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DATA EVALUATION AND METHODS RESEARCH

Factors Related to Response in a Health Examination Survey

United States-1960-1962

Cooperation in an adult health examination survey as related to response techniques, and the health attitudes and practices of sample persons.

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CONTENTS

IN THIS REPORT the techniques and procedures used to obtain response in the Health Examination Survey, 1960-62, are presented, and the health attitudes and practices of the examined and unexamined persons to the examination are also discussed.

This survey involved the selection and examination of a nationwide probability sample of the noninstitutionalized population of the United States aged 18-79 years. Of the total sample of 7,710 persons, 6,672 (86.5 percent) were examined and tested.

The value of methodological studies prior to actual data collection, the use of various forms of publicity during the survey, interviewing techniques, and the importance of obtaining interviewers of excellent caliber and retaining these persons over the entire course of the survey are presented.

Questions relating to the health attitudes and practices of the sample persons were asked during a household interview. The answers to these questions are discussed from the point of view of response. Although preliminary studies had shown similar health characteristics for both examined and unexamined persons, unexamined persons were found to consider themselves in better health than the examined, they attributed less importance to having regular checkups, and they were less likely to have a regular doctor. Questions asked about attitudes toward health examination surveys were the most significant ones related to participation in this survey.

SYMBOLS

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FACTORS RELATED TO RESPONSE IN A HEALTH EXAMINATION SURVEY

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INTRODUCTION

The Health Examination Survey (HES) is one of the three major survey programs used by the National Center for Health Statistics to obtain information about the health status of the U.S. population. The overall plan of the HES is to conduct successive, separate cycles of medical examinations, tests, and measurements in specific segments of the national population. Details of the plan and initial program of the HES are described in another report.[1]

The first cycle of the HES was conducted between October 1959 and December 1962 and was directed toward the civilian, noninstitutionalized U.S. population aged 18 through 79 years. Its purpose was to determine, through direct examinations, the prevalence of certain chronic diseases, the status of dental health, the distributions of auditory and visual acuity, anthropometric measurements, and other health-related data in the defined population. A multistage nationwide probability design was used to provide a sample of the defined population. The size of this sample was 7,710 persons. Of these, 6,672 (86.5 percent) were examined. The characteristics of the sample population, the sample design, the response, and the effect of nonresponse on the findings are presented in a previous publication.[2]

In this type of survey the problem of nonparticipation is always an important consideration because of the seriousness of the risks involved. If the unexamined differ from the examined persons with respect to any characteristic covered by the examination, the final estimates for that and other characteristics may be subject to bias, the standard error of the estimates may be seriously increased, and the demographic frame against which the findings are referred may be distorted.

The purpose of this report is to describe, in further detail, some of the techniques and procedures used to obtain the response reported in earlier publications from the Health Examination Survey.[1,2] In addition, some analysis of the health attitudes and practices reported by respondents and nonrespondents is presented.

Methodological Studies

Other voluntary surveys which collect data by direct health examination have, despite intensive persuasion, experienced difficulty in obtaining cooperation, with only about two-thirds of the sample persons participating in the examination.[3–5]

Because of the experience of others and the fact that the HES was national rather than local in scope and was not limited to particular illnesses or conditions, it was considered extremely important to undertake some initial investigation to determine the level of response that could be expected in the survey and the measures that could be adopted to maximize the response.

Two methodological studies were carried out in the early planning stages of the survey to

investigate the related problems of response, cooperation, and attitudes of the public toward a health survey.[6,7] These studies found that 71 percent of the defined population stated that they would consent to a health examination if the time and place were convenient. Other specific findings from these studies and the pilot tests were the basis for the adoption of various techniques and procedures used later in the survey to increase response.

It should be emphasized, therefore, that this portion of the design of the survey--the methodological studies--was of prime importance to the survey with respect to response. On the basis of experience, the exploration of the recognized problems in the area of response should be considered for inclusion in the early planning stages of any survey where the response rate could determine the validity of the data. This recommendation is not new in the area of health surveys. The importance of this type of exploration and the implications of poor response are presented in some depth in another paper.[8]

OPERATIONAL TECHNIQUES

The operational procedures that preceded the household interview are discussed in this section. Specifically, these were the advance arrangements in the form of publicity directed first toward professional groups at the State level and local sample areas, and later toward the general public in the sample areas.

Professional Publicity

The first publicity was provided by personal contacts with State and local health departments and medical, osteopathic, and dental societies at which time the objectives and operational procedures were presented. Individual practitioners in the sample area were then informed of the survey by means of articles in the publications of their own State or county professional journals.

In a nationwide government-sponsored survey like this one, or in fact in any survey whose success hinges on cooperation from these groups, the value and propriety of these procedures do not need to be questioned. From the standpoint of aiding response, the amount of contribution is difficult to assess. It is worthwhile to note that there was no opposition of any kind from any State or local groups, professional or otherwise, during the course of this survey. On the contrary, there were known instances of sample persons who were undecided about coming in for an examination but who, after contacting their physician and receiving an informed and favorable reply, did come for the examination.

General Publicity

General publicity was obtained through a press release to the newspapers covering the sample area. These were timed to appear several days before the initial visits to the households began. Because volunteers could not be accepted for examinations, these releases were kept at a low tone. At some locations, newspapers requested and received permission to photograph and present pictures of the survey in its local surroundings. Radio and television stations were not asked to publicize the survey. However, at some locations, members of the staff were interviewed on public service or community information programs.

Further publicity items were distributed to the households in the segments from which the sample persons were drawn. These were in two forms, both delivered prior to the household interviewing. The first was a letter sent by the Bureau of the Census to each of the households in the segments informing them that an interviewer from the Bureau of the Census would visit them to collect some information about a health survey being conducted by the U.S. Public Health Service. The second was a special newsletter or pamphlet explaining the sponsorship, purpose, nature of the examination, and the confidentiality of the collected data. These were hand-delivered to the sample households as well as other households in the sample neighborhood during the first week of operation.

Effects of General Publicity

The effect of the general publicity does lend itself to some objective evaluation. A specific question (31a, appendix III) "Have you heard or read anything recently about the National Health Survey and the special health examinations being given in this area?" was asked of the sample person during the household interview. If the answer was "yes" he was asked, "In a newspaper or magazine? On TV? Radio? From somebody telling you about it?" All that applied were recorded. (See tables 1-6.)

If the answer to the question 31a was "no," the sample person was shown a clipping or set of clippings about the survey taken from the local newspaper. This served to refresh the person's memory and to provide an association between the article which he may have read but had not related to the question being asked. The presentation of the clippings also helped to further authenticate the survey.

No efforts were made to publicize the survey at the first two locations of the survey--Philadelphia, Pa., and Valdosta, Ga. Excluding these locations, data from this question reveal that 60.5 percent of the sample persons had heard or read about the survey. This percentage ranged among locations from a low of 43 to a high of 75 percent. Including the data for the first two locations, the percentage of persons who knew about the survey from one or more sources decreased slightly to 55.

Within several categories (see appendix I for definitions of terms) this response varied considerably. For example, 59.1 percent of all women in the sample stated that they knew about the survey compared with 50.0 percent for men; rural places 59.7 percent and urban areas 53.3 percent; married persons 57.3 percent compared with 41.3 percent for single persons; and persons with incomes of less than $10,000, 56.9 percent compared with 49.9 percent for those with incomes of $10,000 and over (table 1). (See appendix II, "Technical Notes.")

As would be expected, the National Health Survey (NHS) pamphlet was most frequently mentioned by the sample persons when asked to identify their source of information about the survey. Of the total sample, 42.0 percent mentioned this source; 17.3 percent read about the survey in a local newspaper or magazine; and 15.2 percent heard about it through radio, television, or conversations with other persons (tables A and 4). Approximately 16 percent of the sample persons named more than one source of information (table 1).

Table A. Percent of examined and unexamined persons, by source of information about the survey

Source of information	Sample persons		
	Total	Examined	Unexamined
	Percent		
No information----	41.7	41.3	44.9
NHS pamphlet------	42.0	43.5	33.5
Newspaper and magazine---------	17.3	17.5	16.3
Radio and television-------	8.2	7.9	9.6
Somebody telling--	7.0	7.5	4.2
Item blank--------	3.3	2.5	8.5

NOTE: Columns add to more than 100 percent due to persons mentioning more than one source of information.

The overall examination rate for the survey was 86.5 percent. With the exception of persons hearing about the survey through radio or television, the examination rates of persons reached through each of the other forms of publicity were higher than this overall rate (table 6). Of those persons who were examined, 89.3 percent had learned of the survey through the NHS pamphlet, 87.4 through newspapers, and 92.0 percent learned of the survey through "somebody telling" them about it. Of those knowing through radio or television, 84.2 percent were examined. This rate is virtually identical to that of persons who had not been reached by any publicity.

With the exception of "somebody telling," more women than men were reached by the other types of publicity. The largest difference occurred among those indicating the NHS pamphlet as a source, where 46.5 percent of all

women in the sample were reached compared with 37.0 percent of the men. Since women are more likely than men to be at home during the day it is reasonable that such a difference should exist, especially since more men would be told about the survey by hearing about it from somebody, presumably their wife.

The percent that knew about the survey through "somebody telling" was small, 7.0 percent (table 4). However, the examination rate of 92.0 percent for this group is higher than for any of the other publicity categories (table 6). Why this rate is so high is unknown. It does, however, seem to indicate that one of the methods of persuasion to be mentioned later, that of having an examined person talk to and explain the examination to a possible noncooperator, does have definite merits.

The use of these forms of publicity was also found to have a positive effect in obtaining and scheduling an appointment at the time of initial contact with the sample person. Further discussion of this appears later.

INTERVIEWING TECHNIQUES

Initial Contact

Initial personal contact with the sample households was made by professionally trained Bureau of the Census interviewers used by the Bureau for its own data collection. At this point a household questionnaire of approximately 30 minutes' duration was administered to obtain the household composition, demographic data, and the health status of each household member. Additional questions were asked only of sample persons about their personal assessment of their state of health, their health practices, and their attitudes toward a health survey (appendix III). In order to avoid bias in his answers, these questions were asked before the person was informed that he was a sample person.

These additional questions, which will be discussed later from the point of examination response, can be listed as one of the techniques used to increase response. First, they created rapport and helped to establish in the sample person a frame of mind conducive to a favorable response to the final question, which was a request to come for the examination. Secondly, they provided information which could be used in later persuasive efforts by furnishing insight into the attitudes of those who refused the first offer of an examination.

The household questionnaire not only provided information against which the examination findings could be referred but also made possible the analysis of nonexamination-type characteristics of the respondent and nonrespondent groups. This information was valuable in assessing the possible effect of nonresponse on the findings and distortion of the demographic frame against which the examination findings would be referred.[2]

The interview was concluded by offering the sample person the opportunity to have an examination. The offer was not made through a proxy respondent because it had been clearly demonstrated in a prior methodological study[7] that self-respondents were significantly less willing to commit others to a health examination than to commit themselves. If the consent for examination was obtained, an appointment was immediately scheduled and the sample person was asked to sign a medical authorization form to make his health records from other sources available. Under no circumstances were the Census interviewers to attempt to "persuade" a sample person to come in for the examination or to sign the authorization form. Neither were they to mention to the respondent that someone else would visit the household. A total of 7,407 persons were asked to make an appointment for the examination by the Census interviewers. Of these, 5,706 (77 percent) did make an appointment, 95 percent of whom subsequently were examined.

As mentioned earlier, there was a high degree of positive relationship between prior knowledge of the survey and the success of the Census interviewer in scheduling an appointment. Of the sample persons with no prior knowledge of the survey, only 72.2 percent agreed to an appointment with the Census interviewer (table B). Of persons who had knowledge of the survey from one source, 78.0 percent made appointments, while 81.4 percent of those who had prior information

Table B. Percent of sample persons who made appointment for examination with Census interviewer, by source of information about survey

Source of information	Percent
No information	72.2
Television	74.7
Radio	76.8
Newspaper or magazine	78.8
NHS pamphlet	80.0
Somebody telling	83.5

from two or more sources agreed to the examination. The source of knowledge about the survey through "somebody telling" was most closely related to the making of an appointment by the Census interviewer.

Followup

It was recognized that many of the sample persons who initially declined the invitation by the Census interviewer would later consent to be examined, but the process of resolving their objections to an examination would require considerable time and effort. This followup effort was made by a Health Examination Representative (HER).

The HER's performed three principal functions. The first was to continue and complete any unfinished portions of the work of the Census interviewers including an approach to the few persons who had not been asked to make an appointment for the examination. This latter category included those manifestly unable to leave their homes for an examination and others with a bellicose attitude which was not conducive to an approach at the time of the original interview. The second and most important function was to contact and attempt to convert the sample persons who had not agreed to come for the examination. The third was to visit and reschedule for examination those persons who made but did not keep their appointments.

The general philosophy adopted for the survey was that each case was to be treated individually and that, with few exceptions, cooperation could be achieved if there were sufficient insight into the real source of influence in each case. Therefore, the general approach was to conscientiously pursue each case, either directly by the survey staff or indirectly through other potential influences, until an examination was achieved or until there was without doubt no chance of achieving an examination. Exceptions were those cases which were manifestly unable to take part in the examination or where further pursuit would create problems in public-professional relations. In this pursuit the HER's were given considerable latitude and independence in dealing with each case as long as the efforts and approaches were straightforward and factual.

The followup procedure began with the assignment of the reluctant case to the HER. In the majority of these cases the Census interviewer had recorded information on the household questionnaire pertinent to the reasons for refusals. Verbatim statements, recorded by the Census interviewer, of the sample person's reasons for not wanting to come for a health examination provided guidance as to the best approach for each case. Additional notes and suggestions provided by the Census interviewer such as the best time to call for an interview, language difficulties, influence of other household members, and the need for a more specific statement of the objectives of the survey were valuable in the conduct of a successful interview.

An intense effort was made to obtain an examination appointment for the individual on this initial HER visit since the chance of success on later visits diminished sharply. Generally, there were no more than two calls made by the same HER to the same sample person or household.

Whatever approach was decided upon to persuade the individual to come for the examination, the prime concern of the HER was to win the sample person's confidence and establish rapport. Quite frequently this step was all that was required to motivate cooperation.

The most successful approach used by the HER's was that of personal benefit to the sample person. Its greatest value was in

dealing with middle and lower socioeconomic groups. It was also the most frequent reason given in a postexamination interview for participation in the survey by those persons who had taken the examination.

In using this approach, the HER explained the value of the examination and that the results would be sent if desired to their personal physician (as indicated on the household questionnaire) and become a part of their health record. Those parts of the examination which the sample person could best understand and recognize as beneficial to him were also emphasized. These were the check for diabetes, the chest X-ray, the electrocardiogram, and the tests made for hypertension and heart disease. Persons stating that they had recently had a complete physical examination or were under a doctor's care were told of the other parts of the examination such as the hearing and vision tests which are not usually included in regular physical examinations. In addition, any health conditions given in the household questionnaire were exploited, with direct reference to the conditions, and related to the sample person's benefit from the examination.

While the above approach was the most successful and most frequently used, other approaches to overcome specific objections had to be used. These were used singly or with others including the one mentioned above.

Statements of the sample person that he was too busy, couldn't get off from work, or that the examination was inconvenient were frequent objections. To overcome these objections, emphasis was placed on the fact that there was free transportation to and from the examination center, transportation reimbursement and free parking, only one visit required to a nearby place, no waiting for the examination, and a flexible examination schedule. Scheduling of examinations in the evening and on Saturday and other arrangements were provided to assure cooperation. Offers were made to contact employers to obtain permission for time off from work to attend the examination. During the interview the HER also tried to uncover the real reason for reluctance to participate and then to shift the approach as necessary.

