	4.0	1.4
Urban	574.7	433.3	149.6	5.6	4.2	1.5
Rural nonfarm	232.2	172.4	62.9	5.2	3.9	1.4
Rural farm	83.0	64.7	19.0	3.9	3.1	0.9

[1] Sum of visits by type of service may add to more than the totals shown, since one visit may involve more than one type of service.

Table 25. Number of physician visits by place of visit, sex, and age: United States, July 1957-June 1958

(See headnote on table 24)

Sex and age	Place of visit				
	Total	Office	Home	Hospital clinic	Other
	Number of physician visits in millions				
Both sexes					
All ages	889.9	578.5	91.2	88.7	131.5
Under 5	124.5	68.6	12.4	11.9	31.6
5-24	234.8	140.6	22.7	30.3	41.2
25-64	431.5	307.9	34.1	39.9	49.6
65+	99.0	61.2	22.0	6.7	9.1
Male					
All ages	372.5	238.8	36.2	39.6	57.9
Under 5	62.3	34.2	6.5	6.0	15.5
5-24	101.1	58.8	9.5	13.1	19.8
25-64	168.7	119.6	12.1	17.6	19.3
65+	40.4	26.2	8.1	2.8	3.3
Female					
All ages	517.4	339.7	54.9	49.1	73.6
Under 5	62.2	34.4	5.8	5.9	16.1
5-24	133.7	81.9	13.2	17.2	21.4
25-64	262.9	188.3	22.1	22.2	30.3
65+	58.6	35.1	13.9	3.9	5.8

Table 26. Number of physician visits per person per year by place of visit, sex, and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Sex and age	Place of visit				
	Total	Office	Home	Hospital clinic	Other
Both sexes					
All ages	5.3	3.4	0.5	0.5	0.8
Under 5	6.4	3.5	0.6	0.6	1.6
5-24	4.2	2.5	0.4	0.5	0.7
25-64	5.4	3.8	0.4	0.5	0.6
65+	6.8	4.2	1.5	0.5	0.6
Male					
All ages	4.5	2.9	0.4	0.5	0.7
Under 5	6.3	3.5	0.7	0.6	1.6
5-24	3.8	2.2	0.4	0.5	0.7
25-64	4.4	3.1	0.3	0.5	0.5
65+	6.1	3.9	1.2	0.4	0.5
Female					
All ages	6.0	3.9	0.6	0.6	0.9
Under 5	6.6	3.6	0.6	0.6	1.7
5-24	4.8	3.0	0.5	0.6	0.8
25-64	6.3	4.5	0.5	0.5	0.7
65+	7.4	4.5	1.8	0.5	0.7

Table 27. Number of physician visits by place of visit and residence: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Residence	Place of visit				
	Total	Office	Home	Hospital clinic	Other
	Number of physician visits in millions				
All areas	889.9	578.5	91.2	88.7	131.5
Urban	574.7	360.3	64.1	57.1	93.2
Rural nonfarm	232.2	155.2	21.8	23.4	31.8
Rural farm	83.0	63.0	5.3	8.2	6.5

Table 28. Number of physician visits per person per year by place of visit and residence: United States, July 1957-June 1958

(See headnote on table 27)

Residence	Place of visit				
	Total	Office	Home	Hospital clinic	Other
All areas	5.3	3.4	0.5	0.5	0.8
Urban	5.6	3.5	0.6	0.6	0.9
Rural nonfarm	5.2	3.5	0.5	0.5	0.7
Rural farm	3.9	3.0	0.3	0.4	0.3

DENTAL VISITS

Dental visits are distributed by calendar quarter and type of service in tables 29-33.

During the year, July 1957-June 1958, there were a total of 269 million dental visits made in the United States. Considering that there are approximately 88,000 practicing dentists in the Nation, dental visits for the year averaged about 3,000 visits per dentist.

There were on the average 1.6 dental visits per person during the 1-year period. Although this rate appears to be fairly consistent with the proverbial plea "see your dentist twice a year," one should keep in mind that this rate is an average. Included in this average are persons who made many dental visits during the year as well as those persons who made no visits at all. It is estimated that roughly two thirds of the population fall into this latter group. Thus, the total number of dental visits during the year were made by a comparatively small proportion of the population.

Each visit to a dentist's office for treatment or advice is considered to be a dental visit. Dental visits include service provided by a dental hygienist or a technician working under a dentist's supervision, as well as service provided directly by the dentist.

Dental visits distributed by calendar quarter in table 29 show only slight seasonal variation. The rate of dental visits in each of the four quarters fell between 1.4 and 1.7 visits per person per year.

Dental visits varied sharply with age, with children under 5 and persons 65 years and over visiting the dentist at a lower rate than persons in the middle age groups, 0.3 and 0.8 visits per person per year as compared with 2.0 and 1.8 visits (table 31 and fig. 11). The fact that the permanent teeth of children under 5 have not yet erupted and that a large proportion of persons 65 years of age and over have lost all of their permanent teeth probably accounts in part for the low rates of dental visits in these age groups.

Females visited the dentist at a greater rate than males during the year, July 1957-June 1958. Females averaged 1.8 visits per person per year as compared with a rate of 1.4 visits for males (table 31). This difference between the rates of males and females exists in the two age groups, 5-24 and 25-64, but the younger and older age groups showed virtually the same rates for males and females.

