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# Vital and Health Statistics

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## Current Estimates From the National Health Interview Survey, 1988

Series 10:  
Data From the National Health Survey  
No. 173

Includes estimates on incidence of acute conditions, episodes of persons injured, disability days, physician contacts, prevalence of chronic conditions, limitation of activity, hospitalizations, and assessed health status.

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### *Cooperation of the U.S. Bureau of the Census*

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

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

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### Symbols

- - - Data not available
  - . . . Category not applicable
  - Quantity zero
  - 0.0 Quantity more than zero but less than 0.05
  - Z Quantity more than zero but less than 500 where numbers are rounded to thousands
  - \* Figure does not meet standard of reliability or precision
  - # Figure suppressed to comply with confidentiality requirements
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# Current Estimates From the National Health Interview Survey

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## Introduction

This report on the 1988 civilian noninstitutionalized population residing in the United States presents estimates of acute conditions, episodes of persons injured, restriction in activity, limitation of activity due to chronic conditions, prevalence of chronic conditions, respondent-assessed health status, and the use of medical services—including physician contacts and short-stay hospitalization.

Estimates of these health characteristics are presented in detailed tables for various groups in the population, including those defined by age, sex, race, and family income (each shown for specific age groups), and by geographic region and place of residence. Estimates for other characteristics of special relevance to particular health measures are also included. For instance, estimates of physician contacts are shown by the place where the contact occurred.

The text includes a brief definition of each of the health characteristics included in the detailed tables and reports the 1988 estimate for each characteristic. Text tables include the corresponding 1986 and 1987 estimates for each of the major health characteristics. Various technical matters associated with the National Health Interview Survey (NHIS) data collection procedures and with the presentation of results are described in the remainder of the report.

In 1985 a new sample for NHIS and a different method of presenting sampling errors were introduced. Therefore,

the technical material is of unusual importance to readers accustomed to using data from the NHIS prior to 1985.

Although published reports are the primary vehicle for disseminating estimates from the NHIS, data also are available in the form of standardized microdata tapes that include the regular characteristics of each year's survey from 1969 through 1988. Questions pertaining to the cost and availability of these tapes should be directed to the National Technical Information Service, 5285 Port Royal Road, Springfield, Va. 22161. Public use tapes also are available for special topics included in the NHIS from 1973 through 1988. The special topics studied in 1988 covered four areas: (a) medical device implants, including reason for implant, problems with implant, and need for replacement or repair of implant; (b) occupational health, including work history, common work-related health problems, work injuries, and cigarette smoking; (c) alcohol, including amount and type consumed, reasons for avoiding alcohol, family history of alcoholism, and alcohol-related diseases; and (d) child health, including child care, birth history, specific childhood illnesses, conditions, and injuries, developmental milestones, use of health services, and behavior problems. Information on tapes relating to special topics is available from the National Center for Health Statistics, Division of Health Interview Statistics, Systems and Programming Branch, 3700 East-West Highway, Hyattsville, Md. 20782.

## Source and limitations of data

The information from the National Health Interview Survey (NHIS) presented in this report is based on data collected in a continuing nationwide survey by household interview. Each week a probability sample of the civilian noninstitutionalized population of the United States is interviewed by personnel of the U.S. Bureau of the Census. Information is obtained about the health and other characteristics of each member of the household.

The 1988 NHIS was conducted with a full sample. The interviewed sample for 1988 was composed of 47,485 households containing 122,310 persons. The total noninterview rate was 5.1 percent: 3.0 percent was the result of respondent refusal, and the remainder was primarily the result of failure to locate an eligible respondent at home after repeated calls.

In 1985, the NHIS adopted several new sample design features, although, conceptually, the sampling plan remained the same as the previous design. The major changes included (a) reducing the number of primary sampling locations from 376 to 198 for sampling efficiency, (b) oversampling the black population to improve the precision of the statistics, (c) subdividing the NHIS sample into four representative panels to facilitate linkage to other National Center for Health Statistics (NCHS) surveys, and (d) using an all-area frame not based on the decennial census to facilitate NCHS survey linkage and to conduct NHIS followback surveys. A description of the survey design, the methods used in estimation, and general qualifications of the data obtained from the survey are presented in appendix I.

Because the estimates presented in this report are based on a sample of the population, they are subject to sampling errors. Therefore, readers should pay particular attention to the section of appendix I entitled "Reliability of the estimates," which presents formulas for calculating standard errors and instructions for their use.

All information collected in the survey results from reports by responsible family members residing in the household. When possible, all adult family members participate in the interview. However, proxy responses are accepted for family members who are not at home, and are required for all children and for family members who are physically or mentally incapable of responding for themselves. Although a considerable effort is made to ensure accurate reporting, the information from both proxy respondents and self-respondents may be inaccurate because the respondent is unaware of relevant information, has forgotten it, does not wish to reveal it to an interviewer, or because the respondent does not understand the intended meaning of a question.

The major concepts for which estimates are shown in this report are defined in appendix II. Appendix III includes a copy of the questionnaire and flashcards used in the interview. Illnesses and injuries are coded using a slight modification of the ninth revision of the International Classification of Diseases (1). The Division of Health Interview Statistics of NCHS should be contacted for information about coding and editing procedures used to produce the final data file from which the estimates shown in this report are derived.

# Highlights for 1988

In the following sections, each of the health-related characteristics included in this report is defined, and the 1988 estimate is compared with the 1986 and 1987 estimates (2,3) for the same characteristic. The comparisons are highlighted in text tables, which also include the standard error for each of the 1988 estimates. The reader who wants some idea of how much difference there must be between the 1986, 1987, and 1988 estimates to constitute a statistically significant difference may use the standard errors to calculate a confidence interval or a critical value for the *t*-test. Of these two methods, the *t*-test (with a 95-percent level of significance) has been used in the following discussion as a basis for making statements about the difference or lack of difference between the 1986, 1987, and 1988 estimates.

Because the text compares only the overall rates or percents of health-related characteristics between 1986 and 1988, and the age distribution of the civilian noninstitutionalized population does not change greatly over a 3-year period, the possible effect of differing age distributions is not discussed in the text. Tables A–D include age-standardized as well as unstandardized figures, and the 3-year trends are similar.

Readers using the detailed tables who wish to make comparisons of subgroups of the population may want to take into account the possible effect of age in comparing subgroups. For those sociodemographic characteristics for which the age distribution of the subgroups differs to a significant degree (such as for sex, age, and family income), the results are shown for specific age groups. However, in

**Table A. Acute conditions measures: United States, 1986–88**

Acute condition measure	Unstandardized				Age standardized		
	1986	1987	1988		1986	1987	1988
			Estimate	Standard error			
Annual incidence of acute conditions							
Number per 100 persons per year							
All acute conditions . . . . .	189.8	172.7	175.3	3.4	191.5	174.3	177.2
Infective and parasitic diseases . . . . .	23.0	23.2	22.3	0.9	23.3	23.8	23.0
Respiratory conditions <sup>1</sup> . . . . .	96.8	80.1	86.9	2.0	98.0	81.1	88.0
Common cold . . . . .	26.8	25.9	28.5	1.0	27.1	26.1	28.9
Influenza . . . . .	55.2	38.2	42.8	1.3	55.9	38.6	43.3
Digestive system conditions . . . . .	6.3	6.3	6.3	0.4	6.4	6.4	6.3
Injuries . . . . .	27.2	27.0	24.6	0.9	27.4	27.2	24.8
Other acute conditions . . . . .	36.4	36.1	35.2	1.1	36.4	35.9	35.1
Acute conditions medically attended							
Percent							
All acute conditions . . . . .	58.2	61.8	62.8	0.6	58.2	61.4	61.6
Restricted activity associated with acute conditions							
Number of days per 100 persons per year							
All restricted-activity days . . . . .	763.8	679.9	699.5	17.8	763.7	679.2	699.8
Bed days . . . . .	345.0	297.6	303.7	9.7	345.5	297.3	305.1
Work-loss days <sup>2</sup> . . . . .	330.5	310.0	311.4	11.1	333.3	301.5	302.0
School-loss days <sup>3</sup> . . . . .	422.5	338.9	405.9	19.3	---	---	---
Quarterly incidence of acute conditions							
Number per 100 persons per quarter							
January 1—March 31 . . . . .	64.6	53.3	60.2	1.6	---	---	---
April 1—June 30 . . . . .	34.3	35.7	36.9	1.2	---	---	---
July 1—September 30 . . . . .	34.9	33.5	30.2	1.0	---	---	---
October 1—December 31 . . . . .	56.0	50.2	48.0	1.4	---	---	---

<sup>1</sup>Includes other acute respiratory conditions.

<sup>2</sup>For currently employed persons 18 years of age and over.

<sup>3</sup>For youths 5–17 years of age.

NOTE: Detailed tables show the 1988 estimates by age, sex, race, family income, geographic region, and place of residence.

**Table B. Episodes of persons injured and associated restrictions in activity: United States, 1986–88**

Episodes of persons injured and associated restricted activities	Unstandardized				Age standardized		
	1986	1987	1988		1986	1987	1988
			Estimate	Standard error			
Episodes of persons injured							
Number per 100 persons per year							
All types of injury . . . . .	26.4	26.0	24.0	1.0	26.6	26.2	24.2
Restriction in activity associated with episodes of persons injured							
All restricted-activity days <sup>1</sup> . . . . .	241.4	260.4	251.7	8.5	238.4	255.8	245.8
Bed days . . . . .	79.0	81.4	72.6	4.0	77.7	79.0	70.1

<sup>1</sup>Includes work-loss and school-loss days as well as bed days.

NOTE: Detailed tables show in 1988 estimates by age, sex, race, family income, geographic region, and place of residence.

**Table C. Health status measures: United States, 1986–88**

Health status measure	Unstandardized				Age standardized		
	1986	1987	1988		1986	1987	1988
			Estimate	Standard error			
Restricted activity due to acute and chronic conditions							
Number of days per person per year							
All restricted-activity days . . . . .	15.2	14.5	14.7	0.3	15.1	14.2	14.4
Bed days . . . . .	6.5	6.2	6.3	0.2	6.5	6.1	6.2
Work-loss days <sup>1</sup> . . . . .	5.5	5.4	5.3	0.2	---	---	---
School-loss days <sup>2</sup> . . . . .	5.0	4.4	4.9	0.2	---	---	---
Limitation in activity due to chronic conditions							
Percent							
All persons limited in activity . . . . .	14.0	13.5	13.7	0.2	13.7	13.3	13.4
Persons limited in major activity . . . . .	9.4	9.2	9.4	0.1	9.3	9.1	9.3
Respondent-assessed health status							
Percent distribution							
All health statuses <sup>3</sup> . . . . .	100.0	100.0	100.0	—	100.0	100.0	100.0
Excellent . . . . .	39.4	39.3	39.1	0.3	39.6	39.6	39.5
Very good . . . . .	27.3	27.9	27.8	0.3	27.3	27.8	27.8
Good . . . . .	23.3	22.9	23.2	0.2	23.2	22.8	23.0
Fair . . . . .	7.2	7.3	7.2	0.1	7.1	7.1	7.1
Poor . . . . .	2.8	2.7	2.7	0.1	2.8	2.7	2.6

<sup>1</sup>For currently employed persons 18 years of age and over.

<sup>2</sup>For youths 5–17 years of age.

<sup>3</sup>Excludes a small number with unknown health status.

NOTE: Detailed tables show the 1988 estimates by age, sex, race, family income, geographic region, and place of residence.

the case of geographic region and place of residence, there is little difference in the age distributions of the subgroups; therefore, these results are not shown for specific age groups.

The detailed results for health characteristics are shown in tables 1–77. Table 78 shows the population used to calculate the unstandardized rates used in this report. The age-standardized figures presented in text tables A–D employ the 1980 civilian noninstitutionalized population of the United States as a standard population. Age-specific rates for six age groups (0–4, 5–17, 18–24, 25–44, 45–64, and 65 years and over) were directly standardized to produce these estimates.

### Acute conditions: Incidence, medical attention, and associated restriction in activity

An acute condition is defined for the National Health Interview Survey (NHIS) as a type of illness or injury that ordinarily lasts less than 3 months, was first noticed less than 3 months before the reference date of the interview, and was serious enough to have had an impact on behavior. Only two types of impact are considered: first, whether the illness or injury caused the person to cut down for at least half a day on the things he or she usually does or, second,

**Table D. Health care utilization: United States, 1986–88**

Health care utilization	Unstandardized				Age standardized		
	1986	1987	1988		1986	1987	1988
			Estimate	Standard error			
Physician contact							
Number							
Contacts per person per year . . . . .	5.4	5.4	5.4	0.1	5.3	5.3	5.3
Percent							
Persons with 1 contact or more in past year . . . . .	76.0	76.2	76.7	0.5	76.0	76.0	76.6
Hospitalization							
Number							
Persons with 1 hospital episode or more in past year . . . . .	8.6	8.4	8.2	0.1	8.5	8.2	8.0
Percent							
Hospital days per person hospitalized in past year . . . . .	8.3	8.2	8.0	0.2	7.5	7.5	7.3
Discharges per 100 persons per year . . . . .	11.8	11.5	11.2	0.2	11.6	11.3	11.0
Average length of stay per discharge in days . . . . .	6.6	6.4	6.3	0.3	5.9	5.9	5.7

<sup>1</sup>Revision of previously published estimate.

NOTE: Detailed tables show the 1988 estimates by age, sex, race, family income, geographic region, and place of residence.

whether a physician was contacted regarding the illness or injury.

**Incidence**

Tables 1–5 show the incidence rate and tables 6–10 the incidence of acute conditions by type of condition and sociodemographic characteristics. The 1988 rate of 175.3 acute conditions per 100 persons per year was similar to the 1987 estimate (172.7) but lower than the comparable estimate for 1986 (189.8) (table A).

For broad types of acute conditions, the 1988 incidence rates per 100 persons per year ranked as follows: respiratory conditions (86.9), injuries (24.6), infective and parasitic diseases (22.3), and digestive system conditions (6.3). The rate for digestive system conditions appeared identical to rates in 1986 and 1987. The rates for infective and parasitic diseases were similar for 1986, 1987, and 1988 (23.0, 23.2, and 22.3, respectively). The 1988 estimate for respiratory conditions (86.9) was lower than in 1986 (96.8) but higher than in 1987 (80.1). The 1988 incidence rate of influenza (42.8) was slightly higher than the 1987 rate (38.2) but lower than observed in 1986 (55.2)

**Medical attention**

Tables 11–15 show estimates of the percent of acute conditions that were medically attended. The 1988 estimate of 62.8 percent is similar to the 1987 estimate of 61.8 but slightly higher than the 1986 estimate (58.2 percent).

**Restricted activity associated with acute conditions**

Four types of restricted activity resulting from illness, injury, or impairment are measured in NHIS: days lost from work for currently employed persons 18 years of age

and over, school days missed by youths 5–17 years of age, days spent in bed (which may overlap either of the prior types), and other days on which a person cut down on the things he or she usually does. Estimates of “cut-down” days are not presented separately but are included in the generic concept of “restricted-activity days.” The other three types of restricted activity also included in the generic concept “restricted activity” are usually shown separately in reports from NHIS.

A person may restrict his or her activity on a given day as a result of more than one condition, and these conditions may be acute or chronic. “Restricted activity associated with acute conditions” includes days on which only one or more than one acute condition caused the activity restriction; it also includes days on which one acute condition or more and one chronic condition or more caused the activity restriction. In the latter case, because the restriction in activity was due to both acute and chronic conditions, the cause cannot be attributed solely to an acute condition. For this reason, the words “associated with” rather than “caused by” are used to describe this type of estimate.

Tables 16–20 show the incidence rate and tables 21–25 show the incidence of restricted activity associated with acute conditions by type of condition and sociodemographic characteristics. The 1988 rate per year of restricted-activity days (699.5) is similar to the rates for 1986 and 1987 (763.8 and 679.9, respectively). The 1988 rate per year of bed days (303.7) is similar to the 1987 rate (297.6) but lower than the 1986 rate (345.0). The rates of work-loss days for currently employed persons 18 years of age and over were similar for 1986, 1987, and 1988 (330.5, 310.0, and 311.4, respectively). The rate of school-loss days for youths 5–17 years of age was higher in 1988 (405.9) than in 1987 (338.9) but similar to 1986 (422.5). Tables 26–49 show the detailed rates and frequencies for bed days (tables 26–35), work-loss days (tables 36–45), and school-loss days (tables 46–49).

## Incidence by quarter

The 1988 incidence rate and incidence of acute conditions by quarter are shown in table 50. As may be noted in table A, the estimated rate for the first quarter of 1988 (60.2) is higher than the comparable rate for 1987 (53.3). This is primarily the result of excess influenza during the first quarter of 1988. For the second quarter, the rates for 1986, 1987, and 1988 are similar. For the third quarter, the 1988 rate is slightly lower than the 1987 and 1986 rates, but for the fourth quarter the 1988 rate is only significantly lower than the 1986 rate. This pattern follows trends in reported pneumonia and influenza deaths for those time periods (4).

## Episodes of persons injured

Injury data may be analyzed in three possible units: (a) the number of injuries sustained in a particular episode involving injury, (b) the number of episodes involving injury during a given period of time, or (c) the number of persons involved in one episode or more in which injury occurred during a period of time. The estimates of injuries included in tables 1–50 are of the number of injuries that occurred during 1988. This section considers the number of episodes that occurred during 1988 that involved one injury or more. Because of the short reference period used to collect injury data in NHIS (2 weeks), the data cannot be used to estimate the number of persons involved in one episode or more of persons injured during any given year.

Table 51 shows the incidence rate of episodes of persons injured and table 52 the incidence of such episodes by sociodemographic characteristics; whether a moving motor vehicle was involved (and if so, whether this occurred in traffic); where the episode occurred; and, for persons 18 years of age and over, whether they were working at a job or business at the time the episode occurred. The 1988 rate of episodes of persons injured per 100 persons per year (24.0) is similar to the 1986 rate of 26.4 and the 1987 rate of 26.0 (table B).

## Restricted activity associated with injury and impairment due to injury

An injury may have health-related effects for many years after it occurs, or, for that matter, even for a lifetime. (This might be the case, for instance, for a person who suffered a dislocated back due to an accident.) The estimates of activity restriction in tables 53 and 54 and of bed days in tables 55 and 56 are based on the present effects of injuries no matter when they occurred. Thus, these estimates include the days shown in earlier tables for acute injuries and also include days of restricted activity during 1988 that are attributable to the effects of injuries suffered prior to 1988. In many cases these old injuries have become impairments, and any restricted activity during 1988 that was caused by an injury-related impairment is also included.

The 1988 rate for restricted-activity days associated with episodes of persons injured (251.7 per 100 persons per year) does not differ significantly from the rates found in 1986 (241.4) and 1987 (260.4) (table B). The 1988 rate for bed days associated with episodes of persons injured (72.6) is similar to the rates for 1986 and 1987.

## Prevalence of reported chronic conditions

Chronic conditions are defined as conditions that either (a) were first noticed 3 months or more before the reference date of the interview or (b) belong to a group of conditions (including heart disease, diabetes, and others) that are considered chronic regardless of when they began. For the purpose of estimating the prevalence of reported chronic conditions, the total NHIS sample is divided into six representative subsamples; respondents in each subsample are administered one of six checklists of types of chronic conditions. Respondents are asked to indicate the presence or absence of each condition specified on the particular list administered to them. Because the presence or absence of many types of chronic conditions is often difficult to ascertain, several “impact” questions are asked about each condition reported. Information is elicited on whether the person has been hospitalized for the condition and the number of days he or she stayed in bed because of the condition during the 12 months prior to the interview.

Totals for all chronic conditions are not shown because NHIS does not measure the total number of chronic conditions for each person. It should also be noted that a person may have more than one chronic condition; therefore, the sum of conditions that are counted may exceed the sum of persons having those conditions.

Tables 57–61 show the prevalence rate and tables 62–66 the prevalence of selected chronic conditions. As may be noted in table 57, the reported conditions with the highest prevalence rates are sinusitis, arthritis, and hypertension (with rates per 1,000 persons of 139.7, 129.9, 121.5, respectively).

## Limitation of activity due to chronic conditions

The concept of limitation of activity used in this report refers to long-term reduction in activity resulting from chronic disease or impairment. The measurement of this concept in NHIS permits one to distinguish among (a) persons unable to carry on their usual activity, (b) persons limited in the amount or kind of their usual activity, (c) persons limited but not in their usual activity, and (d) persons not limited. The category of persons limited in their major activity includes those in the first two groups, that is, those unable to carry on the usual activity for their age-sex group, whether it is working, keeping house, going to school, or living independently, and those restricted in the amount or kind of usual activity for their age-sex group. Persons limited, but not in their major activity, include

persons restricted in other activities such as civic, church, or recreational activities.

The 1988 estimate of the percent of persons limited in activity due to chronic conditions (13.7) is not significantly different from the 1986 or 1987 estimates (table C). Likewise, the estimates of persons limited in their major activity (categories (a) and (b) discussed in the previous paragraph) are similar for 1986, 1987, and 1988 (9.4, 9.2, and 9.4, respectively).

The detailed percent distributions and frequencies for limitation in activity are shown by sociodemographic characteristics in tables 67–68.

## Restricted activity due to acute and chronic conditions

Earlier in this report estimates of restricted-activity days associated with acute conditions were shown (tables 16–49) and the relationship between the types of restricted-activity days was discussed. The estimates shown in table 69 are for person days of restricted activity caused by acute or chronic conditions, or both.

As may be noted in table C, the 1988 rate per person per year of restricted-activity days (14.7) is similar to the corresponding rates for the two previous years. The 1988 rates for bed days (6.3), work-loss days (5.3), and school-loss days for youths 5–17 years of age (4.9) are also similar to those for 1986 and 1987.

The detailed estimates for each type of restricted-activity day are shown by sociodemographic characteristics in table 69.

## Respondent-assessed health status

Data on assessed health status result from simply asking respondents to assess their own health or that of family members living in the same household as excellent, very good, good, fair, or poor. Table 70 shows the percent distribution for these categories according to sociodemographic characteristics. The health of most persons in the civilian noninstitutionalized population was assessed as “excellent” (39.1 percent) or “very good” (27.8 percent). Only 2.7 percent were assessed as “poor” (table C). Overall, the 1988 estimates for the health status categories show respondents assessing health the same way they did in 1986 and 1987.

## Physician contacts: Rate and interval since last contact

A contact is defined as a consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered a physician contact if the service is provided by the physician or by another person working under the physician’s supervision.

## Annual rate

Table D shows the rates of physician contacts reported for 1986–88. The 1988 rate of 5.4 doctor visits per person per year is essentially identical to the rates for 1986 (5.4) and 1987 (5.4).

Aside from the sociodemographic characteristics, the rates and frequencies also are shown by the place of contact in table 71. The rate was highest for doctor’s office (3.2 per person per year), and it was less than one contact per person per year for each of the other places mentioned (telephone, hospital, and other).

## Interval since last contact

Table 72 shows the percent distribution and number of persons by the interval of time since the person last had a physician contact. Whereas the estimates for the rate of physician contacts do not include contacts while a person was an overnight patient in a hospital, such contacts are included in the definitions of the interval since a person last saw or talked to a physician or a physician’s assistant.

Table D indicates that during 1988 an estimated 76.7 percent of the civilian noninstitutionalized population had contact with a physician during the year preceding interview. This estimate is similar to the 1986 and 1987 estimates (76.0 and 76.2, respectively).

Other estimates of ambulatory medical care services by physicians are provided by data from the National Ambulatory Medical Care Survey, a probability sample survey conducted periodically by the Division of Health Care Statistics of the National Center for Health Statistics. A summary of 1985 survey results, the most recent available, is found in *Advance Data From Vital and Health Statistics*, No. 128 (5).

## Hospitalization: Episodes and days for persons; discharges and average length of stay

Respondents in the NHIS are asked to describe any hospitalizations during the year preceding the interview that involved at least a 1-night stay. Two of the measures obtained through this series of questions are the number of times and number of days spent in short-stay hospitals in the 12 months prior to interview. Because persons who have died or have been institutionalized in a given reference period are not included in the NHIS, the rates and frequencies shown in this report will vary from those based on all overnight patients who entered a short-stay hospital during any given period of time. The difference will be especially great for older persons.

Estimates on hospitalization are presented in two forms: episode estimates and discharge estimates. Episode estimates focus on the person’s hospital experience during the 12 months preceding interview. The tables showing these estimates classify people on the basis of whether they were hospitalized during the reference period and, if so, the number of times they were hospitalized. Discharge esti-



mates focus on hospital stays as the unit of analysis rather than on persons.

### Hospital episodes and days

Tables 73 (percent distribution) and 74 (frequency) show the distribution of short-stay hospital episodes including and excluding deliveries by the number of times a person was hospitalized during the year preceding interview and sociodemographic characteristics. The category "delivery" is based on the reason the woman entered the hospital or whether surgery related to delivery was performed. The percent of persons in 1988 with one hospital episode or more during the year preceding interview was 8.2 percent (table D). This is similar to the estimates for 1986 (8.6) and 1987 (8.4). The 1988 rate is about 20 percent lower than the 1982 estimate of 10.3 percent (6).

Associated with the number of times a person was a patient in a short-stay hospital during the year preceding interview is the total number of days (strictly speaking, nights) the person spent as a patient in the hospital. Table D shows that in 1988 persons with one hospitalization or more spent an average of 8.0 days in the hospital in the year preceding interview. This is similar to the 1987 rate of 8.2 and the 1986 rate of 8.3. Tables 75 and 76 show the estimated rate and number of hospital days by the number of times people were hospitalized (including and excluding deliveries) and sociodemographic characteristics.

### Hospital discharges and average length of stay

Table 77 shows the rate and number of hospital discharges, the average length of stay, and the number of

hospital days by sociodemographic characteristics and by whether a delivery was involved in the hospitalization. Based on data collected during 1988, there were 11.2 discharges per 100 persons, and the average length of stay per discharge was 6.3 days. Both of these rates are similar to the 1986 and 1987 estimates of discharges per 100 persons (11.8 and 11.5, respectively) and days per discharge (6.6 and 6.4, respectively).

Examining longer term trends, the 1988 hospital discharge rate of 11.2 is 21 percent lower than the rate estimated by the NHIS in 1981 (14.2), and the average length of stay is about 15 percent lower than in 1981 (7.4) (7).

This finding probably reflects the following two phenomena: (a) some medical procedures, once performed as inpatient hospital care, are now handled in outpatient medical facilities; and (b) the Health Care Financing Administration (which operates the Medicare program), some States, and some third-party payers, now reimburse hospitals for inpatient care using a preestablished payment schedule based on patients' diagnosis-related groups.

Information also is collected on hospital discharges from hospital records through the National Hospital Discharge Survey (NHDS) conducted by the National Center for Health Statistics. Estimates from the NHDS, published in Series 13 of *Vital and Health Statistics*, are somewhat higher than those presented here because of differences in collection procedures, population sampled, and definitions used. The NHDS has experienced a recent decline in its hospital discharge rates. The NHDS estimates of average length of stay for older persons also are declining. Thus, the data from the two surveys are consistent. The most recent national estimates of short-stay hospitalization based on the NHDS are summarized in Series 13, Number 99 (8).

# Selected topic: Utilization of health care services by children and adolescents

This section focuses on utilization of health care services by children and adolescents (those under 18 years of age). Information is presented on three measures of health care utilization for this population: the number of physician contacts per person per year, the percent with a physician contact in the past year, and the percent with short-stay hospitalizations in the past year.

It is important to examine this population in more detail for two reasons. First, utilization of health care services by children and adolescents differs from that of adults: Children, especially those who are pre-school age, require more preventive health services and their demographic patterns of utilization are different from those of adults. Second, there is much variation in the amount of utilization within the young population. In addition to health information on children and adolescents, such as that presented in this section, which is collected in the main part of the NHIS, the 1988 NHIS also included a special supplement on child health that will provide more detailed information on the health status of this population.

## Physician contacts per child

There were 4.5 physician contacts per person per year for those under 18 years (table E), ranging from 11.4 contacts for those under 1 year (the largest number of contacts of any age group, including adults) to 2.9 for those 12–14 years (the fewest contacts of any age group). Males had a similar number of contacts as females until age 15. After this age, females had more contacts than males, a pattern that continued through adulthood.

As seen in table F, white children had more physician contacts than black children. This is particularly apparent for those under 5 years of age among whom white children had 3 more contacts per year than black children. Children and adolescents in the highest income group had the most physician contacts per year (table F). This is in contrast to adults among whom the lowest income group had the most contacts.

## Percent with physician contact in the past year

Eighty-one percent of children and adolescents had a physician contact in the year before interview. This percent

**Table E. Health care utilization of children and adolescents by age and sex: United States, 1988**

Age and sex	Physician contact		Hospitalization
	Contacts per person per year	Persons with 1 contact or more in past year	Persons with 1 hospital episode or more in past year
	Number	Percent	
All persons			
under 18 years . . . . .	4.5	80.7	3.6
Age			
Under 1 year . . . . .	11.4	99.1	11.0
1–4 years . . . . .	5.9	91.7	4.4
5–7 years . . . . .	4.1	83.7	2.5
8–11 years . . . . .	3.1	72.9	2.0
12–14 years . . . . .	2.9	71.9	2.2
15–17 years . . . . .	3.6	74.2	14.7
Sex and age			
Male:			
Under 18 years . . . . .	4.5	80.4	3.8
0–4 years . . . . .	7.3	93.5	6.6
5–11 years . . . . .	3.7	77.4	2.4
12–14 years . . . . .	2.7	72.2	2.4
15–17 years . . . . .	3.1	72.3	3.4
Female:			
Under 18 years . . . . .	4.4	81.1	3.5
0–4 years . . . . .	6.8	92.9	4.9
5–11 years . . . . .	3.4	78.1	2.0
12–14 years . . . . .	3.1	71.6	1.9
15–17 years . . . . .	4.1	76.2	26.0

<sup>1</sup>The percent excluding hospitalizations for delivery is 3.5.

<sup>2</sup>The percent excluding hospitalizations for delivery is 3.7.

was highest for those under 1 year (99.1 percent) and lowest for those over 8 years (71.9 percent). The percent with a recent contact was similar for males and females except in the 15–17 year age group where slightly more females than males had contact in the past year (76.2 versus 72.3 percent). In contrast, among adults the proportion with a physician contact in the past year was about 10 percentage points higher for females than for males. The percent with a physician contact in the past year was also higher for white than black children, particularly for those 5 years and older. The percent with a recent contact was highest for children and adolescents in the \$35,000 or more income group compared with lower income groups. Children and adolescents in the Northeast were the most likely

**Table F. Health care utilization of children and adolescents by selected characteristics: United States, 1988**

Characteristic	Physician contact		Hospitalization
	Contacts per person per year	Persons with 1 contact or more in past year	Persons with 1 hospital episode or more in past year
<b>Race and age</b>	<b>Number</b>	<b>Percent</b>	
<b>White:</b>			
Under 18 years . . . . .	4.8	81.8	3.6
0-4 years . . . . .	7.6	93.6	5.6
5-11 years . . . . .	3.8	79.1	2.2
12-14 years . . . . .	3.2	73.3	2.3
15-17 years . . . . .	3.8	75.7	<sup>1</sup> 4.5
<b>Black:</b>			
Under 18 years . . . . .	2.9	75.8	4.0
0-4 years . . . . .	4.6	91.7	6.6
5-11 years . . . . .	2.3	71.8	2.1
12-14 years . . . . .	2.0	66.0	1.7
15-17 years . . . . .	2.5	68.0	<sup>2</sup> 5.8
<b>Income</b>			
Less than \$10,000 . . . . .	4.4	78.3	5.8
\$10,000-\$19,999 . . . . .	3.5	75.3	4.0
\$20,000-\$34,999 . . . . .	4.6	81.1	3.4
\$35,000 or more . . . . .	5.2	85.6	2.8
<b>Geographic region</b>			
Northeast . . . . .	4.5	87.6	2.9
Midwest . . . . .	4.7	82.2	4.2
South . . . . .	4.1	77.3	4.3
West . . . . .	4.7	78.8	2.6

<sup>1</sup> The percent excluding hospitalizations for delivery is 3.6.  
<sup>2</sup> The percent excluding hospitalizations for delivery is 3.5.

to have had physician contact in the past year (87.6 percent); those in the South and the West were the least likely (77.3 and 78.8 percent).

### Hospitalizations in the past year

Hospitalization is a fairly rare event for youths; only 3.6 percent of those under 18 years had one hospital episode or more in the preceding year. The percent hospitalized was similar for males and females except for those 0-4 years and for those 15-17 years. In the younger age group, males were more likely to have been hospitalized in the past year than females. In the older age group, more females were hospitalized than males. For this older age group, the difference is due to hospitalizations for delivery; when these are excluded, the difference between males and females disappears. For black and white children and adolescents, there was a slight but nonsignificant difference in the percent hospitalized in the past year for those 15-17 years. These percents were almost identical when hospitalizations for delivery were excluded. In contrast to physician contacts, children and adolescents in the lowest income group had the highest percent hospitalized. The percent hospitalized in the past year was slightly higher in the Midwest and the South (4.2 and 4.3 percent, respectively) than in the Northeast and the West (2.9 and 2.6 percent, respectively).

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(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	175.3	362.8	247.9	166.0	155.7	108.3	107.9	108.9
INFECTIVE AND PARASITIC DISEASES.....	22.3	51.2	46.7	19.0	17.1	7.0	7.9	5.6
COMMON CHILDHOOD DISEASES.....	2.3	11.6	6.6	*0.7	*0.2	*	*	*
INTESTINAL VIRUS, UNSPECIFIED.....	4.8	8.9	8.0	5.7	4.5	1.7	2.0	*1.3
VIRAL INFECTIONS, UNSPECIFIED.....	7.0	13.9	12.5	4.6	6.0	3.9	4.2	3.5
OTHER.....	8.3	16.8	19.6	8.0	6.3	1.4	1.7	*0.9
RESPIRATORY CONDITIONS.....	86.9	165.3	131.5	77.9	79.7	51.0	55.4	43.9
COMMON COLD.....	28.5	70.8	41.7	26.3	23.8	15.7	15.7	15.8
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.1	20.1	18.3	7.7	7.6	3.0	3.5	*2.1
INFLUENZA.....	42.8	54.6	64.3	39.0	43.8	27.1	31.7	20.0
ACUTE BRONCHITIS.....	3.4	11.2	4.0	*1.9	2.7	2.3	1.7	3.3
PNEUMONIA.....	1.2	*3.5	*1.2	*0.4	*0.7	1.6	1.7	*1.4
OTHER RESPIRATORY CONDITIONS.....	1.8	5.1	2.1	*2.6	1.2	1.2	*1.1	*1.3
DIGESTIVE SYSTEM CONDITIONS.....	6.3	11.1	8.1	6.5	5.1	5.0	4.2	6.4
DENTAL CONDITIONS.....	1.2	*3.3	*1.3	*1.7	1.2	*0.5	*0.6	*0.4
INDIGESTION, NAUSEA, AND VOMITING.....	3.4	4.5	5.8	3.4	2.8	2.2	1.8	3.0
OTHER DIGESTIVE CONDITIONS.....	1.7	*3.2	*1.0	*1.4	1.2	2.3	1.8	3.0
INJURIES.....	24.6	26.8	29.9	32.7	25.2	17.3	15.2	20.6
FRACTURES AND DISLOCATIONS.....	3.2	*1.5	4.5	4.1	3.2	2.5	2.4	2.8
SPRAINS AND STRAINS.....	6.0	*1.3	8.0	10.9	6.6	3.7	4.2	3.0
OPEN WOUNDS AND LACERATIONS.....	5.5	10.0	5.8	7.8	5.6	3.3	2.5	4.5
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.7	4.7	6.3	4.9	4.8	3.5	2.6	5.1
OTHER CURRENT INJURIES.....	5.1	9.2	5.3	5.0	5.0	4.2	3.5	5.3
SELECTED OTHER ACUTE CONDITIONS.....	24.3	85.4	25.6	22.2	19.4	14.3	13.5	15.6
EYE CONDITIONS.....	1.2	*2.4	*1.1	*0.5	1.0	1.4	*1.3	*1.6
ACUTE EAR INFECTIONS.....	7.9	58.2	12.2	*2.1	1.9	1.1	*1.4	*0.7
OTHER EAR CONDITIONS.....	1.2	*3.6	2.0	*0.7	*0.6	*0.8	*0.5	*1.1
ACUTE URINARY CONDITIONS.....	2.8	*1.3	*0.7	3.4	3.5	3.6	3.1	4.4
DISORDERS OF MENSTRUATION.....	0.5	*	*0.6	*1.7	*0.5	*0.1	*0.1	*
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	0.7	*0.3	*	*1.5	1.4	*0.3	*0.4	*0.2
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1.9	*	*0.6	5.6	3.6	*	*	*
SKIN CONDITIONS.....	2.4	9.0	2.3	*1.1	1.6	2.3	2.2	*2.4
ACUTE MUSCULOSKELETAL CONDITIONS.....	3.3	*0.5	*1.5	3.3	4.0	4.2	3.9	4.7
HEADACHE, EXCLUDING MIGRAINE.....	0.9	*	1.8	*2.0	*1.0	*0.3	*0.2	*0.3
FEVER, UNSPECIFIED.....	1.5	10.1	2.9	*0.2	*0.3	*0.1	*0.2	*
ALL OTHER ACUTE CONDITIONS.....	10.9	23.0	6.1	7.7	9.2	13.7	11.8	16.9

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 6 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.