Fear and modesty were quite often the hidden reasons behind the objection just discussed, particularly for unemployed persons. While few persons admitted these reasons, it became apparent that this had been their real objection after many gave their consent following an explanation by the HER of each step of the examination procedure. The explanation was complemented by the use of pictures and other aids stressing that there were no painful or embarrassing procedures such as internal examination, that the examinee would undress only to the waist, an examining gown would be worn at all times, and a chaperone would be present. Infrequently, a procedure such as the drawing of blood or the taking of X-rays seemed to worry the sample person. Consent was usually obtained when it was indicated that such procedures could be omitted from the examination. In the final evaluation there were relatively few instances where procedures had to be omitted for this reason. Finally, in extreme cases, the HER offered to personally pick up the sample person and accompany him to the examination center.

As related previously, efforts were made to minimize the inconvenience to the sample person. Unusual circumstances resulting from this approach included 80 unscheduled examinations (cases where the sample person agreed to an immediate examination without an appointment); 15 cases where the sample persons were examined at their own homes for various reasons, chiefly medical; and five cases examined at a later scheduled location.

Other direct approaches centered around the following broad areas:

1. Purpose of the survey in terms of long-range benefits of this research project.
2. Importance of the success of the survey in each community.
3. Importance of the individual in the statistical sample.
4. Acceptance of the survey by local officials and professional and civic groups.

Generally after it was evident that the direct attempts to persuade would not succeed, the next approach was to seek the advice and

assistance of others who might exercise some degree of influence on the sample person. Naturally this approach required a great deal of discretion with respect to both the sample person and the person whose assistance was sought. The decision as to when and what type of indirect approach, if any, was not left solely to the judgment of the HER but was made with the advice and approval of the administrative officer in charge of the operation at each particular location. These approaches were carefully timed and planned, making full use of the information available from all previous visits. The HER's were usually able to obtain information of value in planning such approaches, without direct questioning.

Indirect approaches were made to employers, welfare agencies, personal physicians, ministers, priests, other sample persons, friends, and other members of the family.

Employers were usually approached when permission was needed for the sample person to have time off from work to come in for the examination. As in the majority of indirect approaches, the employer first had to be acquainted with the program and to be made aware of the necessity of having the sample person participate. Where possible, it was preferable to have a member of the HES staff present and to take part, if appropriate, in the interview between the employer and the sample person. If there was any reason to suspect that this approach would endanger employment it was not used.

Welfare agencies and similar organizations were used if the sample person was receiving some benefit from the agency. This approach was not used with the intent of having the agency pressure the individual into participating, and this was explained to the agency, but because representatives of such agencies were influential and usually had rapport with the sample person. This was explained to the agency when its assistance was sought. The interest of the welfare agency itself may have also stimulated the sample person's cooperation.

A sample person's personal physician was contacted only when there were definite reasons to indicate that this course of action was absolutely necessary. When a sample person initiated or volunteered a suggestion during the household interview or during later visits that he might contact his personal physician for advice, the administrative officer in charge of that particular location mailed a form letter and a copy of the local professional news release to the physician named on the household questionnaire. Question 25 (appendix III) asked the name and address of the physician the sample person usually went to. Only in a few rare cases was personal contact made with the physician and then only upon request of the sample person or the physician himself.

Other sample persons, friends, and other family members were sometimes used when it was known that they favored the examination. Other sample persons were particularly effective in persuading after they had received their own examination because they were then able to explain the examination procedure and dispel any doubts or fears of the reluctant sample person.

The importance of the followup efforts described above is evidenced by the fact that of the 1,701 sample persons who initially refused to make an appointment with the Census interviewers, 1,056 (62 percent) were finally examined.

In addition to those cases where persuasion was necessary because of a negative response to the Census interviewer, there were also those who made an appointment during the initial interview which the Census interviewer felt would be broken. These cases were noted on the household questionnaire by the Census interviewer along with the reason for a possible broken appointment. In most cases this was a verbatim statement by the sample person. These were contacted by the HER, preferably in person or by telephone (depending on the circumstances) to reaffirm the appointment. This was done the day before the scheduled appointment.

Persons who did not appear or who cancelled a scheduled appointment were generally contacted the same day. In addition to a direct approach, the rapport between the HER and the sample person in some instances was suf-

ficiently good to create the desire to cooperate if only as a favor to the HER.

Within demographic categories, greater persuasive efforts were required in the large metropolitan areas, particularly in the Northeast Region; among widowed females; among persons with less than $3,000 annual income; and among those with 5-8 years of education.

Table C presents a summary of the results of persuasion and appointment efforts. Of the total sample of 7,710 persons there were 643 who would not make an appointment with either the Census interviewer or the HER; 274 broke their first appointment and refused a second appointment; and 101 refused any further appointments after failing to keep their second appointment. Of the 1,249 persons who failed or refused to keep their first appointment, it was possible to reschedule 975 for a later time, of whom 854 were finally examined.

On the positive side, no contacts for persuasion were required for 4,866 sample persons of which 4,794 (98.5 percent) were examined; 1,284 were contacted for persuasive purposes only once and 1,079 (84.0 percent) were examined. Persons who were contacted for persuasion two times and three or more times had examination rates of 63.7 and 39.5 percent, respectively.

The contribution to the overall response rate of 86.5 percent, therefore, declined rapidly after the first persuasion contact as can be seen from table D.

The use of efficient recordkeeping was of considerable value to the HER in securing cooperation. In addition to the initial information provided by the Census interviewer, detailed accounts of each successive visit were made by the HER. An individual record was maintained for each sample person who did not make an appointment at the time of the initial interview, for persons who did not appear or who cancelled the original appointment, and where the original appointment was felt to be weak. This record, in addition to providing space for the reason for preparation of an individual record, provided a section for each subsequent visit, the name of the HER, date, type of contact (persuasion, nonpersuasion, no one at home), accomplishment (appointment, refusal, reassure weak appointment, etc.), and a section for pertinent details relating to

Table C. Summary of persuasion and appointment efforts

Result of visits	Appointment		
	First	Second	Third
	Number of persons		
Total sample	7,710	1,249	255
Made appointments	7,067	975	154
Examined	5,818	720	134
No persuasion contacts	4,621	158	15
1 persuasion contact	752	301	26
2 persuasion contacts	285	157	39
3 or more	160	104	54
Not examined	1,249	255	20
Cancelled	394	38	-
Did not appear	855	217	20
Refused appointment	643	274	101

Table D. Cumulative examination rate by persuasion contact

Persuasion contact	Sample persons	Examined	Cumulative examination rate
None----------	4,866	4,794	62.2
1----------	1,284	1,079	76.2
2----------	755	481	82.4
3 or more------	805	318	86.5

each contact. The latter included all pertinent details related to each contact including factors which were influential in obtaining an appointment and suggested subsequent actions.

The final reasons of those who did not participate by coming in for an examination were essentially of two types--those resulting from unalterable events and circumstances, such as illness or temporary unavailability, and from refusals stemming from the sample person's opinions or attitudes. This former group, which contributed 19 percent to the ranks of the unexamined, was unavoidably lost because of the nature of the survey and logistics involved. It is felt that a sizable number of these would have been examined if more time had been available.

No attempt was made to categorize the refusals resulting from opinions or attitudes because it was very difficult to discern the real reason for refusing to participate. Furthermore, in the majority of cases, such an appraisal would be necessarily subjective since the conclusions would be based on deductions by the HES staff and any quantification would lend a credence which should not be assigned to this type of data. The following are offered then as suggestions rather than as findings.

There appeared to be a general theme of fear exhibited by those sample persons who gave unqualified refusals. Many of these gave some indication of fear of finding something wrong, reluctance to go to doctors in general, or a feeling of being placed at a disadvantage with a "group of strangers." Others feared that the survey was a ruse to gain medical information in order to "reduce my pension" or "check up" on them in some other way.

While considerable effort was directed toward overcoming these fears and suspicions, they appeared to be too deeply imbedded. Perhaps tempered with the fear was a misunderstanding of the purpose of the survey which was suggested by irrelevant reasons frequently heard such as "I have my own doctor" and "I feel fine."

These reasons also prevailed in a similar study of the Pittsburgh Arthritis Study Group.[5] The findings there indicated that the most common reasons were "prefer my own doctor" and "feeling well."

While a great deal has been mentioned about techniques and procedures of maximizing response, recognition must be given to the individual Health Examination Representative as probably the most important factor in obtaining the high response rate. The role of these workers was unique in the field of interviewing and demanded persons who were highly skilled, conscientious, dedicated to the survey objectives, and well informed in all aspects of the survey. While these characteristics are admittedly difficult to ascertain prior to employment, the interviewers were selected for the most part from those who had previous experience in interviewing or related fields requiring the ability to sell their ideas to others. The attributes of these interviewers were many. A few of the most important would have to include imagination, resourcefulness, persistence, tact, flexibility, and a positive attitude. Stamina was also important because the working hours were long and irregular.

The survey was very fortunate in obtaining interviewers of excellent caliber and during the 3-year period of the survey there was no turnover among the five authorized HER positions. In a job such as this where experience is an important factor and where the availability of qualified personnel is limited, efforts were made to retain these interviewers and to keep their reimbursement commensurate with the recognized difficulty and importance of their position.

HEALTH ATTITUDES AND BEHAVIOR

Questions 23-30, 32, and 33 (appendix III) (tables 7-16) which were asked of the sample person toward the end of the household interview, broached three main topics closely related to participation or nonparticipation in the survey. It is felt that the sample person's responses to those questions concerning (1) his attitude toward his own health, (2) his medical or dental experience, and (3) his attitude toward a health examination survey suggest a pattern of behavior which was manifested in participating or not participating in the survey examination. A comparison of the examined and the unexamined with respect to these attitudes and behaviors is made possible because almost all of the sample persons did respond to the household interview.

Attitude Toward Own Health

The responses to questions 23 and 24 from the household questionnaire concerned the sample person's appraisal of his general state of health and his opinion of the importance of a regular checkup.

In table E are found the percent distributions of the health self-appraisals for the examined and unexamined groups standardized by age and sex within each health appraisal group. A more detailed breakdown by selected demographic characteristics may be found in table 7.

It can be seen that a greater proportion of unexamined than of examined persons considered themselves in excellent health. This was particularly true of women aged 18-34 years, where 53.2 percent of the unexamined persons considered their general health as excellent compared with 39.4 of the examined. That the unexamined would appraise their health as being better than the examined persons is interesting, since a prevailing reason for nonparticipation was "fear of finding something wrong." Just as interesting is the fact that the unexamined persons reported fewer chronic conditions on the interview but were reported by their personal physicians to have disease prevalences equal to those of the examined persons. The personal physicians also appraised the general state of health as being similar for both groups.[2] Consistent with the differential in self health appraisals, however, is the frequency with which the unexamined persons used the reason "I'm feeling well" to reject the examination invitation.

The importance of a regular checkup relates to the topic of personal health "attitude" only in the credence that response to this question implies the person's concern for his health. One could reason that a healthy segment of the

Table E. Percent distribution[1] of examined and unexamined persons, by self-appraisal of health according to sex

State of health	Both sexes		Men		Women	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution					
Excellent	30.8	35.5	31.4	34.6	30.2	36.0
Good	42.7	37.0	42.3	36.8	43.1	37.1
Fair	19.8	15.0	19.2	12.5	20.4	16.5
Poor	5.6	4.5	5.8	3.4	5.4	5.2
Don't know	0.4	0.3	0.4	0.7	0.4	-
Item blank	0.7	7.7	0.9	12.0	0.5	5.2

[1]Adjusted to the age-sex distribution of the total sample.

Table F. Percent distribution[1] of examined and unexamined persons, by importance of having a regular medical checkup according to sex

Importance of a regular checkup	Both sexes		Men		Women	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution					
Very	75.0	66.0	67.8	56.1	81.1	71.9
Fairly	18.0	18.1	23.2	20.6	13.5	17.0
Hardly	3.1	4.0	4.3	6.4	1.9	2.5
Don't know	2.1	3.8	2.5	4.6	1.8	3.2
Item blank	1.8	8.1	2.2	12.3	1.7	5.4

[1]Adjusted to the age-sex distribution of the total sample.

population, as the unexamined persons appeared to be in the responses to the household interview, might understandably be less concerned with checkups. However, all evidence indicates that the unexamined persons were no more healthy than the examined. Nevertheless, there is a difference in the degree of importance which the two groups place on this item. Table F indicates that the unexamined were more conservative in their estimate of the importance of checkups. Although it would be expected that the elderly persons would place greater importance on medical checkups, this is not indicated in table 8. In fact, there is a strong indication that the reverse is true. Only 55.7 percent of the unexamined women 55–79 years considered a regular checkup as very important compared with 81.5 percent in the 18–34-years age group and 73.8 percent in the 35–54 age group. Perhaps here again is an indication of a strong influence of "fear of finding something wrong."

Medical Experience

It is reasonable to assume that differences in past medical experiences between the two response groups may account in some way for differing attitudes toward personal health. One can imagine that a person who has never seen a doctor will place little importance on medical checkups and will report that his state of health is excellent. Items 25–30 of the household questionnaire give a measure of experience in two major areas--medical visits and dental visits.

During the household interview each sample person was asked the question, "Do you have a doctor you usually go to?" In examining the differences between examined and unexamined persons shown in table G, it is apparent that fewer unexamined persons reported having a regular doctor. These differences were found in every age group for both sexes (table 9) with the percentage of women answering "yes" considerably greater than that of men.

In fact, 82.4 percent of the unexamined women answered positively compared with 82.1 percent of the examined men. This might be expected since a high proportion of the females in the sample were of childbearing age and would have greater need for a personal physician.

Those who participated in the examination reported more recent visits to a doctor than did the unexamined group (table 10). This fact, coupled with the facts from the household interview that the unexamined reported fewer hospital visits as well as fewer chronic diseases, would naturally lead one to suspect that this was indeed the healthier segment of sample persons. However, as mentioned previously this does not appear to be the case from the data contributed by the personal physicians of both groups. Mailed questionnaires which

were completed by the personal physicians of similar sample persons from each group showed no significant differences in the reporting of chronic diseases.[2] The distribution of diseases reported by the physicians for the examined group was similar to their own replies to the household questionnaire, whereas these items appeared to be underreported by the unexamined on their questionnaire. This suggests that the unexamined group was suppressing information perhaps as a manifestation of their desire not to cooperate. That this may be the case is also suggested in a study by Chen and Cobb[5] who propose that nonparticipants have "a psychological denial of illness."

The responses to question 27, "Do you get check-ups from a doctor as often as once every two years?" are particularly puzzling when compared with responses to question 26 (table H). One would expect the responses to these two questions to be consistent but there seems to be a contradiction. Answers to question 26 show that 86.8 percent of the examined group reported having seen a doctor within the past 2 years while the unexamined reported 76.0 percent. Yet when asked, "Do you get check-ups from a doctor as often as once every two years?" both groups responded similarly. The percent answering "yes" was 60.1 percent for the examined and 57.6 percent for the unexamined (table 11). Both response groups were inconsistent regarding these two questions and for no apparent reason. Perhaps they inferred a difference between "talked to any doctor" and "get check-ups from a doctor" but no such implication was intended. Furthermore, the wording of the two questions does not lead to this conclusion. Perhaps an explanation does exist for the equal percentages of positive answers to question 27. Here a definite time period, "every two years," was suggested which may have intensified recall. However, if the opinion about the "importance of a regular check-up" expressed in question 24 represents the true one, then it is surprising that a group which places great importance on checkups would perform identically to the group which did not.

The responses to questions 28-30 concerning dental practices were much the same for the examined and unexamined persons (tables 12-14).

Attitude Toward Survey

Cooperation in a health examination survey was reported in a pilot study[6] to be closely associated with the belief of potential gain to the sample person and his desire to aid in medical research. The implications are strong that this is no less the case at the completion of this survey. Further implications indicate that the unexamined persons were simply disinterested. The findings in this area of attitude support these implications.