Teeth were filled in about 43 percent of all dental visits. The category, "fillings," includes both temporary and permanent fillings, inlays, crowns, and so forth. About 17 percent of all visits involved extractions, which include all types of dental surgery and related activity, such as removal of stitches. In about 10 percent of the visits the patients' teeth were cleaned and in about 34 percent of the visits some other type of service was performed,

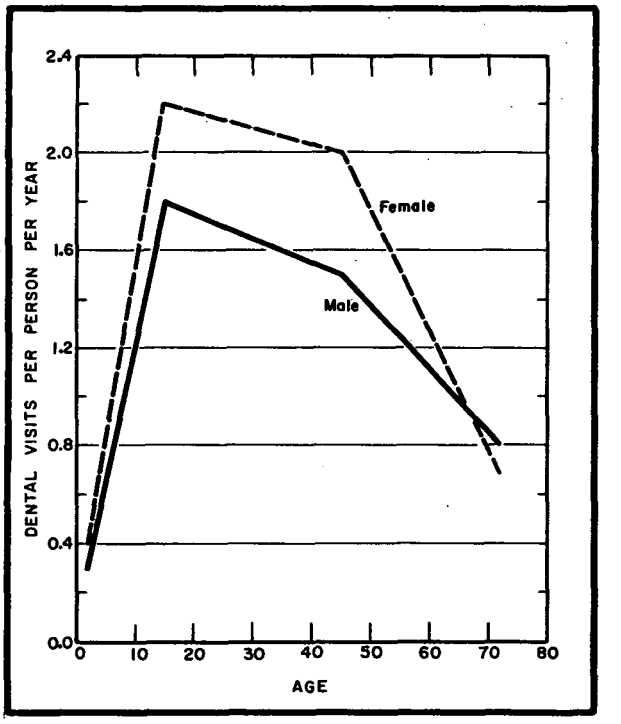

Figure 11. Number of dental visits per person per year by sex and age.

such as bridge or plate fitting or repair, teeth straightening, or gum treatment. In tabulating dental visits according to type of service, a visit was tallied under each category of service performed during the visit. Because of this duplication, the sum of dental visits by type of service will be greater than the total number of visits actually made.

Examining the type of service received by age, it can be seen that visits which included fillings were made more frequently among persons 5-24 and 25-64 years old than among persons in the younger or older age groups. About 1.0 and 0.7 visits per person per year involved fillings for persons in the 5-24 and 25-64 year age groups,

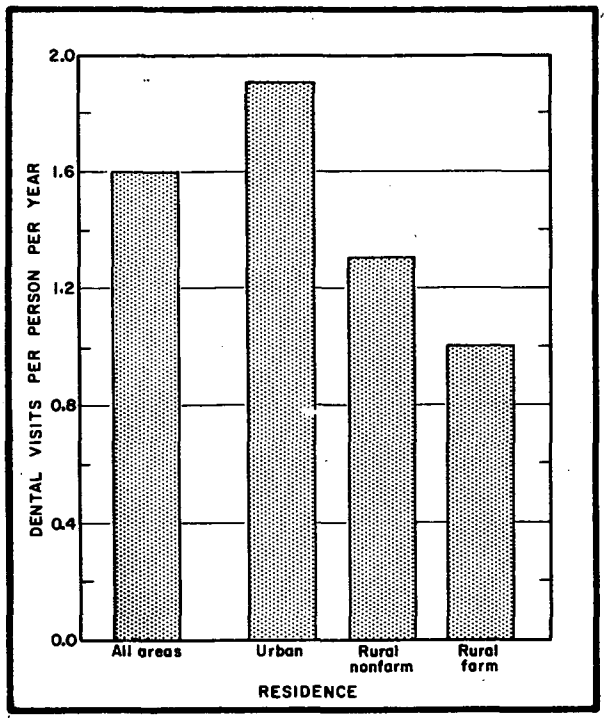

Figure 12. Number of dental visits per person per year by residence.

respectively, whereas only 0.1 visits per person per year involved fillings for the age groups under 5 and 65 years and over. The "other" category showed little variation with age for persons 5 years of age and over. About one half of a visit per person per year made by persons in these age groups involved "other" services. It should be noted, however, that about one half of the visits made by persons 65 and over covered "other" services as compared with about one third for the age groups 5-24 and 25-64. The heavy concentration of bridge and plate work in the dental work done for older persons is probably responsible for this difference.

The differences in rates of dental visits among the three place-of-residence categories are striking (table 33 and fig. 12). Urban persons visited the dentist at the rate of 1.9 visits per person per year, rural-nonfarm persons visited the dentist at the rate of 1.3 visits per person per year, and rural-farm persons at the rate of 1.0 visits per year. Extractions were performed in a higher proportion of the dental visits of rural-farm persons than of rural-nonfarm or urban persons. The reverse was true for cleaning teeth.

Table 29. Number of dental visits and number of dental visits per person per year by quarter: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Quarter	Number of dental visits (in millions)	Number of dental visits per person per year
Annual total	269.2	1.6
July-September 1957	67.7	1.6
October-December 1957	68.5	1.6
January-March 1958	60.1	1.4
April-June 1958	72.9	1.7

Table 30. Number of dental visits by type of service, sex, and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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]

Sex and age	Total visits[1]	Type of service			
		Fillings	Extractions	Cleaning	Other
	Number of dental visits in millions				
Both sexes					
All ages	269.2	115.8	45.7	28.0	90.6
Under 5	6.0	2.6	0.5	0.8	2.5
5-24	109.5	56.8	16.3	9.5	30.9
25-64	142.7	54.5	26.5	17.0	50.9
65+	11.0	1.8	2.4	0.7	6.3
Male					
All ages	114.7	48.8	21.5	12.8	36.8
Under 5	2.5	1.2	0.2	0.3	1.0
5-24	47.8	23.4	8.2	4.7	13.7
25-64	58.9	23.4	11.5	7.5	18.9
65+	5.5	0.7	1.5	0.3	3.1
Female					
All ages	154.6	67.0	24.2	15.2	53.8
Under 5	3.5	1.4	0.3	0.5	1.5
5-24	61.7	33.4	8.1	4.8	17.2
25-64	83.8	31.1	15.0	9.5	32.0
65+	5.6	1.1	0.9	0.4	3.2

[1] Sum of visits by type of service may add to more than the totals shown, since one visit may involve more than one type of service.