TABLE 2. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONJITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR										
ALL ACUTE CONDITIONS.....	161.5	371.5	233.3	134.3	94.4	188.2	353.6	263.2	181.3	119.8
INFECTIVE AND PARASITIC DISEASES.....	20.3	52.2	43.5	13.6	5.7	24.2	50.1	50.0	21.4	8.1
COMMON CHILDHOOD DISEASES.....	2.0	*7.7	6.6	*0.3	—	2.5	15.8	6.7	*0.3	—
INTESTINAL VIRUS, UNSPECIFIED..	4.4	11.3	8.3	3.5	*1.3	5.1	*6.3	7.6	6.1	2.0
VIRAL INFECTIONS, UNSPECIFIED..	6.1	15.8	9.6	4.6	3.4	7.9	11.9	15.5	6.7	4.4
OTHER.....	7.7	17.4	19.0	5.3	*1.0	8.8	16.1	20.2	8.2	*1.7
RESPIRATORY CONDITIONS.....	80.8	161.6	121.7	68.2	49.1	92.6	169.2	141.8	89.9	52.6
COMMON COLD.....	26.9	72.5	38.5	22.3	13.2	30.0	69.0	45.0	26.4	17.9
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	7.8	17.3	16.8	5.6	2.3	10.3	23.1	19.7	9.5	3.6
INFLUENZA.....	40.2	52.4	59.4	36.9	28.3	45.3	56.9	69.4	48.1	26.1
ACUTE BRONCHITIS.....	3.2	12.0	3.8	1.7	2.7	3.5	10.5	4.2	3.2	2.0
PNEUMONIA.....	1.2	*3.3	*1.3	*0.6	*1.2	1.3	*3.8	*1.0	*0.6	1.9
OTHER RESPIRATORY CONDITIONS...	1.5	*4.2	*1.8	*0.9	*1.3	2.1	*6.0	*2.4	2.1	*1.1
DIGESTIVE SYSTEM CONDITIONS....	5.9	15.7	8.2	4.4	3.8	6.6	*6.3	8.0	6.5	6.0
DENTAL CONDITIONS.....	1.3	*4.4	*1.3	*1.5	*0.3	1.1	*2.2	*1.3	*1.1	*0.7
INDIGESTION, NAUSEA, AND VOMITING.....	3.0	*7.1	5.6	1.7	*2.0	3.8	*1.8	6.0	4.2	2.4
OTHER DIGESTIVE CONDITIONS.....	1.6	*4.1	*1.3	*1.2	*1.5	1.7	*2.3	*0.6	*1.3	2.9
INJURIES.....	27.7	30.6	33.6	32.7	15.5	21.6	22.9	26.0	21.7	18.7
FRACTURES AND DISLOCATIONS.....	3.6	*2.0	5.7	4.4	*1.4	2.9	*1.0	*3.3	2.5	3.4
SPRAINS AND STRAINS.....	6.4	*1.0	8.7	8.7	3.0	5.6	*1.6	7.3	6.6	4.3
OPEN WOUNDS AND LACERATIONS....	7.5	12.7	7.5	8.5	4.7	3.6	*7.2	4.0	3.9	2.1
CONTUSIONS AND SUPERFICIAL INJURIES.....	5.0	*4.0	6.5	5.9	2.8	4.4	*5.5	6.0	3.8	4.1
OTHER CURRENT INJURIES.....	5.2	10.8	5.3	5.1	3.6	5.1	*7.6	5.4	4.8	4.7
SELECTED OTHER ACUTE CONDITIONS.....	17.8	86.7	20.1	9.3	9.8	30.4	84.0	31.4	30.5	18.0
EYE CONDITIONS.....	0.8	*1.4	*0.9	*0.8	*0.6	1.5	*3.4	*1.2	*0.9	2.0
ACUTE EAR INFECTIONS.....	8.2	61.5	11.6	1.5	*0.9	7.7	54.6	12.7	2.4	*1.3
OTHER EAR CONDITIONS.....	1.0	*3.9	*1.7	*0.5	*0.5	1.3	*3.3	*2.4	*0.7	*1.0
ACUTE URINARY CONDITIONS.....	1.4	*0.5	—	*1.3	2.8	4.2	*2.2	*1.5	5.5	4.3
DISORDERS OF MENSTRUATION.....	—	—	—	—	—	0.9	—	*1.2	1.6	*0.1
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	—	—	—	—	—	1.4	*0.5	—	2.8	*0.6
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	—	—	—	—	—	3.6	—	*1.2	8.0	—
SKIN CONDITIONS.....	2.1	9.7	*1.6	*1.3	*1.7	2.7	*8.2	*3.0	1.6	2.8
ACUTE MUSCULOSKELETAL CONDITIONS.....	2.4	*0.6	*0.9	3.0	3.1	4.1	*0.5	*2.2	4.6	5.2
HEADACHE, EXCLUDING MIGRAINE...	*0.4	—	*0.8	*0.5	—	1.5	—	*2.8	1.9	*0.5
FEVER, UNSPECIFIED.....	1.4	9.1	*2.6	*0.3	*0.1	1.5	11.1	*3.2	*0.3	*0.1
ALL OTHER ACUTE CONDITIONS.....	8.9	24.7	6.3	6.2	10.5	12.8	21.2	6.0	11.4	16.4

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 7 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 3. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	181.1	302.8	163.1	109.6	143.4	185.6	138.0	93.9
INFECTIVE AND PARASITIC DISEASES.....	23.9	53.7	18.6	7.6	15.6	27.0	13.8	*2.8
COMMON CHILDHOOD DISEASES.....	2.2	8.2	*0.3	—	3.1	8.4	*0.7	—
INTESTINAL VIRUS, UNSPECIFIED.....	5.1	9.4	5.2	1.8	2.8	*4.0	*3.0	*0.6
VIRAL INFECTIONS, UNSPECIFIED.....	7.7	14.8	6.0	4.3	4.4	*5.5	*5.4	*1.3
OTHER.....	8.9	21.2	7.2	1.5	5.3	9.0	*4.7	*0.9
RESPIRATORY CONDITIONS.....	90.0	150.9	83.0	51.4	67.0	95.4	58.0	43.5
COMMON COLD.....	27.9	49.4	24.6	15.5	30.6	51.5	22.1	16.6
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.7	20.9	8.2	2.9	5.8	9.3	*4.7	*3.0
INFLUENZA.....	45.5	69.0	45.1	27.7	26.4	26.8	28.7	22.1
ACUTE BRONCHITIS.....	3.6	6.7	2.7	2.3	*2.3	*4.1	*2.1	—
PNEUMONIA.....	1.3	1.8	*0.7	1.6	*1.4	*2.6	*0.4	*1.5
OTHER RESPIRATORY CONDITIONS.....	2.0	3.3	1.7	1.3	*0.4	*1.1	—	*0.3
DIGESTIVE SYSTEM CONDITIONS.....	5.8	9.0	4.6	4.9	9.3	9.2	11.3	*6.1
DENTAL CONDITIONS.....	1.1	2.0	1.1	*0.3	*2.2	*1.6	*2.5	*2.5
INDIGESTION, NAUSEA, AND VOMITING.....	3.1	5.2	2.6	2.1	4.8	*6.6	*4.6	*2.4
OTHER DIGESTIVE CONDITIONS.....	1.6	1.8	0.9	2.4	*2.4	*1.0	*4.1	*1.2
INJURIES.....	25.4	31.1	28.0	17.4	19.9	18.0	23.8	16.0
FRACTURES AND DISLOCATIONS.....	3.5	4.1	3.9	2.6	*1.4	*2.0	*0.7	*1.8
SPRAINS AND STRAINS.....	6.0	6.2	7.7	3.6	5.7	*2.5	9.0	*4.4
OPEN WOUNDS AND LACERATIONS.....	5.9	7.9	6.6	3.5	3.6	*3.1	*4.7	*2.5
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.8	6.4	4.8	3.5	4.0	*3.0	*5.1	*3.4
OTHER CURRENT INJURIES.....	5.1	6.5	5.0	4.2	5.2	*7.3	*4.4	*3.8
SELECTED OTHER ACUTE CONDITIONS.....	24.9	46.8	19.8	14.6	21.0	24.9	22.6	12.4
EYE CONDITIONS.....	1.1	*1.3	*0.8	1.3	*1.9	*2.1	*1.4	*2.5
ACUTE EAR INFECTIONS.....	8.6	28.8	2.1	1.2	4.5	10.9	*1.7	*0.6
OTHER EAR CONDITIONS.....	1.2	2.9	*0.5	*0.9	*0.9	*1.0	*1.1	*0.3
ACUTE URINARY CONDITIONS.....	2.9	*0.9	3.4	3.8	*2.6	*0.9	*3.8	*2.8
DISORDERS OF MENSTRUATION.....	0.4	*0.4	*0.7	*0.1	*0.3	*0.2	*0.6	—
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	0.7	*0.1	1.5	*0.3	*0.7	—	*1.3	*0.8
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1.8	*0.3	4.1	—	*2.3	*0.9	*4.6	—
SKIN CONDITIONS.....	2.8	5.1	1.6	2.5	*0.6	*0.5	*0.7	*0.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	3.1	*1.0	3.7	4.2	4.1	*2.4	*5.2	*4.3
HEADACHE, EXCLUDING MIGRAINE.....	0.8	*1.3	1.0	*0.2	*1.4	*1.0	*2.0	*0.7
FEVER, UNSPECIFIED.....	1.4	4.8	*0.3	*0.2	*1.8	*5.1	*0.2	—
ALL OTHER ACUTE CONDITIONS.....	11.1	11.3	9.1	13.7	10.5	11.2	8.5	13.1

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 8 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 4. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988  
 (DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	199.2	290.1	188.5	138.4	166.4	254.0	158.8	110.3
INFECTIVE AND PARASITIC DISEASES.....	19.8	36.7	16.4	10.0	21.9	44.5	19.3	8.2
COMMON CHILDHOOD DISEASES.....	*2.5	*7.6	*1.1	*-	3.0	11.0	*0.3	*-
INTESTINAL VIRUS, UNSPECIFIED.....	3.6	*5.7	*3.0	*2.6	4.1	7.1	4.9	*1.0
VIRAL INFECTIONS, UNSPECIFIED.....	6.9	12.0	*4.3	*5.9	8.0	12.7	7.4	*5.1
OTHER.....	6.7	11.5	8.0	*1.5	6.8	13.6	6.6	*2.0
RESPIRATORY CONDITIONS.....	96.2	148.4	89.1	62.2	75.1	121.2	67.8	49.5
COMMON COLD.....	31.3	60.2	21.4	19.4	27.8	52.3	23.8	14.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	10.7	18.6	11.5	*3.4	4.9	9.5	5.1	*1.4
INFLUENZA.....	46.5	61.2	48.8	32.1	37.5	52.0	35.8	28.7
ACUTE BRONCHITIS.....	3.5	*3.8	*3.3	*3.4	2.9	*4.3	*2.7	*2.2
PNEUMONIA.....	*1.7	*2.2	*0.5	*2.7	*1.0	*1.4	*0.2	*1.6
OTHER RESPIRATORY CONDITIONS.....	*2.4	*2.3	*3.6	*1.2	*1.1	*1.7	*0.3	*1.4
DIGESTIVE SYSTEM CONDITIONS.....	9.6	*9.6	9.6	9.5	7.7	12.6	6.9	*4.9
DENTAL CONDITIONS.....	*1.6	*2.9	*2.2	*-	2.2	*4.1	*2.5	*0.3
INDIGESTION, NAUSEA, AND VOMITING.....	5.6	*6.7	*5.0	*5.2	3.5	*6.8	*2.6	*2.1
OTHER DIGESTIVE CONDITIONS.....	*2.4	*-	*2.3	*4.3	2.0	*1.7	*1.8	*2.5
INJURIES.....	30.5	31.9	33.6	25.8	25.1	23.5	33.8	16.4
FRACTURES AND DISLOCATIONS.....	4.2	*5.7	*4.5	*2.7	2.5	*2.8	*2.6	*2.1
SPRAINS AND STRAINS.....	7.7	*4.5	12.2	*5.3	4.7	*3.1	6.3	*3.9
OPEN WOUNDS AND LACERATIONS.....	5.0	*4.8	*5.7	*4.2	5.3	*3.8	8.1	*3.2
CONTUSIONS AND SUPERFICIAL INJURIES.....	6.0	*6.7	*4.3	*7.4	5.8	*6.6	6.6	*4.3
OTHER CURRENT INJURIES.....	7.5	10.2	*6.8	*6.1	6.9	7.2	10.2	*2.8
SELECTED OTHER ACUTE CONDITIONS.....	28.6	45.2	28.5	15.4	24.5	40.7	22.6	14.6
EYE CONDITIONS.....	*1.7	*2.8	*0.5	*2.1	*1.1	*1.8	*0.7	*1.0
ACUTE EAR INFECTIONS.....	6.6	20.4	*2.5	*0.2	7.6	23.5	*2.8	*1.4
OTHER EAR CONDITIONS.....	*1.7	*2.1	*1.0	*2.3	*1.3	*3.6	*0.7	*0.4
ACUTE URINARY CONDITIONS.....	2.9	*0.6	*3.5	*4.3	3.3	*1.3	*4.3	*3.6
DISORDERS OF MENSTRUATION.....	*0.8	*0.8	*1.5	*-	*0.6	*1.0	*1.0	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*2.0	*-	*5.2	*-	*1.3	*0.5	*2.3	*0.7
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	2.7	*0.8	*6.6	*-	2.1	*0.5	5.0	*-
SKIN CONDITIONS.....	3.4	*7.9	*1.8	*1.7	*1.7	*2.7	*0.3	*2.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	4.2	*1.3	*5.6	*4.8	3.2	*-	*3.9	*4.8
HEADACHE, EXCLUDING MIGRAINE.....	*1.1	*3.3	*0.4	*-	*0.9	*1.1	*1.6	*-
FEVER, UNSPECIFIED.....	*1.4	*5.3	*-	*-	*1.4	*4.8	*-	*0.3
ALL OTHER ACUTE CONDITIONS.....	14.7	18.2	11.3	15.6	12.2	11.6	8.5	16.8

SEE NOTES AT END OF TABLE.

TABLE 4. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	174.5	272.7	159.2	97.4	184.7	320.6	151.7	105.4
INFECTIVE AND PARASITIC DISEASES.....	22.9	46.9	18.1	5.7	26.5	61.3	17.7	6.6
COMMON CHILDHOOD DISEASES.....	2.2	8.0	*-	*-	2.3	8.3	*0.2	*-
INTESTINAL VIRUS, UNSPECIFIED.....	5.3	9.8	4.8	*1.3	5.1	8.8	5.1	*1.5
VIRAL INFECTIONS, UNSPECIFIED.....	6.7	11.6	6.2	*2.5	7.9	15.6	5.7	4.2
OTHER.....	8.6	17.5	7.1	*1.8	11.1	28.6	6.8	*0.9
RESPIRATORY CONDITIONS.....	87.4	137.1	81.2	45.9	93.8	159.4	79.6	52.7
COMMON COLD.....	27.3	46.1	22.8	15.2	29.3	49.3	25.7	15.6
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.0	17.3	6.3	4.9	11.1	24.2	8.2	*2.8
INFLUENZA.....	44.5	62.8	46.2	22.4	46.2	71.4	41.2	29.4
ACUTE BRONCHITIS.....	3.4	5.7	3.2	*1.2	4.0	8.5	*2.1	*2.6
PNEUMONIA.....	1.3	*2.1	*1.2	*0.7	1.1	*2.2	*0.5	*1.0
OTHER RESPIRATORY CONDITIONS.....	1.9	*3.0	*1.5	*1.5	2.2	*3.7	*1.9	*1.2
DIGESTIVE SYSTEM CONDITIONS.....	5.5	8.2	5.3	*3.1	4.8	7.2	3.7	4.2
DENTAL CONDITIONS.....	1.4	*2.1	*1.3	*0.7	*0.5	*0.8	*0.4	*0.4
INDIGESTION, NAUSEA, AND VOMITING.....	3.0	*4.5	2.9	*1.5	3.0	4.1	3.0	*1.8
OTHER DIGESTIVE CONDITIONS.....	*1.2	*1.6	*1.1	*0.9	1.3	*2.4	*0.3	*2.0
INJURIES.....	25.4	29.2	28.1	16.8	24.2	34.5	22.9	16.2
FRACTURES AND DISLOCATIONS.....	3.1	*2.6	3.9	*2.4	3.2	4.2	3.3	*1.9
SPRAINS AND STRAINS.....	6.2	4.8	8.8	*3.2	7.0	10.1	6.8	4.2
OPEN WOUNDS AND LACERATIONS.....	7.1	9.9	7.2	*4.0	5.3	8.5	4.7	*3.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.0	5.2	5.1	*0.8	4.6	6.1	4.6	*3.4
OTHER CURRENT INJURIES.....	5.0	6.7	3.1	6.4	4.1	5.5	3.6	*3.4
SELECTED OTHER ACUTE CONDITIONS.....	22.9	43.2	17.1	11.3	25.7	48.3	18.9	14.9
EYE CONDITIONS.....	*0.6	*0.3	*1.0	*0.3	1.5	*2.0	*0.9	*2.0
ACUTE EAR INFECTIONS.....	7.6	24.3	*1.4	*0.6	10.0	32.7	*1.7	*1.5
OTHER EAR CONDITIONS.....	*1.0	*2.5	*0.4	*0.3	1.0	*2.1	*0.4	*0.9
ACUTE URINARY CONDITIONS.....	2.6	*1.4	*2.5	*3.9	2.5	*0.5	3.5	*2.9
DISORDERS OF MENSTRUATION.....	*0.3	*-	*0.6	*-	*0.5	*0.2	*0.7	*0.3
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.2	*-	*0.3	*0.3	*0.7	*-	*1.1	*0.5
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1.6	*0.3	3.3	*-	2.0	*0.3	4.1	*-
SKIN CONDITIONS.....	2.4	*4.2	*1.1	*2.5	2.7	4.7	*1.9	*2.2
ACUTE MUSCULOSKELETAL CONDITIONS.....	2.9	*1.2	4.1	*2.9	3.1	*1.6	3.3	4.1
HEADACHE, EXCLUDING MIGRAINE.....	*1.1	*0.8	*1.8	*-	*0.9	*1.2	*1.0	*0.5
FEVER, UNSPECIFIED.....	2.7	8.3	*0.6	*0.3	*0.9	*2.9	*0.3	*-
ALL OTHER ACUTE CONDITIONS.....	10.4	8.2	9.3	14.6	9.7	10.0	8.8	10.8

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS I AND X OF TABLE II, THE FREQUENCIES OF TABLES 9 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 5. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NJT CENTRAL CITY	
	NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	155.1	177.5	167.1	206.2	175.5	167.2	181.1	174.6
INFECTIVE AND PARASITIC DISEASES.....	18.9	20.6	30.0	15.1	21.8	18.5	24.0	24.2
COMMON CHILDHOOD DISEASES.....	*1.4	3.3	2.1	2.0	2.3	2.1	2.4	2.2
INTESTINAL VIRUS, UNSPECIFIED.....	5.1	1.6	8.6	1.9	4.8	5.0	4.6	4.7
VIRAL INFECTIONS, UNSPECIFIED.....	4.6	5.9	11.4	3.6	6.7	5.1	7.7	8.4
OTHER.....	7.7	9.9	7.8	7.6	8.0	6.2	9.3	9.0
RESPIRATORY CONDITIONS.....	81.8	88.8	70.8	116.3	87.7	82.9	90.9	84.2
COMMON COLD.....	33.3	25.2	25.6	32.5	29.5	29.2	29.8	25.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	11.0	10.6	7.7	8.0	9.0	7.9	9.7	9.7
INFLUENZA.....	32.8	45.4	31.1	69.1	42.5	39.5	44.4	44.1
ACUTE BRONCHITIS.....	2.5	4.5	2.7	4.0	3.5	3.2	3.7	3.0
PNEUMONIA.....	*1.0	*1.3	1.6	*0.9	1.3	1.1	1.5	*0.9
OTHER RESPIRATORY CONDITIONS.....	*1.2	2.0	2.0	1.8	1.9	2.0	1.8	1.5
DIGESTIVE SYSTEM CONDITIONS.....	5.3	5.8	7.3	6.1	6.0	7.2	5.1	7.3
DENTAL CONDITIONS.....	*1.4	*0.8	1.6	*0.8	1.0	1.2	0.9	1.8
INDIGESTION, NAUSEA, AND VOMITING.....	2.5	3.4	3.8	3.5	3.3	3.9	3.0	3.7
OTHER DIGESTIVE CONDITIONS.....	*1.4	1.5	1.8	1.8	1.6	2.2	1.3	1.8
INJURIES.....	21.3	25.0	24.0	28.2	24.1	22.1	25.5	26.0
FRACTURES AND DISLOCATIONS.....	2.7	3.6	3.1	3.4	3.1	2.4	3.6	3.5
SPRAINS AND STRAINS.....	5.5	6.4	5.3	7.3	6.1	4.8	7.0	5.6
OPEN WOUNDS AND LACERATIONS.....	5.1	4.5	6.2	5.8	5.2	4.8	5.4	6.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.3	5.0	4.2	5.6	4.8	5.3	4.5	4.3
OTHER CURRENT INJURIES.....	3.7	5.4	5.2	6.1	4.9	4.8	4.9	6.1
SELECTED OTHER ACUTE CONDITIONS.....	18.5	25.1	24.8	28.4	24.6	24.2	24.9	23.3
EYE CONDITIONS.....	*1.2	*0.7	1.5	*1.3	1.3	1.5	1.1	*0.9
ACUTE EAR INFECTIONS.....	6.8	8.5	7.5	9.0	8.0	6.4	9.1	7.5
OTHER EAR CONDITIONS.....	*1.0	1.3	1.1	*1.2	1.2	1.5	1.0	*1.1
ACUTE URINARY CONDITIONS.....	1.7	3.3	3.5	2.3	2.9	3.0	2.9	2.6
DISORDERS OF MENSTRUATION.....	*0.2	*0.4	*0.6	*0.7	0.5	*0.5	*0.4	*0.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.5	*0.6	*0.5	1.5	0.7	*0.8	0.7	*0.8
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*0.9	2.4	1.9	2.1	1.5	2.0	1.2	3.0
SKIN CONDITIONS.....	1.9	2.0	2.8	2.9	2.7	2.7	2.7	1.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	2.3	2.8	3.7	4.0	3.4	3.6	3.2	2.9
HEADACHE, EXCLUDING MIGRAINE.....	*0.8	1.3	*0.5	*1.2	0.9	1.1	0.8	*1.1
FEVER, UNSPECIFIED.....	*1.1	1.7	1.2	2.1	1.5	1.2	1.7	1.4
ALL OTHER ACUTE CONDITIONS.....	9.3	12.2	10.3	12.1	11.3	12.3	10.6	9.6

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS I AND X OF TABLE II, THE FREQUENCIES OF TABLES 10 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 6. NUMBER OF ACUTE CONDITIONS, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	422,277	66,695	112,018	42,663	120,489	80,412	49,178	31,234
INFECTIVE AND PARASITIC DISEASES.....	53,783	9,405	21,082	4,875	13,204	5,217	3,602	1,615
COMMON CHILDHOOD DISEASES.....	5,451	2,136	2,995	182	139	-	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	11,455	1,630	3,602	1,452	3,512	1,259	898	361
VIRAL INFECTIONS, UNSPECIFIED.....	16,969	2,550	5,649	1,176	4,665	2,929	1,934	994
OTHER.....	19,908	3,090	8,836	2,065	4,889	1,029	770	259
RESPIRATORY CONDITIONS.....	209,342	30,394	59,413	20,025	61,667	37,844	25,256	12,588
COMMON COLD.....	68,692	13,009	18,843	6,752	18,395	11,693	7,165	4,528
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	21,993	3,701	8,248	1,981	5,842	2,222	1,613	609
INFLUENZA.....	103,167	10,033	29,053	10,033	33,894	20,154	14,431	5,723
ACUTE BRONCHITIS.....	8,137	2,066	1,798	490	2,084	1,698	755	943
PNEUMONIA.....	3,007	648	521	113	548	1,177	774	403
OTHER RESPIRATORY CONDITIONS.....	4,347	937	950	656	903	899	518	381
DIGESTIVE SYSTEM CONDITIONS.....	15,080	2,035	3,664	1,675	3,976	3,729	1,908	1,822
DENTAL CONDITIONS.....	2,909	612	582	433	891	391	286	106
INDIGESTION, NAUSEA, AND VOMITING.....	8,177	830	2,637	880	2,169	1,660	798	862
OTHER DIGESTIVE CONDITIONS.....	3,994	593	445	362	916	1,678	824	854
INJURIES.....	59,161	4,934	13,499	8,405	19,502	12,821	6,908	5,913
FRACTURES AND DISLOCATIONS.....	7,750	280	2,044	1,045	2,503	1,878	1,078	800
SPRAINS AND STRAINS.....	14,517	241	3,620	2,812	5,087	2,757	1,909	848
OPEN WOUNDS AND LACERATIONS.....	13,231	1,846	2,602	1,992	4,346	2,444	1,159	1,286
CONTUSIONS AND SUPERFICIAL INJURIES.....	11,314	868	2,825	1,269	3,736	2,616	1,163	1,453
OTHER CURRENT INJURIES.....	12,350	1,698	2,407	1,287	3,831	3,126	1,600	1,526
SELECTED OTHER ACUTE CONDITIONS.....	58,580	15,697	11,584	5,703	14,996	10,600	6,139	4,462
EYE CONDITIONS.....	2,864	441	488	130	760	1,045	600	445
ACUTE EAR INFECTIONS.....	19,070	10,694	5,491	545	1,488	852	637	215
OTHER EAR CONDITIONS.....	2,802	663	923	191	450	575	245	329
ACUTE URINARY CONDITIONS.....	6,851	248	320	868	2,721	2,694	1,418	1,276
DISORDERS OF MENSTRUATION.....	1,133	...	254	428	397	54	54	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,788	49	-	386	1,105	248	198	50
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	4,494	...	271	1,447	2,776	-	-	...
SKIN CONDITIONS.....	5,866	1,649	1,028	285	1,209	1,695	1,006	689
ACUTE MUSCULOSKELETAL CONDITIONS.....	7,889	99	697	849	3,101	3,144	1,784	1,360
HEADACHE, EXCLUDING MIGRAINE.....	2,265	-	804	522	747	192	96	96
FEVER, UNSPECIFIED.....	3,557	1,855	1,307	52	242	102	102	-
ALL OTHER ACUTE CONDITIONS.....	26,331	4,230	2,776	1,980	7,144	10,201	5,366	4,835

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 755,000, A 30-PERCENT RSE.

TABLE 7. NUMBER OF ACUTE CONDITIONS, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF ACUTE CONDITIONS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	188,436	34,957	53,937	67,742	31,799	233,841	31,737	58,081	95,410	48,613
INFECTIVE AND PARASITIC DISEASES.....	23,726	4,909	10,046	6,841	1,931	30,057	4,496	11,037	11,238	3,286
COMMON CHILDHOOD DISEASES.....	2,384	721	1,518	144	-	3,068	1,414	1,477	177	-
INTESTINAL VIRUS, UNSPECIFIED..	5,156	1,063	1,919	1,745	429	6,299	567	1,683	3,218	830
VIRAL INFECTIONS, UNSPECIFIED..	7,154	1,484	2,222	2,298	1,151	9,815	1,067	3,427	3,543	1,778
OTHER.....	9,033	1,641	4,387	2,654	352	10,875	1,449	4,449	4,300	677
RESPIRATORY CONDITIONS.....	94,259	15,206	28,133	34,400	16,520	115,083	15,187	31,280	47,292	21,324
COMMON COLD.....	31,428	6,820	8,903	11,265	4,440	37,264	6,190	9,940	13,882	7,253
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9,138	1,627	3,892	2,843	776	12,855	2,074	4,356	4,979	1,447
INFLUENZA.....	46,842	4,927	13,741	18,631	9,544	56,325	5,106	15,312	25,296	10,611
ACUTE BRONCHITIS.....	3,758	1,126	873	866	893	4,379	940	926	1,709	804
PNEUMONIA.....	1,353	308	304	327	413	1,654	339	216	334	764
OTHER RESPIRATORY CONDITIONS...	1,740	398	420	468	454	2,607	539	531	1,091	445
DIGESTIVE SYSTEM CONDITIONS....	6,877	1,473	1,901	2,222	1,280	8,203	562	1,763	3,430	2,449
DENTAL CONDITIONS.....	1,562	415	289	751	106	1,348	197	293	573	286
INDIGESTION, NAUSEA, AND VOMITING.....	3,494	668	1,301	857	668	4,683	163	1,335	2,192	993
OTHER DIGESTIVE CONDITIONS.....	1,822	390	311	614	507	2,173	202	135	665	1,171
INJURIES.....	32,364	2,880	7,760	16,491	5,232	26,797	2,054	5,738	11,417	7,589
FRACTURES AND DISLOCATIONS.....	4,190	189	1,311	2,207	483	3,560	91	733	1,341	1,395
SPRAINS AND STRAINS.....	7,517	97	2,008	4,414	998	7,000	144	1,612	3,485	1,759
OPEN WOUNDS AND LACERATIONS....	8,793	1,199	1,725	4,273	1,596	4,438	647	877	2,065	849
CONTUSIONS AND SUPERFICIAL INJURIES.....	5,825	377	1,494	2,999	955	5,489	491	1,331	2,006	1,661
OTHER CURRENT INJURIES.....	6,039	1,018	1,222	2,598	1,201	6,310	680	1,185	2,520	1,925
SELECTED OTHER ACUTE CONDITIONS.....	20,787	8,161	4,650	4,675	3,301	37,792	7,536	6,933	16,024	7,299
EYE CONDITIONS.....	960	135	215	395	216	1,904	306	274	495	829
ACUTE EAR INFECTIONS.....	9,558	5,789	2,681	770	317	9,512	4,905	2,810	1,262	535
OTHER EAR CONDITIONS.....	1,195	364	390	264	177	1,608	299	533	377	398
ACUTE URINARY CONDITIONS.....	1,653	47	-	671	934	5,198	200	320	2,917	1,760
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	1,133	...	254	825	54
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	1,788	49	-	1,491	248
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	4,494	...	271	4,223	-
SKIN CONDITIONS.....	2,481	913	363	636	568	3,385	735	665	858	1,127
ACUTE MUSCULOSKELETAL CONDITIONS.....	2,818	54	209	1,516	1,038	5,071	45	487	2,434	2,105
HEADACHE, EXCLUDING MIGRAINE...	449	-	184	265	-	1,816	-	620	1,004	192
FEVER, UNSPECIFIED.....	1,674	858	608	157	50	1,883	996	699	138	51
ALL OTHER ACUTE CONDITIONS.....	10,422	2,328	1,447	3,113	3,534	15,908	1,902	1,329	6,011	6,667

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 755,000, A 30-PERCENT RSE.

TABLE 8. NUMBER OF ACUTE CONDITIONS, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	368,195	155,419	141,036	71,740	42,120	18,230	17,286	6,604
INFECTIVE AND PARASITIC DISEASES.....	48,584	27,546	16,081	4,958	4,576	2,649	1,727	200
COMMON CHILDHOOD DISEASES.....	4,446	4,207	239	-	905	823	82	-
INTESTINAL VIRUS, UNSPECIFIED.....	10,459	4,839	4,465	1,156	818	394	380	44
VIRAL INFECTIONS, UNSPECIFIED.....	15,609	7,599	5,170	2,840	1,306	545	671	89
OTHER.....	18,070	10,901	6,207	963	1,548	887	594	66
RESPIRATORY CONDITIONS.....	182,920	77,477	71,772	33,670	19,694	9,370	7,265	3,059
COMMON COLD.....	56,749	25,330	21,300	10,119	9,000	5,057	2,772	1,171
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	19,733	10,724	7,083	1,926	1,713	917	587	209
INFLUENZA.....	92,534	35,420	38,972	18,142	7,770	2,627	3,591	1,552
ACUTE BRONCHITIS.....	7,259	3,414	2,311	1,534	671	407	263	-
PNEUMONIA.....	2,583	900	609	1,075	409	254	52	103
OTHER RESPIRATORY CONDITIONS.....	4,062	1,690	1,497	875	131	107	-	24
DIGESTIVE SYSTEM CONDITIONS.....	11,800	4,620	3,975	3,204	2,745	903	1,414	428
DENTAL CONDITIONS.....	2,206	1,036	955	216	649	159	315	176
INDIGESTION, NAUSEA, AND VOMITING.....	6,341	2,684	2,260	1,397	1,397	650	581	166
OTHER DIGESTIVE CONDITIONS.....	3,253	900	761	1,591	699	95	518	86
INJURIES.....	51,579	15,984	24,234	11,361	5,861	1,763	2,975	1,123
FRACTURES AND DISLOCATIONS.....	7,210	2,086	3,414	1,710	399	192	83	125
SPRAINS AND STRAINS.....	12,193	3,204	6,647	2,342	1,683	246	1,125	312
OPEN WOUNDS AND LACERATIONS.....	12,030	4,056	5,707	2,266	1,071	309	583	178
CONTUSIONS AND SUPERFICIAL INJURIES.....	9,732	3,297	4,149	2,287	1,173	299	637	238
OTHER CURRENT INJURIES.....	10,415	3,341	4,318	2,756	1,534	717	547	270
SELECTED OTHER ACUTE CONDITIONS.....	50,684	24,015	17,109	9,560	6,159	2,447	2,837	875
EYE CONDITIONS.....	2,261	677	717	866	555	204	173	178
ACUTE EAR INFECTIONS.....	17,408	14,773	1,823	812	1,321	1,071	210	40
OTHER EAR CONDITIONS.....	2,491	1,487	447	557	252	99	134	18
ACUTE URINARY CONDITIONS.....	5,950	483	2,967	2,499	753	85	473	195
DISORDERS OF MENSTRUATION.....	889	194	641	54	94	15	78	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,514	49	1,270	195	220	-	167	53
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	3,693	149	3,544	-	663	90	573	-
SKIN CONDITIONS.....	5,608	2,595	1,404	1,609	178	54	90	34
ACUTE MUSCULOSKELETAL CONDITIONS.....	6,389	506	3,158	2,726	1,193	231	657	305
HEADACHE, EXCLUDING MIGRAINE.....	1,662	647	875	141	400	98	250	52
FEVER, UNSPECIFIED.....	2,819	2,455	263	102	531	500	31	-
ALL OTHER ACUTE CONDITIONS.....	22,628	5,776	7,865	8,987	3,084	1,098	1,067	919

<sup>1</sup>TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL ACUTE CONDITIONS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 755,000, A 30-PERCENT RSE.



TABLE 9. NUMBER OF ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	56,580	22,560	20,627	13,394	70,177	27,442	26,623	16,112
INFECTIVE AND PARASITIC DISEASES.....	5,615	2,857	1,791	967	9,227	4,802	3,232	1,194
COMMON CHILDHOOD DISEASES.....	714	591	124	-	1,246	1,189	57	-
INTESTINAL VIRUS, UNSPECIFIED.....	1,015	444	323	249	1,742	772	820	150
VIRAL INFECTIONS, UNSPECIFIED.....	1,973	931	467	575	3,359	1,370	1,241	747
OTHER.....	1,912	892	877	143	2,881	1,471	1,114	296
RESPIRATORY CONDITIONS.....	27,310	11,538	9,752	6,020	31,677	13,087	11,367	7,223
COMMON COLD.....	8,897	4,683	2,338	1,875	11,708	5,652	3,990	2,066
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3,039	1,450	1,260	330	2,074	1,021	852	201
INFLUENZA.....	13,209	4,759	5,340	3,110	15,812	5,616	5,999	4,197
ACUTE BRONCHITIS.....	990	299	366	325	1,231	461	446	324
PNEUMONIA.....	485	171	52	262	404	149	27	227
OTHER RESPIRATORY CONDITIONS.....	690	177	396	117	447	188	52	207
DIGESTIVE SYSTEM CONDITIONS.....	2,717	746	1,053	918	3,229	1,365	1,154	709
DENTAL CONDITIONS.....	467	224	243	-	913	445	423	46
INDIGESTION, NAUSEA, AND VOMITING.....	1,579	522	552	504	1,467	734	429	304
OTHER DIGESTIVE CONDITIONS.....	671	-	257	414	849	186	303	359
INJURIES.....	8,656	2,483	3,678	2,494	10,590	2,534	5,665	2,391
FRACTURES AND DISLOCATIONS.....	1,204	444	494	265	1,045	300	433	312
SPRAINS AND STRAINS.....	2,200	349	1,334	516	1,962	332	1,060	570
OPEN WOUNDS AND LACERATIONS.....	1,406	374	625	408	2,238	409	1,358	471
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,713	524	476	713	2,449	714	1,104	630
OTHER CURRENT INJURIES.....	2,133	791	749	593	2,897	779	1,709	409
SELECTED OTHER ACUTE CONDITIONS.....	8,121	3,517	3,116	1,488	10,315	4,399	3,780	2,136
EYE CONDITIONS.....	483	221	54	207	449	190	117	142
ACUTE EAR INFECTIONS.....	1,883	1,588	273	22	3,209	2,543	464	201
OTHER EAR CONDITIONS.....	489	164	105	220	559	387	114	58
ACUTE URINARY CONDITIONS.....	835	43	380	412	1,387	143	720	525
DISORDERS OF MENSTRUATION.....	219	60	159	-	271	105	166	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	568	-	568	-	530	49	384	97
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	778	60	718	-	898	54	844	-
SKIN CONDITIONS.....	972	617	192	163	701	292	51	358
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,182	101	618	463	1,352	-	648	704
HEADACHE, EXCLUDING MIGRAINE.....	303	254	49	-	386	114	272	-
FEVER, UNSPECIFIED.....	409	409	-	-	573	522	-	50
ALL OTHER ACUTE CONDITIONS.....	4,162	1,419	1,236	1,507	5,140	1,255	1,426	2,459

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 9. NUMBER OF ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	104,009	45,596	42,862	15,551	138,298	64,630	52,446	21,222
INFECTIVE AND PARASITIC DISEASES.....	13,624	7,846	4,873	905	19,812	12,352	6,128	1,332
COMMON CHILDHOOD DISEASES.....	1,335	1,335	-	-	1,733	1,675	58	-
INTESTINAL VIRUS, UNSPECIFIED.....	3,143	1,641	1,291	212	3,830	1,780	1,746	304
VIRAL INFECTIONS, UNSPECIFIED.....	4,024	1,947	1,671	405	5,944	3,139	1,962	843
OTHER.....	5,122	2,923	1,911	288	8,305	5,758	2,362	185
RESPIRATORY CONDITIONS.....	52,119	22,917	21,872	7,330	70,256	32,132	27,512	10,612
COMMON COLD.....	16,276	7,715	6,135	2,426	21,971	9,939	8,892	3,139
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	5,355	2,886	1,687	783	8,277	4,885	2,823	569
INFLUENZA.....	26,513	10,503	12,434	3,577	34,582	14,399	14,252	5,931
ACUTE BRONCHITIS.....	2,019	953	871	195	2,981	1,717	738	526
PNEUMONIA.....	800	352	333	115	809	448	163	198
OTHER RESPIRATORY CONDITIONS.....	1,156	508	413	235	1,637	744	644	249
DIGESTIVE SYSTEM CONDITIONS.....	3,305	1,369	1,434	501	3,587	1,454	1,291	843
DENTAL CONDITIONS.....	825	350	361	114	373	152	140	80
INDIGESTION, NAUSEA, AND VOMITING.....	1,773	750	786	237	2,217	824	1,031	362
OTHER DIGESTIVE CONDITIONS.....	707	269	288	150	997	477	120	400
INJURIES.....	15,125	4,874	7,568	2,683	18,139	6,946	7,932	3,261
FRACTURES AND DISLOCATIONS.....	1,860	431	1,048	381	2,382	847	1,146	389
SPRAINS AND STRAINS.....	3,681	796	2,368	517	5,245	2,044	2,352	849
OPEN WOUNDS AND LACERATIONS.....	4,247	1,652	1,950	645	3,995	1,721	1,609	665
CONTUSIONS AND SUPERFICIAL INJURIES.....	2,364	867	1,373	124	3,478	1,223	1,576	679
OTHER CURRENT INJURIES.....	2,973	1,128	830	1,015	3,039	1,111	1,249	679
SELECTED OTHER ACUTE CONDITIONS.....	13,643	7,222	4,615	1,806	19,271	9,728	6,537	3,006
EYE CONDITIONS.....	375	43	279	53	1,110	409	301	400
ACUTE EAR INFECTIONS.....	4,537	4,061	377	100	7,466	6,590	571	305
OTHER EAR CONDITIONS.....	572	417	100	55	758	422	148	187
ACUTE URINARY CONDITIONS.....	1,541	228	684	629	1,906	98	1,213	594
DISORDERS OF MENSTRUATION.....	155	-	155	-	346	43	249	54
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	146	-	94	53	490	-	392	98
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	934	46	888	-	1,485	62	1,423	-
SKIN CONDITIONS.....	1,402	700	295	407	2,039	951	645	442
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,745	193	1,093	458	2,299	320	1,149	830
HEADACHE, EXCLUDING MIGRAINE.....	636	140	496	-	684	250	338	96
FEVER, UNSPECIFIED.....	1,601	1,393	157	51	688	582	106	-
ALL OTHER ACUTE CONDITIONS.....	6,193	1,369	2,500	2,325	7,232	2,018	3,045	2,169

<sup>1</sup>TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL ACUTE CONDITIONS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 755,000, A 30-PERCENT RSE.

TABLE 10. NUMBER OF ACUTE CONDITIONS, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
	NUMBER OF ACUTE CONDITIONS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	76,415	105,706	137,458	102,699	326,805	125,176	201,629	95,472
INFECTIVE AND PARASITIC DISEASES.....	9,303	12,288	24,660	7,532	40,548	13,839	26,709	13,235
COMMON CHILDHOOD DISEASES.....	698	1,984	1,752	1,017	4,264	1,606	2,658	1,188
INTESTINAL VIRUS, UNSPECIFIED.....	2,519	939	7,068	929	8,896	3,728	5,168	2,559
VIRAL INFECTIONS, UNSPECIFIED.....	2,276	3,493	9,395	1,805	12,404	3,829	8,575	4,565
OTHER.....	3,809	5,872	6,444	3,782	14,984	4,676	10,309	4,924
RESPIRATORY CONDITIONS.....	40,292	52,903	58,218	57,929	163,337	62,073	101,264	46,005
COMMON COLD.....	16,417	14,994	21,099	16,182	55,023	21,825	33,197	13,669
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	5,421	6,291	6,304	3,977	16,698	5,923	10,775	5,295
INFLUENZA.....	16,178	27,014	25,555	34,421	79,081	29,589	49,491	24,086
ACUTE BRONCHITIS.....	1,217	2,685	2,248	1,986	6,495	2,409	4,086	1,641
PNEUMONIA.....	471	745	1,327	463	2,502	803	1,699	505
OTHER RESPIRATORY CONDITIONS.....	588	1,174	1,685	900	3,538	1,523	2,014	809
DIGESTIVE SYSTEM CONDITIONS.....	2,624	3,436	5,974	3,047	11,112	5,378	5,735	3,968
DENTAL CONDITIONS.....	685	495	1,345	385	1,900	883	1,017	1,010
INDIGESTION, NAUSEA, AND VOMITING.....	1,253	2,040	3,133	1,751	6,179	2,884	3,295	1,998
OTHER DIGESTIVE CONDITIONS.....	685	902	1,496	911	3,034	1,611	1,423	960
INJURIES.....	10,476	14,894	19,750	14,041	44,931	16,530	28,401	14,230
FRACTURES AND DISLOCATIONS.....	1,336	2,169	2,564	1,680	5,836	1,818	4,018	1,915
SPRAINS AND STRAINS.....	2,707	3,834	4,344	3,632	11,440	3,608	7,833	3,076
OPEN WOUNDS AND LACERATIONS.....	2,501	2,689	5,133	2,909	9,648	3,583	6,065	3,583
CONTUSIONS AND SUPERFICIAL INJURIES.....	2,124	2,972	3,417	2,801	8,969	3,944	5,025	2,344
OTHER CURRENT INJURIES.....	1,808	3,230	4,292	3,019	9,037	3,578	5,460	3,312
SELECTED OTHER ACUTE CONDITIONS.....	9,113	14,931	20,396	14,140	45,816	18,120	27,696	12,764
EYE CONDITIONS.....	583	444	1,209	629	2,347	1,115	1,233	517
ACUTE EAR INFECTIONS.....	3,348	5,087	6,170	4,465	14,981	4,805	10,176	4,090
OTHER EAR CONDITIONS.....	504	792	886	621	2,190	1,088	1,102	612
ACUTE URINARY CONDITIONS.....	856	1,957	2,884	1,154	5,418	2,210	3,208	1,433
DISORDERS OF MENSTRUATION.....	97	213	477	347	844	345	499	289
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	268	329	434	756	1,369	600	769	419
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	458	1,437	1,548	1,051	2,875	1,488	1,387	1,618
SKIN CONDITIONS.....	917	1,180	2,302	1,467	5,026	1,998	3,028	840
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,138	1,690	3,048	2,013	6,317	2,715	3,602	1,573
HEADACHE, EXCLUDING MIGRAINE.....	418	784	452	611	1,685	832	853	581
FEVER, UNSPECIFIED.....	527	1,019	984	1,027	2,765	924	1,840	792
ALL OTHER ACUTE CONDITIONS.....	4,606	7,254	8,460	6,010	21,060	9,236	11,825	5,270

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 755,000, A 30-PERCENT RSE.