Table G. Percent distribution[1] of examined and unexamined persons, by whether they had a regular doctor according to sex

Regular doctor	Both sexes		Men		Women	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution					
Yes	86.4	75.6	82.1	64.7	90.1	82.4
No	13.0	17.1	17.0	24.0	9.6	12.7
Item blank	0.6	7.3	0.9	11.3	0.3	4.9

[1]Adjusted to the age-sex distribution of the total sample.

Table H. Percent distribution[1] of examined and unexamined persons, by "time since last talked to any doctor about self" according to sex

Time interval	Both sexes		Men		Women	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution					
Under 6 months	50.0	43.9	44.1	35.3	55.0	49.3
6-11 months	15.8	14.1	16.1	13.0	15.4	14.9
1-2 years	21.0	18.0	23.1	19.1	19.3	17.3
3 years or more	10.9	14.3	13.0	17.9	9.1	12.2
Never	0.8	0.6	1.4	1.0	0.3	0.3
Item blank	1.5	9.1	2.3	13.7	0.9	6.0

[1]Adjusted to the age-sex distribution of the total sample.

Each sample person was asked to rate the importance of cooperating in surveys such as the Health Examination Survey. Table J indicates the percent of persons responding to each of the selected categories from question 32. It is obvious that the unexamined persons were less inclined to attach as high a degree of importance to cooperation on surveys as the examined. This is true of all age-sex groups as well as for the demographic characteristics considered in table 15. Women were prone to rate cooperation higher than the men. It is interesting to note that of the unexamined women in the 18-34 years age group, 70 percent considered cooperation to be "very important," a rate closely comparable with that of the examined men.

By race, the importance placed on cooperation by white persons was lower--73.9 percent for the "very important" category--compared with 78.9 percent of the "other" category of race. Also, unexamined persons in the "other" race category rated cooperation "very important" more often than the examined white persons--74.4 percent compared with 73.9 percent.

One would expect feelings about participating in the examination to be closely related to the importance placed on cooperation. In fact if this question and the questions of importance of cooperation were asked of the sample person *about himself* the distribution of answers to the two questions would probably be similar. By asking for a third-party conclusion (as is done in question 33), however, one gets a measure of the respondent's feelings toward cooperation *and* his reluctance to commit others to the program. This reluctance of the proxy respondent was recognized in a pilot study investigating public attitudes for the National Health Survey.[6]

The percentages in table K reflect the reluctance of sample persons to offer a strong proxy committal. The examined person's reluctance to commit himself to the cooperation of others may play a decisive role here, although the figures are certainly indicative of a greater overall reluctance on the part of the unexamined. This is to be expected if one considers the unexamined person's stronger reluctance to participate personally.

Table J. Percent distribution[1] of examined and unexamined persons, by "importance of cooperation" according to sex

Importance of cooperation	Both sexes		Men		Women	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution					
Very	74.6	57.8	71.9	52.9	76.6	60.8
Fairly	18.0	21.7	19.4	19.1	16.9	23.3
Hardly	1.5	5.1	2.1	7.9	1.1	3.3
Don't know	3.7	6.9	4.1	6.4	3.5	7.3
Item blank	2.2	8.5	2.5	13.7	1.9	5.3

[1]Adjusted to the age-sex distribution of the total sample.

Of all the questions asked about health practices and attitudes this question (question 33) was the best indicator of personal response and behavior. Of the sample persons indicating "certainly," 92.5 percent were examined; "probably," 89.0 percent; and "probably not," 82.6 percent.

SUMMARY

Techniques and procedures used to obtain a response rate of 86.5 percent for a national sample of 7,710 persons selected to participate in a health examination survey are presented.

Table K. Percent distribution[1] of examined and unexamined persons, by "feeling about coming for a health examination" according to sex

Feeling about coming for examination	Both sexes		Men		Women	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution					
Certainly	16.8	8.7	17.2	7.4	16.4	9.5
Probably	59.5	48.8	58.6	45.8	60.1	50.8
Probably not	12.6	17.6	13.7	18.1	11.6	17.2
Don't know	8.8	16.4	7.9	15.2	9.7	17.1
Item blank	2.3	8.5	2.6	13.5	2.2	5.4

[1]Adjusted to the age-sex distribution of the total sample.

The use of specially trained interviewers during the 3-year period of the survey and the ability to retain these persons and their specially developed skills during the entire period are considered to be the most important factors contributing to the response success of the survey.

The most successful approach used by the interviewers to persuade persons to participate in this survey was the personal benefit they would obtain from the examination. For those completing the examination, this reason was also the one most frequently mentioned for coming. Except for such obvious reasons as illness or temporary absence, the majority of reasons for nonparticipation were difficult to ascertain. However, most refusals appeared to be based on the premise of fear of finding something physically wrong, fear of doctors, or fear that the information obtained would be used against them in some way. Other prominent reasons given by the unexamined were that they had their own doctor or that they were feeling fine.

Various forms of publicity were used throughout the survey. News releases to local newspapers and a pamphlet distributed to homes in the sample areas were most widely used. Both of these were important factors in obtaining an appointment for the examination at the time of initial contact and consequently the health examination.

The health attitudes and behavior of examined and unexamined persons are also discussed on the basis of information obtained during the household interview prior to the invitation to participate in the health examination. Unexamined persons in the survey were largely those who attributed less importance to having a regular medical checkup, were less likely to have a regular doctor, and considered themselves to be in better health than the examined group. Perhaps the most significant questions relating to participation in this survey were those of how persons would feel about coming in for a health examination and the importance of cooperation in a health examination survey. Approximately 75 percent of the examined persons felt cooperation was very important compared with 58 percent of the unexamined. A brief summary of health attitudes and behavior of these two groups is shown below.

Table L. Percent of examined and unexamined persons who made specified reports of their health attitudes and behavior

Attitudes and behavior	Examined	Unexamined
	Percent	
Attitude toward own health		
Excellent health	30.8	35.5
Very important to have checkup	75.0	66.0
Medical experience		
Have regular doctor	86.4	75.6
Have checkup every 2 years	60.1	57.6
Have regular dentist	60.6	57.2
See dentist at least once a year	37.1	36.5
Attitude toward survey		
Will certainly or probably come for examination	76.3	57.5
Very important to cooperate	74.6	57.8

In addition, it should be pointed out that on all topics of health attitudes and behavior the response "don't know" or "item blank" was considerably greater for the unexamined--suggesting a greater manifestation of a uncooperative attitude.

REFERENCES

[1]National Center for Health Statistics: Plan and initial program of the Health Examination Survey. *Vital and Health Statistics*, PHS Pub. No. 1000-Series 1-No. 4. Public Health Service. Washington. U.S. Government Printing Office, July 1965.

[2]National Center for Health Statistics: Cycle I of the Health Examination Survey, sample and response, United States, 1960-1962. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 11-No. 1. Public Health Service. Washington. U.S. Government Printing Office, Apr. 1964.

[3]Commission on Chronic Illness in 1953-1954: Chronic illness in a large city, the Baltimore Study. *Chronic Illness in the United States*, Vol. IV. Cambridge. Harvard University Press, 1957.

[4]Commission on Chronic Illness: Chronic illness in a rural area, the Hunterdon Study. *Chronic Illness in the United States*, Vol. III. Cambridge. Harvard University Press, 1959.

[5]Chen, E., and Cobb, S.: Further study of the nonparticipation problems in a morbidity survey involving clinical examination. *J.Chron. Dis*. 7:321-331, 1958.

[6]National Center for Health Statistics: Attitudes toward cooperation in a health examination survey. *Health Statistics*. PHS Pub. No. 584-D-Series D-No. 6. Public Health Service. Washington, D.C., July 1961.

[7]National Center for Health Statistics: Cooperation in health examination surveys. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 2-No. 9. Public Health Service. Washington. U.S. Government Printing Office, July 1965.

[8]Cobb, S., King, S., and Chen, E.: Differences between respondents and nonrespondents in a morbidity survey involving clinical examination. *J. Chron. Dis*. 6:95-108, 1957.

DETAILED TABLES

Table 1. Percent distribution of sample persons, by number of publicity items checked according to selected characteristics: United States, 1960-62

Characteristic	Total	Number of publicity items checked				Item blank
		None	1	2	3 or more	
Both sexes	Percent distribution					
Total, 18-79 years	100.0	41.7	39.5	12.3	3.2	3.3
18-34 years	100.0	45.9	38.3	10.2	1.8	3.8
35-54 years	100.0	38.0	40.6	14.3	4.3	2.8
55-79 years	100.0	41.9	39.3	12.0	3.2	3.6
Men						
Total, 18-79 years	100.0	45.9	36.1	11.2	2.7	4.1
18-34 years	100.0	51.4	33.6	8.9	1.5	4.6
35-54 years	100.0	42.2	37.4	13.0	3.6	3.8
55-79 years	100.0	44.6	37.2	11.4	3.1	3.7
Women						
Total, 18-79 years	100.0	38.2	42.3	13.3	3.5	2.7
18-34 years	100.0	41.5	42.1	11.2	2.1	3.1
35-54 years	100.0	34.6	43.2	15.4	4.9	1.9
55-79 years	100.0	39.5	41.2	12.6	3.3	3.5
Race						
White	100.0	41.9	40.2	12.7	3.2	2.0
Other	100.0	40.2	34.6	10.2	3.1	11.9
Income						
Under $2,000	100.0	39.9	40.5	9.7	3.7	6.2
$2,000-$3,999	100.0	40.2	40.6	13.0	3.7	2.5
$4,000-$6,999	100.0	39.4	41.6	13.8	3.3	1.9
$7,000-$9,999	100.0	42.3	40.4	12.7	3.1	1.5
$10,000 and over	100.0	48.1	35.5	12.1	2.3	2.0
Unknown	100.0	45.6	33.2	10.7	1.9	8.6

Table 1. Percent distribution of sample persons, by number of publicity items checked according to selected characteristics: United States, 1960-62—Con.

Characteristic	Total	Number of publicity items checked				Item blank
		None	1	2	3 or more	
	Percent distribution					
Education						
Under 9 years	100.0	43.0	38.5	10.4	3.5	4.6
9-12 years	100.0	41.2	40.5	12.6	3.4	2.3
13 years and over	100.0	39.9	40.0	15.8	2.3	2.1
Unknown	100.0	46.3	29.3	9.5	0.5	14.4
Marital status						
Single	100.0	52.9	31.9	7.4	2.0	5.8
Married	100.0	39.8	40.6	13.4	3.3	2.9
Separated	100.0	44.2	37.4	11.0	4.3	3.1
Widowed	100.0	40.5	41.2	11.4	3.5	3.4
Divorced	100.0	42.2	40.6	9.2	3.8	4.2
Population size						
Giant metropolitan areas	100.0	49.5	37.1	7.6	1.8	4.0
Other very large SMSA's	100.0	44.7	40.4	10.6	3.0	1.3
Other SMSA's	100.0	44.0	35.6	14.7	4.1	1.6
Other urban	100.0	35.1	42.8	16.6	3.4	2.1
Rural	100.0	34.7	42.4	12.6	3.7	6.6
Location of residence						
Urban	100.0	44.3	38.1	12.2	3.0	2.4
Rural	100.0	34.1	43.7	12.6	3.4	6.2
Region						
Northeast	100.0	43.6	39.8	10.9	3.0	2.7
South	100.0	38.9	40.5	15.1	3.4	2.1
West	100.0	42.5	38.2	11.0	3.2	5.1

Table 2. Percent distribution of sample persons, by selected characteristics according to number of publicity items checked: United States, 1960-62

Characteristic	Number of publicity items checked				Item blank
	None	1	2	3 or more	
	Percent distribution				
Total, 18-79 years	100.0	100.0	100.0	100.0	100.0
Both sexes					
18-34 years	37.6	33.2	28.2	19.7	38.9
35-54 years	36.9	41.6	47.1	54.9	33.9
55-79 years	25.5	25.2	24.7	25.4	27.2
Men					
18-34 years	37.8	31.5	26.9	18.7	38.5
35-54 years	36.8	41.6	46.5	52.1	37.8
55-79 years	25.4	26.9	26.6	29.2	23.7
Women					
18-34 years	37.5	34.4	29.2	20.3	39.5
35-54 years	36.9	41.6	47.4	56.7	28.9
55-79 years	25.6	24.0	23.4	23.0	31.6
Race					
White	86.9	88.1	88.7	86.9	51.8
Other	13.1	11.9	11.3	13.1	48.2
Income					
Under $2,000	15.3	16.4	12.6	18.9	29.6
$2,000-$3,999	17.9	19.1	19.6	21.7	14.0
$4,000-$6,999	27.5	30.7	32.6	30.3	16.7
$7,000-$9,999	14.8	14.9	15.1	14.3	6.6
$10,000 and over	13.4	10.4	11.4	8.6	7.0
Unknown	11.1	8.5	8.7	6.2	26.1

Table 2. Percent distribution of sample persons, by selected characteristics according to number of publicity items checked: United States, 1960-62—Con.

Characteristic	Number of publicity items checked				Item blank
	None	1	2	3 or more	
	Percent distribution				
Education					
Under 9 years	33.7	31.8	27.6	36.1	44.7
9-12 years	47.5	49.5	49.1	51.6	33.5
13 years and over	15.9	16.8	21.3	11.9	10.5
Unknown	2.9	1.9	2.0	0.4	11.3
Marital status					
Single	16.5	10.5	7.8	8.2	22.6
Married	71.0	76.7	81.3	77.0	64.2
Separated	2.2	2.0	1.9	2.9	1.9
Widowed	7.1	7.6	6.7	8.2	7.4
Divorced	3.2	3.2	2.3	3.7	3.9
Population size					
Gaint metropolitan areas	27.8	22.0	14.5	13.1	28.0
Other very large SMSA's	15.8	15.1	12.6	13.9	6.2
Other SMSA's	22.6	19.3	25.6	27.5	10.1
Other urban	15.4	19.9	24.8	19.7	11.3
Rural	18.4	23.7	22.5	25.8	44.4
Location of residence					
Urban	79.3	71.9	74.0	73.0	52.5
Rural	20.7	28.1	26.0	27.0	47.5
Region					
Northeast	35.7	34.4	30.3	32.0	27.2
South	30.3	33.4	39.8	34.4	20.6
West	34.0	32.2	29.9	33.6	52.2

Table 3. Percent of sample persons examined, by number of publicity items checked and selected characteristics: United States, 1960-62

Characteristic	Number of publicity items checked				Item blank
	None	1	2	3 or more	
	Percent examined				
Both sexes					
Total, 18-79 years	85.6	88.4	88.6	89.3	65.8
18-34 years	88.7	91.7	90.7	87.5	83.0
35-54 years	87.4	89.0	90.6	89.6	56.3
55-79 years	78.3	83.2	82.6	90.3	52.8
Men					
Total, 18-79 years	87.6	91.4	89.0	90.6	65.7
18-34 years	91.8	93.4	93.3	94.4	78.2
35-54 years	88.0	92.4	91.8	90.0	59.3
55-79 years	80.9	87.6	79.8	89.3	55.9
Women					
Total, 18-79 years	83.5	86.3	88.4	88.5	65.8
18-34 years	85.6	90.5	89.0	83.3	88.9
35-54 years	86.9	86.7	89.8	89.3	51.5
55-79 years	75.7	79.7	84.7	91.2	50.0
Race					
White	84.8	87.8	88.5	88.7	44.4
Other	91.0	93.1	89.7	93.8	88.7
Income					
Under $2,000	88.4	90.4	85.8	93.5	90.8
$2,000-$3,999	87.2	86.1	89.8	90.6	63.9
$4,000-$6,999	87.4	89.4	91.6	94.6	62.8
$7,000-$9,999	86.6	89.4	86.0	71.4	58.8
$10,000 and over	83.5	89.3	88.9	95.2	33.3
Unknown	75.8	83.8	83.1	80.0	50.7

Table 3. Percent of sample persons examined, by number of publicity items checked and selected characteristics: United States, 1960-62—Con.