Table 31. Number of dental visits per person per year by type of service, sex, and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Sex and age	Total visits[1]	Type of service			
		Fillings	Extractions	Cleaning	Other
Both sexes					
All ages	1.6	0.7	0.3	0.2	0.5
Under 5	0.3	0.1	0.0	0.0	0.1
5-24	2.0	1.0	0.3	0.2	0.6
25-64	1.8	0.7	0.3	0.2	0.6
65+	0.8	0.1	0.2	0.0	0.4
Male					
All ages	1.4	0.6	0.3	0.2	0.4
Under 5	0.3	0.1	0.0	0.0	0.1
5-24	1.8	0.9	0.3	0.2	0.5
25-64	1.5	0.6	0.3	0.2	0.5
65+	0.8	0.1	0.2	0.0	0.5
Female					
All ages	1.8	0.8	0.3	0.2	0.6
Under 5	0.4	0.1	0.0	0.1	0.2
5-24	2.2	1.2	0.3	0.2	0.6
25-64	2.0	0.7	0.4	0.2	0.8
65+	0.7	0.1	0.1	0.1	0.4

[1] Sum of visits by type of service may add to more than the totals shown, since one visit may involve more than one type of service.

Table 32. Number of dental visits by type of service and residence: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Residence	Total visits[1]	Type of service			
		Fillings	Extractions	Cleaning	Other
	Number of dental visits in millions				
All areas	269.2	115.8	45.7	28.0	90.6
Urban	191.1	83.6	29.0	21.1	65.2
Rural nonfarm	57.8	24.7	11.3	5.4	18.7
Rural farm	20.3	7.5	5.3	1.4	6.7

[1] Sum of visits by type of service may add to more than the totals shown, since one visit may involve more than one type of service.

Table 33. Number of dental visits per person per year by type of service and residence: United States, July 1957-June 1958

(See headnote on table 32)

Residence	Total visits[1]	Type of service			
		Fillings	Extractions	Cleaning	Other
All areas	1.6	0.7	0.3	0.2	0.5
Urban	1.9	0.8	0.3	0.2	0.6
Rural nonfarm	1.3	0.6	0.3	0.1	0.4
Rural farm	1.0	0.4	0.3	0.1	0.3

[1] Sum of visits by type of service may add to more than the totals shown, since one visit may involve more than one type of service.

POPULATION

Population estimates from the U. S. National Health Survey are presented in this section. These estimates are perhaps the most appropriate population figures to use in conjunction with the health statistics appearing in this report, but they should not be considered as official population estimates. They are included here solely to enable the reader to compute rates for different combinations of categories of data.[2]

The rates contained in this report were computed using health data and population estimates carried out to more places than the rounded figures presented here. Because of this, rates computed from the rounded figures may not agree precisely with rates shown in this publication.

Estimates of the number of persons in the civilian noninstitutional population of the continental United States are distributed by calendar quarter in table 34, by sex and age in table 35, and by place of residence in table 36.

Tables 37 and 39 contain estimates of numbers of children 6-16 years of age in the population distributed according to calendar quarter and age and according to place of residence. These population estimates were used as bases in computing rates of school-loss days rather than actual estimates of numbers of school children, because virtually all children in the 6-16 year age group are enrolled in school.

Tables 38 and 39 contain estimates of numbers of persons classified as "usually working" by calendar quarter and age, and by place of residence. Estimates of "usually working" persons were used as bases in computing all rates of work-loss days included in this report. A person was classified as "usually working" if "working" was reported as the person's major activity, i.e., his activity during most of the 12-month period prior to the week of interview.

Table 34. Population used in obtaining rates shown in this publication by quarter: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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.]

Quarter	Number of persons (in millions)
Annual average[1]	168.4
July-September 1957	167.1
October-December 1957	168.0
January-March 1958	168.8
April-June 1958	169.4

[1] Average population for July 1957-June 1958 was used in obtaining annual rates.

[2] For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States by type of residence, in Current Population Reports: Series P-20.

Table 35. Population used in obtaining rates shown in this publication by sex and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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	Both sexes	Male	Female
	Population in millions		
All ages	168.4	81.9	86.5
Under 5	19.3	9.9	9.5
5-14	33.3	17.0	16.3
15-24	21.1	9.8	11.3
25-64	80.1	38.6	41.5
65+	14.5	6.6	7.9

Table 36. Population used in obtaining rates shown in this publication by residence: United States, July 1957-June 1958

(See headnote on table 35)

Area	Number of persons (in millions)
All areas	168.4
Urban	103.0
Rural nonfarm	44.3
Rural farm	21.0

Table 37. Population used in obtaining rates shown in this publication by quarter and age: United States, July 1957-June 1958

(See headnote on table 35)

Age	Annual average[1]	July-September 1957	October-December 1957	January-March 1958	April-June 1958
	Number of persons in millions				
All ages-6-16	34.7	34.2	34.5	34.8	35.2
6-14	29.5	29.2	29.4	29.6	29.8
15-16	5.2	5.0	5.1	5.2	5.4

[1] Average population for July 1957-June 1958 was used in obtaining annual rates.