TABLE 11. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER			
						TOTAL	45-64 YEARS	65 YEARS AND OVER	
	PERCENT								
ALL ACUTE CONDITIONS.....	62.8	83.2	55.0	54.5	59.9	65.8	62.5	70.9	
INFECTIVE AND PARASITIC DISEASES.....	65.1	83.5	67.2	54.1	60.1	46.2	45.1	48.6	
COMMON CHILDHOOD DISEASES.....	66.9	83.2	53.5	*68.1	*100.0	*	*	*	
INTESTINAL VIRUS, UNSPECIFIED.....	42.5	72.9	38.1	*22.6	45.8	*29.3	*23.4	*44.0	
VIRAL INFECTIONS, UNSPECIFIED.....	49.5	74.9	51.1	*41.7	39.9	42.5	39.2	*48.8	
OTHER.....	90.9	96.4	93.9	82.1	88.4	77.4	*85.2	*54.1	
RESPIRATORY CONDITIONS.....	44.6	74.5	38.0	32.5	38.9	46.8	43.1	54.2	
COMMON COLD.....	37.8	70.7	29.5	20.4	29.4	37.8	29.9	50.4	
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	77.1	96.1	66.1	67.6	76.9	95.3	96.3	*92.4	
INFLUENZA.....	35.5	64.4	30.3	27.0	32.1	38.6	36.5	43.8	
ACUTE BRONCHITIS.....	90.8	89.9	85.9	*100.0	94.0	90.5	100.0	82.9	
PNEUMONIA.....	96.6	*100.0	*100.0	*54.0	*100.0	95.8	100.0	*87.8	
OTHER RESPIRATORY CONDITIONS.....	82.3	100.0	*74.6	*82.5	*75.4	*79.0	*72.0	*88.5	
DIGESTIVE SYSTEM CONDITIONS.....	56.3	74.3	27.9	*43.2	59.6	76.6	81.1	71.9	
DENTAL CONDITIONS.....	61.9	*78.4	*50.5	*34.2	*54.8	*100.0	*100.0	*100.0	
INDIGESTION, NAUSEA, AND VOMITING.....	39.9	*59.0	*14.3	*41.9	53.8	51.7	*61.3	*42.8	
OTHER DIGESTIVE CONDITIONS.....	85.6	*91.2	*78.7	*57.2	*77.9	95.8	93.8	97.8	
INJURIES.....	90.1	93.1	91.9	82.1	93.6	86.9	88.7	84.8	
FRACTURES AND DISLOCATIONS.....	97.2	*100.0	100.0	100.0	97.4	91.7	85.6	100.0	
SPRAINS AND STRAINS.....	81.9	*80.9	89.1	68.0	87.6	76.1	75.4	*77.7	
OPEN WOUNDS AND LACERATIONS.....	96.5	100.0	96.7	91.8	97.6	95.6	95.6	95.6	
CONTUSIONS AND SUPERFICIAL INJURIES.....	89.0	100.0	88.5	77.9	92.1	87.0	91.0	83.8	
OTHER CURRENT INJURIES.....	89.4	82.6	88.1	87.6	96.0	86.6	100.0	72.6	
SELECTED OTHER ACUTE CONDITIONS.....	88.8	94.4	78.9	86.1	89.5	91.5	93.3	89.1	
EYE CONDITIONS.....	92.7	*100.0	*82.0	*41.5	100.0	95.6	*100.0	*89.7	
ACUTE EAR INFECTIONS.....	97.6	99.1	97.5	*100.0	90.1	91.7	*88.9	*100.0	
OTHER EAR CONDITIONS.....	88.6	*100.0	84.1	*68.6	*74.7	*100.0	*100.0	*100.0	
ACUTE URINARY CONDITIONS.....	99.3	*100.0	*100.0	100.0	100.0	98.1	100.0	96.1	
DISORDERS OF MENSTRUATION.....	*62.8	...	*5.9	*88.6	*66.5	*100.0	*100.0	*	
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	97.2	*100.0	*	*100.0	95.6	*100.0	*100.0	*100.0	
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	97.2	...	*100.0	96.3	97.4	*	*	...	
SKIN CONDITIONS.....	98.4	100.0	100.0	*100.0	100.0	94.3	90.5	*100.0	
ACUTE MUSCULOSKELETAL CONDITIONS.....	82.7	*100.0	*76.6	*85.5	82.4	83.0	89.2	74.9	
HEADACHE, EXCLUDING MIGRAINE.....	33.8	*	*26.4	*27.0	*43.0	*47.4	*45.8	*49.0	
FEVER, UNSPECIFIED.....	43.7	57.6	*17.4	*	*64.5	*100.0	*100.0	*	
ALL OTHER ACUTE CONDITIONS.....	87.7	95.6	81.4	78.5	86.1	89.0	90.0	88.0	

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 6 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 12. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT									
ALL ACUTE CONDITIONS.....	62.1	86.0	55.1	54.6	63.8	63.4	80.0	54.9	61.2	67.0
INFECTIVE AND PARASITIC DISEASES.....	64.6	83.4	66.3	53.8	46.5	65.4	83.6	68.0	61.3	46.0
COMMON CHILDHOOD DISEASES.....	72.1	*100.0	56.2	*100.0	*-	62.8	74.8	*50.8	*67.2	*-
INTESTINAL VIRUS, UNSPECIFIED..	41.5	72.3	*30.6	*33.8	*45.2	43.3	*74.1	46.6	41.9	*21.2
VIRAL INFECTIONS, UNSPECIFIED..	46.1	72.4	45.9	*31.8	*41.1	51.9	78.2	54.5	45.8	43.4
OTHER.....	90.5	93.2	95.6	83.5	*65.9	91.2	100.0	92.3	88.4	*83.3
RESPIRATORY CONDITIONS.....	43.4	79.6	37.6	31.1	45.6	45.6	69.4	38.4	41.9	47.6
COMMON COLD.....	38.7	76.6	28.1	24.9	36.6	37.1	64.1	30.8	28.8	38.5
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	75.3	100.0	66.6	68.2	*92.4	78.4	93.1	65.6	78.1	96.8
INFLUENZA.....	33.7	70.5	30.3	24.1	38.2	37.1	58.5	30.4	36.0	39.0
ACUTE BRONCHITIS.....	89.1	96.1	*81.7	88.2	88.5	92.2	82.4	89.7	98.5	*92.9
PNEUMONIA.....	92.5	*100.0	*100.0	*84.1	*87.9	100.0	*100.0	*100.0	*100.0	100.0
OTHER RESPIRATORY CONDITIONS...	87.8	*100.0	*75.5	*88.5	*87.9	78.7	*100.0	*73.8	74.1	*70.1
DIGESTIVE SYSTEM CONDITIONS....	52.6	71.8	*33.3	49.3	64.7	59.4	*80.8	*22.1	58.3	82.9
DENTAL CONDITIONS.....	60.9	*94.2	*36.0	*46.7	*100.0	63.1	*45.2	*64.8	*49.7	*100.0
INDIGESTION, NAUSEA, AND VOMITING.....	33.2	*49.1	*20.8	*40.3	*32.2	44.9	*100.0	*8.0	54.3	*64.9
OTHER DIGESTIVE CONDITIONS.....	82.5	*86.9	*83.0	*65.0	*100.0	88.2	*100.0	*68.1	*78.5	93.9
INJURIES.....	90.9	91.2	91.0	90.6	91.6	89.0	95.6	93.1	89.4	83.7
FRACTURES AND DISLOCATIONS....	97.0	*100.0	100.0	97.1	*87.6	97.4	*100.0	*100.0	100.0	93.2
SPRAINS AND STRAINS.....	79.7	*52.6	85.3	78.3	76.9	84.2	*100.0	93.9	83.4	75.7
OPEN WOUNDS AND LACERATIONS...	97.6	100.0	96.8	97.6	96.8	94.4	*100.0	96.5	92.1	93.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	90.5	*100.0	87.6	87.8	100.0	87.4	*100.0	89.6	89.5	79.5
OTHER CURRENT INJURIES.....	91.4	79.7	87.1	97.9	91.8	87.4	*86.9	89.1	89.7	83.4
SELECTED OTHER ACUTE CONDITIONS.....	89.6	97.3	78.1	86.3	91.3	88.3	91.3	79.4	89.2	91.6
EYE CONDITIONS.....	87.8	*100.0	*80.0	*80.8	*100.0	95.2	*100.0	*83.2	*100.0	94.3
ACUTE EAR INFECTIONS.....	98.5	100.0	94.8	100.0	*100.0	96.7	98.1	100.0	88.4	*86.7
OTHER EAR CONDITIONS.....	86.6	*100.0	*88.2	*56.8	*100.0	90.0	*100.0	*81.1	*84.1	*100.0
ACUTE URINARY CONDITIONS.....	96.9	*100.0	*-	*100.0	94.5	100.0	*100.0	*100.0	100.0	100.0
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	*62.8	...	*5.9	*77.9	*100.0
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	97.2	*100.0	*-	96.7	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	97.2	...	*100.0	97.1	*-
SKIN CONDITIONS.....	96.1	100.0	*100.0	*100.0	*83.1	100.0	*100.0	*100.0	100.0	100.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	83.1	*100.0	*79.9	80.8	86.3	82.5	*100.0	*75.6	84.5	81.4
HEADACHE, EXCLUDING MIGRAINE...	*35.4	*-	*-	*60.0	*-	*33.4	*-	*34.2	*30.3	*47.4
FEVER, UNSPECIFIED.....	49.9	*74.2	*7.2	*66.9	*100.0	*38.1	*43.4	*26.2	*37.0	*100.0
ALL OTHER ACUTE CONDITIONS.....	87.3	96.1	77.4	81.0	91.3	87.9	95.0	85.7	86.2	87.8

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 7 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 13. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT							
ALL ACUTE CONDITIONS.....	62.5	65.3	58.0	65.1	66.4	67.5	62.7	72.7
INFECTIVE AND PARASITIC DISEASES.....	64.7	72.4	57.1	46.7	70.1	70.8	71.6	*48.0
COMMON CHILDHOOD DISEASES.....	66.7	66.2	*75.7	*-	*69.2	*66.1	*100.0	*-
INTESTINAL VIRUS, UNSPECIFIED.....	42.1	49.4	37.5	*29.4	*56.5	*42.9	*69.2	*68.2
VIRAL INFECTIONS, UNSPECIFIED.....	49.9	59.1	39.8	43.8	*46.2	*56.5	*44.3	*-
OTHER.....	90.1	94.4	84.9	*75.8	97.8	96.3	*100.0	*100.0
RESPIRATORY CONDITIONS.....	43.8	49.2	37.1	45.7	50.6	58.0	38.4	56.7
COMMON COLD.....	36.3	45.2	25.8	36.0	47.5	53.4	31.9	*58.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	77.3	75.6	75.1	94.5	75.0	*72.6	*69.5	*100.0
INFLUENZA.....	34.5	37.3	30.4	37.8	42.3	51.8	33.7	*45.9
ACUTE BRONCHITIS.....	90.8	88.2	95.6	89.5	*87.2	*85.3	*90.5	*-
PNEUMONIA.....	96.1	100.0	*91.5	95.3	*100.0	*100.0	*100.0	*100.0
OTHER RESPIRATORY CONDITIONS.....	82.7	85.7	81.6	*78.5	*100.0	*100.0	*-	*100.0
DIGESTIVE SYSTEM CONDITIONS.....	55.0	47.3	47.8	75.0	61.5	*33.8	69.4	*93.7
DENTAL CONDITIONS.....	59.7	*61.8	*48.4	*100.0	*66.1	*84.3	*37.8	*100.0
INDIGESTION, NAUSEA, AND VOMITING.....	36.7	*26.0	43.6	*46.4	*48.7	*19.8	*67.8	*95.2
OTHER DIGESTIVE CONDITIONS.....	87.4	94.3	*59.5	96.8	*82.5	*44.2	*90.3	*77.9
INJURIES.....	90.4	92.4	91.1	86.2	87.9	87.9	87.0	90.3
FRACTURES AND DISLOCATIONS.....	97.0	100.0	98.1	90.9	*100.0	*100.0	*100.0	*100.0
SPRAINS AND STRAINS.....	82.2	86.3	85.1	74.0	76.2	*100.0	68.6	*84.3
OPEN WOUNDS AND LACERATIONS.....	96.4	98.6	95.3	95.3	97.1	*90.3	*100.0	*100.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	89.8	91.4	89.6	87.7	88.6	*86.3	*94.7	*74.8
OTHER CURRENT INJURIES.....	89.3	86.8	94.0	84.8	90.8	*80.2	*100.0	*100.0
SELECTED OTHER ACUTE CONDITIONS.....	89.3	88.7	89.3	91.1	87.4	85.8	86.7	94.1
EYE CONDITIONS.....	90.7	*87.0	*89.5	94.7	*100.0	*100.0	*100.0	*100.0
ACUTE EAR INFECTIONS.....	97.4	98.4	91.9	*91.3	100.0	100.0	*100.0	*100.0
OTHER EAR CONDITIONS.....	91.9	90.1	*87.9	*100.0	*76.6	*100.0	*56.0	*100.0
ACUTE URINARY CONDITIONS.....	99.1	*100.0	100.0	98.0	*100.0	*100.0	*100.0	*100.0
DISORDERS OF MENSTRUATION.....	*61.2	*-	*76.4	*100.0	*67.0	*100.0	*61.5	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	96.8	*100.0	96.1	*100.0	*100.0	*-	*100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	96.7	*100.0	96.5	*-	*100.0	*100.0	*100.0	*-
SKIN CONDITIONS.....	98.3	100.0	100.0	94.0	*100.0	*100.0	*100.0	*100.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	82.5	*91.5	82.8	80.4	84.5	*73.6	*81.1	*100.0
HEADACHE, EXCLUDING MIGRAINE.....	*36.0	*32.8	*33.6	*64.5	*29.5	*-	*47.2	*-
FEVER, UNSPECIFIED.....	40.2	35.7	*59.3	*100.0	*58.6	*62.2	*-	*-
ALL OTHER ACUTE CONDITIONS.....	88.0	88.8	85.5	89.6	83.1	95.1	73.9	*79.7

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II; THE FREQUENCIES OF TABLE 8 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 14. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT							
ALL ACUTE CONDITIONS.....	64.8	65.9	62.3	66.7	59.5	59.5	55.5	66.0
INFECTIVE AND PARASITIC DISEASES.....	71.8	80.5	73.2	*43.2	54.5	60.8	49.6	*42.4
COMMON CHILDHOOD DISEASES.....	*75.9	*70.9	*100.0	*-	62.0	*60.2	*100.0	*-
INFLUENZA.....	*58.1	*67.8	*63.2	*34.5	*34.2	*47.3	*22.8	*29.3
VIRAL INFECTIONS, UNSPECIFIED.....	58.9	*77.7	*53.7	*32.9	28.9	*33.4	*28.2	*22.1
OTHER.....	90.7	96.3	*83.6	*100.0	93.4	94.1	90.7	*100.0
RESPIRATORY CONDITIONS.....	47.7	52.6	41.1	49.2	39.1	43.6	28.3	48.0
COMMON COLD.....	41.2	46.7	34.7	*35.5	36.6	47.7	*15.2	47.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	75.9	70.6	75.8	*100.0	70.6	75.5	*57.9	*100.0
INFLUENZA.....	38.2	46.6	28.5	42.0	29.3	26.5	27.0	36.3
ACUTE BRONCHITIS.....	100.0	*100.0	*100.0	*100.0	98.0	*100.0	*94.4	*100.0
PNEUMONIA.....	*89.3	*100.0	*-	*100.0	*100.0	*100.0	*100.0	*100.0
OTHER RESPIRATORY CONDITIONS.....	*86.8	*100.0	*88.4	*61.5	*90.4	*77.1	*100.0	*100.0
DIGESTIVE SYSTEM CONDITIONS.....	57.7	*35.0	*62.1	*71.1	53.7	*48.4	*45.7	*76.9
DENTAL CONDITIONS.....	*71.1	*39.7	*100.0	*-	*48.3	*74.6	*14.9	*100.0
INDIGESTION, NAUSEA, AND VOMITING.....	*46.9	*33.0	*56.2	*51.4	*37.6	*26.4	*50.6	*46.1
OTHER DIGESTIVE CONDITIONS.....	*73.9	*-	*39.7	*95.2	*67.3	*72.6	*81.5	*100.0
INJURIES.....	86.1	83.8	84.4	90.7	87.0	80.4	91.4	83.6
FRACTURES AND DISLOCATIONS.....	100.0	*100.0	*100.0	*100.0	95.3	*100.0	*100.0	*84.3
SPRAINS AND STRAINS.....	76.5	*73.9	73.2	*87.0	79.1	*85.5	80.8	*71.8
OPEN WOUNDS AND LACERATIONS.....	100.0	*100.0	*100.0	*100.0	90.1	*100.0	87.8	*88.1
CONTUSIONS AND SUPERFICIAL INJURIES.....	87.5	*91.0	*78.2	*91.2	84.0	*73.9	89.1	*86.5
OTHER CURRENT INJURIES.....	77.6	*66.6	*85.0	*83.0	89.5	*66.4	100.0	*89.7
SELECTED OTHER ACUTE CONDITIONS.....	85.4	81.0	90.9	84.1	85.5	87.1	80.4	91.1
EYE CONDITIONS.....	*90.5	*100.0	*100.0	*77.8	*80.4	*53.7	*100.0	*100.0
ACUTE EAR INFECTIONS.....	95.1	94.2	*100.0	*100.0	95.5	98.0	*79.5	*100.0
OTHER EAR CONDITIONS.....	*87.7	*100.0	*43.8	*100.0	*61.5	*73.9	*-	*100.0
ACUTE URINARY CONDITIONS.....	93.9	*100.0	*100.0	*87.9	100.0	*100.0	*100.0	*100.0
DISORDERS OF MENSTRUATION.....	*79.9	*25.0	*100.0	*-	*61.3	*-	*100.0	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*100.0	*-	*100.0	*-	*90.6	*100.0	*87.2	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	100.0	*100.0	*100.0	*-	94.2	*100.0	93.8	*-
SKIN CONDITIONS.....	100.0	*100.0	*100.0	*100.0	*86.3	*100.0	*100.0	*73.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	68.4	*41.6	*71.8	*69.8	77.4	*-	*67.3	*86.6
HEADACHE, EXCLUDING MIGRAINE.....	*15.8	*18.9	*-	*-	*32.1	*59.6	*20.6	*-
FEVER, UNSPECIFIED.....	*35.0	*35.0	*-	*-	*68.9	*66.1	*-	*100.0
ALL OTHER ACUTE CONDITIONS.....	87.2	91.6	75.7	92.6	88.4	93.4	84.6	88.1

SEE NOTES AT END OF TABLE.

TABLE 14. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988—CON.  
 (DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS,  
 AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	PERCENT							
ALL ACUTE CONDITIONS.....	61.5	65.0	57.4	62.6	64.7	68.3	60.1	65.3
INFECTIVE AND PARASITIC DISEASES.....	65.3	70.5	60.2	*47.5	69.5	75.4	60.2	57.4
COMMON CHILDHOOD DISEASES.....	*55.0	*55.0	*-	*-	78.9	81.6	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	53.5	63.1	*45.9	*25.5	35.8	*26.1	46.6	*31.3
VIRAL INFECTIONS, UNSPECIFIED.....	49.3	52.9	*44.8	*50.4	56.5	65.6	41.7	*57.4
OTHER.....	87.7	93.4	83.2	*59.7	92.3	94.2	87.0	*100.0
RESPIRATORY CONDITIONS.....	42.0	49.4	34.8	40.3	46.9	51.8	41.6	45.4
COMMON COLD.....	32.7	42.8	21.8	*28.0	39.7	47.8	32.6	34.3
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	75.5	70.4	72.9	100.0	80.1	78.5	80.8	*89.8
INFLUENZA.....	34.1	42.0	28.9	29.0	36.6	38.0	33.9	39.8
ACUTE BRONCHITIS.....	90.5	79.9	100.0	*100.0	91.2	87.8	*93.2	*100.0
PNEUMONIA.....	*93.8	*100.0	*100.0	*56.5	100.0	*100.0	*100.0	*100.0
OTHER RESPIRATORY CONDITIONS.....	76.1	*89.0	*57.4	*81.3	84.3	*87.1	*90.5	*59.8
DIGESTIVE SYSTEM CONDITIONS.....	52.0	55.4	*42.0	*71.7	60.1	*47.7	59.7	*81.9
DENTAL CONDITIONS.....	*69.0	*72.0	*56.0	*100.0	*61.7	*65.8	*35.0	*100.0
INDIGESTION, NAUSEA, AND VOMITING.....	*30.7	*38.7	*20.4	*40.1	48.1	*19.3	*62.9	*72.1
OTHER DIGESTIVE CONDITIONS.....	*85.7	*80.7	*83.0	*100.0	86.1	*91.0	*61.7	*87.3
INJURIES.....	94.8	95.9	96.4	88.4	90.0	96.5	87.0	83.4
FRACTURES AND DISLOCATIONS.....	97.5	*100.0	100.0	*88.2	97.5	100.0	100.0	*84.6
SPRAINS AND STRAINS.....	88.4	*74.5	98.1	*65.0	78.8	95.2	65.7	*75.5
OPEN WOUNDS AND LACERATIONS.....	96.4	100.0	94.8	*92.1	100.0	100.0	100.0	*100.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	93.3	100.0	90.7	*74.2	91.1	92.6	92.6	*84.5
OTHER CURRENT INJURIES.....	100.0	100.0	100.0	100.0	88.9	95.0	91.1	*75.1
SELECTED OTHER ACUTE CONDITIONS.....	86.8	84.7	88.3	91.6	93.6	93.5	92.4	96.6
EYE CONDITIONS.....	*100.0	*100.0	*100.0	*100.0	100.0	*100.0	*100.0	*100.0
ACUTE EAR INFECTIONS.....	100.0	100.0	*100.0	*100.0	98.1	98.6	*90.9	*100.0
OTHER EAR CONDITIONS.....	*92.0	*89.0	*100.0	*100.0	100.0	*100.0	*100.0	*100.0
ACUTE URINARY CONDITIONS.....	100.0	*100.0	*100.0	*100.0	100.0	*100.0	100.0	*100.0
DISORDERS OF MENSTRUATION.....	*68.4	*-	*68.4	*-	*63.3	*-	*66.3	*100.0
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*100.0	*-	*100.0	*100.0	*100.0	*-	*100.0	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	100.0	*100.0	100.0	*-	95.2	*100.0	95.0	*-
SKIN CONDITIONS.....	100.0	*100.0	*100.0	*100.0	100.0	100.0	*100.0	*100.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	88.3	*100.0	95.3	*66.8	91.6	*100.0	87.7	93.9
HEADACHE, EXCLUDING MIGRAINE.....	*25.9	*-	*33.3	*-	*48.4	*38.8	*56.2	*45.8
FEVER, UNSPECIFIED.....	*35.8	*33.9	*31.2	*100.0	*49.3	*39.9	*100.0	*-
ALL OTHER ACUTE CONDITIONS.....	85.2	90.1	83.2	84.3	87.6	84.0	87.7	90.8

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 9 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.



TABLE 15. PERCENT OF ACUTE CONDITIONS MEDICALLY ATTENDED, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	PERCENT							
ALL ACUTE CONDITIONS.....	62.3	64.7	65.0	58.4	63.1	64.0	62.5	62.0
INFECTIVE AND PARASITIC DISEASES.....	65.3	76.4	56.9	73.1	66.3	67.0	66.0	61.2
COMMON CHILDHOOD DISEASES.....	*80.4	81.7	61.1	*38.7	68.5	63.9	71.3	*60.9
INTESTINAL VIRUS, UNSPECIFIED.....	46.1	*37.5	41.6	*44.9	46.3	50.6	43.2	*29.3
VIRAL INFECTIONS, UNSPECIFIED.....	39.1	65.8	41.1	74.7	52.1	54.9	50.8	42.4
OTHER.....	91.1	87.1	95.7	88.5	89.4	91.1	88.7	95.3
RESPIRATORY CONDITIONS.....	46.7	45.4	48.4	38.8	44.7	45.5	44.2	44.3
COMMON COLD.....	41.5	43.5	38.2	28.4	36.3	35.8	36.7	43.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	72.7	76.4	82.1	76.3	76.9	79.9	75.3	77.5
INFLUENZA.....	36.5	31.9	39.7	34.8	36.6	39.1	35.1	31.9
ACUTE BRONCHITIS.....	100.0	88.8	89.3	89.5	90.7	91.9	89.9	91.3
PNEUMONIA.....	*100.0	*93.4	100.0	*88.8	95.9	*87.3	100.0	*100.0
OTHER RESPIRATORY CONDITIONS.....	*80.6	83.7	86.7	*73.3	83.5	78.8	87.1	*77.3
DIGESTIVE SYSTEM CONDITIONS.....	58.9	56.4	56.3	53.8	54.0	55.6	52.5	62.6
DENTAL CONDITIONS.....	*64.7	*86.5	56.1	*45.5	54.9	*62.6	*48.2	75.0
INDIGESTION, NAUSEA, AND VOMITING.....	*37.2	*33.2	43.8	*42.7	39.0	38.3	39.5	42.8
OTHER DIGESTIVE CONDITIONS.....	*93.1	92.2	82.5	*78.5	84.0	82.6	85.7	90.5
INJURIES.....	87.2	91.4	90.1	90.9	90.6	90.8	90.5	88.4
FRACTURES AND DISLOCATIONS.....	95.5	97.7	97.5	97.3	97.9	96.4	98.5	95.0
SPRAINS AND STRAINS.....	71.3	86.2	77.7	90.0	83.3	85.9	82.1	76.6
OPEN WOUNDS AND LACERATIONS.....	95.8	97.9	97.3	94.4	96.3	94.6	97.4	97.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	83.8	93.5	87.8	89.8	88.9	90.6	87.5	89.6
OTHER CURRENT INJURIES.....	97.0	85.8	91.2	86.0	90.8	89.2	91.8	85.4
SELECTED OTHER ACUTE CONDITIONS.....	87.2	88.7	89.6	88.5	89.6	90.3	89.1	85.8
EYE CONDITIONS.....	*92.8	*89.4	93.7	*92.7	94.8	93.2	96.2	*83.0
ACUTE EAR INFECTIONS.....	97.3	98.1	97.2	97.9	97.6	97.9	97.5	97.7
OTHER EAR CONDITIONS.....	*100.0	*87.1	88.1	*81.6	87.4	89.2	85.6	*93.0
ACUTE URINARY CONDITIONS.....	100.0	100.0	98.3	100.0	99.1	100.0	98.4	100.0
DISORDERS OF MENSTRUATION.....	*49.5	*56.8	*41.1	*100.0	*66.2	*71.6	*62.5	*52.9
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*100.0	*100.0	*100.0	*93.5	96.4	*100.0	*93.6	*100.0
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*100.0	100.0	96.6	93.2	95.7	100.0	91.1	100.0
SKIN CONDITIONS.....	95.0	100.0	100.0	96.6	100.0	100.0	100.0	*88.7
ACUTE MUSCULOSKELETAL CONDITIONS.....	80.6	82.5	82.3	84.7	85.6	87.7	84.0	71.2
HEADACHE, EXCLUDING MIGRAINE.....	*23.0	*39.8	*22.8	*41.7	*42.6	*45.0	*40.4	*8.3
FEVER, UNSPECIFIED.....	*26.0	*42.8	*49.8	*47.8	40.9	*38.3	42.2	*53.4
ALL OTHER ACUTE CONDITIONS.....	88.6	85.9	90.5	85.1	87.6	89.1	86.4	88.1

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 10 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 16. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	699.5	975.0	720.3	714.2	642.4	673.1	581.3	818.9
INFECTIVE AND PARASITIC DISEASES.....	83.1	181.8	173.1	75.9	52.2	38.6	28.4	54.7
COMMON CHILDHOOD DISEASES.....	14.5	54.1	48.1	*10.7	*0.6	*-	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	10.4	*25.3	14.7	*15.7	9.0	*3.9	*3.9	*3.8
VIRAL INFECTIONS, UNSPECIFIED.....	24.5	54.5	37.1	24.2	18.9	15.5	13.2	19.1
OTHER.....	33.6	47.8	73.1	25.3	23.8	19.3	*11.4	31.8
RESPIRATORY CONDITIONS.....	288.3	508.3	344.8	232.5	233.8	275.5	254.8	308.4
COMMON COLD.....	72.9	170.8	98.5	67.6	55.0	53.5	39.0	76.6
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	24.4	63.0	40.9	31.0	16.2	11.1	*11.3	*10.8
INFLUENZA.....	149.9	187.9	172.7	114.0	134.6	154.9	150.4	162.0
ACUTE BRONCHITIS.....	16.9	38.6	17.1	*6.7	10.8	21.2	17.7	26.7
PNEUMONIA.....	16.6	*24.9	*11.7	*4.8	11.9	26.6	26.9	26.0
OTHER RESPIRATORY CONDITIONS.....	7.6	*23.2	*3.9	*8.3	*5.2	8.3	*9.5	*6.3
DIGESTIVE SYSTEM CONDITIONS.....	24.7	*20.4	24.3	25.3	21.8	28.9	20.9	41.7
DENTAL CONDITIONS.....	4.9	*5.1	*5.1	*7.2	*6.0	*2.8	*3.3	*2.1
INDIGESTION, NAUSEA, AND VOMITING.....	6.9	*13.7	*11.4	*6.7	*4.0	*5.4	*2.3	*10.3
OTHER DIGESTIVE CONDITIONS.....	13.0	*1.6	*7.8	*11.3	11.8	20.7	15.3	29.4
INJURIES.....	146.2	*24.7	92.3	189.8	160.9	178.5	155.3	215.5
FRACTURES AND DISLOCATIONS.....	53.4	*2.6	34.2	68.4	50.1	75.7	69.4	85.8
SPRAINS AND STRAINS.....	36.8	*2.8	17.9	68.1	48.1	34.2	35.8	31.5
OPEN WOUNDS AND LACERATIONS.....	14.9	*2.4	12.6	*20.1	16.8	15.8	14.6	*17.6
CONTUSIONS AND SUPERFICIAL INJURIES.....	16.5	*2.2	*11.3	22.1	16.4	21.3	16.8	28.5
OTHER CURRENT INJURIES.....	24.6	*14.8	16.3	*11.2	29.6	31.6	18.6	52.1
SELECTED OTHER ACUTE CONDITIONS.....	112.6	179.5	69.4	157.6	135.6	82.7	65.4	110.1
EYE CONDITIONS.....	*2.0	*0.5	*1.5	*0.6	*3.3	*1.9	*0.2	*4.6
ACUTE EAR INFECTIONS.....	19.0	130.8	27.4	*7.6	6.9	*2.8	*4.1	*0.8
OTHER EAR CONDITIONS.....	2.4	*4.8	*4.8	*0.2	*1.2	*2.3	*2.1	*2.7
ACUTE URINARY CONDITIONS.....	12.3	*4.6	*4.8	*13.8	9.0	21.6	12.2	36.6
DISORDERS OF MENSTRUATION.....	*1.6	...	*1.1	*4.7	*2.5	*0.1	*0.2	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	5.7	*-	*0.6	*7.5	10.4	*4.7	*3.7	*6.4
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	31.2	...	*8.2	99.6	59.2	*-	*-	...
SKIN CONDITIONS.....	6.4	*9.3	*5.8	*0.7	*6.4	8.2	*7.3	*9.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	24.8	*0.5	*3.7	*18.7	32.7	37.5	33.4	44.0
HEADACHE, EXCLUDING MIGRAINE.....	3.1	*-	*4.3	*3.9	*3.8	*2.2	*1.5	*3.2
FEVER, UNSPECIFIED.....	4.1	29.0	*7.2	*0.4	*0.4	*1.3	*0.7	*2.4
ALL OTHER ACUTE CONDITIONS.....	44.7	60.3	16.4	33.2	38.1	68.8	56.5	88.4

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 21 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 17. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR										
ALL ACUTE CONDITIONS.....	597.4	946.2	681.9	543.1	523.3	795.4	1005.1	760.6	772.8	797.3
INFECTIVE AND PARASITIC DISEASES.....	75.3	170.2	150.5	53.4	30.1	90.4	193.9	196.9	62.6	45.6
COMMON CHILDHOOD DISEASES.....	14.0	*42.9	45.0	*3.7	*-	15.0	65.9	51.4	*2.5	*-
INTESTINAL VIRUS, UNSPECIFIED..	9.5	*33.4	*13.1	*8.0	*2.8	11.3	*16.8	*16.4	13.3	*4.8
VIRAL INFECTIONS, UNSPECIFIED..	21.3	*47.3	30.8	18.5	*11.6	27.6	62.1	43.7	21.8	18.7
OTHER.....	30.5	*46.6	61.6	23.2	*15.7	36.6	*49.1	85.3	25.0	22.2
RESPIRATORY CONDITIONS.....	250.3	444.9	329.3	195.8	223.5	323.9	574.7	361.1	269.6	318.7
COMMON COLD.....	63.7	148.6	89.2	51.1	41.2	81.6	194.0	108.4	64.9	63.8
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	22.6	*52.2	43.6	18.1	*6.7	26.1	74.4	38.1	21.6	14.7
INFLUENZA.....	131.1	173.2	161.9	106.1	135.5	167.5	203.2	184.0	151.8	171.0
ACUTE BRONCHITIS.....	12.2	*38.7	*15.5	*6.4	*11.2	21.3	*38.5	*18.9	13.0	29.5
PNEUMONIA.....	16.4	*22.0	*15.3	11.7	22.5	16.8	*27.9	*7.9	*8.6	29.9
OTHER RESPIRATORY CONDITIONS...	*4.4	*10.2	*3.9	*2.2	*6.5	10.6	*36.8	*3.9	*9.6	*9.8
DIGESTIVE SYSTEM CONDITIONS....	22.6	*28.3	23.8	20.4	23.5	26.7	*12.1	24.9	24.8	33.5
DENTAL CONDITIONS.....	6.5	*8.4	*3.4	*9.6	*3.7	*3.4	*1.7	*7.0	*3.2	*2.1
INDIGESTION, NAUSEA, AND VOMITING.....	5.9	*17.9	*13.2	*2.4	*2.9	7.7	*9.3	*9.5	*6.9	*7.5
OTHER DIGESTIVE CONDITIONS.....	10.1	*2.0	*7.2	*8.5	16.9	15.6	*1.1	*8.5	14.7	23.9
INJURIES.....	155.5	*35.3	109.1	208.4	141.8	137.4	*13.7	74.7	129.6	209.0
FRACTURES AND DISLOCATIONS.....	58.7	*1.1	42.7	75.0	61.3	48.3	*4.0	25.3	35.1	87.8
SPRAINS AND STRAINS.....	40.0	*5.4	*16.9	63.8	30.0	33.8	*-	*18.9	42.8	37.6
OPEN WOUNDS AND LACERATIONS....	16.6	*3.7	*13.7	22.0	*14.2	13.4	*1.1	*11.5	13.4	17.1
CONTUSIONS AND SUPERFICIAL INJURIES.....	16.8	*2.3	*11.8	21.2	17.6	16.2	*2.1	*10.7	14.6	24.4
OTHER CURRENT INJURIES.....	23.4	*22.7	23.9	26.4	18.8	25.8	*6.5	*8.4	23.7	42.1
SELECTED OTHER ACUTE CONDITIONS.....	58.5	182.0	53.8	40.1	54.7	163.4	176.8	85.8	238.0	105.9
EYE CONDITIONS.....	*1.9	*0.9	*1.4	*3.7	*-	*2.1	*-	*1.6	*1.6	*3.5
ACUTE EAR INFECTIONS.....	19.4	140.7	27.5	*5.3	*1.1	18.6	120.5	27.2	*8.7	*4.2
OTHER EAR CONDITIONS.....	*2.1	*4.2	*5.3	*1.3	*0.8	*2.6	*5.5	*4.4	*0.6	*3.6
ACUTE URINARY CONDITIONS.....	7.3	*2.0	*2.2	*4.6	16.1	17.0	*7.4	*7.5	15.5	26.2
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	*3.0	...	*2.3	*5.9	*0.3
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	11.1	*-	*1.2	19.0	*8.7
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	60.4	...	*16.8	135.7	*-
SKIN CONDITIONS.....	8.1	*13.9	*9.2	*5.1	*10.2	4.9	*4.4	*2.2	*4.9	*6.5
ACUTE MUSCULOSKELETAL CONDITIONS.....	14.5	*-	*0.9	16.7	24.4	34.5	*1.0	*6.6	41.1	48.3
HEADACHE, EXCLUDING MIGRAINE...	*2.3	*-	*2.4	*2.9	*2.1	*3.9	*-	*6.4	*4.7	*2.2
FEVER, UNSPECIFIED.....	*2.9	*20.3	*5.0	*0.5	*-	5.3	*38.0	*9.5	*0.2	*2.5
ALL OTHER ACUTE CONDITIONS.....	35.1	85.5	*15.5	25.0	49.7	53.6	*33.9	*17.3	48.3	84.6

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 22 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 18. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	714.8	848.1	660.9	681.3	656.5	602.9	727.1	605.6
INFECTIVE AND PARASITIC DISEASES.....	88.0	190.1	62.2	42.1	64.4	132.3	*42.0	*9.6
COMMON CHILDHOOD DISEASES.....	14.1	49.7	*3.7	*-	18.7	55.9	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	10.6	19.4	10.7	*3.6	*10.0	*13.7	*12.3	*0.8
VIRAL INFECTIONS, UNSPECIFIED.....	26.1	45.1	21.4	17.3	20.4	*36.1	*18.2	*2.5
OTHER.....	37.2	75.9	26.3	21.2	*15.3	*26.6	*11.5	*6.3
RESPIRATORY CONDITIONS.....	295.4	419.6	237.9	274.1	245.7	275.3	205.2	276.3
COMMON COLD.....	71.3	122.0	54.6	53.6	82.7	116.4	74.3	*50.6
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	26.1	52.8	22.1	10.5	*11.8	*22.2	*5.8	*8.0
INFLUENZA.....	156.6	193.3	134.2	157.4	112.2	102.6	102.4	143.1
ACUTE BRONCHITIS.....	17.7	23.4	10.8	22.2	*13.5	*20.8	*5.9	*16.7
PNEUMONIA.....	16.0	16.9	9.3	24.1	18.7	*10.8	*16.1	*34.1
OTHER RESPIRATORY CONDITIONS.....	7.8	11.2	6.9	*6.3	*6.9	*2.5	*0.8	*23.8
DIGESTIVE SYSTEM CONDITIONS.....	24.1	22.7	21.7	28.4	31.5	*29.3	*31.5	*34.6
DENTAL CONDITIONS.....	4.6	*4.8	6.7	*1.7	*8.5	*8.3	*5.5	*13.9
INDIGESTION, NAUSEA, AND VOMITING.....	5.9	11.4	*3.7	*4.6	*12.1	*16.9	*10.8	*7.6
OTHER DIGESTIVE CONDITIONS.....	13.6	*6.6	11.3	22.1	*10.9	*4.0	*15.2	*13.0
INJURIES.....	147.3	80.7	161.9	180.2	148.4	*47.2	224.7	153.9
FRACTURES AND DISLOCATIONS.....	55.5	28.2	55.0	77.5	44.1	*14.6	55.3	*65.2
SPRAINS AND STRAINS.....	36.1	14.8	51.1	33.1	41.7	*10.3	71.4	*32.8
OPEN WOUNDS AND LACERATIONS.....	15.1	11.0	16.3	16.6	*18.0	*4.8	*31.4	*12.4
CONTUSIONS AND SUPERFICIAL INJURIES.....	16.3	10.5	17.8	18.9	*14.9	*0.9	*17.6	*29.7
OTHER CURRENT INJURIES.....	24.3	16.1	21.7	34.1	29.7	*16.6	48.9	*13.8
SELECTED OTHER ACUTE CONDITIONS.....	115.5	108.5	141.9	86.1	110.1	69.1	164.4	*70.7
EYE CONDITIONS.....	*2.1	*1.1	*3.1	*1.5	*1.8	*0.8	*-	*6.4
ACUTE EAR INFECTIONS.....	21.0	65.7	8.1	*3.1	*9.3	*25.0	*1.7	*0.9
OTHER EAR CONDITIONS.....	*2.5	*5.1	*0.8	*2.6	*2.3	*4.4	*1.9	*-
ACUTE URINARY CONDITIONS.....	12.0	*5.1	9.2	21.0	*17.4	*4.1	*19.8	*31.6
DISORDERS OF MENSTRUATION.....	*1.3	*0.7	*2.5	*0.2	*3.3	*0.3	*7.4	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	5.8	*0.3	9.8	*4.7	*7.0	*0.9	*12.2	*6.1
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	30.2	*3.5	68.9	*-	39.8	*13.5	82.7	*-
SKIN CONDITIONS.....	7.4	*8.2	*5.9	8.8	*1.5	*1.4	*0.2	*4.0
ACUTE MUSCULOSKELETAL CONDITIONS.....	26.2	*1.5	30.1	40.3	20.5	*8.8	*29.3	*21.1
HEADACHE, EXCLUDING MIGRAINE.....	2.8	*2.9	*3.1	*2.4	*5.0	*3.4	*8.7	*0.7
FEVER, UNSPECIFIED.....	4.3	14.3	*0.4	*1.5	*2.3	*6.3	*0.5	*-
ALL OTHER ACUTE CONDITIONS.....	44.4	26.5	35.4	70.4	56.4	*49.7	59.2	*60.6

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 23 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 19. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	1004.1	992.5	900.3	1130.7	775.0	782.8	786.7	755.6
INFECTIVE AND PARASITIC DISEASES.....	100.1	204.5	49.0	73.9	90.6	178.0	75.4	43.3
COMMON CHILDHOOD DISEASES.....	31.1	91.4	*15.8	*-	17.8	65.8	*2.4	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*9.8	*19.3	*6.1	*6.2	13.5	*20.0	*18.0	*3.6
VIRAL INFECTIONS, UNSPECIFIED.....	29.3	*54.8	*7.7	*33.3	27.3	*35.2	33.5	*14.5
OTHER.....	29.8	*39.0	*19.3	*34.3	31.9	57.0	*21.6	*25.2
RESPIRATORY CONDITIONS.....	398.5	449.9	297.0	471.8	281.8	363.8	226.5	284.6
COMMON COLD.....	112.7	181.9	74.7	100.1	69.6	114.4	58.4	49.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	23.0	*38.0	*15.9	*19.0	23.1	*35.6	*27.2	*9.2
INFLUENZA.....	206.9	170.8	160.5	288.2	153.3	179.7	118.3	173.9
ACUTE BRONCHITIS.....	*11.9	*24.0	*8.4	*6.2	12.9	*12.3	*10.3	*16.2
PNEUMONIA.....	23.1	*23.3	*14.0	*33.1	15.9	*8.8	*6.4	*32.2
OTHER RESPIRATORY CONDITIONS.....	20.9	*11.8	*23.5	*25.2	*7.0	*12.9	*6.0	*3.9
DIGESTIVE SYSTEM CONDITIONS.....	47.8	*31.9	*46.3	62.4	27.4	*17.8	*26.9	*35.2
DENTAL CONDITIONS.....	*12.5	*12.7	*13.1	*11.7	*5.2	*3.5	*10.3	*0.6
INDIGESTION, NAUSEA, AND VOMITING.....	*13.6	*17.9	*12.2	*11.6	*7.3	*9.5	*8.3	*4.6
OTHER DIGESTIVE CONDITIONS.....	21.7	*1.3	*21.0	*39.0	14.9	*4.7	*8.4	*30.0
INJURIES.....	197.5	116.9	214.1	243.4	175.8	*47.5	217.6	222.9
FRACTURES AND DISLOCATIONS.....	64.2	*55.1	58.5	78.1	62.2	*10.4	72.2	89.0
SPRAINS AND STRAINS.....	43.9	*10.1	75.9	*34.8	47.5	*8.7	66.9	54.0
OPEN WOUNDS AND LACERATIONS.....	23.8	*6.6	*24.7	*36.6	15.5	*6.2	*20.4	*16.8
CONTUSIONS AND SUPERFICIAL INJURIES.....	28.7	*8.2	*29.7	*44.1	15.6	*7.0	*10.3	*28.1
OTHER CURRENT INJURIES.....	36.8	*36.9	*25.2	*49.7	35.0	*15.3	47.7	*34.8
SELECTED OTHER ACUTE CONDITIONS.....	186.7	138.4	232.1	174.0	139.0	129.0	182.1	96.8
EYE CONDITIONS.....	*5.6	*2.7	*3.1	*10.7	*0.6	*1.7	*0.6	*-
ACUTE EAR INFECTIONS.....	27.6	77.8	*15.7	*0.7	17.0	51.1	*9.9	*-
OTHER EAR CONDITIONS.....	*1.8	*1.9	*2.2	*1.2	*2.3	*7.0	*1.2	*-
ACUTE URINARY CONDITIONS.....	28.7	*6.0	*14.8	62.6	15.5	*6.4	*14.5	*23.3
DISORDERS OF MENSTRUATION.....	*1.1	*2.1	*1.5	*-	*4.5	*1.5	*10.4	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*11.2	*1.1	*14.7	*15.4	*12.2	*-	*26.4	*4.9
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	43.7	*6.9	108.5	*-	36.9	*18.4	80.9	*-
SKIN CONDITIONS.....	*16.1	*1.8	*18.9	*24.4	*10.7	*17.3	*5.4	*11.8
ACUTE MUSCULOSKELETAL CONDITIONS.....	38.3	*1.7	*45.9	59.1	27.5	*-	*27.9	47.3
HEADACHE, EXCLUDING MIGRAINE.....	*5.6	*10.7	*6.8	*-	*5.5	*7.2	*4.9	*4.9
FEVER, UNSPECIFIED.....	*7.0	*25.7	*-	*-	*6.3	*18.3	*-	*4.7
ALL OTHER ACUTE CONDITIONS.....	73.6	*50.9	61.7	105.3	60.4	*46.7	58.2	73.0

SEE NOTES AT END OF TABLE.