Characteristic	Number of publicity items checked				Item blank
	None	1	2	3 or more	
	Percent examined				
Education					
Under 9 years	85.3	86.9	85.5	95.5	80.9
9-12 years	84.9	89.2	89.1	83.3	61.6
13 years and over	89.6	89.8	92.6	96.6	51.8
Unknown	77.4	81.4	78.9	100.0	31.0
Marital status					
Single	87.6	85.6	86.5	80.0	60.3
Married	85.5	89.2	89.5	89.9	69.1
Separated	87.5	90.2	88.9	100.0	60.0
Widowed	79.8	84.5	81.2	90.0	52.6
Divorced	88.1	86.6	86.4	88.9	70.0
Population size					
Gaint metropolitan areas	77.9	81.0	81.2	78.1	37.5
Other very large SMSA's	85.0	88.5	82.5	91.7	50.0
Other SMSA's	88.4	87.9	87.7	85.1	53.8
Other urban	88.5	92.6	94.0	95.8	55.2
Rural	91.5	92.2	92.1	93.6	91.2
Location of residence					
Urban	84.1	86.8	86.9	87.6	47.4
Rural	91.0	92.6	93.5	93.9	86.1
Region					
Northeast	81.8	83.3	85.1	79.7	48.6
South	88.2	91.9	91.8	94.0	58.5
West	87.2	90.3	88.0	93.8	77.6

Table 4. Percent distribution of sample persons, by source of information about the survey and selected characteristics: United States, 1960-62

Characteristic	No information	Source of information					Item blank
		NHS pamphlet	Newspaper or magazine	Somebody telling	Radio	Television	
	Percent distribution						
Both sexes							
Total, 18-79 years	41.7	42.0	17.3	7.0	3.4	4.8	3.3
18-34 years	45.9	39.7	12.2	6.9	2.3	3.7	3.8
35-54 years	38.0	45.1	21.0	8.0	4.1	5.4	2.8
55-79 years	41.9	40.8	18.5	5.6	3.6	5.3	3.6
Men							
Total, 18-79 years	45.9	37.0	16.1	7.4	3.0	3.9	4.1
18-34 years	51.4	32.8	11.0	7.7	2.3	2.6	4.6
35-54 years	42.2	39.4	19.8	8.2	3.1	4.7	3.8
55-79 years	44.6	38.5	17.2	5.8	3.7	4.5	3.7
Women							
Total, 18-79 years	38.2	46.5	18.3	6.7	3.7	5.4	2.7
18-34 years	41.5	45.2	13.1	6.3	2.3	4.5	3.1
35-54 years	34.6	49.8	22.0	7.7	4.9	5.9	1.9
55-79 years	39.5	42.5	19.5	5.4	3.6	6.0	3.5
Race							
White	41.9	42.5	18.7	6.9	3.0	4.6	2.0
Other	40.2	38.9	8.0	7.7	5.4	5.5	11.9
Income							
Under $2,000	39.9	42.5	12.6	5.8	5.1	5.8	6.2
$2,000-$3,999	40.2	42.7	17.9	8.9	3.9	5.1	2.5
$4,000-$6,999	39.4	45.3	19.4	7.1	3.0	5.2	1.9
$7,000-$9,999	42.3	42.0	20.4	6.2	2.8	4.3	1.5
$10,000 and over	48.1	37.8	17.6	6.3	2.6	3.5	2.0
Unknown	45.6	35.5	12.6	6.9	2.3	3.6	8.6

Table 4. Percent distribution of sample persons, by source of information about the survey and selected characteristics: United States, 1960-62—Con.

Characteristic	No information	Source of information					Item blank
		NHS pamphlet	Newspaper or magazine	Somebody telling	Radio	Television	
	Percent distribution						
Education							
Under 9 years	43.0	39.9	13.6	6.9	5.0	5.0	4.6
9-12 years	41.2	43.5	18.4	7.4	2.6	5.0	2.3
13 years and over	39.9	43.8	22.2	6.6	2.8	3.7	2.1
Unknown	46.3	30.3	10.9	3.5	1.0	4.0	14.4
Marital status							
Single	52.9	29.3	11.0	8.3	1.9	2.3	5.8
Married	39.8	44.7	18.6	6.6	3.4	5.0	2.9
Separated	44.2	36.8	11.7	13.5	6.1	8.0	3.1
Widowed	40.5	39.6	17.9	6.9	4.4	5.9	3.4
Divorced	42.2	40.2	14.6	6.7	4.2	5.4	4.2
Population size							
Giant metropolitan areas	49.5	37.1	10.3	4.9	2.5	3.7	4.0
Other very large SMSA's	44.7	44.9	13.5	5.5	2.0	5.3	1.3
Other SMSA's	44.0	39.9	21.6	6.1	3.4	7.1	1.6
Other urban	35.1	47.1	22.5	8.2	4.7	4.3	2.1
Rural	34.7	43.3	18.8	10.0	3.9	3.6	6.6
Location of residence							
Urban	44.3	41.0	17.2	6.4	3.0	5.1	2.4
Rural	34.1	45.2	17.6	8.8	4.4	3.9	6.2
Region							
Northeast	43.6	42.5	15.9	5.4	2.9	4.6	2.7
South	38.9	44.4	20.3	8.2	3.1	5.6	2.1
West	42.5	39.2	15.7	7.5	4.1	4.2	5.1

NOTE: Totals add to more than 100 percent due to persons mentioning more than one source of information.

Table 5. Percent distribution of sample persons, by selected characteristics according to source of information about the survey: United States, 1960-62

Characteristic	No information	Source of information					Item blank
		NHS pamphlet	Newspaper or magazine	Somebody telling	Radio	Television	
	Percent distribution						
Total, 18-79 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Both sexes							
18-34 years	37.6	32.1	23.9	33.8	23.2	26.4	38.9
35-54 years	36.9	43.4	49.1	46.0	49.4	45.5	33.9
55-79 years	25.5	24.5	27.0	20.2	27.4	28.1	27.2
Men							
18-34 years	37.8	30.0	22.9	35.1	26.0	22.5	38.5
35-54 years	36.8	42.8	49.2	44.4	41.3	47.8	37.8
55-79 years	25.4	27.2	27.9	20.5	32.7	29.7	23.7
Women							
18-34 years	37.5	33.6	24.7	32.5	21.3	28.8	39.5
35-54 years	36.9	43.8	48.9	47.5	54.8	44.1	28.9
55-79 years	25.6	22.6	26.4	20.0	23.9	27.1	31.6
Race							
White	86.9	87.4	93.7	85.0	78.4	84.2	63.0
Other	13.1	12.6	6.3	15.0	21.6	15.8	37.0
Income							
Under $2,000	15.3	16.1	11.6	13.3	24.3	19.3	29.6
$2,000-$3,999	17.9	18.9	19.3	23.6	21.6	19.9	14.0
$4,000-$6,999	27.5	31.4	32.7	29.7	25.9	31.6	16.7
$7,000-$9,999	14.8	14.6	17.3	13.0	12.4	13.1	6.6
$10,000 and over	13.4	10.4	11.8	10.4	8.9	8.5	7.0
Unknown	11.1	8.6	7.3	10.0	6.9	7.6	26.1

Table 5. Percent distribution of sample persons, by selected characteristics according to source of information about the survey: United States, 1960-62—Con.

Characteristic	No information	Source of information					Item blank
		NHS pamphlet	Newspaper or magazine	Somebody telling	Radio	Television	
	Percent distribution						
Education							
Under 9 years	33.7	30.9	25.7	32.1	48.2	34.1	44.7
9-12 years	47.5	49.9	51.3	51.0	37.1	50.9	33.5
13 years and over	15.9	17.3	21.3	15.6	13.9	12.8	10.5
Unknown	2.9	1.9	1.7	1.3	0.8	2.2	11.3
Marital status							
Single	16.5	9.1	8.3	15.4	7.3	6.3	22.6
Married	71.0	79.2	80.1	70.3	75.3	77.7	64.2
Separated	2.2	1.8	1.4	4.1	3.9	3.5	1.9
Widowed	7.1	6.9	7.6	7.2	9.6	3.5	7.4
Divorced	3.2	3.0	2.6	3.0	3.9	9.0	3.9
Population size							
Giant metropolitan areas	27.8	20.6	13.9	23.4	17.4	18.3	28.0
Other very large SMSA's	15.8	15.7	11.5	14.8	8.9	16.3	6.2
Other SMSA's	22.6	20.3	26.7	21.4	22.1	32.2	10.1
Other urban	15.4	20.6	23.9	18.3	25.8	16.6	11.3
Rural	18.4	22.8	24.0	22.1	25.8	16.6	44.4
Location of residence							
Urban	79.3	72.7	74.2	67.9	66.4	79.3	52.5
Rural	20.7	27.3	25.8	32.1	33.6	20.7	47.5
Region							
Northeast	35.7	34.6	31.5	34.2	29.7	32.7	28.0
South	30.3	34.3	38.2	32.5	29.7	37.9	20.6
West	34.0	31.1	30.3	33.3	40.6	29.4	51.4

Table 6. Percent of sample persons examined, by source of information about the survey and selected characteristics: United States, 1960-62

Characteristic	No information	Source of information					Item blank
		NHS pamphlet	Newspaper or magazine	Somebody telling	Radio	Television	
	Percent examined						
Both sexes							
Total, 18-79 years	85.6	89.3	87.4	92.0	84.9	83.7	65.8
18-34 years	88.7	91.9	89.3	92.9	81.7	87.6	83.0
35-54 years	87.4	90.3	88.2	94.0	86.7	84.4	56.3
55-79 years	78.3	84.2	84.2	86.2	84.5	78.6	52.8
Men							
Total, 18-79 years	87.6	91.3	89.2	91.5	89.4	89.1	65.7
18-34 years	91.8	93.8	93.8	92.3	88.9	96.8	78.2
35-54 years	88.0	92.6	89.9	93.9	95.3	89.4	59.3
55-79 years	80.9	86.6	84.1	84.9	82.4	82.9	55.9
Women							
Total, 18-79 years	83.5	88.0	86.1	92.5	81.9	80.3	65.8
18-34 years	85.6	90.8	86.3	93.4	75.8	83.3	88.9
35-54 years	86.9	88.8	87.0	94.0	82.4	81.2	51.5
55-79 years	75.7	82.4	84.2	87.5	86.5	75.8	50.0
Race							
White	84.8	88.8	87.1	92.1	84.2	82.5	44.4
Other	91.0	92.9	91.7	91.4	87.5	89.7	88.7
Income							
Under $2,000	88.4	90.6	86.5	97.2	85.7	84.5	90.8
$2,000-$3,999	87.2	88.1	86.4	92.1	89.3	83.6	63.9
$4,000-$6,999	87.4	91.5	89.0	92.5	89.6	89.7	62.8
$7,000-$9,999	86.6	88.2	87.4	85.7	68.8	72.9	58.8
$10,000 and over	83.5	90.8	86.0	94.6	82.6	90.3	33.3
Unknown	75.8	81.9	86.7	88.9	83.3	67.9	50.7

Table 6. Percent of sample persons examined, by source of information about the survey and selected characteristics: United States, 1960-62—Con.

Characteristic	No information	Source of information					Item blank
		NHS pamphlet	Newspaper or magazine	Somebody telling	Radio	Television	
	Percent examined						
Education							
Under 9 years	85.3	88.0	88.6	89.0	87.2	83.2	80.9
9-12 years	84.9	89.5	87.0	92.4	78.1	81.3	61.6
13 years and over	89.6	91.8	88.4	97.6	94.4	91.5	51.8
Unknown	77.4	82.0	68.2	85.7	100.0	100.0	31.0
Marital status							
Single	87.6	86.4	78.2	92.8	84.2	78.3	60.3
Married	85.5	89.8	88.8	92.6	85.1	86.7	69.1
Separated	87.5	90.0	100.0	90.9	80.0	84.6	60.0
Widowed	89.8	88.3	80.2	82.1	88.0	69.7	52.6
Divorced	88.1	87.5	88.6	100.0	80.0	61.5	70.0
Population size							
Giant metropolitan areas	77.9	82.7	73.1	83.1	77.8	74.6	37.5
Other very large SMSA's	85.0	88.6	85.0	88.9	87.0	78.3	50.0
Other SMSA's	88.4	88.6	86.2	93.0	82.1	82.2	53.8
Other urban	88.5	94.0	92.5	97.4	90.0	91.8	55.2
Rural	91.5	92.3	93.1	93.6	88.1	93.4	91.2
Location of residence							
Urban	84.1	87.9	85.6	90.2	82.0	81.4	47.4
Rural	91.0	93.2	92.4	96.0	90.8	92.1	86.1
Region							
Northeast	81.8	85.0	81.4	88.0	74.0	73.3	48.6
South	88.2	92.7	90.6	94.6	93.5	89.9	58.5
West	87.2	90.4	89.6	92.2	86.7	87.0	77.6

Table 7. Percent distribution of examined and unexamined persons, by self-appraisal of "state of health" according to selected characteristics: United States, 1960-62