Table 38. Population of "usually working"[1] persons used in obtaining rates shown in this publication by quarter and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957 - June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. 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	Annual average[2]	July-September 1957	October-December 1957	January-March 1958	April-June 1958
	Number of persons in millions				
All ages-17+	59.6	59.7	59.9	59.5	59.2
17-24	7.0	6.9	6.9	7.0	7.1
25-64	49.8	49.8	50.2	49.7	49.6
65+	2.7	3.0	2.7	2.7	2.4

[1] Persons who reported "working" as their major activity during the 12-month period preceding the week of interview are classified as usually working.

[2] Average population for July 1957-June 1958 was used in obtaining annual rates.

Table 39. Population of persons 6-16 years of age and population of "usually working"[1] persons 17+ years of age used in obtaining rates shown in this publication by residence: United States, July 1957-June 1958

(See headnote on table 38)

Residence	Persons 6-16 years of age	"Usually working" persons 17+ years of age
	Number of persons in millions	
All areas	34.7	59.6
Urban	19.3	39.0
Rural nonfarm	10.0	14.0
Rural farm	5.4	6.5

[1] Persons who reported "working" as their major activity during the 12-month period preceding the week of interview are classified as usually working.

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report on Selected Survey Topics is one of a series of statistical reports which cover separate health-related topics prepared by the U. S. National Health Survey. The report is based on information collected in the nationwide continuing sample household-interview survey which is a main aspect of the program.

The household-interview survey uses a questionnaire which, in addition to personal and demographic characteristics, requests information on illnesses, injuries, chronic conditions, medical care, dental care, and hospitalization. As interview data relating to each of these various broad subject areas are tabulated and analyzed, separate reports are issued covering one or more specific topics. In the interest of prompt publication, some of these reports are provisional or abbreviated. However, the continuous character of the household survey permits the collection of data for different periods of the year and the gradual accumulation of data sufficient for progressively more detailed classification and tabulation. For this reason preliminary or initial reports may be superseded when a larger volume of data and a need for more detailed information warrant amplification.

Data for Present Report

The present report is based on the consolidated sample for 52 weeks of interviewing ending June 28, 1958.

The population covered by the sample for the household-interview survey is the civilian population of the continental United States living at the time of interview. Although the sample collection covers persons living as inmates of resident-type institutions, data for these persons are not included in the figures given in these reports pending special study of the applicability of an interview-type questionnaire to these persons. The sample does not include members of the Armed Forces, United States nationals living in foreign countries, and crews of vessels. It should also be noted that the estimates shown do not represent a complete inventory of medical conditions existing or services received for any specified calendar period since no adjustment has been made for persons who experienced the condition or service during the reference period of the specific question and who were not living at the time of interview—for most questions, a time lapse of two weeks.

Statistical Design of the Household-Interview Survey

General plan.—The sampling plan of the survey follows multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of an area sample of 372 from among approximately 1,900 geographically defined Primary Sampling Units (PSU's) into which the continental United States has been divided. A PSU is a county, a group of contiguous counties, or a Standard Metropolitan 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 persons are interviewed concerning illnesses, injuries, chronic conditions, disability, and other factors related to health.

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

Sample size and geographic detail.—The national sample plan over a 12-month period includes approximately 115,000 persons from 36,000 households in 6,000 segments, with representation from every State. The over-all sample was designed in such a fashion, that from the annual sample, tabulations can be provided for various geographic sections of the United States and for urban and rural sectors of the Nation.

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

Estimating methods.—Each statistic produced by the survey—for example, the incidence of acute illnesses in a specified period—is the result of two stages of ratio estimation. In the first of these, the ratio factor is 1950 decennial population count to estimated population for 1950 for the U. S. National Health Survey first-stage sample of PSU's. These factors are applied for 132 color-residence classes.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in 76 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 United States population for that calendar quarter.

For prevalence statistics, such as number of persons with impairments or number of persons classified by interval since last medical visit, figures presented for a designated calendar quarter are averages of estimates for all weeks of interviewing in that quarter. Similarly, prevalence data for a year are averages of the four quarterly figures.

For other types of statistics—namely those measuring the number of occurrences during a specified time period—such as number of visits to a doctor, a dentist, or incidence of new illnesses, a similar computational procedure is used, but the statistics have a different interpretation. For many of these items, the questionnaire asks for the respondent's experience over the two calendar weeks prior to week of interview. In such instances, unless a contrary indication is given in the text, the estimated quarterly total for the statistic is simply 6.5 times the average two-week estimate produced by the 13 successive samples taken during the period. The annual total is the sum of the four quarters. Thus, the experience of persons interviewed during a year—experience which actually occurred for each person in a two-calendar week interval prior to week of interview—usually is treated in analysis as though it measured the total of such experience occurring in the year. For most statistics, such interpretation leads to no significant bias.

In some reports, rates for a quarter or six months are converted to an annual basis, in accordance with usual convention, in order to facilitate comparison of rates for time periods of different lengths. It must be remembered that any attempt to interpret such a converted figure as a true annual rate is subject to potential season bias.

The interviewing and estimation procedure, as noted earlier, are designed to reproduce the experience in the reference period of the questionnaire for the population living at the time of interview.

General Qualifications

Nonresponse.—Data were adjusted for nonresponse by a procedure which imputed to persons in a household not interviewed the characteristics of interviewed persons in the same segment. The total noninterview rate was 6 percent; 1 percent was refusal, and the remainder was accounted for by all other reasons, such as failure to find any household respondent after repeated trials.

The interview process.—The statistics presented in this report are based on replies secured in interview of persons in the sampled households. Each person 18 years and over, 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 types of facts such as those concerning the circumstances and consequences of illness or injury and the resulting action taken or sought by the individual can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report all of this type of information.

Rounding of numbers.—Counts in the basic tabulations are made to the nearest whole person or illness although they are not accurate to that detail. Published aggregates are rounded to a level which seems to be utilitarian in analysis. For the present report, in intermediate worksheets all digits to the right of the thousands position were dropped inasmuch as such digits were statistically nonsignificant. Rates and totals are calculated from such worksheet numbers before rounding to broader levels, and therefore may not always appear to be exactly consistent with published rounded components.