TABLE 19. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II.)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	654.2	733.9	642.9	589.7	584.9	797.4	531.9	463.1
INFECTIVE AND PARASITIC DISEASES.....	71.5	138.6	51.9	34.1	88.9	213.0	55.8	*21.5
COMMON CHILDHOOD DISEASES.....	9.7	34.7	*-	*-	12.7	45.1	*1.2	*-
INTESTINAL VIRUS, UNSPECIFIED.....	9.8	*15.9	*9.7	*3.6	9.7	*16.8	*10.0	*2.0
VIRAL INFECTIONS, UNSPECIFIED.....	19.9	*27.7	*16.5	*17.4	26.4	54.5	19.8	*9.7
OTHER.....	32.0	60.3	25.7	*13.1	40.1	96.6	24.7	*9.7
RESPIRATORY CONDITIONS.....	271.0	374.5	231.0	230.0	254.2	399.6	206.2	191.2
COMMON COLD.....	67.4	100.6	53.2	56.7	59.8	101.6	52.3	31.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	25.0	50.2	*14.7	*16.2	23.5	54.2	16.5	*4.9
INFLUENZA.....	142.2	181.2	140.2	105.0	133.3	188.9	115.5	108.0
ACUTE BRONCHITIS.....	17.7	*23.6	*13.3	*18.7	16.7	28.2	*9.4	*17.9
PNEUMONIA.....	13.7	*11.1	*8.7	*24.8	14.7	*19.6	*5.8	*25.1
OTHER RESPIRATORY CONDITIONS.....	*4.9	*7.8	*0.9	*8.7	*6.2	*7.1	*6.7	*4.4
DIGESTIVE SYSTEM CONDITIONS.....	19.4	*17.2	*15.9	*27.8	16.6	*23.8	*14.3	*13.2
DENTAL CONDITIONS.....	*5.0	*4.3	*7.2	*1.9	*2.2	*4.6	*2.0	*0.3
INDIGESTION, NAUSEA, AND VOMITING.....	*5.8	*11.7	*4.5	*1.9	*3.3	*7.6	*2.1	*1.0
OTHER DIGESTIVE CONDITIONS.....	*8.6	*1.1	*4.2	*24.1	11.0	*11.6	*10.1	*12.0
INJURIES.....	139.6	89.4	159.2	159.2	113.2	62.7	136.8	123.1
FRACTURES AND DISLOCATIONS.....	52.2	*15.6	55.9	84.1	43.8	28.1	48.2	51.8
SPRAINS AND STRAINS.....	40.1	*20.9	59.6	*27.5	32.7	*16.2	41.6	34.1
OPEN WOUNDS, AND LACERATIONS.....	13.2	*20.8	*14.2	*3.5	11.7	*5.7	*14.9	*12.4
CONTUSIONS AND SUPERFICIAL INJURIES.....	12.2	*11.3	*16.2	*6.4	13.1	*5.9	19.8	*8.6
OTHER CURRENT INJURIES.....	22.0	*20.8	*13.3	37.8	11.8	*6.8	*12.2	*16.3
SELECTED OTHER ACUTE CONDITIONS.....	109.1	80.2	146.0	77.2	84.1	86.7	97.8	58.0
EYE CONDITIONS.....	*1.1	*-	*1.5	*1.5	*1.6	*1.5	*2.3	*0.6
ACUTE EAR INFECTIONS.....	15.7	41.5	*4.7	*7.1	17.8	58.2	*3.5	*2.1
OTHER EAR CONDITIONS.....	*2.5	*4.0	*-	*5.1	*3.2	*5.7	*1.5	*3.5
ACUTE URINARY CONDITIONS.....	10.9	*6.6	*12.8	*12.2	*4.7	*3.4	*3.1	*8.6
DISORDERS OF MENSTRUATION.....	*1.5	*-	*3.2	*-	*0.7	*0.7	*0.9	*0.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*3.1	*1.1	*6.3	*-	*1.8	*-	*1.8	*3.5
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	35.8	*3.3	77.1	*-	30.1	*1.2	64.5	*-
SKIN CONDITIONS.....	*4.0	*2.7	*2.9	*7.3	*5.4	*9.0	*4.0	*4.1
ACUTE MUSCULOSKELETAL CONDITIONS.....	25.8	*2.7	30.4	42.2	15.2	*0.5	*14.2	31.6
HEADACHE, EXCLUDING MIGRAINE.....	*3.1	*0.8	*6.3	*-	*1.9	*0.8	*1.7	*3.5
FEVER, UNSPECIFIED.....	*5.8	*17.7	*0.8	*1.9	*1.7	*5.7	*0.3	*-
ALL OTHER ACUTE CONDITIONS.....	43.5	34.0	38.9	61.2	28.0	*11.7	21.1	56.0

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 24 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 20. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	645.6	623.4	707.6	830.5	689.5	690.3	688.9	733.8
INFECTIVE AND PARASITIC DISEASES.....	63.7	84.0	101.1	71.5	85.3	78.2	90.2	75.5
COMMON CHILDHOOD DISEASES.....	*6.5	17.4	16.1	16.3	15.4	18.3	13.4	11.6
INTESTINAL VIRUS, UNSPECIFIED.....	11.5	*3.4	18.2	*5.1	10.3	9.9	10.6	11.0
VIRAL INFECTIONS, UNSPECIFIED.....	17.4	23.8	35.0	15.1	25.2	18.7	29.6	22.1
OTHER.....	28.4	39.4	31.8	35.0	34.5	31.3	36.6	30.8
RESPIRATORY CONDITIONS.....	273.0	252.0	260.2	393.2	288.6	286.5	290.1	287.2
COMMON COLD.....	87.2	55.4	63.5	95.2	75.4	79.7	72.5	64.5
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	21.7	30.9	19.7	27.0	24.2	14.7	30.5	25.2
INFLUENZA.....	126.1	126.7	132.5	229.7	145.8	147.6	144.5	163.9
ACUTE BRONCHITIS.....	14.4	20.6	14.6	18.5	18.9	17.2	20.1	9.8
PNEUMONIA.....	16.8	9.7	23.1	14.0	16.1	18.6	14.4	18.3
OTHER RESPIRATORY CONDITIONS.....	*6.7	*8.7	6.7	*8.7	8.3	8.7	7.9	*5.5
DIGESTIVE SYSTEM CONDITIONS.....	26.6	19.6	28.7	22.5	24.2	26.8	22.4	26.6
DENTAL CONDITIONS.....	*3.6	*4.7	8.1	*1.1	5.1	*5.5	4.9	*4.1
INDIGESTION, NAUSEA, AND VOMITING.....	*5.3	*8.4	7.9	*4.8	6.3	8.3	4.9	*8.8
OTHER DIGESTIVE CONDITIONS.....	17.7	*6.4	12.6	16.6	12.8	13.0	12.6	13.6
INJURIES.....	157.1	125.4	146.7	159.4	138.6	137.8	139.1	172.1
FRACTURES AND DISLOCATIONS.....	56.2	49.1	52.3	57.4	48.8	46.3	50.6	68.7
SPRAINS AND STRAINS.....	34.5	32.4	34.6	47.9	36.5	37.2	36.0	37.9
OPEN WOUNDS AND LACERATIONS.....	24.6	*8.1	14.5	14.3	13.9	16.2	12.4	18.4
CONTUSIONS AND SUPERFICIAL INJURIES.....	20.5	14.6	13.3	19.8	17.2	17.9	16.8	13.8
OTHER CURRENT INJURIES.....	21.4	21.1	32.0	19.9	22.1	20.2	23.4	33.2
SELECTED OTHER ACUTE CONDITIONS.....	83.5	97.8	128.4	132.8	109.7	110.3	109.3	122.3
EYE CONDITIONS.....	*2.9	*1.5	*1.9	*1.8	*2.4	*1.4	*3.0	*0.9
ACUTE EAR INFECTIONS.....	12.9	19.1	19.0	24.8	19.2	14.2	22.6	18.1
OTHER EAR CONDITIONS.....	*0.3	*3.2	*1.9	*4.4	*2.2	*3.2	*1.4	*3.2
ACUTE URINARY CONDITIONS.....	*5.2	14.6	18.5	*6.1	11.8	16.0	9.0	13.6
DISORDERS OF MENSTRUATION.....	*0.8	*0.2	*3.0	*1.6	*1.9	*3.8	*0.5	*0.5
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*3.3	*3.2	8.3	*6.8	5.4	*5.5	5.4	*6.7
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	28.3	21.8	32.5	43.1	29.7	31.1	28.8	36.2
SKIN CONDITIONS.....	*4.7	*2.3	8.8	*9.2	6.4	*5.3	7.2	*6.6
ACUTE MUSCULOSKELETAL CONDITIONS.....	20.2	22.8	27.2	27.7	24.3	22.9	25.2	26.5
HEADACHE, EXCLUDING MIGRAINE.....	*1.4	*5.3	*3.4	*1.7	*2.4	*3.1	*1.9	*5.7
FEVER, UNSPECIFIED.....	*3.6	*3.7	*4.0	*5.5	4.1	*3.8	*4.2	*4.3
ALL OTHER ACUTE CONDITIONS.....	41.6	44.7	42.5	51.2	43.0	50.7	37.9	50.2

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 25 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 21. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1988  
 (DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	1,685,083	179,251	325,480	183,498	497,069	499,785	264,898	234,888
INFECTIVE AND PARASITIC DISEASES.....	200,196	33,416	78,228	19,490	40,412	28,651	12,958	15,693
COMMON CHILDHOOD DISEASES.....	34,908	9,951	21,748	2,757	453	-	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	25,173	4,650	6,653	4,038	6,973	2,860	1,766	1,094
VIRAL INFECTIONS, UNSPECIFIED.....	59,088	10,019	16,777	6,207	14,600	11,485	6,008	5,476
OTHER.....	81,027	8,796	33,050	6,488	18,386	14,307	5,183	9,123
RESPIRATORY CONDITIONS.....	694,449	93,457	155,795	59,731	180,862	204,605	116,135	88,470
COMMON COLD.....	175,630	31,397	44,528	17,375	42,585	39,744	17,771	21,973
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	58,789	11,591	18,493	7,965	12,515	8,225	5,138	3,087
INFLUENZA.....	361,022	34,540	78,025	29,281	104,150	115,026	68,554	46,473
ACUTE BRONCHITIS.....	40,639	7,089	7,740	1,726	8,365	15,718	8,051	7,667
PNEUMONIA.....	40,014	4,580	5,264	1,244	9,200	19,725	12,272	7,453
OTHER RESPIRATORY CONDITIONS.....	18,356	4,261	1,745	2,139	4,045	6,166	4,349	1,817
DIGESTIVE SYSTEM CONDITIONS.....	59,554	3,754	10,995	6,488	16,830	21,486	9,511	11,975
DENTAL CONDITIONS.....	11,820	943	2,326	1,855	4,624	2,072	1,482	590
INDIGESTION, NAUSEA, AND VOMITING.....	16,517	2,526	5,145	1,721	3,105	4,019	1,055	2,964
OTHER DIGESTIVE CONDITIONS.....	31,217	285	3,524	2,912	9,101	15,395	6,973	8,422
INJURIES.....	352,121	4,548	41,697	48,773	124,527	132,576	70,760	61,816
FRACTURES AND DISLOCATIONS.....	128,520	470	15,457	17,578	38,774	56,241	31,644	24,598
SPRAINS AND STRAINS.....	88,637	509	8,090	17,490	37,179	25,370	16,332	9,037
OPEN WOUNDS AND LACERATIONS.....	35,990	447	5,692	5,159	12,982	11,709	6,665	5,045
CONTUSIONS AND SUPERFICIAL INJURIES.....	39,670	406	5,093	5,678	12,676	15,817	7,638	8,178
OTHER CURRENT INJURIES.....	59,304	2,716	7,366	2,867	22,917	23,439	8,480	14,958
SELECTED OTHER ACUTE CONDITIONS.....	271,170	32,992	31,369	40,498	104,927	61,384	29,801	31,582
EYE CONDITIONS.....	4,865	88	679	151	2,519	1,428	111	1,317
ACUTE EAR INFECTIONS.....	45,748	24,055	12,373	1,943	5,308	2,069	1,850	219
OTHER EAR CONDITIONS.....	5,743	880	2,180	60	900	1,724	953	771
ACUTE URINARY CONDITIONS.....	29,521	848	2,162	3,534	6,932	16,045	5,558	10,486
DISORDERS OF MENSTRUATION.....	3,741	...	505	1,213	1,915	108	108	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	13,783	-	261	1,939	8,070	3,513	1,669	1,844
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	75,089	...	3,718	25,584	45,786	-	-	...
SKIN CONDITIONS.....	15,528	1,707	2,613	181	4,966	6,061	3,337	2,725
ACUTE MUSCULOSKELETAL CONDITIONS.....	59,688	89	1,668	4,792	25,307	27,832	15,203	12,629
HEADACHE, EXCLUDING MIGRAINE.....	7,510	-	1,954	999	2,948	1,610	706	904
FEVER, UNSPECIFIED.....	9,954	5,324	3,255	104	278	995	306	688
ALL OTHER ACUTE CONDITIONS.....	107,593	11,085	7,396	8,518	29,511	51,084	25,734	25,350

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.



TABLE 22. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	696,920	89,036	157,630	274,012	176,243	988,163	90,215	167,850	406,555	323,542
INFECTIVE AND PARASITIC DISEASES.....	87,892	16,013	34,788	26,949	10,142	112,305	17,403	43,439	32,953	18,510
COMMON CHILDHOOD DISEASES.....	16,314	4,033	10,397	1,884	-	18,594	5,918	11,351	1,325	-
INTESTINAL VIRUS, UNSPECIFIED..	11,133	3,145	3,031	4,026	931	14,040	1,505	3,622	6,984	1,929
VIRAL INFECTIONS, UNSPECIFIED..	24,828	4,448	7,125	9,338	3,916	34,260	5,571	9,652	11,469	7,568
OTHER.....	35,617	4,387	14,235	11,700	5,295	45,410	4,409	18,815	13,174	9,012
RESPIRATORY CONDITIONS.....	292,030	41,867	76,119	98,772	75,271	402,419	51,589	79,676	141,820	129,333
COMMON COLD.....	74,257	13,980	20,612	25,803	13,861	101,373	17,416	23,916	34,157	25,883
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	26,378	4,912	10,089	9,129	2,249	32,410	6,679	8,404	11,351	5,976
INFLUENZA.....	152,922	16,302	37,422	53,555	45,643	208,099	18,238	40,603	79,876	69,383
ACUTE BRONCHITIS.....	14,231	3,637	3,575	3,252	3,767	26,408	3,452	4,165	6,840	11,952
PNEUMONIA.....	19,086	2,074	3,527	5,907	7,577	20,929	2,506	1,737	4,538	12,148
OTHER RESPIRATORY CONDITIONS...	5,156	962	894	1,126	2,174	13,200	3,299	850	5,059	3,992
DIGESTIVE SYSTEM CONDITIONS....	26,352	2,666	5,492	10,291	7,903	33,201	1,088	5,503	13,028	13,583
DENTAL CONDITIONS.....	7,630	793	778	4,820	1,239	4,190	150	1,547	1,659	833
INDIGESTION, NAUSEA, AND VOMITING.....	6,908	1,688	3,055	1,198	966	9,609	838	2,089	3,628	3,053
OTHER DIGESTIVE CONDITIONS.....	11,815	185	1,659	4,273	5,698	19,403	99	1,866	7,741	9,696
INJURIES.....	181,437	3,322	25,214	105,131	47,770	170,684	1,226	16,484	68,169	84,806
FRACTURES AND DISLOCATIONS....	68,488	108	9,880	37,866	20,634	60,032	362	5,577	18,486	35,608
SPRAINS AND STRAINS.....	46,697	509	3,916	32,177	10,095	41,940	-	4,173	22,492	15,274
OPEN WOUNDS AND LACERATIONS....	19,370	349	3,160	11,095	4,767	16,620	98	2,532	7,047	6,943
CONTUSIONS AND SUPERFICIAL INJURIES.....	19,581	219	2,735	10,697	5,931	20,089	187	2,359	7,657	9,886
OTHER CURRENT INJURIES.....	27,300	2,137	5,523	13,297	6,344	32,004	579	1,843	12,487	17,095
SELECTED OTHER ACUTE CONDITIONS.....	68,211	17,125	12,438	20,236	18,412	202,959	15,867	18,931	125,188	42,972
EYE CONDITIONS.....	2,270	88	334	1,848	-	2,595	-	345	822	1,428
ACUTE EAR INFECTIONS.....	22,646	13,239	6,360	2,690	358	23,102	10,816	6,013	4,561	1,711
OTHER EAR CONDITIONS.....	2,490	391	1,215	631	253	3,253	490	965	328	1,470
ACUTE URINARY CONDITIONS.....	8,460	186	504	2,337	5,433	21,061	662	1,658	8,129	10,612
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	3,741	...	505	3,128	108
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	13,783	-	261	10,008	3,513
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	...	...	75,089	...	3,718	71,370	-
SKIN CONDITIONS.....	9,427	1,309	2,119	2,568	3,430	6,102	398	493	2,579	2,631
ACUTE MUSCULOSKELETAL CONDITIONS.....	16,885	-	205	8,451	8,229	42,803	89	1,463	21,648	19,603
HEADACHE, EXCLUDING MIGRAINE...	2,702	-	544	1,449	709	4,808	-	1,410	2,498	901
FEVER, UNSPECIFIED.....	3,332	1,911	1,157	264	-	6,623	3,412	2,098	118	995
ALL OTHER ACUTE CONDITIONS.....	40,998	8,042	3,578	12,632	16,746	66,595	3,042	3,818	25,397	34,339

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 23. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS <sup>1</sup>								
ALL ACUTE CONDITIONS.....	1,452,802	435,292	571,616	445,894	192,892	59,203	91,075	42,613
INFECTIVE AND PARASITIC DISEASES.....	178,893	97,564	53,763	27,566	18,925	12,994	5,258	673
COMMON CHILDHOOD DISEASES.....	28,721	25,512	3,209	-	5,489	5,489	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	21,576	9,953	9,235	2,388	2,948	1,349	1,539	59
VIRAL INFECTIONS, UNSPECIFIED.....	52,985	23,142	18,532	11,312	5,993	3,545	2,275	173
OTHER.....	75,611	38,957	22,787	13,866	4,495	2,611	1,444	440
RESPIRATORY CONDITIONS.....	600,504	215,367	205,724	179,413	72,181	27,038	25,705	19,439
COMMON COLD.....	144,958	62,642	47,242	35,075	24,302	11,428	9,312	3,563
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	53,093	27,093	19,099	6,901	3,463	2,182	721	560
INFLUENZA.....	318,239	99,200	116,038	103,001	32,965	10,075	12,823	10,068
ACUTE BRONCHITIS.....	35,890	11,992	9,356	14,542	3,957	2,044	736	1,177
PNEUMONIA.....	32,493	8,681	8,025	15,787	5,480	1,063	2,020	2,397
OTHER RESPIRATORY CONDITIONS.....	15,832	5,760	5,964	4,108	2,014	245	94	1,674
DIGESTIVE SYSTEM CONDITIONS.....	48,992	11,652	18,761	18,579	9,262	2,879	3,948	2,436
DENTAL CONDITIONS.....	9,327	2,449	5,785	1,092	2,493	819	694	980
INDIGESTION, NAUSEA, AND VOMITING.....	12,055	5,833	3,212	3,010	3,556	1,662	1,355	538
OTHER DIGESTIVE CONDITIONS.....	27,610	3,369	9,764	14,477	3,213	397	1,898	918
INJURIES.....	299,336	41,428	139,996	117,912	43,607	4,632	28,151	10,825
FRACTURES AND DISLOCATIONS.....	112,742	14,493	47,542	50,707	12,956	1,433	6,933	4,589
SPRAINS AND STRAINS.....	73,430	7,590	44,156	21,683	12,258	1,008	8,942	2,308
OPEN WOUNDS AND LACERATIONS.....	30,617	5,671	14,107	10,840	5,277	468	3,938	870
CONTUSIONS AND SUPERFICIAL INJURIES.....	33,199	5,412	15,418	12,369	4,387	88	2,210	2,089
OTHER CURRENT INJURIES.....	49,347	8,261	18,773	22,312	8,731	1,634	6,128	969
SELECTED OTHER ACUTE CONDITIONS.....	234,788	55,682	122,759	56,346	32,355	6,781	20,598	4,976
EYE CONDITIONS.....	4,238	588	2,670	980	530	83	-	447
ACUTE EAR INFECTIONS.....	42,776	33,732	7,041	2,003	2,732	2,456	210	66
OTHER EAR CONDITIONS.....	5,011	2,625	663	1,724	673	436	237	-
ACUTE URINARY CONDITIONS.....	24,351	2,607	7,983	13,762	5,109	404	2,483	2,222
DISORDERS OF MENSTRUATION.....	2,591	340	2,143	108	963	31	932	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	11,738	177	8,476	3,085	2,045	85	1,532	428
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	61,351	1,805	59,546	-	11,693	1,329	10,363	-
SKIN CONDITIONS.....	15,095	4,185	5,127	5,782	434	135	19	280
ACUTE MUSCULOSKELETAL CONDITIONS.....	53,194	772	26,071	26,350	6,019	867	3,671	1,482
HEADACHE, EXCLUDING MIGRAINE.....	5,782	1,503	2,721	1,558	1,472	333	1,087	52
FEVER, UNSPECIFIED.....	8,663	7,349	319	995	685	623	63	-
ALL OTHER ACUTE CONDITIONS.....	90,289	13,599	30,612	46,077	16,562	4,881	7,416	4,264

<sup>1</sup>TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL RESTRICTED-ACTIVITY DAYS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 24. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	285,158	77,186	98,524	109,448	326,743	84,562	131,857	110,324
INFECTIVE AND PARASITIC DISEASES.....	28,418	15,905	5,360	7,153	38,183	19,227	12,641	6,315
COMMON CHILDHOOD DISEASES.....	8,840	7,108	1,731	-	7,506	7,105	402	-
INTESTINAL VIRUS, UNSPECIFIED.....	2,779	1,503	673	603	5,710	2,161	3,019	530
VIRAL INFECTIONS, UNSPECIFIED.....	8,334	4,261	846	3,227	11,526	3,807	5,607	2,112
OTHER.....	8,465	3,033	2,110	3,323	13,440	6,154	3,613	3,674
RESPIRATORY CONDITIONS.....	113,161	34,985	32,506	45,670	118,811	39,300	37,963	41,548
COMMON COLD.....	32,010	14,145	8,176	9,689	29,326	12,361	9,796	7,169
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	6,532	2,959	1,736	1,838	9,748	3,845	4,557	1,347
INFLUENZA.....	58,753	13,286	17,570	27,897	64,621	19,409	19,824	25,387
ACUTE BRONCHITIS.....	3,379	1,864	916	598	5,423	1,334	1,722	2,368
PNEUMONIA.....	6,556	1,815	1,535	3,206	6,722	955	1,065	4,702
OTHER RESPIRATORY CONDITIONS.....	5,932	916	2,574	2,441	2,970	1,398	999	574
DIGESTIVE SYSTEM CONDITIONS.....	13,578	2,477	5,065	6,036	11,561	1,921	4,507	5,133
DENTAL CONDITIONS.....	3,550	986	1,431	1,133	2,188	381	1,722	86
INDIGESTION, NAUSEA, AND VOMITING.....	3,858	1,391	1,339	1,127	3,089	1,031	1,385	673
OTHER DIGESTIVE CONDITIONS.....	6,170	99	2,296	3,775	6,284	510	1,400	4,374
INJURIES.....	56,084	9,092	23,436	23,557	74,143	5,134	36,467	32,542
FRACTURES AND DISLOCATIONS.....	18,243	4,286	6,402	7,556	26,227	1,127	12,099	13,001
SPRAINS AND STRAINS.....	12,463	782	8,310	3,371	20,041	937	11,215	7,889
OPEN WOUNDS AND LACERATIONS.....	6,764	515	2,706	3,543	6,551	671	3,421	2,459
CONTUSIONS AND SUPERFICIAL INJURIES.....	8,163	635	3,255	4,272	6,588	751	1,728	4,110
OTHER CURRENT INJURIES.....	10,451	2,873	2,762	4,815	14,736	1,649	8,003	5,084
SELECTED OTHER ACUTE CONDITIONS.....	53,010	10,765	25,403	16,842	58,586	13,934	30,519	14,133
EYE CONDITIONS.....	1,581	207	341	1,033	273	180	93	-
ACUTE EAR INFECTIONS.....	7,838	6,052	1,719	66	7,183	5,523	1,660	-
OTHER EAR CONDITIONS.....	503	151	237	115	960	755	205	-
ACUTE URINARY CONDITIONS.....	8,145	467	1,623	6,055	6,520	693	2,432	3,395
DISORDERS OF MENSTRUATION.....	325	165	160	-	1,906	161	1,745	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	3,187	85	1,611	1,492	5,144	-	4,432	712
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	12,408	535	11,873	-	15,539	1,984	13,555	-
SKIN CONDITIONS.....	4,571	140	2,069	2,362	4,495	1,874	899	1,722
ACUTE MUSCULOSKELETAL CONDITIONS.....	10,875	130	5,026	5,719	11,591	-	4,684	6,907
HEADACHE, EXCLUDING MIGRAINE.....	1,577	833	744	-	2,304	781	814	709
FEVER, UNSPECIFIED.....	2,000	2,000	-	-	2,670	1,982	-	688
ALL OTHER ACUTE CONDITIONS.....	20,907	3,962	6,753	10,191	25,459	5,046	9,761	10,652

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 24. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	389,991	122,690	173,131	94,170	437,903	160,751	183,873	93,280
INFECTIVE AND PARASITIC DISEASES.....	42,596	23,179	13,968	5,449	66,554	42,930	19,300	4,325
COMMON CHILDHOOD DISEASES.....	5,804	5,804	-	-	9,502	9,088	414	-
INTESTINAL VIRUS, UNSPECIFIED.....	5,847	2,665	2,604	578	7,254	3,377	3,473	404
VIRAL INFECTIONS, UNSPECIFIED.....	11,858	4,632	4,450	2,776	19,802	10,983	6,860	1,959
OTHER.....	19,087	10,077	6,914	2,095	29,996	19,482	8,553	1,961
RESPIRATORY CONDITIONS.....	161,546	62,609	62,199	36,738	190,343	80,556	71,275	38,512
COMMON COLD.....	40,194	16,826	14,314	9,054	44,781	20,479	18,064	6,238
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	14,931	8,389	3,960	2,582	17,631	10,936	5,715	980
INFLUENZA.....	84,793	30,287	37,744	16,762	99,777	38,084	39,938	21,755
ACUTE BRONCHITIS.....	10,530	3,949	3,592	2,989	12,518	5,676	3,232	3,610
PNEUMONIA.....	8,163	1,857	2,349	3,957	11,009	3,952	2,009	5,048
OTHER RESPIRATORY CONDITIONS.....	2,934	1,300	239	1,394	4,628	1,430	2,318	880
DIGESTIVE SYSTEM CONDITIONS.....	11,595	2,873	4,276	4,445	12,392	4,788	4,935	2,669
DENTAL CONDITIONS.....	2,977	724	1,951	302	1,681	925	700	56
INDIGESTION, NAUSEA, AND VOMITING.....	3,464	1,963	1,201	300	2,461	1,525	735	200
OTHER DIGESTIVE CONDITIONS.....	5,153	186	1,124	3,843	8,251	2,338	3,499	2,413
INJURIES.....	83,249	14,941	42,881	25,426	84,725	12,644	47,282	24,798
FRACTURES AND DISLOCATIONS.....	31,099	2,611	15,060	13,428	32,784	5,674	16,676	10,434
SPRAINS AND STRAINS.....	23,930	3,491	16,053	4,386	24,511	3,264	14,383	6,864
OPEN WOUNDS AND LACERATIONS.....	7,852	3,470	3,824	558	8,789	1,148	5,148	2,493
CONTUSIONS AND SUPERFICIAL INJURIES.....	7,275	1,893	4,360	1,022	9,775	1,197	6,845	1,733
OTHER CURRENT INJURIES.....	13,093	3,476	3,585	6,032	8,867	1,362	4,231	3,274
SELECTED OTHER ACUTE CONDITIONS.....	65,069	13,410	39,323	12,336	62,955	17,474	33,795	11,686
EYE CONDITIONS.....	635	-	404	232	1,194	297	785	113
ACUTE EAR INFECTIONS.....	9,334	6,931	1,276	1,127	13,360	11,739	1,201	420
OTHER EAR CONDITIONS.....	1,482	661	-	821	2,372	1,155	517	700
ACUTE URINARY CONDITIONS.....	6,480	1,097	3,436	1,946	3,485	688	1,058	1,739
DISORDERS OF MENSTRUATION.....	870	-	870	-	544	132	304	108
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,861	177	1,684	-	1,334	-	624	710
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	21,323	552	20,771	-	22,539	249	22,291	-
SKIN CONDITIONS.....	2,389	444	784	1,161	4,017	1,807	1,394	816
ACUTE MUSCULOSKELETAL CONDITIONS.....	15,389	457	8,190	6,742	11,403	108	4,920	6,374
HEADACHE, EXCLUDING MIGRAINE.....	1,840	140	1,699	-	1,451	153	592	706
FEVER, UNSPECIFIED.....	3,466	2,951	208	306	1,256	1,146	110	-
ALL OTHER ACUTE CONDITIONS.....	25,936	5,678	10,484	9,775	20,934	2,358	7,286	11,290

<sup>1</sup>TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL RESTRICTED-ACTIVITY DAYS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 25. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	318,114	371,219	582,174	413,576	1,283,954	516,757	767,197	401,129
INFECTIVE AND PARASITIC DISEASES.....	31,395	50,025	83,159	35,618	158,928	58,505	100,423	41,269
COMMON CHILDHOOD DISEASES.....	3,179	10,383	13,223	8,124	28,592	13,675	14,917	6,316
INTESTINAL VIRUS, UNSPECIFIED.....	5,647	2,034	14,974	2,518	19,147	7,397	11,749	6,026
VIRAL INFECTIONS, UNSPECIFIED.....	8,574	14,149	28,828	7,537	46,982	14,031	32,951	12,106
OTHER.....	13,996	23,459	26,134	17,439	64,207	23,402	40,805	16,820
RESPIRATORY CONDITIONS.....	134,495	150,071	214,103	195,779	537,458	214,440	323,018	156,990
COMMON COLO.....	42,973	32,978	52,276	47,403	140,391	59,668	80,723	35,239
OTHER ACUTE UPPER RESPIRATORY								
INFECTIONS.....	10,686	18,417	16,240	13,446	45,011	11,001	34,009	13,778
INFLUENZA.....	62,132	75,444	109,042	114,404	271,424	110,476	160,948	89,597
ACUTE BRONCHITIS.....	7,119	12,285	12,037	9,198	35,263	12,847	22,416	5,376
PNEUMONIA.....	8,275	5,754	19,008	6,977	29,999	13,924	16,075	10,015
OTHER RESPIRATORY CONDITIONS.....	3,310	5,194	5,500	4,353	15,371	6,525	8,846	2,985
DIGESTIVE SYSTEM CONDITIONS.....	13,123	11,647	23,583	11,200	45,026	20,088	24,937	14,528
DENTAL CONDITIONS.....	1,797	2,822	6,665	535	9,556	4,148	5,408	2,263
INDIGESTION, NAUSEA, AND VOMITING.....	2,594	4,992	6,533	2,397	11,708	6,234	5,474	4,809
OTHER DIGESTIVE CONDITIONS.....	8,732	3,833	10,385	8,267	23,762	9,707	14,055	7,456
INJURIES.....	77,429	74,662	120,671	79,360	258,038	103,145	154,892	94,084
FRACTURES AND DISLOCATIONS.....	27,670	29,248	43,008	28,593	90,966	34,649	56,317	37,554
SPRAINS AND STRAINS.....	16,977	19,307	28,492	23,861	67,905	27,825	40,080	20,732
OPEN WOUNDS AND LACERATIONS.....	12,129	4,826	11,921	7,115	25,927	12,135	13,792	10,063
CONTUSIONS AND SUPERFICIAL INJURIES.....	10,115	8,714	10,961	9,880	32,111	13,415	18,696	7,559
OTHER CURRENT INJURIES.....	10,538	12,568	26,289	9,909	41,129	15,122	26,007	18,175
SELECTED OTHER ACUTE CONDITIONS.....	41,152	58,219	105,661	66,138	204,338	82,597	121,742	66,832
EYE CONDITIONS.....	1,430	913	1,601	920	4,394	1,062	3,331	471
ACUTE EAR INFECTIONS.....	6,342	11,399	15,644	12,363	35,840	10,617	25,223	9,908
OTHER EAR CONDITIONS.....	143	1,883	1,548	2,170	4,016	2,424	1,592	1,727
ACUTE URINARY CONDITIONS.....	2,584	8,705	15,186	3,046	22,060	11,984	10,076	7,461
DISORDERS OF MENSTRUATION.....	372	122	2,455	792	3,458	2,877	580	283
OTHER DISORDERS OF								
FEMALE GENITAL TRACT.....	1,617	1,906	6,867	3,394	10,128	4,099	6,029	3,655
DELIVERY AND OTHER CONDITIONS OF								
PREGNANCY AND PUERPERIUM.....	13,965	12,952	26,709	21,463	55,318	23,268	32,051	19,770
SKIN CONDITIONS.....	2,330	1,371	7,230	4,598	11,940	3,958	7,982	3,588
ACUTE MUSCULOSKELETAL CONDITIONS.....	9,935	13,601	22,378	13,775	45,220	17,116	28,104	14,468
HEADACHE, EXCLUDING MIGRAINE.....	673	3,181	2,793	863	4,385	2,314	2,071	3,126
FEVER, UNSPECIFIED.....	1,761	2,187	3,251	2,755	7,580	2,877	4,702	2,375
ALL OTHER ACUTE CONDITIONS.....	20,521	26,594	34,996	25,482	80,167	37,982	42,185	27,427

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 26. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	303.7	492.1	342.4	303.5	257.3	281.8	242.6	344.2
INFECTIVE AND PARASITIC DISEASES.....	42.4	91.4	87.4	38.7	26.8	20.3	14.4	29.6
COMMON CHILDHOOD DISEASES.....	6.2	*20.2	20.8	*6.2	*0.3	*-	*-	*-
INFLUENZA.....	5.8	*17.3	*7.8	*6.1	*5.2	*2.2	*1.7	*3.0
VIRAL INFECTIONS, UNSPECIFIED.....	13.0	30.0	22.5	*12.7	8.9	7.4	*6.0	*9.7
OTHER.....	17.3	*23.9	36.3	*13.7	12.3	10.6	*6.7	*16.8
RESPIRATORY CONDITIONS.....	145.5	264.8	187.1	115.0	115.2	132.7	132.6	133.0
COMMON COLD.....	26.5	63.8	39.5	25.8	20.6	15.9	13.4	19.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	10.7	31.6	22.9	*9.8	*6.8	*2.5	*3.1	*1.5
INFLUENZA.....	84.9	116.1	110.3	71.6	71.5	80.5	84.8	73.5
ACUTE BRONCHITIS.....	8.6	*25.7	*7.0	*2.5	*6.7	9.3	*5.2	*15.8
PNEUMONIA.....	10.9	*18.1	*5.2	*1.6	*6.8	20.1	20.3	19.8
OTHER RESPIRATORY CONDITIONS.....	3.9	*9.6	*2.1	*3.7	*2.9	*4.6	*5.7	*2.7
DIGESTIVE SYSTEM CONDITIONS.....	12.4	*7.6	12.2	*11.2	9.9	16.6	12.9	22.6
DENTAL CONDITIONS.....	2.4	*2.0	*2.3	*3.7	*2.9	*1.5	*2.4	*-
INDIGESTION, NAUSEA, AND VOMITING.....	3.9	*4.6	*5.8	*4.8	*1.8	*4.3	*1.4	*9.0
OTHER DIGESTIVE CONDITIONS.....	6.2	*1.0	*4.2	*2.7	*5.2	10.9	*9.1	*13.6
INJURIES.....	40.9	*13.0	20.4	50.3	43.3	54.6	37.9	81.2
FRACTURES AND DISLOCATIONS.....	14.1	*0.4	*7.3	21.6	16.1	17.1	12.5	24.4
SPRAINS AND STRAINS.....	8.8	*0.3	*3.1	*12.0	12.8	9.1	*9.6	*8.2
OPEN WOUNDS AND LACERATIONS.....	3.4	*0.7	*3.5	*2.0	*1.9	*6.0	*6.0	*5.9
CONTUSIONS AND SUPERFICIAL INJURIES.....	4.4	*0.7	*1.7	*7.8	*4.4	*5.7	*1.9	*11.6
OTHER CURRENT INJURIES.....	10.2	*10.9	*4.8	*6.9	8.1	16.8	*7.7	31.2
SELECTED OTHER ACUTE CONDITIONS.....	44.5	67.8	29.8	74.2	50.0	31.6	26.8	39.0
EYE CONDITIONS.....	*0.7	*-	*0.9	*-	*1.4	*0.2	*0.1	*0.2
ACUTE EAR INFECTIONS.....	7.0	42.9	*9.8	*4.9	*3.8	*0.6	*0.8	*0.4
OTHER EAR CONDITIONS.....	*1.2	*1.8	*2.4	*0.2	*0.7	*1.2	*1.9	*-
ACUTE URINARY CONDITIONS.....	6.0	*1.0	*2.6	*8.7	*4.4	10.0	*5.0	*18.0
DISORDERS OF MENSTRUATION.....	*0.9	...	*0.5	*4.3	*1.2	*-	*-	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	2.5	*-	*0.1	*1.5	*4.9	*2.4	*2.6	*2.2
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	12.1	...	*3.6	48.6	19.5	*-	*-	...
SKIN CONDITIONS.....	*2.0	*2.2	*1.6	*0.4	*2.3	*2.5	*2.4	*2.7
ACUTE MUSCULOSKELETAL CONDITIONS.....	8.3	*0.2	*2.9	*4.4	10.3	13.0	13.3	*12.5
HEADACHE, EXCLUDING MIGRAINE.....	*0.9	*-	*1.8	*1.2	*1.1	*0.3	*0.1	*0.7
FEVER, UNSPECIFIED.....	2.7	*19.6	*3.6	*-	*0.4	*1.3	*0.7	*2.4
ALL OTHER ACUTE CONDITIONS.....	18.0	47.5	*5.5	*14.1	12.0	26.0	18.0	38.7

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 31 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 27. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR										
ALL ACUTE CONDITIONS.....	246.5	484.3	301.2	201.0	210.6	357.4	500.3	385.6	333.9	341.0
INFECTIVE AND PARASITIC DISEASES.....	38.5	98.1	69.8	28.0	16.1	46.0	84.4	105.9	31.5	23.8
COMMON CHILDHOOD DISEASES.....	6.1	*18.3	*17.7	*2.7	*-	6.3	*22.2	*24.0	*0.9	*-
INTESTINAL VIRUS, UNSPECIFIED..	4.9	*20.3	*6.5	*3.3	*1.9	6.7	*14.1	*9.2	*7.5	*2.5
VIRAL INFECTIONS, UNSPECIFIED..	11.8	*30.9	*19.4	*9.0	*5.4	14.2	*29.0	25.8	10.7	*9.0
OTHER.....	15.6	*28.6	26.2	13.0	*8.7	18.9	*19.1	46.8	12.3	*12.2
RESPIRATORY CONDITIONS.....	124.2	233.5	174.8	92.8	106.0	165.5	297.6	199.9	136.7	154.9
COMMON COLD.....	21.0	*52.5	31.1	16.5	*11.9	31.7	75.5	48.3	27.0	19.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	9.9	*31.8	23.7	*4.7	*1.9	11.5	*31.4	*22.1	10.2	*2.9
INFLUENZA.....	74.0	103.6	103.5	58.7	68.6	95.2	129.1	117.4	83.8	90.3
ACUTE BRONCHITIS.....	6.2	*27.1	*6.0	*4.4	*3.2	10.8	*24.2	*8.1	*6.9	14.3
PNEUMONIA.....	11.0	*17.2	*7.6	*6.9	17.9	10.8	*19.0	*2.7	*4.2	22.0
OTHER RESPIRATORY CONDITIONS...	*2.1	*1.3	*2.8	*1.6	*2.5	5.6	*18.3	*1.4	*4.6	*6.3
DIGESTIVE SYSTEM CONDITIONS....	10.3	*11.3	*9.6	*8.2	*13.8	14.3	*3.7	*15.0	12.2	19.0
DENTAL CONDITIONS.....	*2.8	*2.3	*1.0	*4.4	*1.6	*2.0	*1.7	*3.6	*1.9	*1.3
INDIGESTION, NAUSEA, AND VOMITING.....	*2.6	*7.0	*5.6	*1.1	*1.5	5.1	*2.0	*6.1	*3.9	*6.6
OTHER DIGESTIVE CONDITIONS.....	5.0	*2.0	*3.0	*2.7	*10.6	7.3	*-	*5.4	*6.5	*11.0
INJURIES.....	39.0	*21.9	24.3	48.7	39.4	42.7	*3.7	*16.3	41.5	67.3
FRACTURES AND DISLOCATIONS.....	17.2	*0.3	*11.8	25.4	*13.3	11.3	*0.5	*2.5	*9.8	20.3
SPRAINS AND STRAINS.....	7.0	*0.5	*2.1	10.6	*7.0	10.4	*-	*4.1	14.6	*10.8
OPEN WOUNDS AND LACERATIONS....	*2.7	*1.4	*2.2	*0.9	*6.3	*4.0	*-	*4.9	*2.9	*5.7
CUTANEOUS AND SUPERFICIAL INJURIES.....	*4.5	*1.4	*0.8	*4.8	*7.3	4.3	*-	*2.6	*5.7	*4.3
OTHER CURRENT INJURIES.....	7.6	*18.3	*7.4	*7.0	*5.5	12.8	*3.2	*2.1	*8.5	26.2
SELECTED OTHER ACUTE CONDITIONS.....	19.5	*51.4	*19.3	14.5	18.4	67.9	85.1	40.7	95.9	42.5
EYE CONDITIONS.....	*0.8	*-	*0.5	*1.7	*-	*0.5	*-	*1.3	*0.5	*0.3
ACUTE EAR INFECTIONS.....	6.5	*35.0	*10.4	*3.3	*0.7	7.6	*51.1	*9.2	*4.8	*0.6
OTHER EAR CONDITIONS.....	*1.1	*-	*1.9	*1.3	*0.6	*1.3	*3.8	*3.0	*-	*1.6
ACUTE URINARY CONDITIONS.....	*2.6	*-	*0.6	*1.7	*6.1	9.1	*2.1	*4.6	*9.1	13.2
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	*1.8	...	*1.1	*3.8	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	4.9	*-	*0.2	*8.0	*4.4
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM...	...	...	...	...	...	23.5	...	*7.3	52.5	*-
SKIN CONDITIONS.....	*2.7	*3.3	*2.5	*2.1	*3.6	*1.4	*1.1	*0.8	*1.6	*1.6
ACUTE MUSCULOSKELETAL CONDITIONS.....	*3.9	*-	*0.8	*3.8	*7.2	12.5	*0.5	*5.0	13.7	17.8
HEADACHE, EXCLUDING MIGRAINE...	*0.4	*-	*0.8	*0.4	*0.2	*1.4	*-	*2.9	*1.8	*0.5
FEVER, UNSPECIFIED.....	*1.5	*13.1	*1.8	*0.3	*-	*3.8	*26.4	*5.4	*0.2	*2.5
ALL OTHER ACUTE CONDITIONS.....	14.9	68.1	*3.3	*8.8	17.0	21.0	*25.8	*7.7	16.1	33.5

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 32 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 28. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	303.1	403.7	264.2	275.8	332.1	339.5	331.4	323.0
INFECTIVE AND PARASITIC DISEASES.....	44.9	96.3	31.4	22.4	34.5	68.9	*23.8	*5.7
COMMON CHILDHOOD DISEASES.....	6.4	21.8	*2.1	*-	*6.6	*19.6	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	5.7	11.3	*4.7	*2.5	*8.1	*9.5	*11.4	*0.2
VIRAL INFECTIONS, UNSPECIFIED.....	13.8	25.6	11.1	8.1	*11.1	*25.8	*4.5	*2.5
OTHER.....	19.0	37.5	13.4	11.7	*8.8	*14.0	*7.9	*3.0
RESPIRATORY CONDITIONS.....	146.0	220.0	116.5	126.8	142.4	168.7	106.7	169.5
COMMON COLD.....	24.9	45.8	19.9	14.9	36.6	*51.1	*32.8	*23.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	11.3	27.6	8.2	*2.6	*5.9	*13.5	*2.4	*1.5
INFLUENZA.....	87.5	120.6	74.6	78.5	71.7	77.8	52.9	96.5
ACUTE BRONCHITIS.....	8.4	11.7	*6.0	9.0	*10.9	*15.7	*5.4	*14.0
PNEUMONIA.....	9.8	*9.2	*4.2	17.6	*15.2	*9.1	*13.2	*27.0
OTHER RESPIRATORY CONDITIONS.....	4.2	*5.0	*3.7	*4.1	*2.2	*1.4	*-	*7.3
DIGESTIVE SYSTEM CONDITIONS.....	11.9	11.6	9.5	15.3	*15.8	*9.0	*13.7	*28.9
DENTAL CONDITIONS.....	*2.0	*2.1	*3.3	*0.2	*5.5	*3.2	*2.7	*13.6
INDIGESTION, NAUSEA, AND VOMITING.....	3.3	*5.5	*1.7	*3.6	*6.6	*5.8	*6.8	*7.4
OTHER DIGESTIVE CONDITIONS.....	6.6	*4.0	*4.5	11.5	*3.7	*-	*4.2	*7.9
INJURIES.....	39.7	19.0	42.1	52.7	51.7	*18.8	73.4	*59.1
FRACTURES AND DISLOCATIONS.....	13.5	*5.4	16.3	16.2	21.2	*6.2	*30.2	*25.9
SPRAINS AND STRAINS.....	8.6	*2.6	12.4	8.2	*10.3	*0.9	*18.2	*9.4
OPEN WOUNDS AND LACERATIONS.....	3.5	*3.4	*1.3	*6.4	*3.6	*-	*6.6	*3.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	3.8	*1.7	*4.7	*4.4	*6.3	*0.5	*9.7	*8.5
OTHER CURRENT INJURIES.....	10.3	*6.0	7.3	17.5	*10.3	*11.3	*8.7	*11.9
SELECTED OTHER ACUTE CONDITIONS.....	43.6	42.6	52.8	32.1	58.8	*34.1	91.9	*34.3
EYE CONDITIONS.....	*0.7	*0.7	*1.3	*0.1	*0.3	*0.3	*-	*0.9
ACUTE EAR INFECTIONS.....	8.0	22.7	*4.8	*0.7	*2.2	*6.6	*-	*-
OTHER EAR CONDITIONS.....	*1.2	*1.9	*0.7	*1.3	*1.5	*4.4	*-	*-
ACUTE URINARY CONDITIONS.....	5.3	*1.8	*4.2	9.4	*12.4	*4.1	*15.6	*18.1
DISORDERS OF MENSTRUATION.....	*0.6	*0.3	*1.3	*-	*3.0	*0.3	*6.7	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*2.3	*-	*3.4	*2.7	*4.5	*0.4	*10.3	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	11.6	*2.1	25.9	*-	18.7	*5.1	*39.9	*-
SKIN CONDITIONS.....	*2.3	*2.3	*2.2	*2.5	*0.9	*-	*0.2	*3.4
ACUTE MUSCULOSKELETAL CONDITIONS.....	7.9	*0.7	7.8	13.5	*12.6	*8.6	*16.5	*11.2
HEADACHE, EXCLUDING MIGRAINE.....	*0.8	*1.2	*1.0	*0.3	*1.5	*1.0	*2.3	*0.7
FEVER, UNSPECIFIED.....	2.8	*8.9	*0.2	*1.5	*1.2	*3.1	*0.5	*-
ALL OTHER ACUTE CONDITIONS.....	17.1	14.1	11.8	26.5	28.8	*40.0	*21.9	*25.5

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 33 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.