Characteristic	State of health													
	Total		Excellent		Good		Fair		Poor		Don't know		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution													
Both sexes[1]														
Total, 18-79 years	100.0	100.0	30.8	35.5	42.7	37.0	19.8	15.0	5.6	4.5	0.4	0.3	0.7	7.7
18-34 years	100.0	100.0	42.0	52.0	44.7	34.9	11.2	6.7	1.3	-	0.2	-	0.6	6.4
35-54 years	100.0	100.0	30.0	31.9	44.1	38.2	21.0	17.0	4.1	3.9	0.3	0.5	0.5	8.5
55-79 years	100.0	100.0	17.0	19.1	37.9	38.0	29.7	23.0	13.8	11.6	1.0	0.3	0.6	8.0
Men[1]														
Total, 18-79 years	100.0	100.0	31.4	34.6	42.3	36.8	19.2	12.5	5.8	3.4	0.4	0.7	0.9	12.0
18-34 years	100.0	100.0	44.9	50.0	41.5	34.4	11.1	4.2	1.2	-	0.3	-	1.1	11.5
35-54 years	100.0	100.0	30.6	31.4	43.4	35.9	20.1	14.4	3.0	3.3	0.1	1.3	0.8	13.7
55-79 years	100.0	100.0	15.4	20.1	38.8	41.5	28.3	20.8	16.1	8.2	0.9	0.6	0.5	8.8
Women[1]														
Total, 18-79 years	100.0	100.0	30.2	36.0	43.1	37.1	20.4	16.5	5.4	5.2	0.4	-	0.5	5.2
18-34 years	100.0	100.0	39.4	53.2	47.3	35.3	11.3	8.1	1.5	-	0.2	-	0.3	3.4
35-54 years	100.0	100.0	29.6	32.3	43.1	39.7	21.8	18.8	5.0	4.4	0.3	-	0.2	4.8
55-79 years	100.0	100.0	18.5	18.4	37.1	35.5	31.0	24.6	11.7	14.0	1.0	-	0.7	7.5
Race														
White	100.0	100.0	33.9	33.3	42.6	38.2	18.3	15.8	4.3	5.2	0.4	0.3	0.5	7.2
Other	100.0	100.0	15.1	22.2	44.7	27.8	27.3	25.6	11.6	12.2	0.3	-	1.0	12.2
Income														
Under $2,000	100.0	100.0	16.3	15.1	36.2	36.4	29.5	32.6	16.3	13.6	1.0	-	0.7	2.3
$2,000-$3,999	100.0	100.0	21.6	28.1	46.8	39.1	24.7	17.7	6.0	8.3	0.4	-	0.5	6.8
$4,000-$6,999	100.0	100.0	35.5	40.8	43.6	37.7	18.1	12.1	2.1	3.9	0.3	0.4	0.4	5.1
$7,000-$9,999	100.0	100.0	41.5	41.6	44.5	40.9	12.7	12.8	0.9	0.7	0.1	-	0.3	4.0
$10,000 and over	100.0	100.0	48.0	43.9	40.2	37.7	9.7	9.2	1.6	2.3	-	-	0.5	6.9
Unknown	100.0	100.0	25.6	21.4	45.0	32.0	19.6	19.1	7.3	6.7	0.8	1.1	1.7	19.7
Education														
Under 9 years	100.0	100.0	14.6	18.6	40.3	35.7	31.1	28.3	12.6	11.7	0.7	0.3	0.7	5.4
9-12 years	100.0	100.0	35.1	39.6	46.6	41.2	15.8	11.0	1.8	2.2	0.2	0.4	0.5	5.6
13 years and over	100.0	100.0	53.5	47.8	38.0	34.3	7.1	6.7	0.9	2.2	0.1	-	0.4	9.0
Unknown	100.0	100.0	15.8	17.9	36.6	19.6	31.0	17.9	13.1	8.9	1.4	-	2.1	35.7
Marital status														
Single	100.0	100.0	40.6	36.3	42.9	36.2	13.0	10.7	2.1	0.7	0.6	0.7	0.8	15.4
Married	100.0	100.0	31.5	34.6	43.0	36.6	19.7	17.2	5.0	4.9	0.3	0.3	0.5	6.4
Separated	100.0	100.0	18.8	26.3	47.2	42.1	22.2	15.8	11.1	10.5	-	-	0.7	5.3
Widowed	100.0	100.0	17.6	15.3	38.2	41.9	30.4	20.0	12.0	17.1	0.9	-	0.9	5.7
Divorced	100.0	100.0	25.1	21.8	45.9	40.6	18.8	21.9	8.7	9.4	0.5	-	1.0	6.3
Population size														
Giant metropolitan areas	100.0	100.0	37.5	36.1	42.5	35.6	15.9	13.4	2.8	5.0	0.5	-	0.8	9.9
Other very large SMSA's	100.0	100.0	37.7	29.8	44.0	41.6	14.6	19.3	2.8	4.3	0.5	0.6	0.4	4.4
Other SMSA's	100.0	100.0	34.0	31.4	44.5	39.6	17.1	18.8	3.7	3.4	0.2	1.0	0.5	5.8
Other urban	100.0	100.0	27.1	35.1	42.1	29.8	21.6	14.5	8.0	10.7	0.5	-	0.7	9.9
Rural	100.0	100.0	22.2	23.4	41.6	40.9	26.6	21.2	8.8	8.7	0.3	-	0.5	5.8
Location of residence														
Urban	100.0	100.0	35.3	33.9	43.4	37.9	16.5	16.1	3.8	4.4	0.4	0.3	0.6	7.4
Rural	100.0	100.0	20.1	24.3	41.3	33.8	27.9	20.0	9.7	13.1	0.5	-	0.5	8.8
Region														
Northeast	100.0	100.0	36.1	35.2	44.1	38.3	15.7	15.0	2.8	4.0	0.5	-	0.8	7.5
South	100.0	100.0	25.2	31.8	42.0	34.1	23.2	18.4	8.7	7.5	0.3	-	0.6	8.2
West	100.0	100.0	32.4	28.4	42.6	38.3	19.7	17.5	4.6	7.2	0.4	1.0	0.3	7.6

[1]Adjusted to the respective distribution of the total sample.

Table 8. Percent distribution of examined and unexamined persons, by "importance of a regular checkup" according to selected characteristics: United States, 1960-62

Characteristic	Importance of a regular checkup											
	Total		Very important		Fairly important		Hardly important		Don't know		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution											
Both sexes[1]												
Total, 18-79 years	100.0	100.0	75.0	66.0	18.0	18.1	3.1	4.0	2.1	3.8	1.8	8.1
18-34 years	100.0	100.0	76.4	71.4	17.6	18.6	2.2	1.9	1.1	1.9	2.7	6.2
35-54 years	100.0	100.0	76.9	68.3	18.0	16.2	2.4	2.9	1.4	3.1	1.3	9.5
55-79 years	100.0	100.0	69.9	55.0	18.5	20.7	5.4	8.8	4.6	7.2	1.6	8.3
Men[1]												
Total, 18-79 years	100.0	100.0	67.8	56.1	23.2	20.6	4.3	6.4	2.5	4.6	2.2	12.3
18-34 years	100.0	100.0	67.8	53.1	24.1	28.1	2.9	4.2	1.8	3.1	3.4	11.5
35-54 years	100.0	100.0	69.7	60.1	23.4	16.3	3.4	5.2	2.0	3.3	1.5	15.1
55-79 years	100.0	100.0	65.1	54.1	21.7	17.0	7.5	10.7	4.1	8.8	1.6	9.4
Women[1]												
Total, 18-79 years	100.0	100.0	81.1	71.9	13.5	17.0	1.9	2.5	1.8	3.2	1.7	5.4
18-34 years	100.0	100.0	83.5	81.5	12.0	13.3	1.5	0.6	0.6	1.1	2.4	3.5
35-54 years	100.0	100.0	83.0	73.8	13.6	16.2	1.6	1.3	0.8	3.0	1.0	5.7
55-79 years	100.0	100.0	74.3	55.7	15.5	23.2	3.3	7.5	5.1	6.1	1.8	7.5
Race												
White	100.0	100.0	74.6	63.6	19.6	19.0	3.2	5.3	2.1	4.6	0.5	7.5
Other	100.0	100.0	77.8	70.0	8.2	13.3	2.1	-	1.6	1.1	10.3	15.6
Income												
Under $2,000	100.0	100.0	68.7	60.6	16.3	16.7	4.5	8.3	4.5	10.6	6.0	3.8
$2,000-$3,999	100.0	100.0	78.9	66.7	15.3	17.7	3.1	5.2	1.7	3.6	1.0	6.8
$4,000-$6,999	100.0	100.0	76.7	67.0	18.4	21.4	2.7	3.1	1.5	2.7	0.7	5.8
$7,000-$9,999	100.0	100.0	73.7	67.0	22.7	21.5	2.1	2.7	1.0	3.4	0.5	5.4
$10,000 and over	100.0	100.0	80.1	70.0	17.0	14.6	1.8	5.4	0.7	3.1	0.4	6.9
Unknown	100.0	100.0	68.8	53.4	18.8	16.8	4.2	5.6	3.7	4.5	4.5	19.7
Education												
Under 9 years	100.0	100.0	70.0	61.1	19.0	17.7	4.1	8.3	3.3	6.6	3.6	6.3
9-12 years	100.0	100.0	77.9	67.8	17.5	20.5	2.1	2.6	1.3	3.1	1.2	6.0
13 years and over	100.0	100.0	77.5	68.6	18.0	15.7	3.1	3.0	0.9	3.0	0.5	9.7
Unknown	100.0	100.0	69.0	39.3	13.1	12.5	5.5	7.1	8.3	5.4	4.1	35.7
Marital status												
Single	100.0	100.0	70.1	57.0	21.4	20.8	2.9	2.7	2.3	4.1	3.3	15.4
Married	100.0	100.0	76.0	66.6	17.8	17.5	2.9	5.0	1.7	4.2	1.6	6.7
Separated	100.0	100.0	81.2	73.6	11.1	15.8	1.4	-	4.2	5.3	2.1	5.3
Widowed	100.0	100.0	71.1	56.2	16.6	23.8	5.5	5.7	4.8	4.8	2.0	9.5
Divorced	100.0	100.0	77.3	62.4	15.0	15.6	2.9	9.4	2.4	6.3	2.4	6.3
Population size												
Giant metropolitan areas	100.0	100.0	75.7	64.2	19.0	18.4	3.0	4.5	1.5	2.5	0.8	10.4
Other very large SMSA's	100.0	100.0	73.7	65.3	20.1	18.6	3.4	5.6	2.6	6.2	0.2	4.3
Other SMSA's	100.0	100.0	76.1	63.3	17.9	21.7	3.2	3.4	2.4	5.8	0.4	5.8
Other urban	100.0	100.0	77.9	66.4	17.0	15.3	3.0	3.0	1.3	4.6	0.8	10.7
Rural	100.0	100.0	72.0	62.0	16.7	16.8	2.7	8.8	2.4	5.1	6.2	7.3
Location of residence												
Urban	100.0	100.0	76.5	64.8	18.1	18.9	3.0	4.6	1.8	3.8	0.6	7.9
Rural	100.0	100.0	71.0	59.9	17.7	16.3	3.2	6.3	2.6	7.5	5.5	10.0
Region												
Northeast	100.0	100.0	74.5	64.4	19.9	19.2	2.5	3.7	2.5	5.0	0.6	7.7
South	100.0	100.0	80.9	71.0	13.2	12.2	3.1	5.1	2.2	3.1	0.6	8.6
West	100.0	100.0	69.8	58.1	20.9	22.8	3.4	6.3	1.5	4.3	4.4	8.5

[1]Adjusted to the respective distribution of the total sample.

Table 9. Percent distribution of examined and unexamined persons, by whether they have a regular doctor according to selected characteristics: United States, 1960-62

Characteristic	Regular doctor							
	Total		Yes		No		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution							
Both sexes[1]								
Total, 18-79 years	100.0	100.0	86.4	75.6	13.0	17.1	0.6	7.3
18-34 years	100.0	100.0	83.5	73.6	15.8	20.1	0.7	6.3
35-54 years	100.0	100.0	88.3	78.0	11.3	14.1	0.4	7.9
55-79 years	100.0	100.0	87.3	74.6	12.1	17.6	0.6	7.8
Men[1]								
Total, 18-79 years	100.0	100.0	82.1	64.7	17.0	24.0	0.9	11.3
18-34 years	100.0	100.0	77.1	58.3	21.7	30.2	1.2	16.5
35-54 years	100.0	100.0	84.6	67.9	14.6	19.0	0.8	13.1
55-79 years	100.0	100.0	84.8	67.9	14.7	23.9	0.5	8.2
Women[1]								
Total, 18-79 years	100.0	100.0	90.1	82.4	9.6	12.7	0.3	4.9
18-34 years	100.0	100.0	89.0	82.0	10.7	14.5	0.3	3.5
35-54 years	100.0	100.0	91.3	84.7	8.6	10.9	0.1	4.4
55-79 years	100.0	100.0	89.7	79.3	9.6	13.2	0.7	7.5
Race								
White	100.0	100.0	87.6	75.7	11.9	17.3	0.5	7.0
Other	100.0	100.0	79.3	74.5	19.8	13.3	0.9	12.2
Income								
Under $2,000	100.0	100.0	79.8	72.0	19.4	25.8	0.8	2.2
$2,000-$3,999	100.0	100.0	84.8	76.5	14.7	16.7	0.5	6.8
$4,000-$6,999	100.0	100.0	88.5	77.8	11.1	17.1	0.4	5.1
$7,000-$9,999	100.0	100.0	90.2	81.2	9.4	14.8	0.4	4.0
$10,000 and over	100.0	100.0	91.2	80.8	8.1	12.3	0.7	6.9
Unknown	100.0	100.0	82.1	65.7	16.6	15.7	1.3	18.6

See footnote at end of table.

Table 9. Percent distribution of examined and unexamined persons, by whether they have a regular doctor according to selected characteristics: United States, 1960-62—Con.

Characteristic	Regular doctor							
	Total		Yes		No		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution							
Education								
Under 9 years	100.0	100.0	84.1	77.2	15.3	17.4	0.6	5.4
9-12 years	100.0	100.0	87.4	76.7	12.1	18.1	0.5	5.2
13 years and over	100.0	100.0	88.1	78.4	11.4	12.7	0.5	8.9
Unknown	100.0	100.0	82.8	50.0	15.2	14.3	2.0	35.7
Marital status								
Single	100.0	100.0	78.9	58.4	20.0	26.2	1.1	15.4
Married	100.0	100.0	88.4	79.2	11.1	14.7	0.5	6.1
Separated	100.0	100.0	78.4	68.4	21.6	26.3	-	5.3
Widowed	100.0	100.0	83.0	79.0	15.9	15.2	1.1	5.8
Divorced	100.0	100.0	79.7	65.6	19.8	28.1	0.5	6.3
Population size								
Giant metropolitan areas	100.0	100.0	85.3	74.4	13.7	16.2	1.0	9.4
Other very large SMSA's	100.0	100.0	84.5	75.8	15.2	19.9	0.3	4.3
Other SMSA's	100.0	100.0	86.2	77.8	13.3	16.4	0.5	5.8
Other urban	100.0	100.0	87.8	77.1	11.6	13.7	0.6	9.2
Rural	100.0	100.0	87.5	74.5	12.2	19.7	0.3	5.8
Location of residence								
Urban	100.0	100.0	86.4	75.8	13.0	17.0	0.6	7.2
Rural	100.0	100.0	86.4	74.4	13.2	16.8	0.4	8.8
Region								
Northeast	100.0	100.0	88.0	76.7	11.3	16.2	0.7	7.1
South	100.0	100.0	86.5	75.3	13.0	16.9	0.5	7.8
West	100.0	100.0	84.7	74.2	14.8	18.2	0.5	7.6

[1]Adjusted to the respective distribution of the total sample.

Table 10. Percent distribution of examined and unexamined persons, by "time since last talked to any doctor about self" according to selected characteristics: United States, 1960-62