Population figures.—Some of the published tables include population figures for specified categories. These figures are based on the sample of households in the U. S. National Health Survey, are given solely for the purpose of providing denominators for rate computation, and are more appropriate for use with the accompanying measures of health characteristics than any other data that may be available. In some instances, they will permit users to recombine published data into classes more suitable to their specific needs. The population figures are not official estimates, in some cases being themselves subject to considerable variability, and as such should be used only for computation of rates in connection with data given in this report. For fuller details on population estimates see Bureau of the Census reports in the P-20 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 2½ times as large.

The estimates of standard errors shown in the following tables are approximations for the 372-area sample. Table A shows the average estimates of standard errors as obtained from four quarters of sampling for selected statistics. The figures presented in tables B through E may be used for other statistics. Not every report published by the Health Survey will include all

Table A. Standard error of estimates of selected statistics

The statistic (a)	Sample estimate (b)	Standard error (c)
	(In millions)	
Total number of physician visits	889.9	15.1
Number of male persons injured in a year	27.1	1.4
Incidence of acute conditions, persons age 65 and over	23.6	1.8

NOTE.—For the statistic named in Column a, the chances are 68 out of 100 that the difference between the sample estimate shown in Column b and the figure that would have been obtained from a complete census is less than the number shown in Column c.

kinds and types of estimates treated in tables B through E. In order to derive standard 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, tables B through E should be interpreted as providing an estimate of approximate standard error rather than as the precise standard error for any specific aggregate or percentage.

The following paragraphs describe the kinds and types of statistics for which each of tables B through E are appropriate, and how the tables can be used in determining standard errors. The "guide" which is shown on page 43 designates which of tables B through E should be used in obtaining standard errors for most of the estimates from the numbered tables of statistics in the present report.

The approximate standard errors for estimates of population characteristics, that is, the number of persons with specified characteristics, can be determined from table B. Table C presents the approximate standard errors for estimates of items which are expressed in person-days, or analogous terms such as bed-days. The standard errors of all other estimates of aggregates lie between the estimated standard errors shown in tables B and C for the same size of estimate.

The following rules of thumb provide a method for estimating the standard errors for items other than persons or days. If the item usually takes on either the value 0 or 1, but on occasion may take on the value 2, or very rarely, the value 3, for a single individual for the period of reference, use the approximate standard error shown in table B for the appropriate size of estimate. The period of reference is the time period for which the question is asked and is in most instances either two weeks or twelve months. (See wording of particular question.) Examples of this type of item are: (1) Number of operations, and (2) number of acute conditions involving one or more days of disability. If the item in most cases takes on values ranging from 0 through 4 or 5 for a single individual for the period of reference, use the midpoint between the approximate standard errors shown in tables B and C for the corresponding size of estimate. Number of physician visits and number of dental visits are examples of this type of item. The standard errors of items which more frequently take on values greater than 4 or 5 should be approximated by the data shown in table C.

In reading tables B through E, note must be taken of another dimension in which statistics from the survey vary. Tables B through E are constructed to give standard errors for two separate classes of statistics, each based on 52 weeks of interviewing:

Class I consists of statistics on prevalence, and other statistics for which the period of reference in the questionnaire is one year.

Class II consists of statistics for which the period of reference in the questionnaire is two weeks.

Illustration.—During the year, July 1957-June 1958, there were approximately 19.1 million persons who sustained injuries in home accidents that resulted in activity restriction or medical attendance or both. This estimate was made from data obtained for a reference period of two weeks, so it is a Class II statistic. It would be a rare event for a person to have two such accidents in a two-week period. Three accidents would be a still rarer event. Accordingly, the standard error of the estimate is approximately the same as that of a population characteristic and is found from table B. In table B an estimate of size 10 million has a standard error of approximately 1.1 million. A 20 million estimate has approximately a 1.6 million standard error. By interpolating between the two values, the approximate standard error for the incidence of home accidents would be 1.56 million, which rounds to 1.6 million.

For one class of statistics, table B overstates the sampling error by a significant amount. This class consists of estimates of number of persons with a specified characteristic in an age or sex category of the population for which the number of such persons is a large part of the total population in the age or sex category. Such a statistic has the same relative standard error as does the estimated number expressed as a percent of the total population in the category. Table D may be utilized in computing standard errors for this class of estimates. The relative standard error for any statistic is the standard error divided by the statistic itself.

The standard errors shown in tables B and C are not directly applicable to differences between two sample estimates. The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

The reliability of an estimated rate or percentage, computed by using sample data for both numerator and denominator, depends upon both the size of the rate and the size of the total upon which the rate is based. Generally, estimated rates are relatively more reliable than the corresponding absolute estimates of the numerator of the rate, particularly if the rate is high. Tables D and E, which show approximate standard errors of estimated rates or percentages of estimates of population characteristics and estimates of person-days, respectively, apply when the characteristic used to form the numerator of the percentage or rate is a subclass of the base or denominator.

For ratios or "rates" for which the numerator is not a subclass of the denominator, a rough approxima-

tion may be obtained from the following rule. The relative standard error of such a ratio is equal to the square root of the sum of the squares of the relative standard errors of the numerator and of the denominator. This rule results normally in an overstatement of the true standard error.

Illustration.—Forty-three percent of all dental visits involved fillings. The total number of dental visits made during the year was estimated to be 269.2 million. The standard error "guide" below indicates that the estimate is a class II statistic, and that table D is appropriate. From table D, assuming a base slightly larger than 250 million, a 25-percent characteristic would have a standard error of about 1.0 percentage points. A 50-percent characteristic with the same base has a standard error of approximately 1.3 percentage points. Interpolating between these values, the standard error for dental visits involving fillings as a percent of the total number of dental visits is estimated at 1.2 percentage points.