TABLE 29. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	474.6	512.1	454.1	467.5	345.0	392.1	322.1	336.5
INFECTIVE AND PARASITIC DISEASES.....	54.5	120.7	*35.7	*22.7	53.6	97.8	39.9	36.6
COMMON CHILDHOOD DISEASES.....	*16.2	*45.4	*9.6	*-	*8.1	*29.6	*1.4	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*5.8	*15.1	*4.3	*-	*9.4	*17.4	*9.3	*3.6
VIRAL INFECTIONS, UNSPECIFIED.....	*18.4	*39.5	*5.6	*16.0	13.1	*17.1	*15.1	*7.8
OTHER.....	*14.1	*20.7	*16.1	*6.7	22.9	*33.7	*14.0	*25.2
RESPIRATORY CONDITIONS.....	204.9	259.5	157.9	214.1	139.4	185.4	109.9	139.3
COMMON COLD.....	48.5	90.4	*35.3	*29.6	24.9	*46.0	*23.6	*10.7
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*10.6	*17.4	*8.8	*7.2	*9.7	*20.7	*9.7	*1.5
INFLUENZA.....	117.2	116.0	94.2	144.0	83.4	107.7	61.4	90.8
ACUTE BRONCHITIS.....	*5.3	*14.3	*2.4	*1.2	*7.0	*3.2	*7.7	*9.0
PNEUMONIA.....	*12.4	*18.3	*2.8	*18.5	*11.4	*1.6	*5.1	*25.9
OTHER RESPIRATORY CONDITIONS.....	*11.0	*3.0	*14.4	*13.5	*3.1	*6.3	*2.4	*1.5
DIGESTIVE SYSTEM CONDITIONS.....	20.2	*13.3	*17.6	*28.5	16.4	*4.9	*15.6	*25.9
DENTAL CONDITIONS.....	*4.8	*4.7	*4.2	*5.6	*3.6	*1.6	*8.0	*-
INDIGESTION, NAUSEA, AND VOMITING.....	*9.0	*8.6	*7.0	*11.6	*3.7	*2.9	*4.8	*3.2
OTHER DIGESTIVE CONDITIONS.....	*6.3	*-	*6.3	*11.3	*9.1	*0.5	*2.7	*22.7
INJURIES.....	76.6	*38.6	83.6	99.3	46.4	*9.9	58.3	59.5
FRACTURES AND DISLOCATIONS.....	25.6	*19.5	*22.6	*33.9	15.7	*1.8	*26.2	*13.8
SPRAINS AND STRAINS.....	*15.7	*1.4	*22.9	*19.0	*10.1	*1.9	*11.6	*14.4
OPEN WOUNDS AND LACERATIONS.....	*4.3	*1.7	*4.0	*6.8	*4.1	*0.9	*2.8	*7.9
CONTUSIONS AND SUPERFICIAL INJURIES.....	*10.9	*1.2	*15.3	*13.8	*4.5	*2.2	*3.3	*7.6
OTHER CURRENT INJURIES.....	20.1	*14.9	*16.9	*25.7	*12.0	*3.2	*14.5	*15.8
SELECTED OTHER ACUTE CONDITIONS.....	84.2	*54.9	127.1	59.4	62.4	55.0	78.8	49.1
EYE CONDITIONS.....	*0.5	*2.0	*-	*-	*0.4	*1.7	*-	*-
ACUTE EAR INFECTIONS.....	*10.0	*22.4	*10.0	*-	*7.0	*17.3	*6.6	*-
OTHER EAR CONDITIONS.....	*-	*-	*-	*-	*2.1	*7.0	*0.7	*-
ACUTE URINARY CONDITIONS.....	*15.6	*4.4	*5.3	*36.3	*7.2	*4.0	*6.7	*10.2
DISORDERS OF MENSTRUATION.....	*0.6	*1.0	*0.9	*-	*4.4	*1.0	*10.4	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*3.6	*0.5	*5.5	*3.8	*7.2	*-	*14.0	*4.9
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	29.0	*2.0	73.8	*-	13.4	*7.5	*29.0	*-
SKIN CONDITIONS.....	*6.6	*-	*13.1	*4.6	*3.3	*3.8	*0.8	*5.7
ACUTE MUSCULOSKELETAL CONDITIONS.....	*11.7	*1.5	*16.4	*14.7	*11.7	*-	*9.3	*23.2
HEADACHE, EXCLUDING MIGRAINE.....	*2.2	*5.3	*2.1	*-	*1.2	*2.1	*1.3	*0.3
FEVER, UNSPECIFIED.....	*4.3	*15.9	*-	*-	*4.3	*10.6	*-	*4.7
ALL OTHER ACUTE CONDITIONS.....	34.1	*25.2	*32.2	*43.6	26.9	*39.1	*19.6	*26.2

SEE NOTES AT END OF TABLE.

TABLE 29. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	270.8	350.8	244.6	231.0	241.6	380.8	200.8	172.3
INFECTIVE AND PARASITIC DISEASES.....	33.5	68.1	23.6	*13.8	41.7	102.0	25.3	*9.5
COMMON CHILDHOOD DISEASES.....	*3.7	*13.3	*-	*-	*5.1	*17.3	*0.8	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*4.3	*6.4	*3.8	*2.8	*5.6	*10.3	*5.4	*1.2
VIRAL INFECTIONS, UNSPECIFIED.....	9.8	*15.9	*6.9	*8.2	13.9	31.1	*9.7	*3.9
OTHER.....	15.7	32.5	*12.9	*2.8	17.2	43.3	*9.4	*4.4
RESPIRATORY CONDITIONS.....	137.5	200.7	116.9	106.0	130.4	218.9	96.2	100.5
COMMON COLD.....	22.7	34.3	*19.2	*16.4	22.5	38.2	20.3	*10.4
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	10.3	*26.0	*4.9	*3.0	10.8	29.3	*5.3	*2.0
INFLUENZA.....	84.3	120.9	77.9	56.7	76.1	117.0	60.5	62.0
ACUTE BRONCHITIS.....	*6.8	*8.9	*7.8	*2.7	8.7	*18.0	*5.0	*5.7
PNEUMONIA.....	10.7	*5.5	*6.6	*22.9	9.2	*11.9	*1.9	*19.0
OTHER RESPIRATORY CONDITIONS.....	*2.8	*5.2	*0.4	*4.4	*3.0	*4.5	*3.1	*1.4
DIGESTIVE SYSTEM CONDITIONS.....	*7.3	*7.0	*6.2	*9.5	8.2	*14.1	*5.6	*6.5
DENTAL CONDITIONS.....	*1.8	*1.1	*2.8	*0.7	*1.3	*2.0	*1.7	*-
INDIGESTION, NAUSEA, AND VOMITING.....	*2.2	*5.1	*1.7	*-	*1.7	*3.8	*1.2	*0.2
OTHER DIGESTIVE CONDITIONS.....	*3.4	*0.8	*1.7	*8.8	*5.2	*8.2	*2.7	*6.3
INJURIES.....	39.1	*28.2	40.4	48.4	25.2	*11.3	34.7	*22.8
FRACTURES AND DISLOCATIONS.....	11.9	*3.2	*18.1	*10.5	10.3	*5.1	*13.3	*10.5
SPRAINS AND STRAINS.....	*8.6	*3.8	*13.7	*5.2	*6.4	*1.9	*10.7	*3.8
OPEN WOUNDS AND LACERATIONS.....	*2.8	*6.5	*1.7	*0.7	*1.2	*0.5	*0.8	*2.7
CONTUSIONS AND SUPERFICIAL INJURIES.....	*1.8	*2.9	*2.1	*-	*3.1	*0.5	*5.9	*0.9
OTHER CURRENT INJURIES.....	14.0	*11.7	*4.9	*31.9	*4.1	*3.3	*4.1	*5.0
SELECTED OTHER ACUTE CONDITIONS.....	34.3	*24.4	47.8	*21.8	28.9	32.9	31.1	*21.1
EYE CONDITIONS.....	*0.3	*-	*0.6	*-	*0.6	*0.2	*0.9	*0.6
ACUTE EAR INFECTIONS.....	*3.3	*9.5	*0.9	*1.0	*7.0	*21.3	*1.9	*1.3
OTHER EAR CONDITIONS.....	*0.6	*1.1	*-	*1.0	*1.8	*0.8	*1.5	*3.3
ACUTE URINARY CONDITIONS.....	*5.7	*1.8	*8.1	*5.6	*1.8	*1.0	*2.8	*0.7
DISORDERS OF MENSTRUATION.....	*-	*-	*-	*-	*0.2	*-	*0.4	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.6	*-	*1.2	*-	*1.2	*-	*0.5	*3.5
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	10.0	*-	22.2	*-	9.3	*1.2	19.3	*-
SKIN CONDITIONS.....	*-	*-	*-	*-	*2.2	*3.7	*0.9	*2.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	9.4	*1.1	*12.9	*12.2	*3.2	*0.5	*1.6	*8.6
HEADACHE, EXCLUDING MIGRAINE.....	*0.8	*0.6	*1.5	*-	*0.6	*0.5	*0.9	*0.3
FEVER, UNSPECIFIED.....	*3.6	*10.3	*0.4	*1.9	*1.1	*3.6	*0.3	*-
ALL OTHER ACUTE CONDITIONS.....	19.1	*22.5	*9.8	*31.5	7.3	*1.7	*7.9	*11.9

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 34 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 30. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 PERSONS PER YEAR, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF BED DAYS PER 100 PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	269.5	257.8	318.6	367.7	302.1	317.1	292.1	308.9
INFECTIVE AND PARASITIC DISEASES.....	33.3	39.1	54.1	35.9	44.0	40.6	46.3	36.9
COMMON CHILDHOOD DISEASES.....	*3.3	*7.0	*5.8	*8.7	7.0	9.5	5.3	*3.6
INTESTINAL VIRUS, UNSPECIFIED.....	*6.6	*2.4	9.7	*2.7	5.9	*6.2	5.7	*5.4
VIRAL INFECTIONS, UNSPECIFIED.....	*8.2	13.1	19.0	*7.9	13.2	10.1	15.2	12.6
OTHER.....	15.2	16.6	19.6	16.6	17.9	14.7	20.1	15.3
RESPIRATORY CONDITIONS.....	131.0	117.3	137.0	207.7	144.9	147.5	143.1	147.7
COMMON COLD.....	30.6	18.6	25.5	33.6	27.8	31.2	25.5	22.2
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*9.0	11.5	9.4	13.5	10.3	*6.8	12.6	12.2
INFLUENZA.....	70.7	66.2	73.8	139.9	82.9	82.5	83.2	91.8
ACUTE BRONCHITIS.....	*5.8	10.9	8.8	*8.0	9.5	9.5	9.6	*5.2
PNEUMONIA.....	11.8	*6.1	15.0	*9.2	10.4	13.5	8.3	12.7
OTHER RESPIRATORY CONDITIONS.....	*3.2	*4.1	*4.4	*3.5	4.0	*4.2	*3.9	*3.5
DIGESTIVE SYSTEM CONDITIONS.....	11.4	11.2	15.4	*9.9	12.1	12.0	12.1	13.4
DENTAL CONDITIONS.....	*1.6	*2.4	*3.9	*0.5	*2.3	*1.7	*2.6	*2.6
INDIGESTION, NAUSEA, AND VOMITING.....	*2.8	*4.1	*4.8	*2.9	3.4	*4.4	*2.8	*5.3
OTHER DIGESTIVE CONDITIONS.....	*7.0	*4.7	6.6	*6.5	6.4	*5.9	6.7	*5.6
INJURIES.....	44.0	37.8	44.6	35.6	39.5	41.6	38.1	45.8
FRACTURES AND DISLOCATIONS.....	16.8	10.1	16.0	13.3	12.3	13.0	11.8	20.4
SPRAINS AND STRAINS.....	*8.2	9.9	8.7	*8.2	8.8	8.3	9.1	*8.9
OPEN WOUNDS AND LACERATIONS.....	*4.6	*1.8	*4.8	*1.7	3.7	*5.0	*2.8	*2.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	*5.2	*4.8	*3.3	*4.8	4.5	*4.9	*4.3	*3.9
OTHER CURRENT INJURIES.....	*9.1	11.2	11.9	*7.5	10.2	10.5	10.1	10.3
SELECTED OTHER ACUTE CONDITIONS.....	37.8	33.2	49.7	55.8	44.1	51.4	39.1	45.9
EYE CONDITIONS.....	*1.8	*0.3	*0.2	*0.8	*0.7	*0.3	*0.9	*0.7
ACUTE EAR INFECTIONS.....	*5.4	*4.1	*6.2	13.6	7.7	*6.2	8.7	*4.8
OTHER EAR CONDITIONS.....	*0.2	*2.1	*0.5	*2.4	*0.8	*1.4	*0.4	*2.6
ACUTE URINARY CONDITIONS.....	*3.5	*6.2	9.3	*2.7	5.7	8.8	*3.5	*7.1
DISORDERS OF MENSTRUATION.....	*0.1	*0.1	*2.6	*	*1.1	*2.6	*0.2	*0.2
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*1.8	*0.7	*3.9	*3.0	*2.6	*4.1	*1.6	*2.2
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*10.0	10.8	11.5	16.7	11.5	12.5	10.8	14.3
SKIN CONDITIONS.....	*3.6	*0.4	*2.2	*2.2	*1.8	*1.0	*2.3	*2.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	*7.6	*5.1	10.7	*9.1	8.7	11.1	7.2	*7.0
HEADACHE, EXCLUDING MIGRAINE.....	*0.8	*1.5	*0.6	*0.9	*0.8	*0.8	*0.8	*1.3
FEVER, UNSPECIFIED.....	*3.0	*2.1	*2.0	*4.4	*2.7	*2.6	*2.8	*2.6
ALL OTHER ACUTE CONDITIONS.....	12.0	19.2	17.9	22.9	17.6	23.9	13.5	19.3

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 35 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 31. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-24 YEARS	25-44 YEARS	45 YEARS AND OVER		
						TOTAL	45-64 YEARS	65 YEARS AND OVER
NUMBER OF BED DAYS IN THOUSANDS								
ALL ACUTE CONDITIONS.....	731,551	90,481	154,712	77,973	199,108	209,277	110,559	98,718
INFECTIVE AND PARASITIC DISEASES.....	102,054	16,811	39,494	9,950	20,731	15,067	6,580	8,488
COMMON CHILDHOOD DISEASES.....	14,941	3,717	9,394	1,600	231	-	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	14,009	3,182	3,542	1,563	4,057	1,665	791	874
VIRAL INFECTIONS, UNSPECIFIED.....	31,367	5,511	10,177	3,256	6,916	5,506	2,712	2,794
OTHER.....	41,737	4,401	16,382	3,531	9,527	7,896	3,076	4,820
RESPIRATORY CONDITIONS.....	350,507	48,684	84,539	29,542	89,170	98,573	60,412	38,161
COMMON COLD.....	63,915	11,723	17,857	6,640	15,916	11,777	6,126	5,651
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	25,741	5,812	10,353	2,511	5,226	1,840	1,399	442
INFLUENZA.....	204,612	21,337	49,834	18,399	55,294	59,749	38,662	21,087
ACUTE BRONCHITIS.....	20,610	4,728	3,176	630	5,195	6,881	2,363	4,518
PNEUMONIA.....	26,284	3,325	2,351	404	5,260	14,945	9,256	5,688
OTHER RESPIRATORY CONDITIONS.....	9,344	1,759	968	958	2,279	3,380	2,605	775
DIGESTIVE SYSTEM CONDITIONS.....	29,855	1,398	5,535	2,880	7,697	12,345	5,874	6,471
DENTAL CONDITIONS.....	5,679	367	1,022	952	2,262	1,077	1,077	-
INDIGESTION, NAUSEA, AND VOMITING.....	9,300	846	2,630	1,223	1,392	3,210	640	2,570
OTHER DIGESTIVE CONDITIONS.....	14,875	185	1,883	705	4,044	8,058	4,157	3,901
INJURIES.....	98,580	2,394	9,218	12,914	33,504	40,551	17,250	23,301
FRACTURES AND DISLOCATIONS.....	34,052	67	3,291	5,541	12,434	12,719	5,713	7,005
SPRAINS AND STRAINS.....	21,164	46	1,395	3,090	9,899	6,735	4,395	2,340
OPEN WOUNDS AND LACERATIONS.....	8,153	136	1,589	503	1,483	4,442	2,750	1,693
CONTUSIONS AND SUPERFICIAL INJURIES.....	10,525	131	771	2,006	3,419	4,198	872	3,326
OTHER CURRENT INJURIES.....	24,686	2,013	2,172	1,775	6,268	12,457	3,520	8,936
SELECTED OTHER ACUTE CONDITIONS.....	107,119	12,471	13,456	19,068	38,696	23,428	12,229	11,199
EYE CONDITIONS.....	1,631	-	417	-	1,101	113	60	53
ACUTE EAR INFECTIONS.....	16,954	7,882	4,426	1,256	2,912	478	376	102
OTHER EAR CONDITIONS.....	2,933	339	1,086	60	572	877	877	-
ACUTE URINARY CONDITIONS.....	14,400	191	1,161	2,240	3,381	7,427	2,265	5,162
DISORDERS OF MENSTRUATION.....	2,236	...	234	1,107	896	-	-	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	6,051	-	42	388	3,829	1,793	1,167	626
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	29,203	...	1,608	12,475	15,120	-	-	...
SKIN CONDITIONS.....	4,905	411	745	110	1,782	1,857	1,083	774
ACUTE MUSCULOSKELETAL CONDITIONS.....	20,091	45	1,300	1,135	7,973	9,640	6,043	3,597
HEADACHE, EXCLUDING MIGRAINE.....	2,232	-	829	299	854	250	52	198
FEVER, UNSPECIFIED.....	6,482	3,604	1,606	-	278	995	306	888
ALL OTHER ACUTE CONDITIONS.....	43,437	8,724	2,471	3,619	9,310	19,313	8,214	11,099

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 32. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE					FEMALE				
	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 5 YEARS	5-17 YEARS	18-44 YEARS	45 YEARS AND OVER
NUMBER OF BED DAYS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	287,508	45,574	69,618	101,397	70,919	444,043	44,907	85,094	175,684	138,357
INFECTIVE AND PARASITIC DISEASES.....	44,889	9,233	16,129	14,121	5,406	57,165	7,578	23,365	16,560	9,661
COMMON CHILDHOOD DISEASES.....	7,171	1,721	4,095	1,354	-	7,771	1,996	5,298	477	-
INTESTINAL VIRUS, UNSPECIFIED..	5,719	1,912	1,509	1,660	638	8,290	1,270	2,032	3,960	1,027
VIRAL INFECTIONS, UNSPECIFIED..	13,749	2,910	4,479	4,526	1,835	17,617	2,602	5,698	5,646	3,672
OTHER.....	18,250	2,690	6,045	6,581	2,934	23,487	1,711	10,336	6,477	4,962
RESPIRATORY CONDITIONS.....	144,892	21,974	40,417	46,801	35,700	205,615	26,709	44,122	71,911	62,872
COMMON COLD.....	24,476	4,943	7,191	8,331	4,011	39,439	6,781	10,666	14,226	7,766
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	11,502	2,991	5,487	2,369	655	14,239	2,821	4,866	5,367	1,185
INFLUENZA.....	86,378	9,748	23,936	29,606	23,088	118,234	11,589	25,898	44,086	36,660
ACUTE BRONCHITIS.....	7,212	2,553	1,384	2,208	1,067	13,398	2,175	1,792	3,617	5,815
PNEUMONIA.....	12,882	1,619	1,764	3,463	6,037	13,401	1,706	587	2,201	8,908
OTHER RESPIRATORY CONDITIONS...	2,441	120	654	824	843	6,903	1,639	313	2,414	2,538
DIGESTIVE SYSTEM CONDITIONS....	12,069	1,064	2,223	4,143	4,639	17,786	334	3,312	6,434	7,706
DENTAL CONDITIONS.....	3,224	217	228	2,236	543	2,455	150	794	978	533
INDIGESTION, NAUSEA, AND VOMITING.....	3,026	662	1,294	557	513	6,274	184	1,336	2,058	2,697
OTHER DIGESTIVE CONDITIONS.....	5,819	185	700	1,350	3,582	9,057	-	1,182	3,398	4,476
INJURIES.....	45,518	2,060	5,621	24,579	13,257	53,062	333	3,596	21,839	27,293
FRACTURES AND DISLOCATIONS....	20,071	24	2,733	12,827	4,487	13,980	43	558	5,148	8,232
SPRAINS AND STRAINS.....	8,203	46	484	5,328	2,345	12,961	-	910	7,661	4,390
OPEN WOUNDS AND LACERATIONS....	3,200	136	499	451	2,113	4,953	-	1,090	1,535	2,329
CONTUSIONS AND SUPERFICIAL INJURIES.....	5,219	131	189	2,425	2,473	5,306	-	581	2,999	1,725
OTHER CURRENT INJURIES.....	8,825	1,723	1,715	3,547	1,839	15,861	290	457	4,496	10,618
SELECTED OTHER ACUTE CONDITIONS.....	22,796	4,833	4,463	7,309	6,191	84,323	7,638	8,992	50,455	17,237
EYE CONDITIONS.....	967	-	124	843	-	664	-	294	258	113
ACUTE EAR INFECTIONS.....	7,572	3,291	2,405	1,647	228	9,382	4,591	2,021	2,520	249
OTHER EAR CONDITIONS.....	1,276	-	436	631	209	1,657	339	651	-	667
ACUTE URINARY CONDITIONS.....	3,044	-	138	846	2,060	11,356	191	1,023	4,776	5,367
DISORDERS OF MENSTRUATION.....	...	...	...	...	...	2,236	...	234	2,002	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	...	...	6,051	-	42	4,216	1,793
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM...	...	...	...	...	...	29,203	...	1,608	27,595	-
SKIN CONDITIONS.....	3,146	309	572	1,044	1,221	1,759	101	174	847	637
ACUTE MUSCULOSKELETAL CONDITIONS.....	4,526	-	194	1,911	2,422	15,565	45	1,106	7,196	7,218
HEADACHE, EXCLUDING MIGRAINE...	460	-	183	226	51	1,772	-	646	927	199
FEVER, UNSPECIFIED.....	1,804	1,232	412	160	-	4,678	2,371	1,194	118	995
ALL OTHER ACUTE CONDITIONS.....	17,344	6,409	764	4,444	5,726	26,093	2,315	1,706	8,485	13,587

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 33. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE				BLACK			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	616,158	207,183	228,466	180,510	97,577	33,339	41,515	22,723
INFECTIVE AND PARASITIC DISEASES.....	91,211	49,403	27,141	14,666	10,146	6,763	2,982	401
COMMON CHILDHOOD DISEASES.....	13,014	11,183	1,831	-	1,927	1,927	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	11,521	5,793	4,078	1,650	2,377	930	1,432	15
VIRAL INFECTIONS, UNSPECIFIED.....	28,102	13,158	9,611	5,333	3,264	2,530	561	173
OTHER.....	38,573	19,269	11,621	7,683	2,577	1,375	988	213
RESPIRATORY CONDITIONS.....	296,703	112,935	100,785	82,982	41,849	16,562	13,363	11,923
COMMON COLD.....	50,518	23,521	17,228	9,768	10,745	5,014	4,106	1,625
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	22,993	14,185	7,074	1,734	1,733	1,329	297	107
INFLUENZA.....	177,799	61,924	64,494	51,381	21,054	7,641	6,622	6,790
ACUTE BRONCHITIS.....	17,035	5,992	5,146	5,898	3,208	1,546	679	983
PNEUMONIA.....	19,827	4,721	3,606	11,500	4,459	897	1,659	1,903
OTHER RESPIRATORY CONDITIONS.....	8,531	2,592	3,237	2,701	649	134	-	515
DIGESTIVE SYSTEM CONDITIONS.....	24,209	5,964	8,249	9,996	4,636	883	1,717	2,035
DENTAL CONDITIONS.....	4,067	1,078	2,872	117	1,612	310	342	960
INDIGESTION, NAUSEA, AND VOMITING.....	6,694	2,818	1,502	2,373	1,949	573	853	523
OTHER DIGESTIVE CONDITIONS.....	13,449	2,068	3,875	7,505	1,075	-	522	553
INJURIES.....	80,642	9,765	36,397	34,479	15,202	1,846	9,195	4,160
FRACTURES AND DISLOCATIONS.....	27,430	2,749	14,085	10,596	6,219	609	3,787	1,823
SPRAINS AND STRAINS.....	17,426	1,356	10,705	5,365	3,033	85	2,284	664
OPEN WOUNDS AND LACERATIONS.....	7,095	1,725	1,161	4,209	1,058	-	825	233
CONTUSIONS AND SUPERFICIAL INJURIES.....	7,811	856	4,106	2,849	1,862	47	1,216	600
OTHER CURRENT INJURIES.....	20,879	3,079	6,340	11,460	3,030	1,106	1,084	840
SELECTED OTHER ACUTE CONDITIONS.....	88,576	21,852	45,706	21,017	17,278	3,352	11,515	2,410
EYE CONDITIONS.....	1,489	336	1,101	53	93	33	-	60
ACUTE EAR INFECTIONS.....	16,302	11,657	4,168	478	651	651	-	-
OTHER EAR CONDITIONS.....	2,438	989	572	877	436	436	-	-
ACUTE URINARY CONDITIONS.....	10,768	948	3,663	6,157	3,632	404	1,958	1,270
DISORDERS OF MENSTRUATION.....	1,264	159	1,106	-	875	31	844	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	4,725	-	2,932	1,793	1,327	42	1,284	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	23,501	1,071	22,430	-	5,507	505	5,001	-
SKIN CONDITIONS.....	4,648	1,156	1,873	1,619	257	-	19	238
ACUTE MUSCULOSKELETAL CONDITIONS.....	16,009	382	6,779	8,848	3,696	844	2,061	791
HEADACHE, EXCLUDING MIGRAINE.....	1,677	610	869	198	437	101	285	52
FEVER, UNSPECIFIED.....	5,754	4,545	215	995	367	304	63	-
ALL OTHER ACUTE CONDITIONS.....	34,818	7,262	10,188	17,369	8,467	3,932	2,742	1,793

<sup>1</sup>TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL BED DAYS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 34. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988  
 (DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	LESS THAN \$10,000				\$10,000-\$19,999			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	134,776	39,823	49,698	45,255	145,477	42,358	53,980	49,139
INFECTIVE AND PARASITIC DISEASES.....	15,486	9,387	3,903	2,196	22,589	10,566	6,683	5,340
COMMON CHILDHOOD DISEASES.....	4,587	3,534	1,053	-	3,428	3,197	231	-
INTESTINAL VIRUS, UNSPECIFIED.....	1,652	1,176	476	-	3,967	1,876	1,562	530
VIRAL INFECTIONS, UNSPECIFIED.....	5,234	3,071	613	1,550	5,526	1,852	2,538	1,137
OTHER.....	4,013	1,606	1,761	646	9,668	3,641	2,353	3,674
RESPIRATORY CONDITIONS.....	58,183	20,179	17,284	20,721	58,780	20,030	18,414	20,336
COMMON COLD.....	13,761	7,033	3,859	2,869	10,486	4,965	3,961	1,561
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3,013	1,350	963	700	4,074	2,237	1,624	213
INFLUENZA.....	33,275	9,025	10,313	13,938	35,179	11,633	10,288	13,258
ACUTE BRONCHITIS.....	1,491	1,111	267	113	2,947	347	1,289	1,311
PNEUMONIA.....	3,520	1,426	302	1,792	4,800	168	850	3,782
OTHER RESPIRATORY CONDITIONS.....	3,124	234	1,581	1,309	1,294	679	402	212
DIGESTIVE SYSTEM CONDITIONS.....	5,726	1,035	1,930	2,761	6,915	531	2,609	3,775
DENTAL CONDITIONS.....	1,375	366	465	543	1,516	169	1,347	-
INDIGESTION, NAUSEA, AND VOMITING.....	2,566	669	771	1,127	1,578	311	803	465
OTHER DIGESTIVE CONDITIONS.....	1,785	-	694	1,091	3,821	52	460	3,310
INJURIES.....	21,763	3,000	9,152	9,610	19,543	1,074	9,779	8,690
FRACTURES AND DISLOCATIONS.....	7,266	1,513	2,476	3,277	6,602	191	4,392	2,020
SPRAINS AND STRAINS.....	4,459	106	2,509	1,844	4,248	209	1,938	2,100
OPEN WOUNDS AND LACERATIONS.....	1,224	130	434	660	1,712	93	463	1,156
CONTUSIONS AND SUPERFICIAL INJURIES.....	3,100	90	1,670	1,340	1,908	234	561	1,113
OTHER CURRENT INJURIES.....	5,715	1,161	2,064	2,489	5,073	348	2,424	2,302
SELECTED OTHER ACUTE CONDITIONS.....	23,926	4,266	13,909	5,750	26,307	5,939	13,201	7,166
EYE CONDITIONS.....	155	155	-	-	180	180	-	-
ACUTE EAR INFECTIONS.....	2,829	1,739	1,089	-	2,970	1,869	1,100	-
OTHER EAR CONDITIONS.....	-	-	-	-	869	755	114	-
ACUTE URINARY CONDITIONS.....	4,432	339	584	3,509	3,056	430	1,131	1,495
DISORDERS OF MENSTRUATION.....	178	75	103	-	1,857	112	1,745	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	1,010	42	597	371	3,053	-	2,341	712
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	8,236	154	8,082	-	5,670	808	4,862	-
SKIN CONDITIONS.....	1,881	-	1,435	446	1,380	411	141	829
ACUTE MUSCULOSKELETAL CONDITIONS.....	3,335	118	1,793	1,425	4,943	-	1,551	3,392
HEADACHE, EXCLUDING MIGRAINE.....	636	410	226	-	495	229	215	51
FEVER, UNSPECIFIED.....	1,233	1,233	-	-	1,834	1,145	-	688
ALL OTHER ACUTE CONDITIONS.....	9,692	1,956	3,520	4,217	11,343	4,219	3,292	3,832

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 34. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME							
	\$20,000-\$34,999				\$35,000 OR MORE			
	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER	ALL AGES	UNDER 18 YEARS	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF BED DAYS IN THOUSANDS <sup>1</sup>							
ALL ACUTE CONDITIONS.....	161,416	58,654	65,871	36,891	180,895	76,762	69,420	34,713
INFECTIVE AND PARASITIC DISEASES.....	19,950	11,389	6,352	2,208	31,239	20,564	8,756	1,919
COMMON CHILDHOOD DISEASES.....	2,225	2,225	-	-	3,788	3,496	292	-
INTESTINAL VIRUS, UNSPECIFIED.....	2,563	1,078	1,030	455	4,180	2,071	1,866	243
VIRAL INFECTIONS, UNSPECIFIED.....	5,815	2,657	1,849	1,309	10,405	6,276	3,338	791
OTHER.....	9,347	5,429	3,474	444	12,866	8,721	3,260	885
RESPIRATORY CONDITIONS.....	81,955	33,553	31,471	16,931	97,600	44,119	33,238	20,243
COMMON COLD.....	13,508	5,729	5,165	2,613	16,832	7,709	7,031	2,091
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	6,146	4,340	1,328	478	8,115	5,903	1,815	397
INFLUENZA.....	50,233	20,205	20,966	9,062	56,969	23,578	20,908	12,484
ACUTE BRONCHITIS.....	4,033	1,493	2,113	427	6,505	3,634	1,722	1,149
PNEUMONIA.....	6,356	918	1,786	3,652	6,908	2,397	674	3,837
OTHER RESPIRATORY CONDITIONS.....	1,679	867	113	699	2,271	899	1,088	284
DIGESTIVE SYSTEM CONDITIONS.....	4,371	1,171	1,677	1,524	6,102	2,840	1,951	1,311
DENTAL CONDITIONS.....	1,059	188	754	117	1,006	412	593	-
INDIGESTION, NAUSEA, AND VOMITING.....	1,301	849	452	-	1,239	766	424	49
OTHER DIGESTIVE CONDITIONS.....	2,012	134	471	1,407	3,857	1,662	934	1,261
INJURIES.....	23,304	4,713	10,869	7,722	18,864	2,276	12,001	4,587
FRACTURES AND DISLOCATIONS.....	7,073	529	4,862	1,683	7,722	1,027	4,581	2,115
SPRAINS AND STRAINS.....	5,143	638	3,680	824	4,828	389	3,683	757
OPEN WOUNDS AND LACERATIONS.....	1,659	1,095	446	118	931	102	292	537
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,061	488	573	-	2,306	91	2,043	172
OTHER CURRENT INJURIES.....	8,368	1,963	1,308	5,097	3,076	667	1,403	1,006
SELECTED OTHER ACUTE CONDITIONS.....	20,423	4,074	12,866	3,483	21,629	6,623	10,745	4,260
EYE CONDITIONS.....	165	-	165	-	457	48	296	113
ACUTE EAR INFECTIONS.....	1,995	1,585	245	166	5,213	4,299	652	261
OTHER EAR CONDITIONS.....	344	179	-	166	1,337	152	517	667
ACUTE URINARY CONDITIONS.....	3,385	307	2,178	900	1,319	211	963	144
DISORDERS OF MENSTRUATION.....	-	-	-	-	154	-	154	-
OTHER DISORDERS OF FEMALE GENITAL TRACT, DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	329	-	329	-	881	-	171	710
SKIN CONDITIONS.....	5,965	-	5,965	-	6,934	249	6,685	-
ACUTE MUSCULOSKELETAL CONDITIONS.....	-	-	-	-	1,644	745	315	583
HEADACHE, EXCLUDING MIGRAINE.....	5,615	188	3,482	1,945	2,404	108	566	1,730
FEVER, UNSPECIFIED.....	496	97	398	-	459	93	314	52
ALL OTHER ACUTE CONDITIONS.....	2,129	1,718	105	306	827	717	110	-
ALL OTHER ACUTE CONDITIONS.....	11,414	3,755	2,636	5,023	5,462	340	2,729	2,393

<sup>1</sup>TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL BED DAYS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.



TABLE 35. NUMBER OF BED DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF BED DAYS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	132,779	153,515	262,145	183,112	562,662	237,360	325,302	168,890
INFECTIVE AND PARASITIC DISEASES.....	16,409	23,282	44,506	17,857	81,902	30,363	51,539	20,152
COMMON CHILDHOOD DISEASES.....	1,647	4,147	4,813	4,334	12,974	7,124	5,850	1,968
INTESTINAL VIRUS, UNSPECIFIED.....	3,263	1,435	7,954	1,356	11,046	4,677	6,369	2,963
VIRAL INFECTIONS, UNSPECIFIED.....	4,018	7,811	15,617	3,921	24,500	7,558	16,942	6,866
OTHER.....	7,481	9,888	16,122	8,247	33,382	11,004	22,378	8,355
RESPIRATORY CONDITIONS.....	64,534	69,850	112,682	103,440	269,783	110,445	159,338	80,724
COMMON COLD.....	15,084	11,090	20,991	16,750	51,757	23,319	28,438	12,158
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	4,413	6,829	7,774	6,725	19,095	5,094	14,001	6,646
INFLUENZA.....	34,813	39,414	60,709	69,678	154,408	61,732	92,676	50,205
ACUTE BRONCHITIS.....	2,860	6,487	7,263	4,000	17,745	7,079	10,666	2,866
PNEUMONIA.....	5,810	3,613	12,301	4,560	19,326	10,070	9,256	6,958
OTHER RESPIRATORY CONDITIONS.....	1,553	2,417	3,645	1,728	7,453	3,151	4,301	1,892
DIGESTIVE SYSTEM CONDITIONS.....	5,628	6,671	12,637	4,919	22,503	9,006	13,497	7,352
DENTAL CONDITIONS.....	792	1,429	3,233	226	4,248	1,301	2,946	1,432
INDIGESTION, NAUSEA, AND VOMITING.....	1,398	2,460	3,974	1,468	6,417	3,299	3,118	2,883
OTHER DIGESTIVE CONDITIONS.....	3,437	2,783	5,430	3,225	11,838	4,406	7,432	3,037
INJURIES.....	21,662	22,526	36,681	17,711	73,564	31,177	42,387	25,016
FRACTURES AND DISLOCATIONS.....	8,274	5,991	13,144	6,643	22,888	9,759	13,129	11,163
SPRAINS AND STRAINS.....	4,044	5,874	7,146	4,100	16,318	6,186	10,132	4,847
OPEN WOUNDS AND LACERATIONS.....	2,283	1,098	3,914	858	6,893	3,735	3,157	1,261
CONTUSIONS AND SUPERFICIAL INJURIES.....	2,559	2,871	2,706	2,388	8,411	3,660	4,751	2,114
OTHER CURRENT INJURIES.....	4,501	6,692	9,771	3,721	19,054	7,836	11,219	5,631
SELECTED OTHER ACUTE CONDITIONS.....	18,639	19,777	40,913	27,790	82,048	38,490	43,558	25,071
EYE CONDITIONS.....	898	165	146	422	1,248	216	1,032	383
ACUTE EAR INFECTIONS.....	2,680	2,413	5,104	6,756	14,316	4,618	9,697	2,638
OTHER EAR CONDITIONS.....	99	1,250	384	1,200	1,488	1,080	408	1,445
ACUTE URINARY CONDITIONS.....	1,739	3,677	7,665	1,320	10,523	6,589	3,934	3,878
DISORDERS OF MENSTRUATION.....	48	31	2,157	-	2,135	1,931	204	101
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	879	436	3,244	1,492	4,827	3,088	1,739	1,225
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	4,942	6,450	9,484	8,328	21,383	9,375	12,008	7,820
SKIN CONDITIONS.....	1,754	238	1,817	1,096	3,296	773	2,523	1,609
ACUTE MUSCULOSKELETAL CONDITIONS.....	3,732	3,010	8,819	4,530	16,290	8,273	8,017	3,801
HEADACHE, EXCLUDING MIGRAINE.....	406	872	488	466	1,495	598	898	737
FEVER, UNSPECIFIED.....	1,462	1,235	1,605	2,179	5,047	1,951	3,096	1,435
ALL OTHER ACUTE CONDITIONS.....	5,909	11,409	14,725	11,395	32,862	17,880	14,982	10,575

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.