Characteristic	Time since last talked to any doctor about self													
	Total		Under 6 months		6-11 months		1-2 years		3 years or more		Never		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
Both sexes[1]	Percent distribution													
Total, 18-79 years	100.0	100.0	50.0	43.9	15.8	14.1	21.0	18.0	10.9	14.3	0.8	0.6	1.5	9.1
18-34 years	100.0	100.0	51.4	47.9	17.1	16.7	21.1	15.6	7.4	10.8	1.4	0.4	1.6	8.6
35-54 years	100.0	100.0	47.9	41.6	16.3	14.2	22.6	20.9	11.5	14.1	0.5	0.8	1.2	8.4
55-79 years	100.0	100.0	51.4	42.5	13.0	10.3	18.5	16.5	14.7	19.6	0.4	0.5	2.0	10.6
Men[1]														
Total, 18-79 years	100.0	100.0	44.1	35.3	16.1	13.0	23.1	19.1	13.0	17.9	1.4	1.0	2.3	13.7
18-34 years	100.0	100.0	42.7	31.3	17.2	17.7	24.5	17.7	10.2	16.7	2.5	1.0	2.9	15.6
35-54 years	100.0	100.0	43.1	38.6	17.2	11.8	23.9	20.3	13.2	15.0	0.8	1.3	1.8	13.0
55-79 years	100.0	100.0	47.5	35.8	13.0	8.8	20.2	19.5	16.2	23.9	0.7	-	2.4	12.0
Women[1]														
Total, 18-79 years	100.0	100.0	55.0	49.3	15.4	14.9	19.3	17.3	9.1	12.2	0.3	0.3	0.9	6.0
18-34 years	100.0	100.0	58.6	57.2	17.0	16.3	18.4	14.4	4.9	7.5	0.5	-	0.6	4.6
35-54 years	100.0	100.0	52.0	43.7	15.5	15.7	21.5	21.4	10.0	13.5	0.3	0.4	0.7	5.3
55-79 years	100.0	100.0	54.9	46.9	13.1	11.4	16.9	14.5	13.4	16.7	0.1	0.9	1.6	9.6
Race														
White	100.0	100.0	50.6	43.3	16.2	13.1	20.8	18.0	10.7	16.2	0.4	0.5	1.3	8.9
Other	100.0	100.0	46.2	46.7	13.7	16.7	22.5	16.7	11.3	5.5	2.8	1.1	3.5	13.3
Income														
Under $2,000	100.0	100.0	45.8	42.4	14.2	11.4	19.0	18.9	16.5	20.5	2.2	1.5	2.3	5.3
$2,000-$3,999	100.0	100.0	49.4	44.3	14.5	9.4	22.3	24.5	11.8	13.0	0.3	0.5	1.7	8.3
$4,000-$6,999	100.0	100.0	50.8	40.4	16.4	14.4	21.8	21.0	9.2	16.0	0.4	0.4	1.4	7.8
$7,000-$9,999	100.0	100.0	51.6	49.0	17.2	16.1	22.0	15.4	8.3	14.8	0.5	-	0.4	4.7
$10,000 and over	100.0	100.0	53.5	48.4	18.8	18.5	20.3	13.8	6.3	10.8	0.4	0.8	0.7	7.7
Unknown	100.0	100.0	48.8	39.9	13.3	11.8	19.8	10.7	13.3	16.8	1.2	0.6	3.6	20.2
Education														
Under 9 years	100.0	100.0	46.6	44.0	12.8	10.3	22.3	20.6	14.6	17.7	1.6	0.6	2.1	6.8
9-12 years	100.0	100.0	50.0	43.4	16.9	15.1	21.7	17.9	9.7	15.7	0.5	0.4	1.2	7.5
13 years and over	100.0	100.0	55.7	48.5	19.4	15.7	17.7	16.4	6.1	9.0	0.3	0.7	0.8	9.7
Unknown	100.0	100.0	51.7	30.4	6.2	12.5	17.2	5.3	16.6	12.5	-	1.8	8.3	37.5
Marital status														
Single	100.0	100.0	46.5	31.6	16.5	16.1	21.5	15.4	10.4	18.1	2.6	0.7	2.5	18.1
Married	100.0	100.0	50.7	45.4	16.0	13.4	21.1	19.0	10.4	14.4	0.5	0.4	1.3	7.4
Separated	100.0	100.0	41.0	63.2	16.0	5.3	22.2	5.3	18.1	15.8	-	-	2.7	10.4
Widowed	100.0	100.0	53.0	47.6	11.6	11.4	18.6	15.3	14.0	14.3	0.6	1.9	2.2	9.5
Divorced	100.0	100.0	45.9	31.3	16.9	12.5	25.1	21.9	10.2	25.0	-	-	1.9	9.3
Population size														
Giant metropolitan areas	100.0	100.0	50.9	43.5	15.4	13.7	21.3	17.4	9.5	13.2	0.2	1.0	2.7	11.2
Other very large SMSA's	100.0	100.0	53.4	38.5	15.3	15.6	20.0	21.1	10.0	18.0	0.5	-	0.8	6.8
Other SMSA's	100.0	100.0	49.5	45.9	17.2	13.0	22.4	19.8	9.3	13.5	0.7	-	0.9	7.8
Other urban	100.0	100.0	47.3	50.4	15.8	10.7	21.7	11.4	12.8	17.6	0.5	-	1.9	9.9
Rural	100.0	100.0	49.4	39.4	15.4	13.1	20.0	19.0	12.0	19.0	1.7	1.5	1.5	8.0
Location of residence														
Urban	100.0	100.0	51.0	43.5	16.2	14.1	21.1	18.6	9.6	14.3	0.5	0.5	1.6	9.0
Rural	100.0	100.0	46.9	43.8	14.8	9.4	21.2	14.4	14.0	20.6	1.5	1.2	1.6	10.6
Region														
Northeast	100.0	100.0	50.7	44.4	15.3	12.1	22.1	19.2	9.7	15.0	0.4	0.4	1.8	8.9
South	100.0	100.0	50.9	46.3	15.3	14.1	20.2	16.1	11.2	14.5	0.8	-	1.6	9.0
West	100.0	100.0	48.2	39.9	16.9	14.9	21.1	17.5	11.4	16.5	1.1	1.3	1.3	9.9

[1]Adjusted to the respective distribution of the total sample.

Table 11. Percent distribution of examined and unexamined persons, by response to "do you get checkups from a doctor as often as once every 2 years," according to selected characteristics: United States, 1960-62

Characteristic	Checkup as often as once every 2 years							
	Total		Yes		No		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution							
Both sexes[1]								
Total, 18-79 years	100.0	100.0	60.1	57.6	38.9	34.5	1.0	7.9
18-34 years	100.0	100.0	62.9	63.2	36.0	30.5	1.1	6.3
35-54 years	100.0	100.0	59.1	58.3	40.0	32.5	0.9	9.2
55-79 years	100.0	100.0	57.8	49.1	40.8	42.9	1.4	8.0
Men[1]								
Total, 18-79 years	100.0	100.0	54.4	51.2	44.1	36.8	1.5	12.0
18-34 years	100.0	100.0	55.9	51.0	42.6	36.5	1.5	12.5
35-54 years	100.0	100.0	52.4	52.3	46.1	34.0	1.5	13.7
55-79 years	100.0	100.0	55.4	49.7	42.9	41.5	1.7	8.8
Women[1]								
Total, 18-79 years	100.0	100.0	64.9	61.6	34.3	33.0	0.8	5.4
18-34 years	100.0	100.0	68.9	69.9	30.4	27.2	0.7	2.9
35-54 years	100.0	100.0	64.6	62.5	34.9	31.4	0.5	6.1
55-79 years	100.0	100.0	60.0	48.6	38.9	43.9	1.1	7.5
Race								
White	100.0	100.0	59.9	55.8	39.1	36.7	1.0	7.5
Other	100.0	100.0	61.6	60.0	36.7	26.7	1.7	13.3
Income								
Under $2,000	100.0	100.0	52.8	47.7	46.2	49.3	1.0	3.0
$2,000-$3,999	100.0	100.0	58.1	55.2	40.9	38.0	1.0	6.8
$4,000-$6,999	100.0	100.0	62.7	58.8	36.6	36.2	0.7	5.0
$7,000-$9,999	100.0	100.0	61.7	63.7	37.4	30.9	0.9	5.4
$10,000 and over	100.0	100.0	72.3	68.5	26.8	23.1	0.9	8.4
Unknown	100.0	100.0	51.7	44.4	45.5	36.5	2.8	19.1

See footnote at end of table.

Table 11. Percent distribution of examined and unexamined persons, by response to "do you get checkups from a doctor as often as once every 2 years," according to selected characteristics: United States, 1960-62—Con.

Characteristic	Checkup as often as once every 2 years							
	Total		Yes		No		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution							
Education								
Under 9 years	100.0	100.0	52.6	52.3	46.1	42.3	1.3	5.4
9-12 years	100.0	100.0	61.1	59.0	38.0	34.7	0.9	6.3
13 years and over	100.0	100.0	71.7	63.4	27.3	26.9	1.0	9.7
Unknown	100.0	100.0	59.3	37.5	36.6	26.8	4.1	35.7
Marital status								
Single	100.0	100.0	55.4	45.6	42.6	39.6	2.0	14.8
Married	100.0	100.0	61.0	58.8	38.0	34.2	1.0	7.0
Separated	100.0	100.0	54.9	57.9	44.4	36.9	0.7	5.2
Widowed	100.0	100.0	59.2	53.3	39.5	41.0	1.3	5.7
Divorced	100.0	100.0	62.8	53.1	36.7	37.5	0.5	9.4
Population size								
Giant metropolitan areas	100.0	100.0	62.2	56.0	36.1	33.8	1.7	10.2
Other very large SMSA's	100.0	100.0	62.3	52.8	37.1	42.9	0.6	4.3
Other SMSA's	100.0	100.0	61.7	60.4	37.3	33.3	1.0	6.3
Other urban	100.0	100.0	55.8	56.5	43.4	34.3	0.8	9.2
Rural	100.0	100.0	59.1	54.0	39.7	38.7	1.2	7.3
Location of residence								
Urban	100.0	100.0	62.1	56.7	36.8	35.7	1.1	7.6
Rural	100.0	100.0	54.7	53.1	44.2	36.9	1.1	10.0
Region								
Northeast	100.0	100.0	61.0	55.0	37.8	37.7	1.2	7.3
South	100.0	100.0	61.2	59.2	37.8	32.6	1.0	8.2
West	100.0	100.0	58.3	55.4	40.7	35.6	1.0	9.0

[1]Adjusted to the respective distribution of the total sample.

Table 12. Percent distribution of examined and unexamined persons, by whether they have a regular dentist according to selected characteristics: United States, 1960-62

Characteristic	Regular dentist							
	Total		Yes		No		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution							
Both sexes[1]								
Total, 18-79 years	100.0	100.0	60.6	57.2	38.8	35.4	0.6	7.4
18-34 years	100.0	100.0	65.5	66.6	33.7	27.5	0.8	5.9
35-54 years	100.0	100.0	67.3	62.5	32.2	29.1	0.5	8.4
55-79 years	100.0	100.0	43.2	36.2	56.0	55.8	0.8	8.0
Men[1]								
Total, 18-79 years	100.0	100.0	55.1	48.8	44.0	39.9	0.9	11.3
18-34 years	100.0	100.0	58.3	56.2	40.4	32.3	1.3	11.5
35-54 years	100.0	100.0	62.6	53.6	36.7	33.3	0.7	13.1
55-79 years	100.0	100.0	39.6	32.1	59.7	59.7	0.7	8.2
Women[1]								
Total, 18-79 years	100.0	100.0	65.3	62.5	34.2	32.4	0.5	5.1
18-34 years	100.0	100.0	71.8	72.2	27.9	24.9	0.3	2.9
35-54 years	100.0	100.0	71.2	68.6	28.4	26.2	0.4	5.2
55-79 years	100.0	100.0	46.5	39.0	52.6	53.1	0.9	7.9
Race								
White	100.0	100.0	64.4	55.4	35.0	37.7	0.6	6.9
Other	100.0	100.0	41.2	36.7	57.7	48.9	1.1	14.4
Income								
Under $2,000	100.0	100.0	37.5	35.6	61.7	60.6	0.8	3.8
$2,000-$3,999	100.0	100.0	51.4	46.9	48.1	46.4	0.5	6.7
$4,000-$6,999	100.0	100.0	67.1	59.5	32.4	35.4	0.5	5.1
$7,000-$9,999	100.0	100.0	75.1	65.8	24.4	29.5	0.5	4.7
$10,000 and over	100.0	100.0	81.9	77.7	17.4	15.4	0.7	6.9
Unknown	100.0	100.0	54.5	38.8	43.9	43.3	1.7	18.0

See footnote at end of table.

Table 12. Percent distribution of examined and unexamined persons, by whether they have a regular dentist according to selected characteristics: United States, 1960-62—Con.

Characteristic	Regular dentist							
	Total		Yes		No		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution							
Education								
Under 9 years	100.0	100.0	41.0	36.9	58.2	57.1	0.8	6.0
9-12 years	100.0	100.0	68.4	63.1	31.0	31.5	0.6	5.4
13 years and over	100.0	100.0	80.5	76.1	19.0	15.7	0.5	8.2
Unknown	100.0	100.0	42.1	23.2	55.1	41.0	2.8	35.8
Marital status								
Single	100.0	100.0	65.9	55.7	32.6	29.5	1.5	14.8
Married	100.0	100.0	63.2	57.2	36.3	36.6	0.5	6.2
Separated	100.0	100.0	38.9	47.4	61.1	47.3	-	5.3
Widowed	100.0	100.0	39.6	32.4	59.2	61.0	1.2	6.6
Divorced	100.0	100.0	50.7	40.6	49.3	50.0	-	9.4
Population size								
Giant metropolitan areas	100.0	100.0	69.3	57.7	29.6	32.6	1.1	9.7
Other very large SMSA's	100.0	100.0	62.7	52.8	37.1	42.9	0.2	4.3
Other SMSA's	100.0	100.0	64.3	58.9	35.1	35.3	0.6	5.8
Other urban	100.0	100.0	55.9	42.8	43.4	48.1	0.7	9.1
Rural	100.0	100.0	53.8	46.0	45.6	47.4	0.6	6.6
Location of residence								
Urban	100.0	100.0	64.5	56.0	34.9	36.7	0.6	7.3
Rural	100.0	100.0	51.7	41.3	47.6	49.4	0.7	9.3
Region								
Northeast	100.0	100.0	69.0	58.7	30.2	34.4	0.8	6.9
South	100.0	100.0	54.3	49.0	45.0	43.2	0.7	7.8
West	100.0	100.0	60.1	49.8	39.4	41.6	0.5	8.6

[1] Adjusted to the respective distribution of the total sample.

Table 13. Percent distribution of examined and unexamined persons, by "time since last saw a dentist" according to selected characteristics: United States, 1960-62

Characteristic	Time since last saw dentist about self													
	Total		Under 6 months		6-11 months		1-2 years		3 years or more		Never		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
Both sexes[1]	Percent distribution													
Total, 18-79 years	100.0	100.0	25.7	25.7	13.7	11.7	25.8	24.5	28.9	27.1	3.3	1.4	2.6	9.6
18-34 years	100.0	100.0	29.7	33.5	16.6	14.5	29.1	26.0	17.5	16.7	5.0	2.2	2.1	7.1
35-54 years	100.0	100.0	26.9	24.3	14.9	12.6	27.1	28.3	26.5	23.8	2.7	1.3	1.9	9.7
55-79 years	100.0	100.0	18.6	17.3	8.0	6.5	19.0	16.3	48.1	46.3	1.8	0.5	4.5	13.1
Men[1]														
Total, 18-79 years	100.0	100.0	22.1	24.3	13.8	8.8	27.1	23.5	30.5	28.4	3.8	2.0	2.7	13.0
18-34 years	100.0	100.0	25.8	28.1	16.4	11.5	29.0	29.2	20.0	17.7	6.0	2.1	2.9	11.5
35-54 years	100.0	100.0	22.8	26.1	15.4	9.2	29.8	22.9	27.0	24.8	2.8	2.6	2.2	14.4
55-79 years	100.0	100.0	16.3	17.0	7.9	4.4	20.5	17.0	49.4	47.8	2.5	1.3	3.4	12.5
Women[1]														
Total, 18-79 years	100.0	100.0	28.9	26.4	13.8	13.6	24.6	25.2	27.4	26.2	2.8	1.0	2.5	7.6
18-34 years	100.0	100.0	33.0	36.4	16.8	16.2	29.2	24.3	15.3	16.2	4.2	2.3	1.5	4.6
35-54 years	100.0	100.0	30.4	23.1	14.6	14.8	24.9	31.9	25.9	23.1	2.7	0.5	1.5	6.6
55-79 years	100.0	100.0	20.8	17.5	8.1	7.9	17.6	15.8	46.9	45.2	1.2	-	5.4	13.6
Race														
White	100.0	100.0	27.9	25.1	15.0	11.5	25.9	22.6	27.4	30.6	1.6	0.6	2.2	9.6
Other	100.0	100.0	14.2	13.3	7.5	3.3	26.2	30.0	33.9	27.8	13.4	7.8	4.8	17.8
Income														
Under $2,000	100.0	100.0	14.6	14.4	7.3	6.8	22.2	20.5	43.2	49.2	9.0	3.0	3.7	6.1
$2,000-$3,999	100.0	100.0	18.9	20.8	12.1	8.9	27.8	24.0	35.2	33.8	3.2	2.1	2.8	10.4
$4,000-$6,999	100.0	100.0	27.3	23.3	14.5	14.8	28.1	24.9	26.3	28.8	1.8	0.4	2.0	7.8
$7,000-$9,999	100.0	100.0	34.9	27.5	18.3	19.5	25.0	21.5	18.6	27.5	1.3	-	1.9	4.0
$10,000 and over	100.0	100.0	40.6	45.4	19.6	10.1	24.9	23.8	13.9	11.5	0.3	-	0.7	9.2
Unknown	100.0	100.0	24.1	17.4	13.5	3.5	24.6	23.0	27.2	30.9	5.3	2.2	5.3	23.0
Education														
Under 9 years	100.0	100.0	14.8	12.8	8.6	6.3	23.7	23.4	41.7	46.0	7.0	2.6	4.2	8.9
9-12 years	100.0	100.0	27.9	27.3	15.4	13.7	28.2	25.3	24.7	25.1	1.9	0.8	1.9	7.8
13 years and over	100.0	100.0	42.4	45.5	20.4	15.7	23.9	19.4	12.3	9.7	0.2	-	0.8	9.7
Unknown	100.0	100.0	19.3	14.3	7.6	1.8	22.8	12.5	37.9	28.6	5.5	-	6.9	42.8
Marital status														
Single	100.0	100.0	31.3	29.5	16.3	13.4	24.7	22.2	18.6	16.8	6.0	2.7	3.1	15.4
Married	100.0	100.0	26.2	25.1	14.0	10.8	27.0	25.1	27.6	29.6	2.9	2.6	2.3	6.8
Separated	100.0	100.0	16.0	21.1	9.0	15.8	27.1	10.5	41.7	36.8	5.5	5.3	0.7	10.5
Widowed	100.0	100.0	16.4	11.4	9.8	4.8	16.8	16.2	47.8	53.3	3.5	6.7	5.7	7.6
Divorced	100.0	100.0	24.6	18.8	14.0	15.6	23.2	15.6	35.3	31.3	0.5	6.2	2.4	12.5
Population size														
Giant metropolitan areas	100.0	100.0	32.0	28.4	16.6	10.9	25.2	20.9	21.0	25.4	1.7	0.7	3.5	13.7
Other very large SMSA's	100.0	100.0	28.7	26.7	15.0	9.3	27.0	20.5	26.4	37.3	0.9	0.6	2.0	5.6
Other SMSA's	100.0	100.0	28.2	24.2	15.7	12.6	25.1	26.6	27.0	27.0	1.6	1.9	2.4	7.7
Other urban	100.0	100.0	21.3	13.0	12.6	9.2	27.1	28.2	32.8	35.1	4.1	1.5	2.1	13.0
Rural	100.0	100.0	20.5	19.0	10.4	10.9	25.7	23.4	33.6	37.2	7.2	2.2	2.6	7.3
Location of residence														
Urban	100.0	100.0	28.6	26.0	15.6	10.8	25.7	23.0	25.8	28.8	1.8	1.0	2.5	10.4
Rural	100.0	100.0	18.6	13.8	9.5	10.6	26.5	24.4	35.2	38.7	7.5	2.5	2.7	10.0
Region														
Northeast	100.0	100.0	31.6	25.8	14.7	10.4	24.0	24.2	25.4	27.3	1.2	1.1	3.1	11.2
South	100.0	100.0	20.8	21.6	11.5	12.5	28.6	22.4	31.5	32.9	5.2	1.6	2.4	9.0
West	100.0	100.0	25.7	23.4	15.6	10.0	25.1	22.4	28.0	33.0	3.4	1.3	2.2	9.9