Guide to use of standard error tables B through E

For estimates found in the data tables		Use sampling error table and class of statistic indicated below*	
Table no.	Variable	For estimates of aggregates	For estimates of rates or percentages
1, 2	Days of restricted activity, bed disability, work loss and school loss	C-II	See text
3	Days of restricted activity and bed disability	C-II	See text
4	Days of work loss and school loss	C-II	See text
5, 6	Days of restricted activity, bed disability, work loss and school loss	C-II	See text
7, 8	Acute conditions	B-II	D-II
9, 10	Acute conditions	B-II	D-II
11,12	Days of restricted activity bed disability, work loss and school loss associated with acute conditions	C-II	See text
13,14	Days of restricted activity, bed disability, work loss and school loss associated with chronic conditions	C-II	See text
15,16	Persons injured	B-II	D-II
17,18	Persons injured	B-II	D-II
19,20	Persons injured	B-II	D-II
21	Days of restricted activity, and bed disability associated with injuries	C-II	See text
22	Physician visits	BC-II	D-II
23	Physician visits	BC-II	D-II
24	Physician visits	BC-II	D-II
25,26	Physician visits	BC-II	D-II
27,28	Physician visits	BC-II	D-II
29	Dental visits	BC-II	D-II
30,31	Dental visits	BC-II	D-II
32,33	Dental visits	BC-II	D-II
34	Persons	B-I	D-I
35	Persons	B-I	D-I
36	Persons	B-I	D-I
37	Persons	B-I	D-I
38	"Usually working" persons	B-I	D-I
39	Persons and "usually working" persons	B-I	D-I

*The letter indicates the table number and the Roman numeral the class of the statistic. For example, an entry B-II indicates that the column for Class II statistics in table B can be used in obtaining the appropriate standard error. An entry of a double letter such as BC-II indicates interpolation between columns II of tables B and C as illustrated in the text of this appendix. The entry "see text" means that the needed standard error cannot be read directly from any table presented, but perhaps can be roughly approximated if instructions in the text of the appendix are followed.

Table B. Standard errors of estimates of population characteristics[1]

(All numbers shown in thousands)

Size of estimate	Standard error	
	Class I items	Class II items
100	22	...
500	50	...
1,000	70	350
2,000	100	500
3,000	120	600
5,000	160	800
10,000	220	1,100
20,000	300	1,600
30,000	330	1,800
50,000	350	2,500
100,000	400	3,500
200,000	...	5,000
500,000	...	7,500
750,000	...	8,400
1,250,000	...	9,500

Table C. Standard error of estimates of person-day characteristics[1]

(All numbers shown in thousands)

Size of estimate	Standard error	
	Class I items	Class II items
500	70	...
1,000	100	500
2,000	140	700
3,000	180	900
5,000	240	1,200
10,000	370	1,500
20,000	600	1,800
30,000	840	3,000
50,000	1,300	3,500
100,000	2,400	5,500
200,000	4,600	8,000
500,000	11,000	15,000
750,000	...	21,000
1,250,000	...	32,000

Table D. Standard error of estimated percentage for population characteristics (body of table expressed in percentage points)[1]

Estimated percentage	Base of percentage (base is shown in thousands)										
Class I items Class II items	100 2,500	500 12,500	1,000 25,000	2,000 50,000	3,000 75,000	5,000 125,000	10,000 250,000	20,000 500,000	30,000 750,000	50,000 1,250,000	100,000 ...
2 or 98--------	3.6	1.6	1.1	0.8	0.7	0.5	0.4	0.3	0.2	0.2	0.1
5 or 95--------	5.6	2.5	1.8	1.3	1.0	0.8	0.6	0.4	0.3	0.3	0.2
10 or 90-------	6.8	3.0	2.1	1.5	1.2	1.0	0.7	0.5	0.4	0.3	0.2
25 or 75-------	9.8	4.4	3.1	2.2	1.8	1.4	1.0	0.7	0.6	0.4	0.3
50----------	12.9	5.8	4.1	2.9	2.4	1.8	1.3	0.9	0.7	0.6	0.4

Table E. Standard error of estimated percentage for person-day characteristics (body of table expressed in percentage points)

Estimated percentage	Base of percentage (base is shown in thousands)										
Class I items Class II items	100 2,500	500 12,500	1,000 25,000	2,000 50,000	3,000 75,000	5,000 125,000	10,000 250,000	20,000 500,000	30,000 750,000	50,000 1,250,000	100,000 ...
2 or 98--------	4.2	1.9	1.3	0.9	0.8	0.6	0.4	0.3	0.2	0.2	0.1
5 or 95--------	6.5	2.9	2.1	1.5	1.2	0.9	0.7	0.5	0.4	0.3	0.2
10 or 90-------	9.0	4.0	2.8	2.0	1.6	1.3	0.9	0.6	0.5	0.4	0.3
25 or 75-------	13.0	5.8	4.1	2.9	2.4	1.8	1.3	0.9	0.8	0.6	0.4
50----------	15.0	6.7	4.7	3.4	2.7	2.1	2.5	1.1	0.8	0.7	0.5

[1] Tables B through D refer to statistics which are based on 52 weeks of interviewing. Relative standard errors for statistics based on 13 weeks of interviewing typically are about 1.9 times those shown in the tables.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

The following are definitions of certain terms used in this report which have a specialized meaning in the U. S. National Health Survey.