TABLE 36. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES 18 YEARS AND OVER	18-44 YEARS		45 YEARS AND OVER		
		TOTAL	18-24 YEARS	25-44 YEARS	TOTAL	45-64 YEARS
		NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR				
ALL ACUTE CONDITIONS.....	311.4	335.3	358.7	328.7	254.8	255.2
INFECTIVE AND PARASITIC DISEASES.....	25.2	31.1	47.5	26.4	*11.3	*11.3
COMMON CHILDHOOD DISEASES.....	*0.8	*1.1	*2.8	*0.6	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	6.3	7.8	*13.9	*6.1	*2.7	*2.6
VIRAL INFECTIONS, UNSPECIFIED.....	7.7	8.4	*15.0	6.5	*6.2	*6.0
OTHER.....	10.4	13.8	*15.8	13.2	*2.4	*2.7
RESPIRATORY CONDITIONS.....	110.5	116.5	102.8	120.5	96.1	95.4
COMMON COLD.....	20.8	23.1	22.2	23.3	15.3	15.6
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	7.1	8.8	*11.7	7.9	*3.1	*3.5
INFLUENZA.....	66.2	69.3	55.1	73.3	58.7	58.8
ACUTE BRONCHITIS.....	6.8	6.6	*5.0	7.0	*7.4	*6.5
PNEUMONIA.....	7.5	7.1	*5.0	7.7	*8.4	*9.4
OTHER RESPIRATORY CONDITIONS.....	*2.2	*1.7	*3.7	*1.2	*3.2	*1.7
DIGESTIVE SYSTEM CONDITIONS.....	12.7	14.7	23.8	12.2	*7.9	*6.7
DENTAL CONDITIONS.....	3.8	4.9	*8.2	*3.9	*1.1	*1.3
INDIGESTION, NAUSEA, AND VOMITING.....	*2.0	*2.5	*2.7	*2.5	*0.7	*0.5
OTHER DIGESTIVE CONDITIONS.....	7.0	7.3	*12.9	*5.8	*6.1	*4.9
INJURIES.....	95.1	100.9	124.4	94.2	81.5	86.8
FRACTURES AND DISLOCATIONS.....	38.0	35.9	56.1	30.2	42.9	47.2
SPRAINS AND STRAINS.....	26.3	31.2	35.8	29.9	14.8	16.1
OPEN WOUNDS AND LACERATIONS.....	10.0	12.1	*13.4	11.7	*5.3	*3.8
CONTUSIONS AND SUPERFICIAL INJURIES.....	8.3	8.0	*13.5	6.4	*9.0	*9.6
OTHER CURRENT INJURIES.....	12.5	13.7	*5.5	16.1	*9.5	*10.0
SELECTED OTHER ACUTE CONDITIONS.....	49.6	57.4	52.8	58.7	31.3	30.6
EYE CONDITIONS.....	*1.3	*1.8	*0.8	*2.1	*0.2	*0.2
ACUTE EAR INFECTIONS.....	*2.7	*3.3	*4.1	*3.1	*1.2	*1.3
OTHER EAR CONDITIONS.....	*0.6	*0.5	*0.3	*0.6	*0.8	*0.5
ACUTE URINARY CONDITIONS.....	5.9	*4.6	*5.0	*4.5	*8.8	*9.0
DISORDERS OF MENSTRUATION.....	*0.8	*1.1	*0.3	*1.3	*-	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*2.3	*3.1	*5.1	*2.6	*0.2	*0.3
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	20.3	29.0	29.6	28.8	*-	*-
SKIN CONDITIONS.....	*1.7	*0.7	*0.6	*0.7	*4.2	*3.2
ACUTE MUSCULOSKELETAL CONDITIONS.....	12.7	11.5	*4.8	13.4	15.6	15.9
HEADACHE, EXCLUDING MIGRAINE.....	*1.0	*1.3	*1.5	*1.3	*0.2	*0.2
FEVER, UNSPECIFIED.....	*0.3	*0.4	*0.6	*0.3	*-	*-
ALL OTHER ACUTE CONDITIONS.....	18.2	14.7	*7.4	16.8	26.7	24.6

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 41 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 37. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE			FEMALE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR					
ALL ACUTE CONDITIONS.....	277.0	295.5	234.7	353.2	382.8	280.7
INFECTIVE AND PARASITIC DISEASES.....	21.4	26.9	*8.9	29.8	36.1	*14.4
COMMON CHILDHOOD DISEASES.....	*0.7	*1.0	*-	*0.9	*1.3	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*4.4	*5.4	*2.1	8.7	*10.8	*3.5
VIRAL INFECTIONS, UNSPECIFIED.....	6.6	*7.5	*4.5	9.2	*9.5	*8.5
OTHER.....	9.8	13.1	*2.3	11.0	14.5	*2.4
RESPIRATORY CONDITIONS.....	92.0	96.0	82.9	133.0	141.1	113.2
COMMON COLD.....	17.4	20.0	*11.6	24.8	26.8	*20.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*5.1	*6.4	*2.1	9.5	11.6	*4.4
INFLUENZA.....	57.6	57.7	57.4	76.5	83.1	60.4
ACUTE BRONCHITIS.....	*4.0	*5.3	*1.3	10.2	*8.1	*15.3
PNEUMONIA.....	*6.1	*5.9	*6.4	9.2	*8.5	*11.1
OTHER RESPIRATORY CONDITIONS.....	*1.7	*0.7	*4.1	*2.7	*3.0	*1.9
DIGESTIVE SYSTEM CONDITIONS.....	11.6	13.8	*6.6	14.0	15.8	*9.6
DENTAL CONDITIONS.....	*5.0	*6.6	*1.5	*2.3	*2.9	*0.7
INDIGESTION, NAUSEA, AND VOMITING.....	*1.5	*1.8	*0.7	*2.6	*3.3	*0.7
OTHER DIGESTIVE CONDITIONS.....	*5.1	*5.4	*4.4	9.2	*9.6	*8.2
INJURIES.....	117.7	129.7	90.2	67.6	66.5	70.2
FRACTURES AND DISLOCATIONS.....	46.6	47.5	44.6	27.5	22.2	40.7
SPRAINS AND STRAINS.....	31.0	37.4	*16.5	20.6	23.9	*12.6
OPEN WOUNDS AND LACERATIONS.....	12.9	15.3	*7.5	*6.5	*8.2	*2.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	10.7	10.6	*11.0	*5.4	*4.9	*6.5
OTHER CURRENT INJURIES.....	16.4	19.0	*10.6	*7.6	*7.4	*8.1
SELECTED OTHER ACUTE CONDITIONS.....	18.8	16.3	24.5	87.1	106.3	40.0
EYE CONDITIONS.....	*1.8	*2.6	*-	*0.8	*0.9	*0.4
ACUTE EAR INFECTIONS.....	*1.9	*2.3	*0.9	*3.7	*4.6	*1.5
OTHER EAR CONDITIONS.....	*0.9	*1.0	*0.7	*0.3	*-	*0.9
ACUTE URINARY CONDITIONS.....	*3.2	*1.7	*6.6	9.1	*8.1	*11.7
DISORDERS OF MENSTRUATION.....	...	...	...	*1.7	*2.4	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	*5.0	*6.9	*0.6
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	45.1	63.5	*-
SKIN CONDITIONS.....	*2.5	*0.2	*7.6	*0.8	*1.2	*-
ACUTE MUSCULOSKELETAL CONDITIONS.....	7.7	*7.3	*8.7	18.8	16.5	*24.5
HEADACHE, EXCLUDING MIGRAINE.....	*0.4	*0.6	*-	*1.6	*2.1	*0.3
FEVER, UNSPECIFIED.....	*0.4	*0.6	*-	*0.1	*0.1	*-
ALL OTHER ACUTE CONDITIONS.....	15.5	12.8	21.6	21.7	16.9	33.2

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 42 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 38. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE			BLACK		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR					
ALL ACUTE CONDITIONS.....	305.3	328.4	252.3	370.7	417.0	243.3
INFECTIVE AND PARASITIC DISEASES.....	25.5	31.8	*11.2	*25.5	*30.6	*11.6
COMMON CHILDHOOD DISEASES.....	*0.9	*1.3	*-	*-	*-	*-
INTESTINAL VIRUS, UNSPECIFIED.....	5.9	7.4	*2.5	*10.0	*12.9	*1.8
VIRAL INFECTIONS, UNSPECIFIED.....	8.4	9.1	*6.8	*4.7	*5.4	*2.8
OTHER.....	10.3	14.0	*1.9	*10.9	*12.3	*7.0
RESPIRATORY CONDITIONS.....	110.2	117.4	93.5	104.7	108.4	*94.5
COMMON COLD.....	20.1	22.2	15.3	*23.2	*26.9	*13.1
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	7.7	9.5	*3.5	*2.1	*2.9	*-
INFLUENZA.....	65.3	69.1	56.6	72.7	72.7	*72.6
ACUTE BRONCHITIS.....	7.4	6.9	*8.4	*4.3	*5.9	*-
PNEUMONIA.....	7.5	7.7	*7.2	*1.7	*-	*6.5
OTHER RESPIRATORY CONDITIONS.....	*2.2	*2.0	*2.5	*0.6	*-	*2.2
DIGESTIVE SYSTEM CONDITIONS.....	12.6	14.6	*8.2	*16.1	*19.7	*6.3
DENTAL CONDITIONS.....	*3.8	*5.1	*0.6	*5.2	*4.8	*6.3
INDIGESTION, NAUSEA, AND VOMITING.....	*1.8	*2.3	*0.6	*2.6	*3.6	*-
OTHER DIGESTIVE CONDITIONS.....	7.1	7.1	*6.9	*8.3	*11.3	*-
INJURIES.....	88.4	91.3	81.8	153.2	182.5	*72.7
FRACTURES AND DISLOCATIONS.....	37.7	35.7	42.1	33.8	*29.6	*45.3
SPRAINS AND STRAINS.....	23.0	26.5	14.9	58.3	73.7	*16.1
OPEN WOUNDS AND LACERATIONS.....	8.5	9.9	*5.3	*25.0	*31.8	*6.4
CONTUSIONS AND SUPERFICIAL INJURIES.....	7.9	7.5	*9.0	*10.7	*13.1	*3.9
OTHER CURRENT INJURIES.....	11.3	11.6	*10.5	*25.5	*34.3	*1.1
SELECTED OTHER ACUTE CONDITIONS.....	49.5	57.2	31.8	59.0	67.7	*35.2
EYE CONDITIONS.....	*1.5	*2.1	*-	*0.5	*-	*1.9
ACUTE EAR INFECTIONS.....	*3.1	*3.9	*1.4	*-	*-	*-
OTHER EAR CONDITIONS.....	*0.7	*0.5	*0.9	*-	*-	*-
ACUTE URINARY CONDITIONS.....	5.5	*4.3	*8.3	*10.5	*8.6	*15.7
DISORDERS OF MENSTRUATION.....	*0.3	*0.5	*-	*4.4	*6.0	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*2.4	*3.3	*0.3	*2.2	*2.9	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	19.7	28.3	*-	*26.7	*36.5	*-
SKIN CONDITIONS.....	*2.0	*0.7	*4.8	*0.2	*0.2	*-
ACUTE MUSCULOSKELETAL CONDITIONS.....	13.2	11.9	16.0	*13.1	*12.1	*16.1
HEADACHE, EXCLUDING MIGRAINE.....	*0.8	*1.2	*-	*1.5	*1.5	*1.6
FEVER, UNSPECIFIED.....	*0.3	*0.5	*-	*-	*-	*-
ALL OTHER ACUTE CONDITIONS.....	19.1	16.1	25.8	*12.1	*8.1	*23.1

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 43 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 39. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME								
	LESS THAN \$10,000			\$10,000-\$24,999			\$25,000 OR MORE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR								
ALL ACUTE CONDITIONS.....	382.0	400.4	318.9	368.6	385.8	321.7	268.3	292.4	213.8
INFECTIVE AND PARASITIC DISEASES.....	*25.2	*27.6	*17.0	24.9	29.2	*13.2	25.7	32.7	*10.0
COMMON CHILDHOOD DISEASES.....	*-	*-	*-	*1.2	*1.7	*-	*0.5	*0.8	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*5.7	*4.1	*11.3	*9.0	*12.0	*0.7	*5.3	*6.7	*2.2
VIRAL INFECTIONS, UNSPECIFIED.....	*5.0	*4.8	*5.7	*7.7	*7.4	*8.6	8.5	10.0	*5.1
OTHER.....	*14.5	*18.7	*-	*7.0	*8.1	*4.0	11.3	15.2	*2.6
RESPIRATORY CONDITIONS.....	107.5	118.3	*70.0	115.0	116.4	111.3	101.8	107.8	88.1
COMMON COLD.....	*19.6	*19.3	*20.5	23.1	24.9	*18.2	20.7	22.4	*17.0
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*2.0	*2.5	*-	*7.4	*9.5	*1.8	*6.0	*6.7	*4.4
INFLUENZA.....	64.1	*70.1	*43.4	70.6	68.6	76.2	62.1	67.9	49.2
ACUTE BRONCHITIS.....	*2.8	*3.6	*-	*6.0	*6.6	*4.4	7.0	*7.1	*6.9
PNEUMONIA.....	*10.7	*13.8	*-	*4.9	*5.1	*4.4	*4.2	*2.6	*7.9
OTHER RESPIRATORY CONDITIONS.....	*8.3	*8.9	*6.1	*2.9	*1.7	*6.3	*1.6	*1.1	*2.7
DIGESTIVE SYSTEM CONDITIONS.....	*27.7	*32.4	*11.6	15.2	*18.6	*5.8	10.6	10.8	*10.3
DENTAL CONDITIONS.....	*8.8	*8.0	*11.6	*7.7	*10.1	*1.2	*2.1	*2.9	*0.2
INDIGESTION, NAUSEA, AND VOMITING.....	*9.6	*12.3	*-	*3.0	*3.6	*1.4	*1.0	*1.1	*0.7
OTHER DIGESTIVE CONDITIONS.....	*9.4	*12.1	*-	*4.5	*4.9	*3.2	7.5	*6.7	*9.3
INJURIES.....	122.3	124.7	*113.8	143.2	151.5	120.4	69.7	73.1	61.9
FRACTURES AND DISLOCATIONS.....	*17.6	*21.0	*6.0	52.6	48.6	63.6	32.8	30.0	39.2
SPRAINS AND STRAINS.....	*48.9	*49.4	*47.2	37.9	44.8	*19.1	22.1	25.8	*13.7
OPEN WOUNDS AND LACERATIONS.....	*38.2	*34.4	*51.2	17.7	21.5	*7.2	*3.6	*4.3	*1.9
CONTUSIONS AND SUPERFICIAL INJURIES.....	*7.9	*8.4	*6.0	*9.3	*7.4	*14.5	6.3	*7.4	*4.0
OTHER CURRENT INJURIES.....	*9.7	*11.5	*3.4	25.7	29.3	*15.9	*4.9	*5.6	*3.1
SELECTED OTHER ACUTE CONDITIONS.....	92.5	94.4	*85.7	53.6	58.0	*41.5	43.6	51.5	25.8
EYE CONDITIONS.....	*-	*-	*-	*0.3	*0.5	*-	*1.0	*1.3	*0.3
ACUTE EAR INFECTIONS.....	*9.8	*12.7	*-	*1.4	*2.0	*-	*2.4	*2.5	*2.1
OTHER EAR CONDITIONS.....	*-	*-	*-	*0.7	*0.3	*1.9	*0.6	*0.8	*0.3
ACUTE URINARY CONDITIONS.....	*5.7	*6.3	*4.0	*7.2	*6.9	*8.2	*4.3	*2.6	*8.0
DISORDERS OF MENSTRUATION.....	*-	*-	*-	*2.2	*3.1	*-	*0.4	*0.5	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*6.2	*8.0	*-	*3.8	*5.2	*-	*0.9	*1.1	*0.4
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*39.4	*50.8	*-	18.2	24.9	*-	23.2	33.5	*-
SKIN CONDITIONS.....	*1.7	*2.1	*-	*3.3	*0.3	*11.3	*1.5	*0.8	*3.1
ACUTE MUSCULOSKELETAL CONDITIONS.....	*27.5	*11.7	*81.8	14.4	*12.3	*20.1	8.4	*7.1	*11.3
HEADACHE, EXCLUDING MIGRAINE.....	*2.2	*2.8	*-	*1.7	*2.3	*-	*0.6	*0.7	*0.3
FEVER, UNSPECIFIED.....	*-	*-	*-	*0.2	*0.3	*-	*0.4	*0.6	*-
ALL OTHER ACUTE CONDITIONS.....	*6.9	*2.9	*20.7	16.8	*12.1	*29.7	16.9	16.6	*17.7

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 44 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 40. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF WORK-LOSS DAYS PER 100 CURRENTLY EMPLOYED PERSONS PER YEAR							
ALL ACUTE CONDITIONS.....	296.1	260.2	317.7	376.6	309.5	344.6	287.4	318.4
INFECTIVE AND PARASITIC DISEASES.....	26.8	22.0	30.4	19.0	26.3	26.0	26.5	21.2
COMMON CHILDHOOD DISEASES.....	*0.2	*0.6	*0.4	*2.1	*1.0	*0.8	*1.1	*-
INTESTINAL VIRUS, UNSPECIFIED.....	*8.9	*0.7	11.3	*2.3	6.2	*5.3	*6.7	*6.7
VIRAL INFECTIONS, UNSPECIFIED.....	*6.3	*7.0	*9.9	*6.5	8.4	*6.2	9.8	*5.2
OTHER.....	*11.3	*13.7	*8.7	*8.2	10.7	13.6	8.8	*9.2
RESPIRATORY CONDITIONS.....	105.0	91.0	92.8	167.2	113.4	120.3	109.1	99.3
COMMON COLD.....	24.2	15.2	17.7	28.8	22.3	25.1	20.6	*14.9
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*8.7	*8.9	*5.8	*5.3	7.7	*3.9	10.1	*4.6
INFLUENZA.....	60.1	49.6	57.0	106.4	65.5	75.8	59.0	68.7
ACUTE BRONCHITIS.....	*4.5	*8.7	*4.8	*10.1	7.9	*7.6	8.1	*2.9
PNEUMONIA.....	*6.2	*7.8	*5.5	*11.5	7.5	*6.0	8.3	*7.6
OTHER RESPIRATORY CONDITIONS.....	*1.2	*0.9	*1.9	*5.0	*2.6	*1.9	*3.0	*0.7
DIGESTIVE SYSTEM CONDITIONS.....	*12.7	*8.3	16.7	*11.5	13.7	14.5	13.3	*9.0
DENTAL CONDITIONS.....	*3.5	*2.7	*6.5	*0.9	*3.8	*3.6	*3.9	*3.9
INDIGESTION, NAUSEA, AND VOMITING.....	*3.7	*1.2	*1.8	*1.4	*2.2	*3.2	*1.5	*1.3
OTHER DIGESTIVE CONDITIONS.....	*5.5	*4.4	*8.4	*9.2	7.8	*7.7	7.9	*3.8
INJURIES.....	102.1	69.2	101.9	107.7	90.6	106.1	80.8	112.0
FRACTURES AND DISLOCATIONS.....	41.2	30.4	32.6	52.4	34.6	30.8	36.9	50.8
SPRAINS AND STRAINS.....	27.4	19.7	30.4	26.6	26.6	36.1	20.6	25.3
OPEN WOUNDS AND LACERATIONS.....	19.2	*4.6	*8.1	*10.4	8.9	12.8	*6.4	*14.3
CONTUSIONS AND SUPERFICIAL INJURIES.....	*7.3	*9.1	*6.9	*10.6	10.2	12.9	8.4	*1.2
OTHER CURRENT INJURIES.....	*7.1	*5.4	24.0	*7.7	10.3	13.5	8.3	20.4
SELECTED OTHER ACUTE CONDITIONS.....	36.8	50.3	55.9	51.5	46.6	55.8	40.9	60.8
EYE CONDITIONS.....	*3.3	*-	*0.9	*1.7	*1.5	*1.0	*1.7	*0.8
ACUTE EAR INFECTIONS.....	*3.2	*3.0	*1.9	*3.1	*2.8	*2.0	*3.3	*2.4
OTHER EAR CONDITIONS.....	*0.4	*1.5	*-	*0.8	*0.7	*1.6	*0.1	*0.4
ACUTE URINARY CONDITIONS.....	*3.7	*6.9	*8.6	*2.5	5.6	*10.5	*2.4	*7.0
DISORDERS OF MENSTRUATION.....	*0.6	*0.2	*1.8	*-	*1.0	*1.9	*0.4	*-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.3	*3.2	*2.4	*2.9	*1.9	*1.5	*2.1	*3.7
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*10.4	16.1	23.1	31.0	20.0	23.5	17.8	21.7
SKIN CONDITIONS.....	*5.5	*0.5	*0.8	*0.9	*1.4	*1.0	*1.7	*2.8
ACUTE MUSCULOSKELETAL CONDITIONS.....	*9.0	17.1	15.1	*7.7	10.7	12.2	9.8	20.3
HEADACHE, EXCLUDING MIGRAINE.....	*0.2	*1.4	*1.3	*0.6	*0.8	*0.5	*0.9	*1.7
FEVER, UNSPECIFIED.....	*0.2	*0.4	*0.1	*0.4	*0.4	*-	*0.6	*-
ALL OTHER ACUTE CONDITIONS.....	*12.6	19.4	20.0	19.7	18.8	22.0	16.9	*16.0

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 45 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 41. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY AGE AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES 18 YEARS AND OVER	18-44 YEARS			45 YEARS AND OVER	
		TOTAL	18-24 YEARS	25-44 YEARS	TOTAL	45-64 YEARS
		NUMBER OF WORK-LOSS DAYS IN THOUSANDS				
ALL ACUTE CONDITIONS.....	358,798	271,378	64,432	206,946	87,420	78,201
INFECTIVE AND PARASITIC DISEASES.....	29,049	25,164	8,537	16,627	3,885	3,450
COMMON CHILDHOOD DISEASES.....	891	891	496	395	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	7,273	6,344	2,501	3,843	929	791
VIRAL INFECTIONS, UNSPECIFIED.....	8,919	6,776	2,693	4,083	2,143	1,846
OTHER.....	11,966	11,153	2,847	8,306	813	813
RESPIRATORY CONDITIONS.....	127,298	94,313	18,465	75,848	32,985	29,215
COMMON COLD.....	23,933	18,686	3,989	14,696	5,247	4,767
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	8,155	7,092	2,105	4,986	1,063	1,063
INFLUENZA.....	76,234	56,083	9,898	46,185	20,151	18,001
ACUTE BRONCHITIS.....	7,859	5,315	905	4,410	2,544	1,984
PNEUMONIA.....	8,629	5,737	894	4,842	2,892	2,892
OTHER RESPIRATORY CONDITIONS.....	2,488	1,401	673	728	1,087	508
DIGESTIVE SYSTEM CONDITIONS.....	14,658	11,934	4,282	7,653	2,723	2,065
DENTAL CONDITIONS.....	4,359	3,566	1,482	2,484	393	393
INDIGESTION, NAUSEA, AND VOMITING.....	2,285	2,037	490	1,547	247	156
OTHER DIGESTIVE CONDITIONS.....	8,014	5,931	2,310	3,622	2,083	1,515
INJURIES.....	109,599	81,655	22,346	59,309	27,944	26,581
FRACTURES AND DISLOCATIONS.....	43,787	29,067	10,079	18,988	14,720	14,466
SPRAINS AND STRAINS.....	30,345	25,272	6,437	18,834	5,074	4,945
OPEN WOUNDS AND LACERATIONS.....	11,570	9,766	2,414	7,351	1,804	1,156
CONTUSIONS AND SUPERFICIAL INJURIES.....	9,542	6,454	2,431	4,024	3,088	2,937
OTHER CURRENT INJURIES.....	14,355	11,096	985	10,112	3,258	3,077
SELECTED OTHER ACUTE CONDITIONS.....	57,166	46,436	9,479	36,958	10,729	9,368
EYE CONDITIONS.....	1,538	1,478	151	1,327	60	60
ACUTE EAR INFECTIONS.....	3,121	2,709	742	1,967	412	412
OTHER EAR CONDITIONS.....	705	422	60	362	284	143
ACUTE URINARY CONDITIONS.....	6,754	3,730	901	2,829	3,024	2,757
DISORDERS OF MENSTRUATION.....	895	895	49	846	-	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	2,618	2,534	918	1,616	84	84
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	23,441	23,441	5,320	18,121	-	-
SKIN CONDITIONS.....	1,985	528	110	418	1,456	990
ACUTE MUSCULOSKELETAL CONDITIONS.....	14,684	9,327	862	8,464	5,357	4,869
HEADACHE, EXCLUDING MIGRAINE.....	1,106	1,054	263	792	52	52
FEVER, UNSPECIFIED.....	319	319	104	215	-	-
ALL OTHER ACUTE CONDITIONS.....	21,028	11,875	1,324	10,551	9,153	7,523

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 42. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SEX, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	MALE			FEMALE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS					
ALL ACUTE CONDITIONS.....	175,327	130,091	45,236	183,471	141,287	42,184
INFECTIVE AND PARASITIC DISEASES.....	13,573	11,858	1,715	15,476	13,307	2,170
COMMON CHILDHOOD DISEASES.....	428	428	-	462	462	-
INTESTINAL VIRUS, UNSPECIFIED.....	2,765	2,362	403	4,508	3,982	526
VIRAL INFECTIONS, UNSPECIFIED.....	4,150	3,282	868	4,770	3,494	1,276
OTHER.....	6,230	5,785	445	5,736	5,368	368
RESPIRATORY CONDITIONS.....	58,210	42,238	15,972	69,088	52,075	17,013
COMMON COLD.....	11,036	8,797	2,239	12,897	9,889	3,008
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3,212	2,816	397	4,943	4,276	667
INFLUENZA.....	36,482	25,416	11,066	39,753	30,667	9,085
ACUTE BRONCHITIS.....	2,561	2,312	249	5,298	3,003	2,295
PNEUMONIA.....	3,830	2,603	1,227	4,799	3,133	1,665
OTHER RESPIRATORY CONDITIONS.....	1,090	295	794	1,399	1,106	293
DIGESTIVE SYSTEM CONDITIONS.....	7,371	6,090	1,281	7,287	5,845	1,442
DENTAL CONDITIONS.....	3,175	2,888	288	1,183	1,078	106
INDIGESTION, NAUSEA, AND VOMITING.....	955	813	142	1,330	1,225	105
OTHER DIGESTIVE CONDITIONS.....	3,240	2,389	851	4,774	3,542	1,232
INJURIES.....	74,484	57,095	17,389	35,116	24,560	10,555
FRACTURES AND DISLOCATIONS.....	29,496	20,890	8,606	14,291	8,176	6,114
SPRAINS AND STRAINS.....	19,642	16,459	3,182	10,704	8,812	1,891
OPEN WOUNDS AND LACERATIONS.....	8,197	6,746	1,452	3,372	3,020	352
CONTUSIONS AND SUPERFICIAL INJURIES.....	6,763	4,651	2,112	2,779	1,803	976
OTHER CURRENT INJURIES.....	10,385	8,348	2,037	3,970	2,748	1,221
SELECTED OTHER ACUTE CONDITIONS.....	11,908	7,186	4,722	45,258	39,250	6,007
EYE CONDITIONS.....	1,148	1,148	-	390	329	60
ACUTE EAR INFECTIONS.....	1,209	1,028	181	1,912	1,681	231
OTHER EAR CONDITIONS.....	565	422	143	140	-	140
ACUTE URINARY CONDITIONS.....	2,010	746	1,265	4,743	2,984	1,759
DISORDERS OF MENSTRUATION.....	...	...	...	895	895	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	...	...	...	2,618	2,534	84
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	...	...	...	23,441	23,441	-
SKIN CONDITIONS.....	1,554	97	1,456	431	431	-
ACUTE MUSCULOSKELETAL CONDITIONS.....	4,897	3,220	1,677	9,787	6,107	3,680
HEADACHE, EXCLUDING MIGRAINE.....	261	261	-	845	793	52
FEVER, UNSPECIFIED.....	264	264	-	55	55	-
ALL OTHER ACUTE CONDITIONS.....	9,781	5,625	4,157	11,246	6,250	4,996

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND 4 MILLION, A 30-PERCENT RSE.



TABLE 43. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY RACE, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	WHITE			BLACK		
	ALL AGES	18-44	45 YEARS	ALL AGES	18-44	45 YEARS
	18 YEARS AND OVER	YEARS	AND OVER	18 YEARS AND OVER	YEARS	AND OVER
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS <sup>1</sup>					
ALL ACUTE CONDITIONS.....	503,359	227,211	76,148	44,814	36,968	7,845
INFECTIVE AND PARASITIC DISEASES.....	25,383	21,990	3,393	3,085	2,712	374
COMMON CHILDHOOD DISEASES.....	891	891	-	-	-	-
INTESTINAL VIRUS, UNSPECIFIED.....	5,889	5,136	752	1,204	1,145	59
VIRAL INFECTIONS, UNSPECIFIED.....	8,350	6,296	2,054	570	481	89
OTHER.....	10,255	9,667	587	1,312	1,087	225
RESPIRATORY CONDITIONS.....	109,486	81,259	28,227	12,656	9,610	3,046
COMMON COLD.....	19,959	15,335	4,623	2,810	2,388	423
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	7,641	6,578	1,063	257	257	-
INFLUENZA.....	64,906	47,814	17,092	8,785	6,445	2,340
ACUTE BRONCHITIS.....	7,338	4,794	2,544	521	521	-
PNEUMONIA.....	7,501	5,337	2,164	210	-	210
OTHER RESPIRATORY CONDITIONS.....	2,142	1,401	741	72	-	72
DIGESTIVE SYSTEM CONDITIONS.....	12,559	10,090	2,469	1,945	1,743	202
DENTAL CONDITIONS.....	3,734	3,543	191	625	423	202
INDIGESTION, NAUSEA, AND VOMITING.....	1,813	1,618	195	319	319	-
OTHER DIGESTIVE CONDITIONS.....	7,012	4,930	2,083	1,002	1,002	-
INJURIES.....	87,815	63,140	24,676	18,524	16,179	2,345
FRACTURES AND DISLOCATIONS.....	37,418	24,718	12,700	4,087	2,626	1,461
SPRAINS AND STRAINS.....	22,839	18,340	4,499	7,048	6,530	518
OPEN WOUNDS AND LACERATIONS.....	8,453	6,854	1,598	3,021	2,815	206
CONTUSIONS AND SUPERFICIAL INJURIES.....	7,884	5,176	2,708	1,288	1,162	126
OTHER CURRENT INJURIES.....	11,222	8,051	3,171	3,081	3,045	35
SELECTED OTHER ACUTE CONDITIONS.....	49,172	39,577	9,595	7,139	6,005	1,134
EYE CONDITIONS.....	1,478	1,478	-	60	-	60
ACUTE EAR INFECTIONS.....	3,121	2,709	412	-	-	-
OTHER EAR CONDITIONS.....	646	362	284	-	-	-
ACUTE URINARY CONDITIONS.....	5,488	2,968	2,519	1,266	761	505
DISORDERS OF MENSTRUATION.....	313	313	-	529	529	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	2,357	2,273	84	261	261	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	19,559	19,559	-	3,233	3,233	-
SKIN CONDITIONS.....	1,966	509	1,456	19	19	-
ACUTE MUSCULOSKELETAL CONDITIONS.....	13,097	8,258	4,839	1,586	1,069	518
HEADACHE, EXCLUDING MIGRAINE.....	829	829	-	183	132	52
FEVER, UNSPECIFIED.....	319	319	-	-	-	-
ALL OTHER ACUTE CONDITIONS.....	18,944	11,156	7,788	1,463	719	744

<sup>1</sup>TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL WORK-LOSS DAYS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 44. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY FAMILY INCOME, AGE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	FAMILY INCOME								
	LESS THAN \$10,000			\$10,000-\$24,999			\$25,000 OR MORE		
	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER	ALL AGES 18 YEARS AND OVER	18-44 YEARS	45 YEARS AND OVER
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS <sup>1</sup>								
ALL ACUTE CONDITIONS.....	26,636	21,633	5,004	101,942	78,095	23,847	173,105	130,904	42,200
INFECTIVE AND PARASITIC DISEASES.....	1,757	1,490	267	6,891	5,912	978	16,591	14,625	1,966
COMMON CHILDHOOD DISEASES.....	-	-	-	344	344	-	343	343	-
INTESTINAL VIRUS, UNSPECIFIED.....	398	220	178	2,482	2,433	49	3,421	2,989	432
VIRAL INFECTIONS, UNSPECIFIED.....	347	258	89	2,137	1,502	635	5,507	4,492	1,015
OTHER.....	1,011	1,011	-	1,927	1,633	294	7,320	6,802	518
RESPIRATORY CONDITIONS.....	7,493	6,393	1,099	31,798	23,551	8,247	65,651	48,261	17,390
COMMON COLD.....	1,365	1,043	322	6,388	5,038	1,350	13,381	10,021	3,360
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	137	137	-	2,056	1,921	135	3,885	3,009	877
INFLUENZA.....	4,471	3,790	681	19,531	13,885	5,646	40,089	30,380	9,708
ACUTE BRONCHITIS.....	193	193	-	1,658	1,332	326	4,516	3,160	1,355
PNEUMONIA.....	747	747	-	1,350	1,025	326	2,740	1,177	1,563
OTHER RESPIRATORY CONDITIONS.....	579	483	96	815	350	464	1,040	513	527
DIGESTIVE SYSTEM CONDITIONS.....	1,933	1,751	182	4,195	3,768	427	6,854	4,818	2,035
DENTAL CONDITIONS.....	615	433	182	2,136	2,050	86	1,366	1,319	47
INDIGESTION, NAUSEA, AND VOMITING.....	666	666	-	825	721	104	628	485	143
OTHER DIGESTIVE CONDITIONS.....	652	652	-	1,235	997	238	4,859	3,014	1,845
INJURIES.....	8,524	6,739	1,785	39,595	30,674	8,921	44,945	32,724	12,222
FRACTURES AND DISLOCATIONS.....	1,228	1,134	94	14,540	9,828	4,712	21,185	13,442	7,744
SPRAINS AND STRAINS.....	3,407	2,667	740	10,479	9,061	1,418	14,229	11,533	2,696
OPEN WOUNDS AND LACERATIONS.....	2,665	1,861	804	4,886	4,350	536	2,298	1,929	369
CONTUSIONS AND SUPERFICIAL INJURIES.....	550	456	94	2,579	1,502	1,078	4,087	3,294	792
OTHER CURRENT INJURIES.....	673	621	53	7,110	5,933	1,178	3,146	2,526	620
SELECTED OTHER ACUTE CONDITIONS.....	6,448	5,103	1,345	14,823	11,747	3,075	28,141	23,051	5,091
EYE CONDITIONS.....	-	-	-	93	93	-	653	593	60
ACUTE EAR INFECTIONS.....	684	684	-	395	395	-	1,526	1,114	412
OTHER EAR CONDITIONS.....	-	-	-	200	60	140	417	362	55
ACUTE URINARY CONDITIONS.....	400	338	62	2,003	1,397	607	2,744	1,163	1,580
DISORDERS OF MENSTRUATION.....	-	-	-	621	621	-	226	226	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	432	432	-	1,054	1,054	-	577	493	84
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	2,747	2,747	-	5,038	5,038	-	14,994	14,994	-
SKIN CONDITIONS.....	116	116	-	906	70	836	963	342	620
ACUTE MUSCULOSKELETAL CONDITIONS.....	1,915	633	1,283	3,989	2,496	1,492	5,391	3,164	2,227
HEADACHE, EXCLUDING MIGRAINE.....	153	153	-	469	469	-	387	335	52
FEVER, UNSPECIFIED.....	-	-	-	55	55	-	264	264	-
ALL OTHER ACUTE CONDITIONS.....	482	157	325	4,640	2,442	2,198	10,922	7,426	3,490

<sup>1</sup>TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL WORK-LOSS DAYS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; OF 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 45. NUMBER OF WORK-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
	NUMBER OF WORK-LOSS DAYS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	71,654	73,814	122,580	90,750	281,344	120,856	160,488	77,454
INFECTIVE AND PARASITIC DISEASES.....	6,478	6,252	11,734	4,585	23,889	9,105	14,784	5,161
COMMON CHILDHOOD DISEASES.....	51	173	171	496	891	292	599	-
INTESTINAL VIRUS, UNSPECIFIED.....	2,158	203	4,363	550	5,636	1,870	3,766	1,638
VIRAL INFECTIONS, UNSPECIFIED.....	1,524	1,998	3,834	1,563	7,642	2,165	5,478	1,277
OTHER.....	2,745	3,877	3,367	1,977	9,720	4,778	4,942	2,246
RESPIRATORY CONDITIONS.....	25,413	25,821	35,789	40,275	103,135	42,203	60,932	24,163
COMMON COLD.....	5,859	4,307	6,833	6,934	20,316	8,811	11,505	3,617
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	2,109	2,522	2,245	1,279	7,029	1,379	5,650	1,126
INFLUENZA.....	14,546	14,059	21,985	25,646	59,524	26,566	32,958	16,710
ACUTE BRONCHITIS.....	1,098	2,455	1,863	2,444	7,164	2,660	4,504	695
PNEUMONIA.....	1,505	2,223	2,132	2,769	6,775	2,113	4,662	1,853
OTHER RESPIRATORY CONDITIONS.....	297	255	733	1,203	2,326	673	1,653	162
DIGESTIVE SYSTEM CONDITIONS.....	3,069	2,359	6,456	2,774	12,471	5,068	7,403	2,187
DENTAL CONDITIONS.....	848	764	2,526	221	3,421	1,254	2,167	938
INDIGESTION, NAUSEA, AND VOMITING.....	897	347	695	346	1,968	1,130	838	317
OTHER DIGESTIVE CONDITIONS.....	1,325	1,248	3,234	2,207	7,082	2,685	4,397	932
INJURIES.....	24,720	19,615	39,320	25,944	82,342	37,221	45,121	27,257
FRACTURES AND DISLOCATIONS.....	9,974	8,617	12,577	12,620	31,432	10,813	20,619	12,355
SPRAINS AND STRAINS.....	6,619	5,601	11,716	6,409	24,184	12,658	11,526	6,162
OPEN WOUNDS AND LACERATIONS.....	4,643	1,308	3,125	2,494	8,087	4,487	3,599	3,483
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,760	2,571	2,647	2,564	9,247	4,529	4,718	295
OTHER CURRENT INJURIES.....	1,724	1,518	9,254	1,858	9,392	4,733	4,659	4,963
SELECTED OTHER ACUTE CONDITIONS.....	8,912	14,276	21,557	12,420	42,381	19,554	22,827	14,784
EYE CONDITIONS.....	796	-	337	405	1,335	365	970	203
ACUTE EAR INFECTIONS.....	785	859	731	746	2,545	688	1,857	576
OTHER EAR CONDITIONS.....	88	417	-	200	617	562	55	88
ACUTE URINARY CONDITIONS.....	892	1,968	3,302	591	5,056	3,689	1,367	1,698
DISORDERS OF MENSTRUATION.....	140	49	706	-	895	680	216	-
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	84	921	915	698	1,713	513	1,200	905
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	2,516	4,553	8,899	7,473	18,174	8,253	9,921	5,267
SKIN CONDITIONS.....	1,330	154	296	205	1,296	366	931	688
ACUTE MUSCULOSKELETAL CONDITIONS.....	2,172	4,840	5,824	1,847	9,736	4,275	5,461	4,947
HEADACHE, EXCLUDING MIGRAINE.....	54	404	497	152	694	164	530	413
FEVER, UNSPECIFIED.....	55	110	49	104	319	-	319	-
ALL OTHER ACUTE CONDITIONS.....	3,061	5,491	7,725	4,751	17,126	7,705	9,421	3,902

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 46. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 YOUTHS 5-17 YEARS OF AGE, BY SEX, RACE, FAMILY INCOME, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES 5-17 YEARS	SEX		RACE		FAMILY INCOME				
		MALE	FEMALE	WHITE	BLACK	LESS THAN \$13,000	\$10,000- \$19,999	\$20,000- \$34,999	\$35,000- OR MORE	
NUMBER OF SCHOOL-LOSS DAYS PER 100 YOUTHS PER YEAR										
ALL ACUTE CONDITIONS.....	405.9	379.6	433.4	427.2	322.0	538.5	417.9	390.4	382.9	
INFECTIVE AND PARASITIC DISEASES.....	106.5	97.6	115.8	113.1	97.1	150.8	100.4	89.5	114.2	
COMMON CHILDHOOD DISEASES.....	33.5	33.6	33.5	31.8	*50.4	*71.1	*47.4	*23.9	*21.8	
INTESTINAL VIRUS, UNSPECIFIED.....	10.7	*10.1	*11.3	11.6	*8.4	*9.9	*5.7	*16.7	*10.5	
VIRAL INFECTIONS, UNSPECIFIED.....	20.4	*15.9	25.0	21.7	*18.0	*33.2	*19.1	*13.8	*23.7	
OTHER.....	41.9	38.0	45.9	47.8	*20.2	*36.7	*28.3	35.0	58.2	
RESPIRATORY CONDITIONS.....	217.2	203.8	231.2	230.8	147.8	253.7	215.8	220.4	204.8	
COMMON COLD.....	57.8	49.1	66.9	56.2	63.1	85.9	67.7	55.1	40.6	
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	26.2	26.0	26.5	29.7	*13.1	*34.7	*19.8	*24.0	28.2	
INFLUENZA.....	113.1	108.7	117.7	123.3	61.4	121.5	116.8	121.9	113.1	
ACUTE BRONCHITIS.....	10.8	*8.9	*12.8	11.0	*5.7	*10.4	*9.4	*10.1	*11.2	
PNEUMONIA.....	*6.4	*8.3	*4.4	*7.5	*2.4	*	*	*4.8	*10.3	
OTHER RESPIRATORY CONDITIONS.....	*2.8	*2.8	*2.8	*3.0	*2.2	*1.1	*2.0	*4.6	*1.3	
DIGESTIVE SYSTEM CONDITIONS.....	14.4	*12.2	*16.7	14.1	*16.7	*12.5	*14.7	*11.3	*15.1	
DENTAL CONDITIONS.....	*1.6	*1.8	*1.4	*1.7	*1.3	*4.6	*1.4	*2.1	*0.3	
INDIGESTION, NAUSEA, AND VOMITING.....	*7.8	*7.3	*8.3	*7.0	*11.1	*7.9	*8.4	*8.8	*5.3	
OTHER DIGESTIVE CONDITIONS.....	*5.0	*3.0	*7.1	*5.3	*4.2	*	*4.8	*0.5	*9.4	
INJURIES.....	26.6	35.6	*17.1	28.4	*20.6	*47.3	*18.3	*31.1	*20.4	
FRACTURES AND DISLOCATIONS.....	*7.5	*12.9	*1.8	*7.5	*9.1	*21.4	*0.7	*5.6	*7.6	
SPRAINS AND STRAINS.....	*4.2	*4.3	*4.1	*4.5	*3.7	*3.8	*3.4	*7.3	*3.1	
OPEN WOUNDS AND LACERATIONS.....	*4.6	*6.0	*3.1	*5.1	*3.3	*8.3	*1.9	*6.6	*3.1	
CONTUSIONS AND SUPERFICIAL INJURIES.....	*3.2	*2.6	*3.8	*3.7	*1.3	*7.7	*1.9	*4.6	*2.5	
OTHER CURRENT INJURIES.....	*7.1	*9.8	*4.3	*7.6	*3.2	*6.1	*10.4	*7.1	*4.1	
SELECTED OTHER ACUTE CONDITIONS.....	33.7	26.2	41.6	32.9	*32.4	*58.5	59.2	*29.8	*25.8	
EYE CONDITIONS.....	*1.4	*1.2	*1.6	*1.4	*0.5	*4.0	*2.4	*	*1.4	
ACUTE EAR INFECTIONS.....	12.1	*14.4	*9.6	13.8	*5.7	*14.7	*17.1	*11.5	*12.8	
OTHER EAR CONDITIONS.....	*0.9	*0.2	*1.6	*0.9	*0.7	*	*2.7	*	*1.3	
ACUTE URINARY CONDITIONS.....	*2.7	*0.7	*4.9	*2.4	*4.8	*7.3	*4.5	*2.2	*1.7	
DISORDERS OF MENSTRUATION.....	*0.8	...	*1.7	*0.7	*0.4	*2.3	*2.2	*	*0.3	
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.2	...	*0.4	*	*1.2	*1.6	*	*	*	
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*4.3	...	*8.9	*2.0	*11.4	*7.0	*15.9	*3.5	*	
SKIN CONDITIONS.....	*2.8	*4.6	*0.8	*3.3	*0.8	*1.9	*3.3	*1.1	*4.9	
ACUTE MUSCULOSKELETAL CONDITIONS.....	*0.8	*0.5	*1.1	*0.6	*0.3	*2.3	*	*0.8	*0.7	
HEADACHE, EXCLUDING MIGRAINE.....	*4.0	*2.4	*5.7	*3.7	*4.7	*14.2	*9.9	*1.2	*1.0	
FEVER, UNSPECIFIED.....	*3.8	*2.3	*5.4	*4.1	*1.7	*3.1	*1.1	*9.4	*1.7	
ALL OTHER ACUTE CONDITIONS.....	*7.6	*4.2	*11.1	*7.9	*7.5	*15.8	*9.6	*8.3	*2.5	