[1]Adjusted to the respective distribution of the total sample.

Table 14. Percent distribution of examined and unexamined persons, by whether they go to a dentist as often as once every year according to selected characteristics: United States, 1960-62

Characteristic	Visit dentist as often as once every year							
	Total		Yes		No		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution							
Both sexes[1]								
Total, 18-79 years	100.0	100.0	37.1	36.5	61.1	54.5	1.8	9.0
18-34 years	100.0	100.0	44.2	46.1	54.0	46.5	1.8	7.4
35-54 years	100.0	100.0	40.9	39.5	57.8	51.1	1.3	9.4
55-79 years	100.0	100.0	21.5	18.9	75.9	70.8	2.6	10.3
Men[1]								
Total, 18-79 years	100.0	100.0	33.1	30.1	64.8	57.1	2.1	12.8
18-34 years	100.0	100.0	39.5	33.3	58.3	54.2	2.2	12.5
35-54 years	100.0	100.0	36.9	33.3	61.3	52.3	1.8	14.4
55-79 years	100.0	100.0	19.0	20.7	78.4	68.6	2.6	10.7
Women[1]								
Total, 18-79 years	100.0	100.0	40.6	40.5	57.8	53.0	1.6	6.5
18-34 years	100.0	100.0	48.4	53.2	50.2	42.2	1.4	4.6
35-54 years	100.0	100.0	44.3	43.7	54.9	50.2	0.8	6.1
55-79 years	100.0	100.0	23.8	17.5	73.6	72.4	2.6	10.1
Race								
White	100.0	100.0	40.5	35.4	57.8	55.9	1.7	8.7
Other	100.0	100.0	19.7	13.3	77.9	71.1	2.4	15.6
Income								
Under $2,000	100.0	100.0	16.9	11.4	81.2	84.8	1.9	3.8
$2,000-$3,999	100.0	100.0	26.6	26.1	71.8	65.6	1.6	8.3
$4,000-$6,999	100.0	100.0	40.5	38.1	57.9	54.1	1.6	7.8
$7,000-$9,999	100.0	100.0	53.3	47.6	45.5	47.0	1.2	5.4
$10,000 and over	100.0	100.0	61.0	58.5	37.3	33.0	1.7	8.5
Unknown	100.0	100.0	32.6	21.3	63.6	58.5	3.8	20.2

See footnote at end of table.

Table 14. Percent distribution of examined and unexamined persons by whether they go to a dentist as often as once every year according to selected characteristics: United States, 1960-62—Con.

Characteristic	Visit dentist as often as once every year							
	Total		Yes		No		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
	Percent distribution							
Education								
Under 9 years	100.0	100.0	17.1	15.4	81.1	76.9	1.8	7.7
9-12 years	100.0	100.0	42.8	41.4	55.6	52.0	1.6	6.6
13 years and over	100.0	100.0	63.5	61.2	34.8	27.6	1.7	11.2
Unknown	100.0	100.0	21.4	10.7	74.5	51.8	4.1	37.5
Marital status								
Single	100.0	100.0	47.2	40.9	50.6	43.0	2.2	16.1
Married	100.0	100.0	38.1	35.7	60.4	56.2	1.5	8.1
Separated	100.0	100.0	21.5	5.2	75.0	89.5	3.5	5.3
Widowed	100.0	100.0	22.3	13.4	74.5	79.0	3.2	7.6
Divorced	100.0	100.0	29.5	31.3	68.6	56.2	1.9	12.5
Population size								
Giant metropolitan areas	100.0	100.0	46.9	39.1	51.0	49.5	2.1	11.4
Other very large SMSA's	100.0	100.0	44.4	31.1	53.7	64.0	1.9	4.9
Other SMSA's	100.0	100.0	41.4	35.3	57.0	55.1	1.6	9.6
Other urban	100.0	100.0	31.0	25.2	67.5	65.6	1.5	9.2
Rural	100.0	100.0	26.9	25.5	71.4	67.2	1.7	7.3
Location of residence								
Urban	100.0	100.0	42.4	35.3	55.8	55.4	1.8	9.3
Rural	100.0	100.0	24.4	23.8	73.9	67.4	1.7	8.8
Region								
Northeast	100.0	100.0	44.5	37.5	53.8	53.8	1.7	8.7
South	100.0	100.0	29.3	27.4	69.0	62.8	1.7	9.8
West	100.0	100.0	39.2	32.3	59.0	58.1	1.8	9.6

[1]Adjusted to the respective distribution of the total sample.

Table 15. Percent distribution of examined and unexamined persons, by "importance of cooperation" according to selected characteristics: United States, 1960-62

Characteristic	Importance of cooperation											
	Total		Very important		Fairly important		Hardly important		Don't know		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
Both sexes[1]	Percent distribution											
Total, 18-79 years	100.0	100.0	74.6	57.8	18.0	21.7	1.5	5.1	3.7	6.9	2.2	8.5
18-34 years	100.0	100.0	74.5	65.5	19.1	21.2	1.3	3.3	2.1	3.7	3.0	6.3
35-54 years	100.0	100.0	77.2	56.8	16.9	20.7	1.3	4.5	3.1	8.6	1.5	9.4
55-79 years	100.0	100.0	70.3	48.8	18.4	23.8	2.2	8.5	7.0	8.8	2.1	10.1
Men[1]												
Total, 18-79 years	100.0	100.0	71.9	52.9	19.4	19.1	2.1	7.9	4.1	6.4	2.5	13.7
18-34 years	100.0	100.0	70.1	57.2	21.4	18.8	2.0	6.3	3.1	5.2	3.4	12.5
35-54 years	100.0	100.0	73.8	52.3	18.6	19.0	1.8	7.2	3.8	6.5	2.0	15.0
55-79 years	100.0	100.0	71.5	48.4	18.1	19.5	2.6	10.7	5.7	8.2	2.1	13.2
Women[1]												
Total, 18-79 years	100.0	100.0	76.6	60.8	16.9	23.3	1.1	3.3	3.5	7.3	1.9	5.3
18-34 years	100.0	100.0	78.3	70.0	17.1	22.5	0.7	1.7	1.2	2.9	2.7	2.9
35-54 years	100.0	100.0	79.9	59.9	15.6	21.8	0.9	2.6	2.5	10.0	1.1	5.7
55-79 years	100.0	100.0	69.2	49.1	18.6	26.8	1.8	7.0	8.3	9.2	2.1	7.9
Race												
White	100.0	100.0	73.9	54.4	19.8	23.6	1.7	6.1	3.8	7.7	0.8	8.2
Other	100.0	100.0	78.9	74.4	7.4	4.4	0.7	1.1	2.4	4.5	10.6	15.6
Income												
Under $2,000	100.0	100.0	72.5	52.3	14.5	23.5	1.5	11.4	5.2	7.5	6.3	5.3
$2,000-$3,999	100.0	100.0	77.0	65.6	17.2	17.2	1.2	3.6	3.1	6.8	1.5	6.8
$4,000-$6,999	100.0	100.0	76.2	60.0	18.2	24.1	1.3	4.7	3.3	3.8	1.0	7.4
$7,000-$9,999	100.0	100.0	74.6	60.4	20.2	23.5	1.6	4.7	2.8	6.0	0.8	5.4
$10,000 and over	100.0	100.0	76.7	57.7	19.9	22.3	1.0	6.2	2.0	6.1	0.4	7.7
Unknown	100.0	100.0	65.6	38.2	19.8	21.3	3.3	5.6	6.6	15.2	4.7	19.7
Education												
Under 9 years	100.0	100.0	72.2	57.7	16.6	21.7	1.8	6.0	5.5	7.7	3.9	6.9
9-12 years	100.0	100.0	76.0	58.0	18.5	22.5	1.2	5.2	2.9	7.4	1.4	6.9
13 years and over	100.0	100.0	76.5	55.2	19.5	24.6	1.7	4.5	1.7	6.0	0.6	9.7
Unknown	100.0	100.0	64.8	30.4	16.6	12.5	2.8	10.7	10.3	8.9	5.5	37.5
Marital status												
Single	100.0	100.0	70.6	54.4	20.8	16.8	1.4	4.0	3.4	10.0	3.8	14.8
Married	100.0	100.0	75.1	56.1	18.1	23.2	1.5	6.1	3.4	7.0	1.9	7.6
Separated	100.0	100.0	80.5	78.9	13.2	5.3	-	10.5	3.5	-	2.8	5.3
Widowed	100.0	100.0	72.9	53.3	15.3	24.8	2.6	4.8	7.0	7.6	2.2	9.5
Divorced	100.0	100.0	77.8	59.4	14.5	18.8	1.0	3.1	4.3	9.4	2.4	9.3
Population size												
Giant metropolitan areas	100.0	100.0	76.6	58.0	17.9	21.6	1.4	3.0	2.9	5.7	1.2	11.7
Other very large SMSA's	100.0	100.0	72.5	49.1	19.6	24.8	1.7	10.6	5.6	10.5	0.6	5.0
Other SMSA's	100.0	100.0	74.4	55.1	20.1	22.2	1.9	7.7	2.8	8.7	0.8	6.3
Other urban	100.0	100.0	76.2	64.1	17.5	17.6	1.1	4.6	4.0	3.0	1.2	10.7
Rural	100.0	100.0	73.2	52.6	15.6	23.4	1.5	5.8	3.5	10.9	6.2	7.3
Location of residence												
Urban	100.0	100.0	75.8	56.3	18.5	22.6	1.5	5.2	3.3	7.2	0.9	8.7
Rural	100.0	100.0	71.6	54.3	16.8	18.8	1.5	8.1	4.5	8.8	5.6	10.0
Region												
Northeast	100.0	100.0	73.6	55.2	19.7	24.4	1.6	5.4	4.1	6.7	1.0	8.3
South	100.0	100.0	79.5	62.8	14.9	14.5	1.2	7.8	3.5	5.9	0.9	9.0
West	100.0	100.0	70.7	51.8	19.5	24.4	1.8	4.3	3.4	9.9	4.6	9.6

[1]Adjusted to the respective distribution of the total sample.

Table 16. Percent distribution of examined and unexamined persons, by "feeling about coming for a health examination" according to selected characteristics: United States, 1960-62

Characteristic	Feeling about coming for a health examination											
	Total		Certainly		Probably		Probably not		Don't know		Item blank	
	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined	Examined	Unexamined
Both sexes[1]	Percent distribution											
Total, 18-79 years	100.0	100.0	16.8	8.7	59.5	48.8	12.6	17.6	8.8	16.4	2.3	8.5
18-34 years	100.0	100.0	14.5	6.3	62.6	52.4	14.8	23.8	4.9	10.8	3.2	6.7
35-54 years	100.0	100.0	18.3	10.8	61.0	52.1	11.3	12.8	7.7	15.4	1.7	8.9
55-79 years	100.0	100.0	17.3	8.3	52.8	39.0	11.7	16.8	16.0	25.6	2.2	10.3
Men[1]												
Total, 18-79 years	100.0	100.0	17.2	7.4	58.6	45.8	13.7	18.1	7.9	15.2	2.6	13.5
18-34 years	100.0	100.0	14.3	7.3	60.1	46.9	16.8	25.0	5.1	7.3	3.7	13.5
35-54 years	100.0	100.0	18.9	6.6	60.0	48.4	12.5	15.0	6.7	16.3	1.9	13.7
55-79 years	100.0	100.0	18.5	8.8	54.3	40.2	11.7	14.5	13.4	23.3	2.1	13.2
Women[1]												
Total, 18-79 years	100.0	100.0	16.4	9.5	60.1	50.8	11.6	17.2	9.7	17.1	2.2	5.4
18-34 years	100.0	100.0	15.0	5.8	64.5	55.5	13.0	23.1	4.7	12.7	2.8	2.9
35-54 years	100.0	100.0	17.9	13.5	61.8	54.6	10.3	11.4	8.5	14.8	1.5	5.7
55-79 years	100.0	100.0	15.9	7.9	51.5	38.2	11.8	18.4	18.5	27.2	2.3	8.3
Race												
White	100.0	100.0	15.8	8.3	60.6	47.1	13.7	18.3	9.0	18.2	0.9	8.1
Other	100.0	100.0	22.3	12.2	53.8	50.0	6.5	5.5	6.5	15.6	10.9	16.7
Income												
Under $2,000	100.0	100.0	19.1	6.1	53.6	50.8	9.9	15.9	10.8	22.0	6.6	5.2
$2,000-$3,999	100.0	100.0	17.2	12.5	59.7	51.0	11.9	13.0	9.8	16.1	1.4	7.4
$4,000-$6,999	100.0	100.0	15.1	7.4	63.6	51.4	13.2	19.0	7.0	14.8	1.1	7.4
$7,000-$9,999	100.0	100.0	17.4	8.1	61.3	51.7	13.3	23.4	7.0	12.1	1.0	4.7
$10,000 and over	100.0	100.0	16.2	9.2	61.3	46.9	16.5	15.4	5.5	20.8	0.5	7.7
Unknown	100.0	100.0	16.8	8.4	52.3	31.5	11.3	15.7	14.1	24.7	5.5	19.7
Education												
Under 9 years	100.0	100.0	19.8	9.4	55.1	48.8	8.9	14.3	12.2	20.6	4.0	6.9
9-12 years	100.0	100.0	16.0	8.6	61.8	50.4	13.8	16.9	6.8	17.5	1.6	6.6
13 years and over	100.0	100.0	12.8	6.7	63.5	41.0	16.9	28.4	5.8	14.9	1.0	9.0
Unknown	100.0	100.0	19.3	8.9	46.2	25.0	9.7	10.7	19.3	14.3	5.5	41.1
Marital status												
Single	100.0	100.0	13.7	6.1	61.2	40.9	14.3	24.8	6.6	13.4	4.2	14.8
Married	100.0	100.0	16.9	9.7	60.5	49.1	12.2	15.5	8.3	18.1	2.1	7.6
Separated	100.0	100.0	24.3	5.3	52.8	63.2	11.8	-	9.0	26.3	2.1	5.2
Widowed	100.0	100.0	18.6	5.7	50.2	41.9	12.0	21.9	16.8	21.0	2.4	9.5
Divorced	100.0	100.0	16.9	9.4	56.5	43.8	18.4	15.6	5.8	21.8	2.4	9.4
Population size												
Giant metropolitan areas	100.0	100.0	17.4	7.0	57.9	47.3	15.7	20.1	7.5	13.7	1.5	11.9
Other very large SMSA's	100.0	100.0	16.1	8.1	56.5	46.6	17.5	13.0	9.0	27.3	0.9	5.0
Other SMSA's	100.0	100.0	16.3	12.1	61.4	41.1	12.9	21.7	8.5	18.8	0.9	6.3
Other urban	100.0	100.0	18.8	10.7	61.1	53.4	9.9	11.4	9.0	15.3	1.2	9.2
Rural	100.0	100.0	15.2	7.3	60.2	51.8	8.9	11.7	9.3	21.2	6.4	8.0
Location of residence												
Urban	100.0	100.0	16.6	8.8	60.3	46.4	14.1	18.3	7.9	18.0	1.1	8.5
Rural	100.0	100.0	17.1	8.1	58.0	52.5	8.6	10.6	10.5	18.1	5.8	10.7
Region												
Northeast	100.0	100.0	15.3	8.3	60.3	47.7	13.9	16.7	9.3	18.5	1.2	8.8
South	100.0	100.0	17.6	11.0	60.5	49.4	11.0	13.3	9.8	18.0	1.1	8.3
West	100.0	100.0	17.3	7.3	58.1	44.9	13.1	21.0	6.8	17.2	4.7	9.6