Terms Relating to Disability

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

Disability days are classified according to whether they are days of restricted activity, bed-days, hospital days, work-loss days, or school-loss days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms which apply to the working and school-age populations only, but these, too, are days of restricted activity. Hence, "days of restricted activity" is the most inclusive term used to describe disability days.

Restricted-activity day.—A day of restricted activity is a day when a person cuts down on his usual activities for the whole of that day on account of an illness or an injury. The term "usual activities" for any day means the things that the person would ordinarily do on that day. For children under school age, "usual activities" depend upon whatever the usual pattern is for the child's day which will, in turn, be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, "usual activities" might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays "usual activities" are taken to be the things the person usually does on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth.

Restricted activity does not imply complete inactivity but it does imply only the minimum of "usual activities." A special nap for an hour after lunch does not constitute cutting down on usual activities, nor does the elimination of a heavy chore, such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or housewife carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day.

Bed-disability day.—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most of the day" is defined as more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

Work-loss day.—A day is counted as lost from work if the person would have been going to work at a job or business that day but instead lost the entire work day because of an illness or an injury. If the person's regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. Work-loss days are determined only for persons 17 years of age and over.

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

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

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

General Morbidity Terms

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

Conditions, except impairments, are coded by type according to the International Statistical Classification of Diseases, Injuries, and Causes of Death with certain modifications adopted to make the code more suitable for a household-interview type survey. For survey results for the year ending June 30, 1958, the 1948 Revision of the International Classification was used. Impairments are coded according to a special supplementary classification.

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 respond-

ent as having been first noticed more than 3 months before the week of the interview.

Check List of Chronic Conditions

1. Asthma
2. Any allergy
3. Tuberculosis
4. Chronic bronchitis
5. Repeated attacks of sinus trouble
6. Rheumatic fever
7. Hardening of the arteries
8. High blood pressure
9. Heart trouble
10. Stroke
11. Trouble with varicose veins
12. Hemorrhoids or piles
13. Gallbladder or liver trouble
14. Stomach ulcer
15. Any other chronic stomach trouble
16. Kidney stones or other kidney trouble
17. Arthritis or rheumatism
18. Prostate trouble
19. Diabetes
20. Thyroid trouble or goiter
21. Epilepsy or convulsions of any kind
22. Mental or nervous trouble
23. Repeated trouble with back or spine
24. Tumor or cancer
25. Chronic skin trouble
26. Hernia or rupture

Check List of Impairments

1. Deafness or serious trouble with hearing.
2. Serious trouble with seeing, even with glasses.
3. Condition present since birth, such as cleft palate or club foot
4. Stammering or other trouble with speech.
5. Missing fingers, hand, or arm.
6. Missing toes, foot, or leg.
7. Cerebral palsy.
8. Paralysis of any kind.
9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back.

In this report chronic conditions have been classified into the following groups:

Chronic Condition Group	ISC* Codes
Circulatory	330-334, 400-468
Digestive	530-587, 784, 785
Arthritis and rheumatism	720-727
Impairments and other effects of injuries	N800-N999 and other residual defects resulting from injury such as blindness, paralyses and orthopedic defects.
Other impairments	Congenital defects and residual defects resulting from conditions other than injuries.
All other chronic conditions	All other chronic conditions

*International Statistical Classification of Diseases, Injuries, and Causes of Death.

Acute condition.—All conditions not classed as chronic are considered to be acute. Minor acute conditions, both diseases and injuries, involving neither restricted activity nor medical attendance, are excluded from the statistics.

In this report acute conditions have been classified into the following groups:

Acute Condition Group	ISC* Codes
Infectious and parasitic	001-138
Respiratory	470-527, 783
Digestive	530-587, 784, 785
Injuries	N800-N999 except 871, 886-888, 896-898
All other acute conditions	All other acute conditions

*International Statistical Classification of Diseases, Injuries, and Causes of Death.

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

Incidence of conditions.—The incidence of conditions is the estimated number of conditions having their onset in a specified time period. For convenience in making comparisons, incidence rates per person or per 100 persons are expressed on an annual basis, regardless of the time period to which the statistics relate. Thus, in this report the quarterly rates have been multiplied by 4 so as to express them on an annual basis.

Activity-restricting condition.—An activity-restricting condition is a condition which has caused at least 1 day of restricted activity during the 2 calendar weeks before the interview week. The incidence of acute activity-restricting conditions is estimated from the number of such conditions reported as having started in the 2-week period, but a condition starting in the 2-week period which did not result in restricted activity until after the end of that period is not included.

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

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

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

A condition is counted as medically attended if a physician was consulted about it at its onset or at any time thereafter. However, the first medical attention for a condition that was present in the 2 calendar weeks

before the interview may not occur until after the end of the 2-week period, and, in fact, may not occur until after the interview. Such cases are necessarily treated as though there had been no medical attention.

Terms Relating to Persons Injured and Accidents

Injury condition.—An injury condition, or simply an injury, is an acute condition of the type that is classified to the nature of injury code numbers (N800-N999) in the International Statistical Classification of Diseases, Injuries, and Causes of Death. In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes include: effects of exposure, such as sunburn; adverse reactions to immunizations and other medical procedures; and poisonings. Unless otherwise specified, the term injury is used to cover all of these.

As in the case of other acute conditions, acute injury conditions involving neither restricted activity nor medical attendance are excluded from the statistics.

Person injured.—A person injured is one who has sustained an injury in an accident, or in some type of nonaccidental violence. Each time a person is injured he is included in the statistics as a separate "person injured"; hence, one person may be included more than once.

The statistics of persons injured include only persons sustaining injuries which involved medical attendance or at least 1 full day of restricted activity.