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR COLUMNS 1-5 CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II; THE FREQUENCIES OF TABLE 48 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 6-9 CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II; THE FREQUENCIES OF TABLES 48 AND 76 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 47. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS PER 100 YOUTHS 5-17 YEARS OF AGE, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			
					ALL MSA	CENTRAL CITY	NUT CENTRAL CITY	NUT MSA
NUMBER OF SCHOOL-LOSS DAYS PER 100 YOUTHS PER YEAR								
ALL ACUTE CONDITIONS.....	372.5	378.8	369.1	527.7	412.7	376.5	435.1	384.4
INFECTIVE AND PARASITIC DISEASES.....	88.6	109.4	120.9	94.4	108.3	100.3	113.3	100.6
COMMON CHILDHOOD DISEASES.....	*22.3	41.0	35.3	*31.2	34.0	38.7	31.1	*32.2
INTESTINAL VIRUS, UNSPECIFIED.....	*12.3	*3.8	*19.0	*4.1	*11.2	*12.6	*10.3	*9.3
VIRAL INFECTIONS, UNSPECIFIED.....	*11.0	*16.8	29.1	*18.4	20.5	*21.6	19.8	*20.0
OTHER.....	*43.0	47.8	37.5	*40.9	42.7	*27.4	52.2	39.2
RESPIRATORY CONDITIONS.....	204.8	212.5	166.4	316.8	224.1	197.3	240.7	195.4
COMMON COLD.....	76.3	38.0	52.6	74.7	64.5	62.2	65.8	36.9
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	*24.7	36.0	*21.4	*23.5	23.7	*14.9	29.1	*34.1
INFLUENZA.....	89.0	126.9	69.0	189.3	112.7	99.4	121.0	114.3
ACUTE BRONCHITIS.....	*6.4	*6.9	*10.8	*19.5	*11.5	*8.1	*13.6	*8.6
PNEUMONIA.....	*4.2	*1.2	*10.6	*7.9	*8.5	*7.9	*8.8	*-
OTHER RESPIRATORY CONDITIONS.....	*4.2	*3.5	*2.1	*1.9	*3.3	*4.8	*2.3	*1.4
DIGESTIVE SYSTEM CONDITIONS.....	*15.4	*12.1	*18.8	*9.3	15.7	*15.8	*15.7	*10.3
DENTAL CONDITIONS.....	*0.6	*2.0	*2.2	*1.0	*1.6	*3.1	*0.7	*1.6
INDIGESTION, NAUSEA, AND VOMITING.....	*6.3	*7.8	*8.8	*7.4	*7.8	*7.1	*8.3	*7.6
OTHER DIGESTIVE CONDITIONS.....	*8.5	*2.3	*7.7	*0.9	*6.3	*5.6	*6.7	*1.1
INJURIES.....	*36.7	*16.6	27.2	*29.2	25.7	*15.6	31.9	*29.3
FRACTURES AND DISLOCATIONS.....	*5.0	*4.7	*9.4	*9.8	*9.1	*6.1	*10.9	*2.4
SPRAINS AND STRAINS.....	*9.9	*5.4	*1.8	*1.8	*4.8	*3.4	*5.6	*2.2
OPEN WOUNDS AND LACERATIONS.....	*8.3	*0.4	*7.0	*2.8	*2.9	*2.5	*3.2	*10.0
CONTUSIONS AND SUPERFICIAL INJURIES.....	*9.6	*2.9	*1.0	*1.9	*2.4	*2.7	*2.2	*5.7
OTHER CURRENT INJURIES.....	*3.9	*3.1	*8.1	*12.8	*6.5	*0.8	*10.0	*9.0
SELECTED OTHER ACUTE CONDITIONS.....	*24.5	*22.9	29.2	62.0	32.9	38.8	29.2	*36.3
EYE CONDITIONS.....	*3.1	*-	*0.7	*2.8	*1.3	*1.6	*1.1	*1.7
ACUTE EAR INFECTIONS.....	*11.8	*6.0	*13.8	*16.8	13.4	*14.0	*13.0	*8.0
OTHER EAR CONDITIONS.....	*0.7	*0.5	*-	*2.9	*1.2	*1.3	*1.1	*-
ACUTE URINARY CONDITIONS.....	*-	*3.3	*3.1	*3.7	*2.8	*3.7	*2.2	*2.6
DISORDERS OF MENSTRUATION.....	*-	*0.6	*1.9	*-	*0.4	*0.2	*0.5	*2.2
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*-	*0.7	*-	*-	*0.2	*0.6	*-	*-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	*0.8	*3.7	*-	*15.1	*3.2	*8.4	*-	*7.8
SKIN CONDITIONS.....	*-	*-	*2.8	*8.4	*3.4	*1.9	*4.3	*0.9
ACUTE MUSCULOSKELETAL CONDITIONS.....	*0.6	*0.6	*0.7	*1.2	*0.3	*0.2	*0.4	*2.1
HEADACHE, EXCLUDING MIGRAINE.....	*2.0	*4.8	*5.3	*2.7	*2.8	*2.9	*2.7	*7.9
FEVER, UNSPECIFIED.....	*5.6	*2.7	*0.9	*8.3	*4.0	*4.0	*4.0	*3.1
ALL OTHER ACUTE CONDITIONS.....	*2.5	*5.4	*6.7	*16.0	*6.0	*8.7	*4.3	*12.5

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 49 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 48. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR YOUTHS 5-17 YEARS OF AGE, BY SEX, RACE, FAMILY INCOME, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	ALL AGES <sup>1</sup> 5-17 YEARS	SEX		RACE		FAMILY INCOME				
		MALE	FEMALE	WHITE	BLACK	LESS THAN \$10,000	\$10,000- \$19,999	\$20,000- \$34,999	\$35,000 OR MORE	
NUMBER OF SCHOOL-LOSS DAYS IN THOUSANDS										
ALL ACUTE CONDITIONS.....	183,403	87,759	95,644	155,791	22,659	27,928	30,965	45,771	57,088	
INFECTIVE AND PARASITIC DISEASES.....	48,107	22,564	25,543	41,231	6,832	7,823	7,439	10,490	17,026	
COMMON CHILDHOOD DISEASES.....	15,157	7,758	7,398	11,612	3,545	3,685	3,509	2,797	3,247	
INTESTINAL VIRUS, UNSPECIFIED.....	4,837	2,340	2,497	4,244	593	511	420	1,963	1,566	
VIRAL INFECTIONS, UNSPECIFIED.....	9,198	3,674	5,525	7,928	1,270	1,723	1,414	1,621	3,535	
OTHER.....	18,915	8,792	10,123	17,447	1,424	1,903	2,096	4,108	8,679	
RESPIRATORY CONDITIONS.....	98,130	47,121	51,009	84,160	10,400	13,155	15,986	25,840	30,530	
COMMON COLD.....	26,123	11,357	14,766	20,497	4,438	4,454	5,019	6,455	6,057	
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	11,838	5,999	5,839	10,846	919	1,801	1,470	2,810	4,209	
INFLUENZA.....	51,111	25,130	25,981	44,951	4,323	6,303	8,654	14,296	16,866	
ACUTE BRONCHITIS.....	4,892	2,067	2,826	4,022	398	540	695	1,188	1,675	
PNEUMONIA.....	2,898	1,920	978	2,732	166	-	-	557	1,534	
OTHER RESPIRATORY CONDITIONS.....	1,268	648	620	1,112	156	58	147	534	189	
DIGESTIVE SYSTEM CONDITIONS.....	6,518	2,827	3,691	5,128	1,172	647	1,088	1,326	2,251	
DENTAL CONDITIONS.....	723	424	299	629	94	240	103	241	50	
INDIGESTION, NAUSEA, AND VOMITING.....	3,522	1,698	1,824	2,567	780	408	625	1,032	795	
OTHER DIGESTIVE CONDITIONS.....	2,273	705	1,568	1,931	299	-	359	53	1,406	
INJURIES.....	12,005	8,222	3,783	10,371	1,448	2,451	1,359	3,643	3,047	
FRACTURES AND DISLOCATIONS.....	3,371	2,976	395	2,731	640	1,109	50	656	1,133	
SPRAINS AND STRAINS.....	1,891	994	897	1,629	262	197	253	850	467	
OPEN WOUNDS AND LACERATIONS.....	2,089	1,394	695	1,859	230	428	142	775	462	
CONTUSIONS AND SUPERFICIAL INJURIES.....	1,451	603	849	1,364	88	401	143	534	373	
OTHER CURRENT INJURIES.....	3,203	2,255	948	2,789	228	316	771	828	612	
SELECTED OTHER ACUTE CONDITIONS.....	15,227	6,053	9,173	12,015	2,278	3,032	4,383	3,497	3,854	
EYE CONDITIONS.....	629	284	345	499	33	207	180	-	208	
ACUTE EAR INFECTIONS.....	5,450	3,321	2,128	5,049	401	762	1,269	1,347	1,914	
OTHER EAR CONDITIONS.....	395	51	343	343	51	-	201	-	194	
ACUTE URINARY CONDITIONS.....	1,230	152	1,079	892	339	381	337	262	250	
DISORDERS OF MENSTRUATION.....	371	...	371	250	31	120	161	-	43	
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	85	...	85	-	85	85	-	-	-	
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	1,954	...	1,954	734	805	362	1,177	414	-	
SKIN CONDITIONS.....	1,253	1,065	187	1,197	55	96	244	132	724	
ACUTE MUSCULOSKELETAL CONDITIONS.....	343	108	235	202	23	118	-	94	108	
HEADACHE, EXCLUDING MIGRAINE.....	1,808	544	1,265	1,357	333	738	731	140	153	
FEVER, UNSPECIFIED.....	1,710	528	1,182	1,491	123	162	84	1,107	259	
ALL OTHER ACUTE CONDITIONS.....	3,416	972	2,444	2,886	530	819	710	976	380	

<sup>1</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; OF 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 49. NUMBER OF SCHOOL-LOSS DAYS ASSOCIATED WITH ACUTE CONDITIONS FOR YOUTHS 5-17 YEARS OF AGE, BY GEOGRAPHIC REGION, PLACE OF RESIDENCE, AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
	NUMBER OF SCHOOL-LOSS DAYS IN THOUSANDS							
ALL ACUTE CONDITIONS.....	30,382	44,276	58,129	50,615	141,536	49,313	92,224	41,867
INFECTIVE AND PARASITIC DISEASES.....	7,225	12,785	19,039	9,058	37,150	13,136	24,014	10,957
COMMON CHILDHOOD DISEASES.....	1,815	4,792	5,560	2,989	11,649	5,065	6,584	3,507
INTESTINAL VIRUS, UNSPECIFIED.....	1,006	442	2,999	390	3,829	1,650	2,179	1,008
VIRAL INFECTIONS, UNSPECIFIED.....	898	1,959	4,582	1,760	7,021	2,830	4,190	2,178
OTHER.....	3,506	5,592	5,898	3,919	14,651	3,591	11,060	4,264
RESPIRATORY CONDITIONS.....	16,703	24,839	26,205	30,383	76,850	25,843	51,007	21,280
COMMON COLD.....	6,226	4,443	8,287	7,167	22,103	8,147	13,956	4,020
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	2,011	4,211	3,366	2,250	8,120	1,958	6,162	3,718
INFLUENZA.....	7,258	14,837	10,863	18,153	38,661	13,022	25,640	12,450
ACUTE BRONCHITIS.....	524	803	1,699	1,866	3,951	1,061	2,890	941
PNEUMONIA.....	339	136	1,662	761	2,898	1,032	1,866	-
OTHER RESPIRATORY CONDITIONS.....	345	408	328	186	1,117	623	494	151
DIGESTIVE SYSTEM CONDITIONS.....	1,255	1,411	2,956	896	5,391	2,070	3,321	1,127
DENTAL CONDITIONS.....	46	228	352	97	549	402	147	175
INDIGESTION, NAUSEA, AND VOMITING.....	515	910	1,388	709	2,691	933	1,758	831
OTHER DIGESTIVE CONDITIONS.....	694	273	1,216	90	2,151	735	1,416	121
INJURIES.....	2,994	1,935	4,277	2,799	8,812	2,042	6,770	3,193
FRACTURES AND DISLOCATIONS.....	406	551	1,473	941	3,114	802	2,312	257
SPRAINS AND STRAINS.....	808	631	276	176	1,647	450	1,197	244
OPEN WOUNDS AND LACERATIONS.....	675	51	1,095	268	1,000	323	677	1,089
CONTUSIONS AND SUPERFICIAL INJURIES.....	783	334	152	182	825	359	466	626
OTHER CURRENT INJURIES.....	322	368	1,280	1,232	2,225	108	2,117	977
SELECTED OTHER ACUTE CONDITIONS.....	1,999	2,679	4,600	5,948	11,277	5,086	6,191	3,950
EYE CONDITIONS.....	249	-	112	268	449	207	242	180
ACUTE EAR INFECTIONS.....	964	698	2,177	1,610	4,582	1,835	2,747	868
OTHER EAR CONDITIONS.....	55	59	-	281	395	165	230	-
ACUTE URINARY CONDITIONS.....	-	381	490	359	948	480	468	282
DISORDERS OF MENSTRUATION.....	-	73	297	-	133	31	102	238
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	-	85	-	-	85	85	-	-
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	66	437	-	1,450	1,102	1,102	-	852
SKIN CONDITIONS.....	-	-	447	805	1,156	255	901	96
ACUTE MUSCULOSKELETAL CONDITIONS.....	46	71	108	118	116	23	94	227
HEADACHE, EXCLUDING MIGRAINE.....	160	558	834	256	944	380	564	864
FEVER, UNSPECIFIED.....	459	317	134	800	1,367	523	844	343
ALL OTHER ACUTE CONDITIONS.....	207	628	1,051	1,531	2,056	1,135	921	1,360

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 36.3 MILLION HAS A 10-PERCENT RSE; 8.9 MILLION, A 20-PERCENT RSE; AND OF 4 MILLION, A 30-PERCENT RSE.

TABLE 50. NUMBER OF ACUTE CONDITIONS PER 100 PERSONS PER YEAR AND NUMBER OF ACUTE CONDITIONS, BY QUARTER AND TYPE OF CONDITION: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF ACUTE CONDITION	QUARTER							
	JAN.-MARCH	APRIL-JUNE	JULY-SEPT.	OCT.-DEC.	JAN.-MARCH	APRIL-JUNE	JULY-SEPT.	OCT.-DEC.
	NUMBER PER 100 PERSONS PER YEAR				NUMBER IN THOUSANDS			
ALL ACUTE CONDITIONS.....	60.2	36.9	30.2	48.0	144,625	88,639	72,847	116,166
INFECTIVE AND PARASITIC DISEASES.....	7.3	6.0	3.4	5.8	17,422	14,354	8,093	13,914
COMMON CHILDHOOD DISEASES.....	0.9	0.9	*0.2	0.4	2,076	2,112	363	900
INTESTINAL VIRUS, UNSPECIFIED..	1.3	1.3	0.9	1.3	3,116	3,058	2,131	3,150
VIRAL INFECTIONS, UNSPECIFIED..	2.2	1.6	1.2	2.1	5,244	3,760	2,810	5,154
OTHER.....	2.9	2.3	1.2	1.9	6,985	5,424	2,790	4,709
RESPIRATORY CONDITIONS.....	34.7	13.8	11.0	27.4	83,341	33,210	26,586	66,206
COMMON COLD.....	9.2	4.2	4.3	10.8	22,182	10,111	10,275	26,124
OTHER ACUTE UPPER RESPIRATORY INFECTIONS.....	3.4	1.8	1.6	2.3	8,195	4,387	3,950	5,461
INFLUENZA.....	19.8	6.4	4.3	12.4	47,536	15,310	10,304	30,017
ACUTE BRONCHITIS.....	1.0	0.8	0.5	1.1	2,457	1,809	1,136	2,734
PNEUMONIA.....	0.5	*0.3	*0.1	*0.3	1,232	674	360	741
OTHER RESPIRATORY CONDITIONS...	0.7	0.4	*0.2	0.5	1,739	918	561	1,128
DIGESTIVE SYSTEM CONDITIONS....	1.6	1.7	1.5	1.5	3,861	4,030	3,651	3,539
DENTAL CONDITIONS.....	*0.2	0.5	*0.2	*0.2	562	1,214	550	583
INDIGESTION, NAUSEA, AND VOMITING.....	1.0	0.7	0.9	0.8	2,326	1,646	2,259	1,946
OTHER DIGESTIVE CONDITIONS.....	0.4	0.5	0.3	0.4	973	1,169	842	1,010
INJURIES.....	5.9	7.1	6.1	5.5	14,229	17,143	14,611	13,178
FRACTURES AND DISLOCATIONS.....	0.9	0.9	0.8	0.6	2,267	2,248	1,894	1,340
SPRAINS AND STRAINS.....	1.6	1.6	1.3	1.5	3,960	3,834	3,054	3,669
OPEN WOUNDS AND LACERATIONS....	1.1	1.8	1.4	1.2	2,584	4,238	3,437	2,973
CONTUSIONS AND SUPERFICIAL INJURIES.....	1.1	1.4	1.2	1.0	2,646	3,259	2,994	2,415
OTHER CURRENT INJURIES.....	1.2	1.5	1.3	1.2	2,772	3,564	3,231	2,782
SELECTED OTHER ACUTE CONDITIONS.....	8.0	5.2	5.7	5.5	19,161	12,474	13,763	13,182
EYE CONDITIONS.....	*0.3	0.3	*0.3	0.4	624	756	614	869
ACUTE EAR INFECTIONS.....	3.2	1.5	1.5	1.7	7,692	3,577	3,720	4,082
OTHER EAR CONDITIONS.....	0.4	*0.3	*0.2	0.4	842	610	386	964
ACUTE URINARY CONDITIONS.....	0.8	0.7	0.7	0.7	1,877	1,617	1,628	1,729
DISORDERS OF MENSTRUATION.....	*0.1	*0.1	*0.2	*0.1	194	256	410	273
OTHER DISORDERS OF FEMALE GENITAL TRACT.....	*0.1	*0.2	*0.3	*0.2	287	378	655	468
DELIVERY AND OTHER CONDITIONS OF PREGNANCY AND PUERPERIUM.....	0.7	0.4	0.4	0.4	1,632	902	960	999
SKIN CONDITIONS.....	0.8	0.5	0.7	0.4	2,029	1,148	1,624	1,065
ACUTE MUSCULOSKELETAL CONDITIONS.....	0.9	0.8	0.9	0.6	2,268	1,928	2,277	1,416
HEADACHE, EXCLUDING MIGRAINE.....	*0.3	*0.2	*0.2	*0.3	613	560	433	660
FEVER, UNSPECIFIED.....	0.5	*0.3	0.4	*0.3	1,103	741	1,055	657
ALL OTHER ACUTE CONDITIONS.....	2.8	3.1	2.5	2.5	6,902	7,428	6,142	6,148

NOTES: EXCLUDED FROM THESE ESTIMATES ARE CONDITIONS INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION.

THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR COLUMNS 1-4 CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II, THE FREQUENCIES OF TABLE 50 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 5-8 CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.9 MILLION HAS A 10-PERCENT RSE; OF 1.7 MILLION, A 20-PERCENT RSE; AND OF 755,000, A 30-PERCENT RSE. RATES FOR WHICH THE NUMERATOR HAS AN RSE OF 30 PERCENT OR MORE ARE INDICATED BY AN ASTERISK.



TABLE 51. NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		NO	AT WORK? <sup>2</sup>		PLACE OF ACCIDENT			
		TOTAL	TRAFFIC		YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR										
ALL PERSONS <sup>3</sup> .....	24.0	1.7	1.5	22.1	5.7	13.2	8.5	2.5	3.0	6.4
AGE										
UNDER 5 YEARS.....	26.8	*0.5	*0.5	26.4	...	...	16.2	*0.5	*0.2	*2.7
5-17 YEARS.....	29.3	*1.4	*1.0	27.8	...	...	9.0	2.2	*1.3	13.5
18-24 YEARS.....	32.3	4.6	3.5	27.7	9.1	19.9	7.7	4.8	6.2	10.3
25-44 YEARS.....	24.1	2.1	1.8	22.0	7.7	13.0	7.3	2.5	5.0	5.8
45-64 YEARS.....	15.1	*1.0	*1.0	14.1	3.0	8.7	6.4	1.9	1.7	1.7
65 YEARS AND OVER.....	19.9	*1.0	*1.0	18.5	*1.5	14.8	9.8	2.9	*0.8	2.9
SEX AND AGE										
MALE										
ALL AGES.....	27.2	1.7	1.5	25.4	9.0	13.4	8.5	2.5	4.7	8.3
UNDER 18 YEARS.....	32.6	*0.5	*0.2	31.8	...	...	12.9	*0.7	*1.4	13.3
18-44 YEARS.....	31.8	3.0	2.5	28.8	12.3	17.0	7.6	3.7	8.4	9.4
45 YEARS AND OVER.....	15.3	*1.1	*1.1	14.1	4.0	8.1	5.5	2.6	2.4	*1.9
FEMALE										
ALL AGES.....	20.9	1.7	1.4	19.0	2.7	13.0	8.5	2.4	1.3	4.5
UNDER 18 YEARS.....	24.5	*1.7	*1.5	22.7	...	...	9.3	2.7	*0.6	7.3
18-44 YEARS.....	20.8	2.4	1.9	18.2	3.9	12.5	7.2	2.5	2.4	4.6
45 YEARS AND OVER.....	18.3	*0.9	*0.9	17.2	*1.1	13.5	9.6	2.1	*0.5	2.4
RACE AND AGE										
WHITE										
ALL AGES.....	24.9	1.7	1.4	23.0	5.8	13.5	8.9	2.5	3.0	6.7
UNDER 18 YEARS.....	30.7	*1.3	*0.9	29.2	...	...	12.4	1.9	*0.6	11.1
18-44 YEARS.....	27.3	2.7	2.1	24.6	8.3	15.3	7.6	3.0	5.7	7.3
45 YEARS AND OVER.....	17.1	*0.9	*0.9	16.0	2.5	11.1	7.8	2.2	1.4	2.4
BLACK										
ALL AGES.....	18.7	*1.6	*1.6	17.1	3.9	13.3	7.6	2.4	*1.5	4.8
UNDER 18 YEARS.....	18.0	*0.5	*0.5	17.4	...	...	*6.1	*1.2	-	7.6
18-44 YEARS.....	21.5	*2.5	*2.5	19.0	*5.4	14.6	8.1	*3.2	*3.0	*5.3
45 YEARS AND OVER.....	14.6	*1.4	*1.4	13.2	*1.3	11.0	*8.7	*2.6	*1.0	-

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 51. NUMBER OF EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO		AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	29.6	3.1	3.1	26.2	3.5	22.0	11.2	5.0	*1.3	7.7
UNDER 18 YEARS.....	31.4	*1.6	*1.6	29.8	...	...	12.5	*3.8	*	9.3
18-44 YEARS.....	32.8	*3.8	*3.8	29.0	*6.3	23.3	8.3	*6.1	*3.5	11.2
45 YEARS AND OVER.....	24.5	*3.5	*3.5	20.0	*0.2	20.5	13.4	*4.8	*	*2.6
\$10,000-\$19,999										
ALL AGES.....	24.5	*1.6	*1.2	22.9	7.6	13.8	7.9	2.7	5.2	4.8
UNDER 18 YEARS.....	22.6	*1.8	*1.4	20.7	...	...	9.7	*3.1	*	*6.0
18-44 YEARS.....	33.1	*2.9	*2.2	30.2	12.2	15.9	7.6	*2.8	11.5	5.8
45 YEARS AND OVER.....	16.0	*	*	16.0	*2.3	11.4	6.8	*2.4	*1.7	*2.8
\$20,000-\$34,999										
ALL AGES.....	24.5	1.6	*1.1	22.7	5.9	13.0	9.7	1.7	2.7	6.2
UNDER 18 YEARS.....	28.5	*0.3	*0.3	27.6	...	...	12.7	*0.7	*0.3	9.0
18-44 YEARS.....	26.8	3.2	*2.1	23.6	8.3	15.4	8.8	2.9	5.2	6.9
45 YEARS AND OVER.....	16.4	*0.3	*0.3	16.2	*1.8	9.1	7.9	*0.5	*1.0	*1.9
\$35,000 OR MORE										
ALL AGES.....	23.9	1.5	1.3	22.4	5.7	11.5	8.2	2.1	2.6	7.8
UNDER 18 YEARS.....	34.5	*1.1	*0.6	33.4	...	...	11.9	*1.3	*2.3	14.7
18-44 YEARS.....	22.3	2.0	*1.9	20.0	6.1	12.8	6.8	2.4	3.0	6.7
45 YEARS AND OVER.....	16.2	*0.9	*0.9	15.3	4.9	9.3	6.8	*2.5	*2.2	*2.7
GEOGRAPHIC REGION										
NORTHEAST.....	20.8	1.7	1.4	19.1	5.2	12.1	6.9	2.5	2.0	7.0
MIDWEST.....	24.5	*0.9	*0.6	23.5	5.7	13.7	7.9	1.7	3.0	8.0
SOUTH.....	23.2	1.9	1.6	21.3	6.1	12.8	9.5	2.4	2.9	4.8
WEST.....	27.6	2.6	2.3	24.8	5.4	14.4	9.1	3.5	3.9	6.4
PLACE OF RESIDENCE										
MSA.....	23.4	2.0	1.7	21.4	5.3	13.3	8.2	2.7	2.8	6.2
CENTRAL CITY.....	21.1	1.9	1.8	19.1	4.8	12.8	7.9	3.0	2.5	4.5
NOT CENTRAL CITY.....	25.0	2.0	1.6	22.9	5.6	13.6	8.4	2.5	3.0	7.3
NOT MSA.....	25.8	*1.0	*0.8	24.5	7.0	12.8	9.4	1.6	3.6	7.1

<sup>1</sup>INCLUDES UNKNOWNNS FOR EACH CHARACTERISTIC.

<sup>2</sup>FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: INJURIES CODED 800-999 IN THE 9TH REVISION, INTERNATIONAL CLASSIFICATION OF DISEASES, AND IMPAIRMENTS RESULTING FROM AN ACCIDENT ARE INCLUDED. INJURIES INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION ARE EXCLUDED.

THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE CAN BE COMPUTED BY USING PARAMETER SET IV OF TABLE II, THE FREQUENCIES OF TABLE 52 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SETS IV AND X OF TABLE II, THE FREQUENCIES OF TABLES 52 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 52. NUMBER OF EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?			AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO			STREET OR HIGHWAY			INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC		YES	NO	AT HOME				
NUMBER OF EPISODES OF PERSONS INJURED IN THOUSANDS											
ALL PERSONS <sup>3</sup> .....	57,703	4,212	3,531	53,232	10,057	23,400	20,435	5,955	7,128	15,333	
AGE											
UNDER 5 YEARS.....	4,934	86	86	4,848	...	...	2,977	86	45	488	
5-17 YEARS.....	13,257	615	444	12,542	...	...	4,083	1,001	588	6,120	
18-24 YEARS.....	8,304	1,186	893	7,118	2,331	5,120	1,989	1,226	1,601	2,635	
25-44 YEARS.....	18,646	1,588	1,372	16,999	5,937	10,058	5,639	1,929	3,882	4,497	
45-64 YEARS.....	6,859	437	437	6,423	1,364	3,965	2,927	867	782	753	
65 YEARS AND OVER.....	5,703	300	300	5,302	425	4,257	2,820	845	229	840	
SEX AND AGE											
MALE											
ALL AGES.....	31,758	2,038	1,737	29,620	7,536	11,312	9,879	2,948	5,478	9,692	
UNDER 18 YEARS.....	10,597	165	77	10,332	...	...	4,184	239	455	4,330	
18-44 YEARS.....	16,024	1,496	1,283	14,529	6,190	8,576	3,850	1,844	4,229	4,733	
45 YEARS AND OVER.....	5,136	377	377	4,759	1,346	2,736	1,845	866	794	629	
FEMALE											
ALL AGES.....	25,945	2,174	1,795	23,611	2,521	12,088	10,556	3,006	1,650	5,641	
UNDER 18 YEARS.....	7,594	536	453	7,058	...	...	2,875	849	178	2,278	
18-44 YEARS.....	10,926	1,279	982	9,588	2,078	6,602	3,778	1,312	1,255	2,399	
45 YEARS AND OVER.....	7,426	360	360	6,965	444	5,486	3,903	846	217	964	
RACE AND AGE											
WHITE											
ALL AGES.....	50,552	3,551	2,870	46,742	8,807	20,505	18,055	5,020	6,151	13,546	
UNDER 18 YEARS.....	15,742	649	478	14,994	...	...	6,365	974	322	5,688	
18-44 YEARS.....	23,612	2,307	1,797	21,246	7,159	13,245	6,615	2,605	4,935	6,308	
45 YEARS AND OVER.....	11,198	595	595	10,502	1,648	7,260	5,076	1,441	894	1,550	
BLACK											
ALL AGES.....	5,485	465	465	5,019	766	2,604	2,224	698	442	1,401	
UNDER 18 YEARS.....	1,763	52	52	1,711	...	...	596	113	-	742	
18-44 YEARS.....	2,694	317	317	2,377	676	1,828	1,013	400	376	660	
45 YEARS AND OVER.....	1,027	96	96	932	90	776	615	185	67	-	

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 52. NUMBER OF EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?			AT WORK? <sup>2</sup>		PLACE OF ACCIDENT			
		YES		NO			AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC		YES	NO				
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF EPISODES OF PERSONS INJURED IN THOUSANDS										
ALL AGES.....	8,401	871	871	7,429	716	4,529	3,177	1,422	380	2,195
UNDER 18 YEARS.....	2,440	121	121	2,319	...	...	971	293	-	720
18-44 YEARS.....	3,587	411	411	3,176	692	2,548	913	665	380	1,227
45 YEARS AND OVER.....	2,375	339	339	1,935	24	1,981	1,293	464	-	247
\$10,000-\$19,999										
ALL AGES.....	10,318	679	526	9,639	2,369	4,331	3,316	1,157	2,173	2,035
UNDER 18 YEARS.....	2,438	198	152	2,240	...	...	1,043	338	-	652
18-44 YEARS.....	5,545	481	374	5,064	2,037	2,670	1,280	475	1,923	978
45 YEARS AND OVER.....	2,335	-	-	2,335	331	1,661	993	345	250	405
\$20,000-\$34,999										
ALL AGES.....	14,610	964	664	13,547	2,516	5,598	5,755	990	1,596	3,678
UNDER 18 YEARS.....	4,771	51	51	4,621	...	...	2,125	110	45	1,510
18-44 YEARS.....	7,214	870	569	6,344	2,226	4,137	2,373	793	1,399	1,861
45 YEARS AND OVER.....	2,625	43	43	2,582	290	1,461	1,257	87	152	307
\$35,000 OR MORE										
ALL AGES.....	17,903	1,109	982	16,736	3,103	6,316	6,131	1,609	1,936	5,837
UNDER 18 YEARS.....	6,946	214	131	6,732	...	...	2,403	272	454	2,968
18-44 YEARS.....	7,697	708	663	6,930	2,115	4,438	2,358	831	1,029	2,332
45 YEARS AND OVER.....	3,261	187	187	3,074	989	1,878	1,370	505	453	537
GEOGRAPHIC REGION										
NORTHEAST.....	10,246	838	709	9,408	1,957	4,537	3,388	1,228	994	3,451
MIDWEST.....	14,614	561	360	13,994	2,483	5,901	4,718	1,011	1,762	4,737
SOUTH.....	19,122	1,525	1,335	17,498	3,665	7,730	7,780	1,995	2,408	3,981
WEST.....	13,721	1,288	1,127	12,332	1,952	5,233	4,549	1,720	1,964	3,164
PLACE OF RESIDENCE										
MSA.....	43,607	3,689	3,096	39,859	7,263	18,313	15,295	5,060	5,174	11,456
CENTRAL CITY.....	15,803	1,435	1,322	14,309	2,649	7,160	5,936	2,239	1,883	3,340
NOT CENTRAL CITY.....	27,804	2,253	1,774	25,551	4,614	11,153	9,359	2,821	3,291	8,116
NOT MSA.....	14,096	524	436	13,372	2,794	5,087	5,140	894	1,953	3,877

<sup>1</sup>INCLUDES UNKNOWNNS FOR EACH CHARACTERISTIC.

<sup>2</sup>FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: INJURIES CODED 800-999 IN THE 9TH REVISION, INTERNATIONAL CLASSIFICATION OF DISEASES, AND IMPAIRMENTS RESULTING FROM AN ACCIDENT ARE INCLUDED. INJURIES INVOLVING NEITHER MEDICAL ATTENTION NOR ACTIVITY RESTRICTION ARE EXCLUDED.

THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET IV OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 6.7 MILLION HAS A 10-PERCENT RSE; OF 1.6 MILLION, A 20-PERCENT RSE; AND OF 696,000, A 30-PERCENT RSE.

TABLE 53. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
						AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		YES	NO	YES	NO					
NUMBER OF RESTRICTED-ACTIVITY DAYS PER 100 PERSONS PER YEAR										
ALL PERSONS <sup>3</sup> .....	251.7	49.8	44.5	200.4	100.9	175.6	63.8	58.7	55.7	53.6
AGE										
UNDER 5 YEARS.....	*27.8	*-	*-	*27.8	...	...	*11.9	*-	*-	*5.0
5-17 YEARS.....	93.5	13.3	*10.2	78.5	...	...	26.5	18.0	*2.2	43.1
18-24 YEARS.....	224.7	89.6	84.0	132.2	48.2	148.9	28.5	90.4	39.2	62.4
25-44 YEARS.....	295.7	66.1	59.9	227.4	131.5	132.9	38.9	81.6	95.6	59.1
45-64 YEARS.....	362.1	67.8	57.1	294.2	126.1	198.3	102.5	71.5	100.3	61.5
65 YEARS AND OVER.....	374.4	31.0	29.7	342.6	25.3	278.5	193.2	49.9	*12.4	65.9
SEX AND AGE										
MALE										
ALL AGES.....	274.7	48.0	40.2	224.6	152.2	155.8	48.6	61.0	85.0	64.4
UNDER 18 YEARS.....	89.6	*11.2	*7.0	77.7	...	...	23.6	*12.4	*0.2	45.2
18-44 YEARS.....	358.6	76.6	64.8	277.6	169.4	152.8	35.1	96.0	128.2	81.8
45 YEARS AND OVER.....	327.7	40.6	35.3	287.0	126.3	160.4	92.8	55.5	102.3	56.9
FEMALE										
ALL AGES.....	230.1	51.5	48.5	177.8	54.5	193.4	78.2	56.5	28.2	43.5
UNDER 18 YEARS.....	58.7	*7.6	*7.6	49.2	...	...	20.9	*13.3	*3.0	18.4
18-44 YEARS.....	200.7	67.6	67.0	132.8	54.4	121.6	37.5	72.1	36.8	39.0
45 YEARS AND OVER.....	399.3	64.4	55.8	334.5	54.8	286.5	174.6	69.5	36.4	68.5
RACE AND AGE										
WHITE										
ALL AGES.....	243.0	46.3	41.3	195.0	97.1	164.4	64.1	52.8	56.5	50.0
UNDER 18 YEARS.....	81.6	11.3	*8.6	68.7	...	...	26.0	14.4	*1.9	34.3
18-44 YEARS.....	257.5	68.1	61.1	186.6	107.5	124.0	31.8	73.3	83.8	53.5
45 YEARS AND OVER.....	350.6	45.1	40.9	305.3	83.5	217.9	136.6	56.0	63.1	57.8
BLACK										
ALL AGES.....	323.1	76.8	67.6	246.2	136.3	263.9	74.7	99.1	55.3	70.7
UNDER 18 YEARS.....	*49.4	*2.0	*2.0	*47.4	...	...	*8.2	*8.0	*-	*24.1
18-44 YEARS.....	423.6	112.4	111.0	311.2	145.0	224.1	79.4	162.0	78.9	77.2
45 YEARS AND OVER.....	526.1	117.8	81.8	407.7	120.9	334.7	159.1	114.4	90.5	124.1

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 53. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		YES		NO		AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC	YES	NO					
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	453.5	109.3	108.3	343.5	134.9	359.8	124.8	145.4	64.7	84.1
UNDER 18 YEARS.....	127.1	*11.5	*11.5	115.5	...	...	*38.6	*37.2	*-	*41.6
18-44 YEARS.....	480.2	127.4	127.4	352.7	162.3	239.8	66.2	178.4	99.6	100.7
45 YEARS AND OVER.....	685.6	167.2	164.5	516.3	104.0	495.4	260.1	195.1	77.1	99.3
\$10,000-\$19,999										
ALL AGES.....	321.0	48.6	44.4	270.5	142.2	204.8	80.6	67.2	88.5	47.4
UNDER 18 YEARS.....	*48.5	*7.0	*6.6	*41.5	...	...	*19.8	*8.7	*-	*16.8
18-44 YEARS.....	427.3	96.2	88.1	326.4	185.8	191.2	46.7	130.8	159.6	60.5
45 YEARS AND OVER.....	400.5	*24.7	*22.1	375.8	92.1	220.3	164.5	37.5	72.4	55.1
\$20,000-\$34,999										
ALL AGES.....	229.2	44.6	36.7	183.0	116.1	142.5	49.2	45.9	60.4	58.7
UNDER 18 YEARS.....	81.8	*17.3	*17.3	63.4	...	...	*22.1	*20.0	*-	32.2
18-44 YEARS.....	253.5	62.9	48.8	187.9	122.6	115.1	35.5	59.1	90.3	61.1
45 YEARS AND OVER.....	342.4	42.4	36.6	300.0	105.1	188.7	100.5	50.7	73.1	82.5
\$35,000 OR MORE										
ALL AGES.....	149.0	31.0	26.1	116.7	59.0	106.7	40.3	31.4	28.6	39.1
UNDER 18 YEARS.....	65.7	*6.9	*0.2	58.9	...	...	*17.8	*1.5	*0.3	40.0
18-44 YEARS.....	172.0	52.0	49.1	117.4	58.6	101.5	24.4	54.1	36.5	47.1
45 YEARS AND OVER.....	192.7	*19.1	*12.5	173.6	59.6	115.6	90.3	*22.4	43.5	*24.3
GEOGRAPHIC REGION										
NORTHEAST.....	266.0	57.3	53.5	207.2	105.9	193.8	74.7	68.6	62.2	44.7
MIDWEST.....	206.3	30.5	27.3	175.5	73.5	149.2	55.3	37.8	45.0	45.1
SOUTH.....	256.9	50.2	44.9	204.8	113.5	168.5	61.4	60.1	53.3	61.3
WEST.....	283.3	65.0	55.3	216.4	107.3	199.8	67.2	71.5	66.2	59.8
PLACE OF RESIDENCE										
MSA.....	245.4	52.3	45.8	192.1	93.6	179.4	61.3	59.0	52.7	53.5
CENTRAL CITY.....	266.8	54.3	50.2	211.2	106.1	195.6	63.9	73.1	55.0	55.5
NOT CENTRAL CITY.....	231.0	51.0	42.9	179.3	85.1	168.4	59.5	49.6	51.3	52.3
NOT MSA.....	273.2	41.3	39.8	228.7	126.0	162.2	72.5	57.6	66.0	53.8

<sup>1</sup>INCLUDES UNKNOWNNS FOR EACH CHARACTERISTIC.