[1]Adjusted to the respective distribution of the total sample.

Table 17. Sample population denominators used in obtaining percents shown in tables of this publication, by examination status, number of publicity items checked, source of information about the survey, and selected characteristics: United States, 1960-62

Characteristic	Sample persons			Number of publicity items checked					Source of information				
	Total	Examined	Unexamined	None	1	2	3 or more	Item blank	NHS pamphlet	Newspaper or magazine	Somebody telling	Radio	Television
Both sexes													
Total, 18-79 years	7,710	6,672	1,038	3,215	3,044	950	244	257	3,241	1,333	539	259	367
18-34 years	2,635	2,366	269	1,210	1,009	268	48	100	1,041	319	182	60	97
35-54 years	3,121	2,739	382	1,186	1,267	447	134	87	1,407	654	248	128	167
55-79 years	1,954	1,567	387	819	768	235	62	70	793	360	109	71	103
Men													
Total, 18-79 years	3,499	3,091	408	1,607	1,262	391	96	143	1,289	563	259	104	138
18-34 years	1,182	1,086	96	607	397	105	18	55	386	129	91	27	31
35-54 years	1,403	1,250	153	592	525	182	50	54	552	277	115	43	66
55-79 years	914	755	159	408	340	104	28	34	351	157	53	34	41
Women													
Total, 18-79 years	4,211	3,581	630	1,608	1,782	559	148	114	1,952	770	280	155	229
18-34 years	1,453	1,280	173	603	612	163	30	45	655	190	91	33	66
35-54 years	1,718	1,489	229	594	742	265	84	33	855	377	133	85	101
55-79 years	1,040	812	228	411	428	131	34	36	442	203	56	37	62
Race													
White	6,664	5,716	948	2,794	2,682	843	212	133	2,834	1,249	458	203	309
Other	1,046	956	90	421	362	107	32	124	407	84	81	56	58
Income													
Under $2,000	1,231	1,099	132	491	498	120	46	76	523	155	72	63	71
$2,000-$3,999	1,433	1,241	192	576	582	186	53	36	612	257	127	56	73
$4,000-$6,999	2,247	1,990	257	886	934	310	74	43	1,018	436	160	67	116
$7,000-$9,999	1,125	976	149	476	454	143	35	17	473	230	70	32	48
$10,000 and over	894	764	130	430	317	108	21	18	338	157	56	23	31
Unknown	780	602	178	356	259	83	15	67	277	98	54	18	28
Education													
Under 9 years	2,514	2,164	350	1,082	967	262	88	115	1,002	343	173	125	125
9-12 years	3,714	3,216	498	1,529	1,506	467	126	86	1,617	684	275	96	187
13 years and over	1,281	1,147	134	511	512	202	29	27	561	284	84	36	47
Unknown	201	145	56	93	59	19	1	29	61	22	7	2	8
Marital status													
Single	1,003	854	149	531	320	74	20	58	294	110	83	19	23
Married	5,742	5,009	733	2,283	2,334	772	188	165	2,568	1,068	379	195	285
Separated	163	144	19	72	61	18	7	5	60	19	22	10	13
Widowed	563	458	105	228	232	64	20	19	223	101	39	25	33
Divorced	239	207	32	101	97	22	9	10	96	35	16	10	13
Population size													
Giant metropolitan areas	1,805	1,403	402	893	670	138	32	72	669	186	89	45	67
Other very large SMSA's	1,137	976	161	508	459	120	34	16	510	153	63	23	60
Other SMSA's	1,651	1,444	207	727	588	243	67	26	658	356	100	57	118
Other urban	1,413	1,282	131	496	605	235	48	29	666	318	116	67	61
Rural	1,704	1,567	137	591	722	214	63	114	738	320	171	67	61
Location of residence													
Urban	5,754	4,876	878	2,548	2,190	703	178	135	2,357	989	366	172	291
Rural	1,956	1,796	160	667	854	247	66	122	884	344	173	87	76
Region													
Northeast	2,635	2,155	480	1,149	1,048	290	78	70	1,121	420	142	77	120
South	2,504	2,249	255	974	1,015	378	84	53	1,112	509	205	77	139
West	2,571	2,268	303	1,092	981	282	82	134	1,008	404	192	105	108

APPENDIX I

DEMOGRAPHIC TERMS

Age.—The age recorded for each person was the age at last birthday. Age is recorded in single years.

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

Income.—Each examinee was classified according to the total income of the family of which he was a member. Within a household all persons related to each other by blood, marriage, or adoption constituted a family. Unrelated individuals were classified according to their own income. The reported income was the total of all income received by members of the family in the 12-month period preceding the week of the interview. Income from all sources was included, e.g., wages, salaries, rents from properties, pensions, help from relatives, and so forth.

Education.—Education was obtained from the examinee in terms of the highest grade of school completed in a regular school where persons are given a formal education. A "regular" school was considered to be one which advances a person toward an elementary or high school diploma or a college, university, or professional school degree. Thus, education in vocational, trade, or business schools outside the regular school system was not counted in determining the highest grade of school completed.

Marital status.—The categories of marital status are *married, widowed, divorced, separated,* and *never married.* Persons with common-law marriages are considered to be married. *Separated* refers to married persons who have a legal separation, those living apart with intentions of obtaining a divorce, and other persons permanently or temporarily estranged from their spouse because of marital discord.

Population size.—The five classes comprising this characteristic were derived from the design of the sample, which accomplished a stratification of the primary sampling units by population size in each of three broad geographic locations. Because the survey was started in 1960, the primary sampling units within each of the five population-size classes were necessarily based on populations and definitions of the 1950 census. The name of each selected primary sampling unit within each population-size class and geographic location along with other selected sample data is presented in an earlier report.[2]

The definitions for each of the five population-size classes are as follows:

Giant metropolitan areas.—This class includes primary sampling units defined in the census as standard metropolitan statistical areas (SMSA's) having a population of 3 million persons or more.

Other very large metropolitan areas.—Included in this class are standard metropolitan statistical areas with a population of 500,000 to 3 million as defined by the 1950 census.

Other standard metropolitan statistical areas.—This class includes other SMSA's.

Other urban areas.—This includes primary sampling units which are highly urban in composition but are not defined as SMSA's.

Rural areas.—This includes primary sampling units which are primarily rural in composition according to census definitions.

Location of residence (urban and rural).—For the first six primary sampling units where examinations were conducted, the definition of urban and rural is the same as that used in the 1950 census. These locations are Philadelphia, Pa., Valdosta, Ga., Akron, Ohio, Muskegon, Mich., Chicago, Ill., and Butler, Mo. For the remainder of the sampling units the 1960 census definitions are used.

The change from 1950 to 1960 definitions is of small consequence in the survey since only six locations were affected. The major difference is the designation in 1960 of urban towns in New England and of urban townships in New Jersey and Pennsylvania.

According to the 1960 definition, the urban population comprises all persons living in (a) places of 2,500 inhabitants or more incorporated as cities, boroughs, villages, and towns (except towns in New England, New

York, and Wisconsin); (b) the densely settled urban fringe, whether incorporated or unincorporated, of urbanized areas; (c) towns in New England and townships in New Jersey and Pennsylvania which contain no incorporated municipalities as subdivisions and have either 25,000 inhabitants or more or a population of 2,500-25,000 and a density of 1,500 persons or more per square mile; (d) counties in States other than the New England States, New Jersey, and Pennsylvania that have no incorporated municipalities within their boundaries and have a density of 1,500 persons or more per square mile; and (e) unincorporated places of 2,500 inhabitants or more not included in any urban fringe. The remaining population is classified as rural.

Region.—For the purpose of classifying the population by geographic area, the United States was divided into three major regions. This division was especially made for the design of the HES sample. The regions and the States included are as follows:

Region	*States Included*
Northeast	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Ohio, and Michigan
South	Delaware, Maryland, District of Columbia, West Virginia, Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas
West	Washington, Oregon, California, Idaho, Nevada, Montana, Utah, Arizona, Wyoming, Colorado, New Mexico, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, and Indiana

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APPENDIX II

TECHNICAL NOTES

The analysis presented in this report is based on the experience gained by interviewers in their efforts to persuade a sample of 7,710 adults to receive a free health examination and on certain information collected in interviews with these people. Although the sample was selected to be representative of the U.S. civilian, noninstitutional population, 18-79 years of age, caution should be exercised in extending the statistics in this report to the specified target population since the individual observations or measurements were not weighted to reflect their known probabilities of selection.

The estimates obtained from a sample will vary from one sample to another and most of the many possible sample estimates will differ from the parameter being estimated by some unknown amount. A measure of the deviation between the sample estimate and the value that would have been obtained had all members of the population been surveyed using the same procedures employed for the sample is called the sampling error. For a simple random sample in which each unit of measurement has the same chance of selection, the sampling error can be estimated by the formula:

$$\sigma_{P'} = \sqrt{\frac{P'(1-P')}{n}}$$

where P is the estimated proportion or rate, and n is the number of sample units used in computing the rate or proportion.

The individuals in the Health Examination Survey sample were not selected as the primary sampling units as they would have been if a simple random design had been used. Instead, clusters of people were selected first and then a sample of people was selected from the clusters. For this reason, there is usually a correlation between the characteristics of people within the selected clusters which has the effect of increasing the sampling error over that of a simple random sample design. The amount of this increase is largely dependent on the size of this correlation coefficient, which varies with the statistic being estimated. The variance (i.e., square of the sampling error) of most estimates derived from the HES design ranges from about one to three times that of estimates based on simple random sampling. To calculate sampling errors of rates and proportions shown in this report, it is suggested that the following formula be used:

$$\sigma_{P'} = \sqrt{2\,\frac{P'(1-P')}{n}}$$

The approximate sampling error of the difference between two proportions P' and P_2' can be obtained from the formula:

$$\sigma_{P_1'-P_2'} = \sqrt{2\left[\frac{P_1'(1-P_1')}{n_1} + \frac{P_2'(1-P_2')}{n_2}\right]}$$

The appropriate values for sample sizes on which the rates shown in this report are based and which may be used for computing sampling errors are shown in table 17.

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APPENDIX III

PERTINENT PARTS OF THE HOUSEHOLD QUESTIONNAIRE

ASK ONLY OF SAMPLE PERSON(S)		
Enter name and column number of sample person (from question 1).	Name Column number	Name Column number
23. Would you say your own health, in general, is excellent, good, fair, or poor?	1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor 5 ☐ DK	1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor 5 ☐ DK
24. How important do you think it is for people to have a regular check-up... very important, fairly important, or hardly important at all?	1 ☐ Very important 2 ☐ Fairly important 3 ☐ Hardly important 4 ☐ DK	1 ☐ Very important 2 ☐ Fairly important 3 ☐ Hardly important 4 ☐ DK
25. (a) Do you have a doctor you usually go to? If "Yes," (b) What is his name and address?	1 ☐ Yes 2 ☐ No _____ _____	1 ☐ Yes 2 ☐ No _____ _____
26. How long has it been since you last talked to any doctor about yourself?	_____ Mos. or _____ Yrs. ☐ Less than 1 mo. ☐ Never	_____ Mos. or _____ Yrs. ☐ Less than 1 mo. ☐ Never
27. Do you get check-ups from a doctor AS OFTEN as once every two years?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
28. (a) Do you have a dentist you usually go to? If "Yes," (b) What is his name and address?	1 ☐ Yes 2 ☐ No _____ _____	1 ☐ Yes 2 ☐ No _____ _____
29. How long has it been since you last saw a dentist about yourself?	_____ Mos. or _____ Yrs. ☐ Less than 1 mo. ☐ Never	_____ Mos. or _____ Yrs. ☐ Less than 1 mo. ☐ Never
30. Do you go to a dentist AS OFTEN as once every year?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
31. (a) Have you heard or read anything recently about the National Health Survey and the special health examinations being given in this area? If "Yes," (b) In a newspaper or magazine? On TV? Radio? From somebody telling you about it? *(Check all that apply)* If "newspaper," (c) Which newspaper?	1 ☐ Yes 2 ☐ No → *(Show clipping)* 3 ☐ NHS newspaper 4 ☐ Other newspaper 5 ☐ TV programs 6 ☐ Radio programs 7 ☐ Somebody telling	1 ☐ Yes 2 ☐ No → *(Show clipping)* 3 ☐ NHS newspaper 4 ☐ Other newspaper 5 ☐ TV programs 6 ☐ Radio programs 7 ☐ Somebody telling
32. How important do you think it is for people to cooperate on surveys such as this... very important, fairly important, or hardly important at all?	1 ☐ Very important 2 ☐ Fairly important 3 ☐ Hardly important 4 ☐ DK	1 ☐ Very important 2 ☐ Fairly important 3 ☐ Hardly important 4 ☐ DK
33. As you might expect, the Public Health Service cannot learn all they need to know about health in the nation just by asking questions. For some things they need actual measurements and tests obtained in a health examination. (a) How do you think most people will feel about helping in this way -- will they certainly come, probably come or probably not come for such a health examination?	1 ☐ Certainly come 2 ☐ Probably come 3 ☐ Probably not come 4 ☐ DK	1 ☐ Certainly come 2 ☐ Probably come 3 ☐ Probably not come 4 ☐ DK

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