Note that the number of persons injured is not equivalent to the number of "accidents" for several reasons: (1) the term "accident," as commonly used, may not involve injury at all; (2) more than one injured person may be involved in a single accident so that the number of accidents resulting in injury would be less than the number of persons injured in accidents; and (3) the term "accident" ordinarily implies an accidental origin, whereas "persons injured," as used in the U. S. National Health Survey, includes persons whose injury resulted from certain nonaccidental violence.

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

Class of accident.—Injuries, injured persons, and resulting days of restricted activity 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) motor-vehicle accidents, (2) accidents occurring while at work, (3) home accidents, and (4) other. These categories are not mutually exclusive. For example, a person may be injured in a motor-vehicle accident which occurred while the person was at work. Except where otherwise specified, the accident class, "motor vehicle," includes "home-motor vehicle" and "work-motor vehicle"; the accident class, "work," includes "home-work"; and therefore the class, "home accidents," excludes combinations with "work" and "motor vehicle."

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

Accidents while at work.—The class of accident is "while at work" if the injured person was 14 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), injured persons for whom the place of injury is unknown, and also persons who experienced adverse reactions to medical procedures. The survey does not cover the military population, but current disability of various types resulting from prior injury 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.

Medical Care Terms

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

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

Physician visits to hospital inpatients are not included.

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

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

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

1. Home is defined as any place in which the person was staying at the time of the physician's visit. It may be his own home, the home of a friend, a hotel, or any other place the person may be staying (except as an overnight patient in a hospital).
2. Office is defined as the office of a physician in private practice only. This may be an office in the physician's home, an individual office in an office building, or a suite of offices occupied by several physicians. For purposes of this survey, physicians connected with prepayment group practice plans are considered to be in private practice.
3. Hospital clinic is defined as an outpatient clinic in any hospital.
4. Other refers to advice or treatment received from a physician or under a physician's general supervision at a school, at an insurance office, at a health department clinic, company or industry health unit, or any other place at which a physician consultation might take place. Telephone contacts where advice is given on a telephone call directly by the physician or transmitted through the nurse are also included in this category.

Type of medical service.—A medical service is a service received when a physician is consulted. For the purposes of this survey, medical services have been categorized into the following broad types: (1) diagnosis and treatment, (2) pre- and post-natal care, (3) general checkup, (4) immunization and vaccination, (5) eye refractions, and (6) other. A single physician visit may result in the recording of more than one type of medical service (though a particular type is not recorded more than once for any one physician visit). Tables showing physician visits classified by type of medical service therefore add to more than the total number of visits. For this report physician services have been grouped into 2 categories, diagnosis and treatment and other. The definitions of these types of medical service are as follows:

1. Diagnosis and treatment include (a) examinations and tests in order to diagnose an illness regardless of whether the examinations and tests resulted in a diagnosis, and (b) treatment or advice given by the physician or under the physician's supervision. The category includes diagnosis alone, treatment alone, and both combined. X-ray either for diagnostic purposes or for treatment are included in this class.
2. Other includes pre- and post-natal care, general checkup, immunization and vaccination, eye refractions, and specific preventive-care services (such as vitamin injections). Also included are all visits where an unknown type of service was reported.

Dental Care Terms

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

Type of dental service.—A dental service is a service received when a dentist or dental hygienist is visited. For purposes of this survey, dental services have been categorized into the following broad types: fillings, extractions, cleaning, examination, denture work, straightening, gum treatment, and other. If a single dental visit involves more than one type of dental service, each type of service is recorded. If a particular type of service is rendered more than once during a single visit, the type of service is nevertheless recorded only once. For example, if during a single dental visit, 1 tooth is extracted and 3 teeth are filled, the types of services rendered during that visit are recorded as "Extractions" and "Fillings," each category being recorded only once. For this report dental services have been grouped into 4 categories. These 4 categories of types of dental services are defined as follows:

1. Fillings include temporary fillings, permanent fillings, inlays, crowns, and similar procedures.
2. Extractions include any dental surgery and related activity such as removal of stitches.
3. Cleaning teeth includes all forms of dental prophylaxis.
4. Other includes examination, denture work, straightening, gum treatment and all types of dental service not listed above.

Demographic Terms

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

Persons usually working.—Persons who reported "working" as their major activity during the 12-month period preceding the week of interview are classified as "usually working." "Usually working" includes paid work as an employee or self-employment in one's own business, professional practice, or farm. "Usually working" also includes unpaid work in a family business or farm. Excluded, however, is work around one's house or unpaid work such as volunteer work for a church, charitable, health, or civic organization. In this report only persons 17 years of age or over are included in the "usually working" population.

Location of Residence Terms

Urban and rural residence.—The definition of urban and rural areas used in the U. S. National Health Survey is the same as that used in the 1950 Census. According to this definition, the urban population comprises all persons living in (a) places of 2,500 inhabitants or more incorporated as cities, boroughs, and villages; (b) incorporated towns of 2,500 inhabitants or more except in New England, New York, and Wisconsin, where "Towns" are simply minor civil divisions of counties; (c) the densely settled urban fringe, including both in-

corporated and unincorporated areas, around cities of 50,000 or more; and (d) unincorporated places of 2,500 inhabitants or more outside any urban fringe. The remaining population is classified as rural.

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

In deciding whether the members of a household reside on a farm or ranch, the statement of the household respondent that the house is on a farm or ranch is accepted, with the following exception. A house occupied by persons who pay cash rent for house and yard only is not counted as a farm or ranch even if the surrounding area is farm land. This special case does not cover: (1) the living quarters of a tenant farmer who rents farm land as well as house and yard; (2) the quarters of a hired hand who receives living quarters on a farm as part of his compensation; or (3) separate living quarters inside a structure which is classified as on a farm. In all these cases the living quarters are counted as on a farm.

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