<sup>2</sup>FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 54 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 54 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 54. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		TOTAL	TRAFFIC	NO	YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS										
ALL PERSONS <sup>3</sup> .....	606,264	119,985	107,110	482,843	178,845	311,356	153,734	141,415	134,288	129,117
AGE										
UNDER 5 YEARS.....	5,116	-	-	5,116	...	...	2,189	-	-	920
5-17 YEARS.....	42,250	6,016	4,628	35,450	...	...	11,968	8,155	987	19,496
18-24 YEARS.....	57,745	23,012	21,593	33,956	12,378	38,258	7,334	23,223	10,082	16,042
25-44 YEARS.....	228,754	51,176	46,346	175,945	101,717	102,810	30,123	63,130	73,975	45,735
45-64 YEARS.....	165,016	30,878	26,013	134,097	57,487	90,393	46,701	32,584	45,693	28,019
65 YEARS AND OVER.....	107,383	8,902	8,531	98,279	7,263	79,894	55,418	14,323	3,552	18,906
SEX AND AGE										
MALE										
ALL AGES.....	320,431	55,945	46,873	261,991	128,013	131,115	56,637	71,174	99,210	75,130
UNDER 18 YEARS.....	29,144	3,657	2,269	25,288	...	...	7,665	4,036	55	14,713
18-44 YEARS.....	180,934	38,627	32,703	140,050	85,491	77,091	17,711	48,444	64,697	41,270
45 YEARS AND OVER.....	110,354	13,661	11,901	96,653	42,521	54,025	31,261	18,695	34,459	19,146
FEMALE										
ALL AGES.....	285,832	64,039	60,237	220,852	50,832	180,240	97,097	70,240	35,078	53,987
UNDER 18 YEARS.....	18,222	2,359	2,359	15,278	...	...	6,492	4,119	932	5,702
18-44 YEARS.....	105,565	35,561	35,236	69,851	28,603	63,978	19,746	37,909	19,360	20,507
45 YEARS AND OVER.....	162,045	26,120	22,643	135,724	22,229	116,262	70,859	28,212	14,786	27,778
RACE AND AGE										
WHITE										
ALL AGES.....	493,998	94,198	84,024	396,404	147,594	249,843	130,199	107,410	114,744	101,631
UNDER 18 YEARS.....	41,870	5,820	4,432	35,266	...	...	13,356	7,373	987	17,591
18-44 YEARS.....	222,658	58,885	52,805	161,364	92,941	107,272	27,465	63,405	72,477	46,232
45 YEARS AND OVER.....	229,470	29,494	26,787	199,774	54,653	142,571	89,377	36,632	41,280	37,807
BLACK										
ALL AGES.....	94,928	22,557	19,856	72,331	26,668	51,622	21,935	29,123	16,256	20,766
UNDER 18 YEARS.....	4,853	196	196	4,657	...	...	801	782	-	2,367
18-44 YEARS.....	53,060	14,074	13,904	38,986	18,165	28,070	9,941	20,293	9,886	9,666
45 YEARS AND OVER.....	37,015	8,287	5,757	28,688	8,504	23,553	11,193	8,047	6,370	8,732

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 54. NUMBER OF RESTRICTED-ACTIVITY DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?		AT WORK <sup>2</sup>		PLACE OF ACCIDENT				
		YES	NO	YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER	
		TOTAL	TRAFFIC							
FAMILY INCOME AND AGE										
UNDER \$10,000										
NUMBER OF RESTRICTED-ACTIVITY DAYS IN THOUSANDS										
ALL AGES.....	128,795	31,029	30,767	97,564	27,827	74,199	35,430	41,298	18,364	23,877
UNDER 18 YEARS.....	9,881	897	897	8,984	...	...	3,001	2,891	-	3,237
18-44 YEARS.....	52,551	13,948	13,948	38,603	17,757	26,241	7,250	19,524	10,902	11,026
45 YEARS AND OVER.....	66,363	16,185	15,923	49,976	10,070	47,958	25,179	18,883	7,462	9,614
\$10,000-\$19,999										
ALL AGES.....	135,333	20,492	18,708	114,064	44,587	64,225	33,994	28,342	37,332	20,000
UNDER 18 YEARS.....	5,243	760	714	4,483	...	...	2,139	942	-	1,820
18-44 YEARS.....	71,614	16,127	14,767	54,710	31,142	32,055	7,831	21,922	26,754	10,135
45 YEARS AND OVER.....	58,476	3,605	3,227	54,871	13,445	32,170	24,024	5,478	10,578	8,045
\$20,000-\$34,999										
ALL AGES.....	136,638	26,575	21,869	109,122	49,787	61,116	29,303	27,357	35,990	35,017
UNDER 18 YEARS.....	13,681	2,884	2,884	10,599	...	...	3,697	3,351	-	5,381
18-44 YEARS.....	68,275	16,925	13,134	50,608	33,010	30,989	9,555	15,908	24,314	16,457
45 YEARS AND OVER.....	54,682	6,766	5,851	47,915	16,777	30,128	16,050	8,098	11,677	13,179
\$35,000 OR MORE										
ALL AGES.....	111,526	23,227	19,514	87,407	32,253	58,365	30,209	23,505	21,446	29,240
UNDER 18 YEARS.....	13,254	1,384	41	11,870	...	...	3,590	294	55	8,056
18-44 YEARS.....	59,452	17,989	16,960	40,570	20,247	35,082	8,434	18,695	12,633	16,280
45 YEARS AND OVER.....	38,820	3,854	2,512	34,966	12,005	23,284	18,185	4,516	8,758	4,905
GEOGRAPHIC REGION										
NORTHEAST.....	131,041	28,213	26,365	102,089	39,852	72,977	36,813	33,824	30,658	22,025
MIDWEST.....	122,820	18,133	16,275	104,494	31,773	64,492	32,942	22,533	26,806	26,883
SOUTH.....	211,341	41,294	36,929	168,521	68,315	101,438	50,515	49,458	43,847	50,445
WEST.....	141,062	32,344	27,541	107,739	38,906	72,449	33,464	35,599	32,977	29,764
PLACE OF RESIDENCE										
MSA.....	456,915	97,410	85,367	357,797	128,866	247,041	114,080	109,914	98,220	99,707
CENTRAL CITY.....	199,700	40,660	37,604	158,109	59,158	109,064	47,869	54,712	41,145	41,515
NOT CENTRAL CITY.....	257,215	56,750	47,763	199,688	69,708	137,977	66,212	55,202	57,075	58,192
NOT MSA.....	149,349	22,575	21,742	125,046	49,979	64,314	39,653	31,501	36,069	29,411

<sup>1</sup>INCLUDES UNKNOWN FOR EACH CHARACTERISTIC.

<sup>2</sup>FUR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 49.3 MILLION HAS A 10-PERCENT RSE; OF 12 MILLION, A 20-PERCENT RSE; AND OF 5.3 MILLION, A 30-PERCENT RSE.



TABLE 55. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?			AT WORK? <sup>2</sup>		PLACE OF ACCIDENT				
		TOTAL	YES		NO	YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
			TRAFFIC								
NUMBER OF BED DAYS PER 100 PERSONS PER YEAR											
ALL PERSONS <sup>3</sup> .....	72.6	16.5	14.0	56.1	26.9	50.1	16.5	19.0	15.5	12.4	
AGE											
UNDER 5 YEARS.....	*14.3	*-	*-	*14.3	...	...	*4.8	*-	*-	*0.7	
5-17 YEARS.....	18.2	*4.2	*3.6	14.0	...	...	*5.8	*4.8	*0.1	*7.0	
18-24 YEARS.....	52.1	24.1	21.7	28.0	*13.5	33.6	*8.7	22.7	*12.1	*7.1	
25-44 YEARS.....	88.1	25.5	20.6	62.5	35.6	41.3	10.8	28.1	27.9	15.4	
45-64 YEARS.....	101.8	20.9	17.9	80.8	29.7	56.6	21.7	26.9	23.2	18.2	
65 YEARS AND OVER.....	125.7	*8.3	*8.3	117.4	*10.8	78.3	54.6	*13.0	*6.8	*15.3	
SEX AND AGE											
MALE											
ALL AGES.....	77.7	16.3	12.2	61.4	42.1	45.0	11.6	20.6	24.3	15.0	
UNDER 18 YEARS.....	22.2	*2.7	*1.9	19.5	...	...	*7.8	*2.9	*0.2	*6.8	
18-44 YEARS.....	94.5	24.3	15.7	70.3	46.2	37.8	*7.9	26.3	36.3	19.5	
45 YEARS AND OVER.....	106.2	17.6	16.9	88.5	35.9	55.7	20.9	29.1	29.6	16.3	
FEMALE											
ALL AGES.....	67.8	16.7	15.7	51.1	13.1	54.8	21.0	17.4	7.2	9.8	
UNDER 18 YEARS.....	*11.7	*3.3	*3.3	*8.4	...	...	*3.2	*3.8	*-	*3.4	
18-44 YEARS.....	64.3	26.1	25.8	38.2	14.6	41.0	12.5	27.1	12.2	*7.5	
45 YEARS AND OVER.....	115.1	14.8	*12.0	100.3	*11.1	72.8	45.7	15.2	*6.2	17.7	
RACE AND AGE											
WHITE											
ALL AGES.....	67.3	14.9	12.1	52.4	24.6	44.8	15.5	15.0	16.2	11.2	
UNDER 18 YEARS.....	17.3	*3.7	*3.2	13.6	...	...	*5.8	*4.2	*0.1	*5.3	
18-44 YEARS.....	70.0	21.6	16.5	48.5	27.8	33.5	9.1	18.8	24.6	12.3	
45 YEARS AND OVER.....	102.8	14.9	13.1	87.9	20.3	59.7	31.5	18.4	17.5	14.6	
BLACK											
ALL AGES.....	110.5	26.5	25.6	83.8	51.4	88.0	22.8	45.5	*14.4	*17.1	
UNDER 18 YEARS.....	*18.8	*-	*-	*18.8	...	...	*5.7	*-	*-	*4.5	
18-44 YEARS.....	146.3	51.0	50.4	95.3	53.9	85.8	*21.3	83.1	*25.6	*13.8	
45 YEARS AND OVER.....	174.7	*20.0	*17.3	154.2	*46.9	91.8	*49.3	*42.2	*14.4	*40.4	

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 55. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED PER 100 PERSONS PER YEAR, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?			AT WORK? <sup>2</sup>		PLACE OF ACCIDENT			
		YES		NO	YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC	NO						
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	158.1	40.3	40.3	117.7	48.1	126.7	39.5	55.6	25.7	22.6
UNDER 18 YEARS.....	*39.4	*	*	*39.4	...	...	*14.1	*5.2	*	*14.3
18-44 YEARS.....	158.7	58.2	58.2	100.5	*41.5	96.0	*29.5	77.4	*32.3	*11.5
45 YEARS AND OVER.....	252.7	*52.5	*52.5	200.2	55.5	161.4	71.2	71.4	*39.0	*41.8
\$10,000-\$19,999										
ALL AGES.....	105.5	19.8	17.6	85.7	50.2	60.9	24.0	26.3	28.0	*11.3
UNDER 18 YEARS.....	*9.5	*0.4	*	*9.1	...	...	*5.9	*	*	*1.8
18-44 YEARS.....	153.4	45.9	41.9	107.5	63.7	70.2	*19.2	62.2	50.8	*12.7
45 YEARS AND OVER.....	121.4	*4.1	*2.8	117.3	*34.8	50.2	43.0	*4.5	*22.4	*16.7
\$20,000-\$34,999										
ALL AGES.....	63.3	13.6	*8.7	49.7	27.5	36.8	12.2	9.4	20.1	10.7
UNDER 18 YEARS.....	*22.9	*9.6	*9.6	*13.3	...	...	*4.7	*9.9	*	*2.7
18-44 YEARS.....	67.2	*17.2	*6.4	50.0	32.9	28.2	*9.4	*6.6	30.8	*16.6
45 YEARS AND OVER.....	99.1	*11.8	*11.8	87.4	*18.2	51.3	*24.7	*13.7	*23.1	*9.0
\$35,000 OR MORE										
ALL AGES.....	32.4	9.9	*7.0	22.5	*9.6	25.6	*6.3	9.2	*3.5	10.0
UNDER 18 YEARS.....	*11.9	*1.3	*0.2	*10.6	...	...	*3.4	*0.4	*0.3	*6.6
18-44 YEARS.....	40.0	16.6	*14.3	23.5	*11.4	24.2	*3.9	*14.5	*6.7	*11.4
45 YEARS AND OVER.....	39.7	*7.2	*1.3	32.5	*6.5	28.0	*13.4	*9.0	*1.1	*10.9
GEOGRAPHIC REGION										
NORTHEAST.....	80.0	15.8	14.2	64.1	33.1	53.4	19.9	18.8	24.9	*8.5
MIDWEST.....	63.3	14.6	13.5	48.7	14.1	55.3	16.3	19.0	*8.9	10.0
SOUTH.....	76.7	12.5	10.6	64.2	30.7	47.7	17.5	16.1	13.8	15.6
WEST.....	69.6	26.2	19.9	43.4	29.3	44.6	11.6	23.9	16.8	13.5
PLACE OF RESIDENCE										
MSA.....	70.1	17.6	14.7	52.5	23.1	51.7	14.6	18.9	14.9	12.4
CENTRAL CITY.....	79.6	19.6	19.6	59.9	23.6	62.3	18.6	27.7	12.9	10.1
NOT CENTRAL CITY.....	63.8	16.3	11.5	47.5	22.8	44.6	11.9	12.9	16.2	13.9
NOT MSA.....	81.0	12.7	11.4	68.3	39.8	44.6	22.8	19.3	17.5	12.3

<sup>1</sup>INCLUDES UNKNOWNNS FOR EACH CHARACTERISTIC.

<sup>2</sup>FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER ONLY.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWNN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 1-4 AND 7-10 CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 56 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 5 AND 6 CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 56 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 56 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 56. NUMBER OF BED DAYS ASSOCIATED WITH EPISODES OF PERSONS INJURED, BY WHETHER IN MOVING MOTOR VEHICLE, WHETHER AT WORK, PLACE OF ACCIDENT, AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL EPISODES <sup>1</sup>	MOVING MOTOR VEHICLE?			AT WORK? <sup>2</sup>		PLACE OF ACCIDENT			
		YES		NO	YES	NO	AT HOME	STREET OR HIGHWAY	INDUSTRIAL PLACE	OTHER
		TOTAL	TRAFFIC							
NUMBER OF BED DAYS IN THOUSANDS										
ALL PERSONS <sup>3</sup> .....	174,862	39,783	33,691	135,039	47,625	88,917	39,636	45,690	37,278	29,756
AGE										
UNDER 5 YEARS.....	2,629	-	-	2,629	...	...	889	-	-	125
5-17 YEARS.....	8,241	1,905	1,642	6,336	...	...	2,630	2,150	55	3,158
18-24 YEARS.....	13,395	6,188	5,566	7,207	3,456	8,640	2,236	5,827	3,109	1,834
25-44 YEARS.....	68,130	19,765	15,937	48,365	27,558	31,990	8,325	21,745	21,620	11,953
45-64 YEARS.....	46,408	9,533	8,154	36,836	13,513	25,817	9,885	12,249	10,555	8,296
65 YEARS AND OVER.....	36,059	2,392	2,392	33,666	3,098	22,470	15,671	3,718	1,938	4,391
SEX AND AGE										
MALE										
ALL AGES.....	90,688	19,037	14,198	71,611	35,421	37,832	13,546	24,056	28,342	17,548
UNDER 18 YEARS.....	7,227	872	609	6,355	...	...	2,524	956	55	2,219
18-44 YEARS.....	47,705	12,246	7,913	35,460	23,330	19,069	3,999	13,288	18,303	9,845
45 YEARS AND OVER.....	35,756	5,919	5,677	29,796	12,091	18,762	7,023	9,812	9,984	5,484
FEMALE										
ALL AGES.....	84,174	20,746	19,492	63,428	12,204	51,086	26,090	21,633	8,936	12,208
UNDER 18 YEARS.....	3,643	1,033	1,033	2,610	...	...	996	1,194	-	1,064
18-44 YEARS.....	33,819	13,707	13,589	20,112	7,684	21,561	6,561	14,283	6,426	3,942
45 YEARS AND OVER.....	46,712	6,006	4,870	40,706	4,520	29,524	18,533	6,156	2,510	7,202
RACE AND AGE										
WHITE										
ALL AGES.....	136,752	30,334	24,499	106,419	37,369	68,055	31,432	30,428	32,847	22,859
UNDER 18 YEARS.....	8,900	1,905	1,642	6,994	...	...	2,964	2,150	55	2,713
18-44 YEARS.....	60,559	18,646	14,264	41,913	24,056	28,954	7,838	16,244	21,313	10,599
45 YEARS AND OVER.....	67,294	9,783	8,594	57,511	13,313	39,101	20,630	12,034	11,479	9,547
BLACK										
ALL AGES.....	32,464	7,790	7,532	24,634	10,050	17,210	6,696	13,374	4,225	5,011
UNDER 18 YEARS.....	1,846	-	-	1,846	...	...	555	-	-	445
18-44 YEARS.....	18,326	6,386	6,317	11,940	6,752	10,747	2,672	10,407	3,210	1,726
45 YEARS AND OVER.....	12,292	1,404	1,214	10,848	3,298	6,462	3,468	2,966	1,014	2,840

SEE FOOTNOTES AND NOTES AT END OF TABLE.



TABLE 57. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY AGE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS				65 YEARS AND OVER		
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
ARTHRITIS.....	129.9	33.9	2.3	53.3	257.1	485.7	444.7	550.4
GOUT, INCLUDING GOUTY ARTHRITIS.....	8.5	1.9	*	3.1	21.0	27.0	29.7	22.8
INTERVERTEBRAL DISC DISORDERS.....	17.7	10.8	*0.2	17.3	38.1	25.5	29.9	18.4
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	10.2	6.4	*1.3	9.5	19.7	17.3	20.0	12.9
DISORDERS OF BONE OR CARTILAGE.....	6.3	2.1	*1.3	2.6	10.6	23.4	22.1	25.4
TROUBLE WITH BUNIONS.....	10.9	5.4	*0.7	8.2	18.1	31.3	35.4	25.0
BURSITIS, UNCLASSIFIED.....	18.4	9.5	*0.6	15.0	40.0	35.6	35.4	36.1
SEBACEOUS SKIN CYST.....	6.1	6.0	*1.9	8.6	6.8	5.6	*5.7	*5.6
TROUBLE WITH ACNE.....	18.8	26.4	26.7	26.2	*2.5	*0.9	*0.7	*1.1
PSORIASIS.....	9.4	7.3	3.5	9.6	16.6	10.5	9.2	12.6
DERMATITIS.....	37.5	39.6	34.9	42.5	36.1	27.2	30.2	22.7
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	19.9	16.2	9.6	20.3	23.3	35.7	31.3	42.8
TROUBLE WITH INGROWN NAILS.....	25.6	20.5	8.1	28.2	32.1	45.1	37.1	57.7
TROUBLE WITH CORNS AND CALLUSES.....	18.8	10.6	*0.9	16.6	34.0	42.6	46.8	35.9
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	34.7	21.5	9.1	29.2	47.7	90.7	67.4	127.6
COLOR BLINDNESS.....	11.6	10.3	5.9	13.0	15.8	13.0	15.8	*8.5
CATARACTS.....	25.3	1.9	*1.0	2.4	21.6	167.7	118.1	246.0
GLAUCOMA.....	7.8	0.9	*	1.5	11.9	40.9	31.5	55.8
HEARING IMPAIRMENT.....	90.8	36.6	17.0	48.7	147.6	315.2	273.7	380.7
TINNITUS.....	26.4	10.3	*1.1	16.0	49.2	83.9	89.4	75.1
SPEECH IMPAIRMENT.....	11.0	11.3	18.1	7.1	8.3	13.3	13.9	12.2
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	6.3	2.9	*0.2	4.6	9.2	21.2	24.4	16.1
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	5.4	2.2	*1.3	2.7	9.6	17.3	20.8	*11.7
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	111.6	92.3	28.8	131.4	150.9	161.1	151.4	176.6
BACK.....	64.1	54.1	11.2	80.5	90.1	80.7	75.9	88.4
UPPER EXTREMITIES.....	13.7	8.9	*1.1	13.7	24.2	25.2	24.1	27.1
LOWER EXTREMITIES.....	46.2	37.9	17.4	50.6	60.0	72.3	70.5	75.2
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	16.0	11.0	*0.4	17.5	29.2	23.9	26.8	19.2
HERNIA OF ABDOMINAL CAVITY.....	19.7	7.9	5.8	9.2	38.9	57.6	53.5	64.0
GASTRITIS OR DUODENITIS.....	11.3	7.7	2.2	11.1	17.7	21.7	21.0	22.8
FREQUENT INDIGESTION.....	24.1	18.2	3.5	27.4	35.2	40.9	40.1	42.2
ENTERITIS OR COLITIS.....	10.4	8.1	4.1	10.6	14.2	17.7	20.8	12.8
SPASTIC COLON.....	5.9	3.2	*	5.2	10.3	14.5	14.8	14.1
DIVERTICULA OF INTESTINES.....	7.7	*0.8	*	*1.3	12.9	39.3	37.2	42.5
FREQUENT CONSTIPATION.....	19.0	11.5	9.1	12.9	21.9	58.3	33.6	97.2

SEE NOTES AT END OF TABLE.

TABLE 57. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS			65 YEARS AND OVER			
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	16.7	7.4	*0.6	11.5	35.6	40.5	36.5	47.0
DIABETES.....	25.8	6.5	2.2	9.2	54.6	92.4	95.2	87.8
ANEMIAS.....	16.6	15.8	10.4	19.2	13.1	26.4	15.8	43.2
EPILEPSY.....	3.8	3.2	2.2	3.8	5.9	*3.9	*5.1	*2.1
MIGRAINE HEADACHE.....	38.3	39.8	14.2	55.5	45.4	18.4	24.3	*9.2
NEURALGIA OR NEURITIS, UNSPECIFIED.....	2.2	*0.6	*0.2	*0.8	5.3	6.6	*3.8	*11.2
KIDNEY TROUBLE.....	13.7	10.7	3.1	15.4	17.3	25.6	21.6	31.9
BLADDER DISORDERS.....	12.8	8.0	4.1	10.4	17.8	32.4	27.0	40.8
DISEASES OF PROSTATE.....	7.2	1.6	*	2.6	12.5	30.9	35.1	24.2
DISEASE OF FEMALE GENITAL ORGANS.....	19.0	20.0	2.8	30.6	22.0	8.4	8.3	*8.6
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	7.0	4.8	*0.4	7.5	11.3	13.1	15.1	*10.1
HEART DISEASE.....	84.1	33.5	23.3	39.8	135.9	295.8	271.8	333.6
ISCHEMIC HEART DISEASE.....	31.1	2.8	*	4.5	67.7	137.1	126.6	153.8
HEART RHYTHM DISORDERS.....	33.5	24.3	18.8	27.7	41.8	73.5	76.0	69.5
TACHYCARDIA OR RAPID HEART.....	7.2	3.5	*1.0	5.0	13.9	18.0	18.7	16.8
HEART MURMURS.....	19.2	18.7	17.7	19.3	16.2	27.2	27.8	26.2
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	7.1	2.1	*0.1	3.4	11.8	28.3	29.4	26.5
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	19.6	6.4	4.5	7.6	26.4	85.2	69.3	110.3
HIGH BLOOD PRESSURE (HYPERTENSION).....	121.5	40.9	2.3	64.7	257.8	373.0	372.6	373.6
CEREBROVASCULAR DISEASE.....	10.4	1.4	*0.4	2.0	18.4	50.1	39.6	66.8
HARDENING OF THE ARTERIES.....	11.2	*0.6	*	*1.0	18.5	61.6	51.2	78.1
VARICOSE VEINS OF LOWER EXTREMITIES.....	31.7	16.5	*	26.6	56.8	80.2	75.8	87.2
HEMORRHOIDS.....	45.8	33.8	*1.3	53.8	78.2	64.5	63.8	65.6
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	49.4	44.9	54.3	39.0	56.1	64.8	65.6	63.5
ASTHMA.....	41.2	43.0	49.9	38.7	34.8	41.4	43.6	38.0
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	93.0	95.0	63.4	114.6	99.4	71.4	79.0	59.4
CHRONIC SINUSITIS.....	139.7	120.8	61.4	157.5	188.0	173.0	176.2	167.8
DEVIATED NASAL SEPTUM.....	6.0	5.1	*0.6	7.9	9.7	5.2	*3.9	*7.3
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	15.2	20.7	36.3	11.1	4.4	*0.4	*	*1.0
EMPHYSEMA.....	7.9	*0.4	*	*0.6	16.8	37.5	35.5	40.7

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II, THE FREQUENCIES OF TABLE 62 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 58. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY SEX AND AGE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	MALE						FEMALE				
			65 YEARS AND OVER					65 YEARS AND OVER			
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS											
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS											
ARTHRITIS.....	24.6	196.5	375.7	356.1	413.1	43.1	312.6	563.6	515.4	630.5	
GOUT, INCLUDING GOUTY ARTHRITIS.....	2.9	33.5	41.1	45.9	*32.0	*0.9	9.5	17.0	16.7	*17.4	
INTERVERTEBRAL DISC DISORDERS.....	12.7	39.9	30.9	37.7	*18.1	8.9	36.4	21.6	23.8	*18.7	
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	6.1	17.7	15.4	*16.7	*12.9	6.6	21.4	18.6	22.8	*12.8	
DISORDERS OF BONE OR CARTILAGE.....	2.3	6.4	*6.4	*8.5	*2.4	2.0	14.5	35.4	32.9	38.7	
TROUBLE WITH BUNIONS.....	*1.5	6.4	*8.4	*8.5	*8.3	9.2	28.7	47.5	56.8	34.8	
BURSITIS, UNCLASSIFIED.....	7.4	29.8	35.1	35.1	34.9	11.5	49.4	36.0	35.5	36.7	
SEBACEOUS SKIN CYST.....	7.6	7.7	*2.9	*3.2	*2.4	4.5	6.0	*7.6	*7.7	*7.4	
TROUBLE WITH ACNE.....	24.7	*2.6	*1.1	*1.7	*-	28.0	*2.3	*0.7	*-	*1.7	
PSORIASIS.....	6.9	21.4	12.7	*12.8	*12.5	7.6	12.1	9.0	*6.3	*12.7	
DERMATITIS.....	29.9	28.5	15.5	*17.1	*12.2	49.2	43.0	35.6	40.7	28.6	
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	15.3	22.5	28.2	21.9	40.3	17.1	24.1	41.1	38.7	44.4	
TROUBLE WITH INGROWN NAILS.....	18.9	25.3	26.8	21.2	37.6	22.1	38.3	58.0	49.9	69.4	
TROUBLE WITH CORNS AND CALLUSES.....	9.1	24.2	32.0	31.5	*33.0	12.1	43.0	50.0	59.0	37.6	
IMPAIRMENTS											
VISUAL IMPAIRMENT.....	30.2	63.8	105.6	86.0	142.8	12.9	33.0	80.2	52.5	118.8	
COLOR BLINDNESS.....	19.2	30.5	26.6	31.7	*16.8	*1.4	*2.4	*3.3	*3.2	*3.6	
CATARACTS.....	*1.4	22.1	123.3	98.9	169.9	2.3	21.2	199.1	133.4	290.4	
GLAUCOMA.....	*0.7	14.6	40.6	34.6	52.0	*1.1	9.5	41.2	29.0	58.1	
HEARING IMPAIRMENT.....	42.8	205.9	366.3	358.0	381.8	30.4	94.1	278.9	206.3	380.0	
TINNITUS.....	9.4	62.8	80.9	98.3	47.6	11.2	36.7	86.0	82.3	91.2	
SPEECH IMPAIRMENT.....	14.7	9.2	18.3	19.4	*16.4	7.9	7.5	9.7	*9.6	*9.8	
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	5.2	17.7	40.2	41.8	37.1	*0.7	*1.4	*7.7	*10.5	*3.8	
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	2.7	7.4	19.6	25.8	*7.8	1.7	11.7	15.7	17.0	*14.0	
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	92.8	156.2	143.1	147.5	134.8	91.8	146.1	173.9	154.4	201.0	
BACK.....	47.6	91.5	63.6	64.4	62.0	60.5	88.8	93.0	85.1	103.8	
UPPER EXTREMITIES.....	11.2	26.5	27.0	23.8	*33.0	6.6	22.0	24.0	24.3	23.5	
LOWER EXTREMITIES.....	43.6	67.5	67.8	77.4	49.1	32.3	53.1	75.6	64.9	90.4	
SELECTED DIGESTIVE CONDITIONS											
ULCER.....	10.7	32.3	22.3	20.3	*26.4	11.3	26.3	25.0	32.0	*15.1	
HERNIA OF ABDOMINAL CAVITY.....	9.7	43.1	65.2	56.8	81.1	6.2	35.1	52.3	51.0	54.1	
GASTRITIS OR DUODENITIS.....	7.2	15.9	11.5	*14.1	*6.6	8.3	19.4	28.9	26.5	32.2	
FREQUENT INDIGESTION.....	18.2	33.4	40.4	40.9	39.6	18.3	36.9	41.3	39.4	43.7	
ENTERITIS OR COLITIS.....	6.8	7.4	12.7	*14.1	*10.3	9.4	20.5	21.3	26.3	*14.2	
SPASTIC COLON.....	*1.4	*3.7	*5.8	*6.0	*5.4	5.0	16.4	20.7	21.8	*19.2	
DIVERTICULA OF INTESTINES.....	*0.4	11.2	18.5	*16.5	*22.2	*1.2	14.5	54.0	53.7	54.6	
FREQUENT CONSTIPATION.....	5.9	9.1	49.9	30.9	86.2	17.0	33.6	64.2	35.8	103.7	

SEE NOTES AT END OF TABLE.

TABLE 58. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY SEX AND AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	MALE					FEMALE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	*1.6	9.2	*8.6	*6.2	*13.2	13.1	59.9	63.2	60.6	66.8
DIABETES.....	7.3	56.8	90.8	88.6	95.0	5.8	52.5	93.5	100.6	83.6
ANEMIAS.....	5.7	*4.5	15.7	*9.9	*26.9	25.9	20.9	34.0	20.5	52.7
EPILEPSY.....	3.0	*5.8	*4.6	*5.6	*2.7	3.4	5.9	*3.4	*4.6	*1.7
MIGRAINE HEADACHE.....	24.0	20.8	*8.8	*7.3	*11.5	55.4	67.9	25.3	37.9	*7.8
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*	*2.4	*6.2	*	*18.1	*1.1	7.9	*6.9	*6.8	*7.1
KIDNEY TROUBLE.....	6.1	16.9	33.0	24.7	48.6	15.3	17.7	20.4	19.0	22.4
BLADDER DISORDERS.....	1.9	8.1	18.6	18.6	*18.8	14.1	26.8	42.1	33.7	53.7
DISEASES OF PROSTATE.....	3.2	26.2	74.4	79.0	65.7	...	...	...	...	...
DISEASE OF FEMALE GENITAL ORGANS.....	...	...	...	...	...	39.8	42.1	14.4	14.8	*13.7
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	3.3	10.8	*11.3	*13.0	*8.3	6.3	11.8	14.4	16.8	*11.1
HEART DISEASE.....	28.1	153.0	319.4	300.4	355.5	38.8	120.3	279.1	249.0	320.9
ISCHEMIC HEART DISEASE.....	3.3	97.4	170.2	156.8	195.8	2.3	40.6	113.7	102.5	129.3
HEART RHYTHM DISORDERS.....	19.7	26.4	64.1	66.0	60.1	28.9	55.9	80.2	84.0	74.9
TACHYCARDIA OR RAPID HEART.....	2.4	10.3	*10.0	*9.0	*12.0	4.5	17.1	23.7	26.6	19.7
HEART MURMURS.....	15.9	*5.9	21.6	22.1	*20.8	21.5	25.6	31.1	32.5	29.2
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	*1.3	10.2	32.5	35.1	*27.3	2.9	13.2	25.4	24.9	26.1
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	5.1	29.2	85.1	77.6	99.6	7.7	23.9	85.2	62.7	116.5
HIGH BLOOD PRESSURE (HYPERTENSION).....	45.6	252.7	305.0	326.7	263.9	36.2	262.4	421.1	409.3	437.7
CEREBROVASCULAR DISEASE.....	*1.5	22.6	56.6	50.5	68.4	*1.4	14.6	45.6	30.8	66.1
HARDENING OF THE ARTERIES.....	*0.8	25.5	67.3	58.6	83.7	*0.4	12.2	57.5	45.3	74.8
VARICOSE VEINS OF LOWER EXTREMITIES.....	5.2	25.5	47.6	50.4	42.2	27.6	85.4	103.3	96.1	113.4
HEMORRHOIDS.....	29.0	85.2	50.1	48.2	53.7	38.5	71.9	74.6	76.2	72.5
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	41.0	34.9	50.3	45.8	59.1	48.7	75.5	75.1	81.5	66.1
ASTHMA.....	43.9	26.2	37.1	44.7	*22.2	42.1	42.7	44.5	42.5	47.3
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	90.7	90.1	64.9	64.2	66.2	99.3	107.9	75.9	90.8	55.4
CHRONIC SINUSITIS.....	101.9	156.9	140.5	144.6	132.6	139.6	216.5	195.9	201.4	188.3
DEVIATED NASAL SEPTUM.....	5.7	12.0	*3.4	*2.6	*5.1	4.5	7.6	*6.4	*4.9	*8.5
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	18.5	*4.2	*	*	*	22.8	*4.6	*0.7	*	*1.6
EMPHYSEMA.....	*0.3	25.6	60.7	48.0	85.0	*0.4	8.7	21.1	25.5	*15.0

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II, THE FREQUENCIES OF TABLE 63 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.



TABLE 59. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY RACE AND AGE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS	75 YEARS AND OVER			TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	36.5	260.9	489.0	452.0	547.0	23.5	249.0	487.7	429.0	586.2
GOUT, INCLUDING GOUTY ARTHRITIS.....	2.1	20.9	25.9	28.3	22.0	*0.4	*13.6	*39.2	*41.6	*33.8
INTERVERTEBRAL DISC DISORDERS.....	12.2	40.2	26.0	30.6	18.8	*2.4	*24.6	*22.5	*25.1	*18.0
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	7.4	21.0	17.4	22.4	*9.6	*0.5	*3.2	*19.2	—	*51.9
DISORDERS OF BONE OR CARTILAGE.....	2.3	11.3	24.0	21.4	28.0	*1.1	*5.2	*16.2	*25.7	—
TROUBLE WITH BUNIONS.....	5.2	17.2	32.1	36.7	25.0	7.6	*28.0	*28.7	*28.4	*29.3
BURSITIS, UNCLASSIFIED.....	10.3	41.6	37.7	37.2	38.5	6.1	31.3	*19.6	*23.1	*14.7
SEBACEOUS SKIN CYST.....	6.6	7.2	6.3	*6.4	*6.2	*3.9	*5.6	—	—	—
TROUBLE WITH ACNE.....	28.8	*2.4	*1.0	*0.8	*1.2	17.6	*3.2	—	—	—
PSORIASIS.....	8.2	18.6	11.3	10.3	*12.8	*2.9	*1.5	*4.2	—	*11.3
DERMATITIS.....	42.4	37.1	28.4	31.2	24.0	24.7	*19.8	*4.6	*7.3	—
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	16.4	24.5	37.1	31.8	45.4	15.3	*10.6	*23.7	*31.7	*10.1
TROUBLE WITH INGROWN NAILS.....	22.0	32.7	46.9	40.0	57.7	13.6	*28.7	*34.2	*14.5	*67.6
TROUBLE WITH CORNS AND CALLUSES.....	9.9	32.6	38.9	43.6	31.5	17.0	42.5	83.3	*89.8	*72.2
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	23.5	49.3	90.4	67.1	126.9	12.2	38.4	101.6	*83.8	*131.9
COLOR BLINDNESS.....	11.8	16.9	13.9	17.3	*8.5	*1.9	*8.8	*5.4	*3.3	*9.0
CATARACTS.....	1.9	22.2	170.0	120.0	248.1	*0.7	*23.3	147.4	100.3	228.9
GLAUCOMA.....	*0.9	11.7	37.1	27.8	51.7	*1.0	*15.1	90.0	*77.2	*112.7
HEARING IMPAIRMENT.....	40.0	157.0	327.9	286.5	392.6	20.5	96.2	201.2	152.5	284.1
TINNITUS.....	10.5	51.1	88.2	93.4	79.9	10.1	41.0	*54.6	*66.0	*33.8
SPEECH IMPAIRMENT.....	10.8	7.9	13.2	13.9	*12.2	14.6	*14.5	*16.2	*16.5	*14.7
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	3.1	9.8	19.1	21.6	15.3	*1.4	*6.5	*33.3	*36.3	*28.2
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	2.1	9.4	17.4	21.0	*11.8	*1.6	*14.7	*19.6	*23.1	*12.4
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	96.5	152.6	166.1	155.9	182.1	75.9	151.0	121.2	107.6	*145.4
BACK.....	58.5	94.1	83.7	77.9	92.9	32.1	61.5	*56.2	*58.1	*53.0
UPPER EXTREMITIES.....	9.4	23.8	26.1	26.4	25.7	7.2	30.6	*20.4	*5.3	*46.2
LOWER EXTREMITIES.....	37.2	59.1	73.7	70.8	78.2	45.8	75.5	62.5	*66.7	*55.2
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	11.0	30.2	23.8	26.9	19.1	12.2	*25.5	*24.6	*24.4	*24.8
HERNIA OF ABDOMINAL CAVITY.....	8.0	41.4	61.7	58.1	67.3	9.0	*26.3	*20.0	*17.2	*24.8
GASTRITIS OR DUODENITIS.....	7.9	17.8	20.6	19.5	22.3	*6.0	*14.7	*37.5	*40.9	*31.6
FREQUENT INDIGESTION.....	19.5	34.8	39.4	37.8	41.9	12.7	39.1	60.4	*64.0	*54.1
ENTERITIS OR COLITIS.....	9.5	14.4	19.1	22.4	14.1	*1.8	*0.9	*6.2	*9.9	—
SPASTIC COLON.....	3.6	11.9	15.8	16.0	15.3	*1.4	—	*4.2	*5.3	*2.3
DIVERTICULA OF INTESTINES.....	*0.9	14.4	43.3	41.4	46.2	*0.7	*4.3	*4.2	*1.3	*9.0
FREQUENT CONSTIPATION.....	11.1	20.1	55.3	30.2	94.4	13.3	40.8	93.3	*75.9	*122.9

SEE NOTES AT END OF TABLE.

TABLE 59. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY RACE AND AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS	75 YEARS AND OVER			TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	8.2	38.9	42.8	39.4	47.9	*3.5	*17.9	*24.6	*12.5	*44.0
DIABETES.....	6.1	47.8	83.9	86.3	80.1	10.2	110.5	187.4	185.5	190.5
ANEMIAS.....	13.7	12.4	26.6	15.2	44.5	29.0	*22.9	*27.9	*23.1	*36.1
EPILEPSY.....	3.0	6.0	*3.6	*4.4	*2.3	*4.7	*6.5	*8.7	*13.9	*
MIGRAINE HEADACHE.....	42.1	45.0	19.7	25.8	*10.1	29.0	41.6	*8.3	*13.2	*
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*0.7	5.8	5.8	*4.2	*8.4	*	*2.4	*16.2	*	*44.0
KIDNEY TROUBLE.....	11.1	18.4	25.6	21.7	32.0	10.2	*9.3	*23.3	*15.2	*37.2
BLADDER DISORDERS.....	8.2	19.5	34.0	28.1	43.3	9.1	*8.6	*20.4	*21.1	*19.2
DISEASES OF PROSTATE.....	1.8	13.7	30.3	35.3	22.3	*0.8	*3.5	*22.9	*23.1	*22.5
DISEASE OF FEMALE GENITAL ORGANS.....	20.9	22.9	9.1	8.8	*9.5	16.7	*17.9	*2.9	*4.6	*
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	5.2	12.4	13.2	15.8	*9.0	*3.1	*2.8	*15.4	*11.2	*22.5
HEART DISEASE.....	34.5	134.1	302.9	278.6	341.0	33.0	154.3	224.1	202.0	261.6
ISCHEMIC HEART DISEASE.....	2.7	70.5	146.1	136.1	161.7	*3.4	41.2	*44.1	*26.4	*74.4
HEART RHYTHM DISORDERS.....	25.3	39.9	76.9	79.1	73.4	22.2	62.4	*42.5	*44.9	*38.3
TACHYCARDIA OR RAPID HEART.....	3.8	12.3	19.2	19.6	18.6	*2.6	30.9	*9.2	*14.5	*
HEART MURMURS.....	19.4	15.1	27.1	27.6	26.4	18.9	*27.4	*24.2	*21.8	*28.2
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	2.1	12.5	30.6	32.0	28.4	*0.7	*4.1	*9.2	*8.6	*10.1
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	6.5	23.6	79.9	63.3	105.9	7.4	50.7	137.9	130.7	*149.9
HIGH BLOOD PRESSURE (HYPERTENSION).....	39.0	240.2	358.8	357.6	360.5	55.7	394.4	530.6	524.8	538.9
CEREBROVASCULAR DISEASE.....	1.4	16.9	48.2	36.7	66.3	*2.1	*27.6	67.5	*64.0	*73.3
HARDENING OF THE ARTERIES.....	*0.4	19.1	61.9	50.5	79.6	*1.0	*13.8	60.0	*51.5	*74.4
VARICOSE VEINS OF LOWER EXTREMITIES.....	18.1	57.7	85.3	80.9	92.0	8.2	45.7	*41.6	*38.3	*47.4
HEMORRHOIDS.....	36.2	81.2	63.6	62.0	66.0	19.2	47.5	78.7	*82.5	*72.2
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	47.2	57.0	66.6	68.1	64.3	35.9	51.8	*48.7	*46.9	*51.9
ASTHMA.....	41.6	33.5	40.5	42.9	36.7	58.2	48.5	*43.7	*50.8	*31.6
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	102.0	102.7	71.2	80.2	57.1	64.8	65.8	87.0	*81.8	*94.7
CHRONIC SINUSITIS.....	126.0	194.4	178.1	181.2	173.2	109.3	164.8	141.2	151.8	*122.9
DEVIATED NASAL SEPTUM.....	6.1	11.2	5.5	*3.9	*8.0	*	*	*2.5	*4.0	*
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	22.1	4.8	*0.4	*	*1.1	15.2	*2.6	*	*	*
EMPHYSEMA.....	*0.4	17.8	39.2	37.7	41.7	*0.5	*12.9	*22.5	*19.8	*25.9

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II. THE FREQUENCIES OF TABLE 64 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	50.8	467.5	608.4	562.9	652.1	41.9	307.1	451.6	417.0	512.2
GOUT, INCLUDING GOUTY ARTHRITIS.....	*3.5	*29.8	30.2	*32.9	*27.6	*1.2	33.8	22.4	*22.5	*22.2
INTERVERTEBRAL DISC DISORDERS.....	10.6	60.7	44.8	58.9	*31.4	11.0	45.4	21.3	*24.9	*15.1
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	*5.3	*9.1	*15.6	*18.3	*13.0	7.3	*12.7	*15.5	*18.0	*11.1
DISORDERS OF BONE OR CARTILAGE.....	*4.0	*25.3	28.9	*40.9	*17.5	*3.1	*10.8	26.0	*22.9	*31.5
TROUBLE WITH BUNIONS.....	*3.8	38.6	39.8	*43.2	*36.8	5.0	23.0	31.9	36.2	*24.4
BURSITIS, UNCLASSIFIED.....	8.2	54.8	36.9	*32.9	*40.6	11.6	47.4	41.8	43.3	*39.1
SEBACEOUS SKIN CYST.....	10.1	*12.8	*4.9	*6.7	*3.2	7.2	*6.5	*6.1	*5.1	*7.9
TROUBLE WITH ACNE.....	30.2	*9.7	*1.9	*-	*3.8	21.2	*-	*-	*-	*-
PSORIASIS.....	11.4	*9.1	*8.4	*3.3	*13.3	*3.8	24.3	*7.4	*4.5	*12.5
DERMATITIS.....	38.3	64.1	26.8	*30.3	*23.5	30.5	41.2	34.0	39.7	*23.7
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	26.4	42.6	47.1	*38.3	55.6	12.7	25.0	30.2	*21.9	*44.4
TROUBLE WITH INGROWN NAILS.....	25.1	57.3	70.3	64.9	75.6	30.8	41.9	37.6	31.1	49.1
TROUBLE WITH CORNS AND CALLUSES.....	11.9	45.4	47.4	61.2	*34.3	11.5	39.6	39.4	40.1	*38.4
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	18.2	106.2	111.1	82.2	138.7	24.8	43.9	102.7	87.7	129.0
COLOR BLINDNESS.....	*5.2	*13.3	*8.0	*8.0	*7.9	9.9	*10.7	18.0	*21.3	*12.2
CATARACTS.....	*1.8	64.7	182.6	137.1	226.0	*3.4	27.0	174.0	139.4	234.4
GLAUCOMA.....	*1.2	*31.5	40.1	*28.3	51.4	*0.8	*18.9	37.8	29.6	51.6
HEARING IMPAIRMENT.....	52.2	218.8	307.8	243.5	369.5	50.1	180.4	364.0	335.7	413.6
TINNITUS.....	15.1	96.5	89.5	101.5	78.1	16.1	59.7	100.8	95.1	110.8
SPEECH IMPAIRMENT.....	22.8	47.4	*17.2	*23.0	*12.1	13.5	*12.6	*8.9	*7.2	*11.8
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	*4.0	*15.3	*20.5	*24.6	*16.5	*1.7	*13.3	31.4	43.1	*10.8
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	*5.8	42.9	*14.1	*20.0	*8.3	*3.7	*17.3	*14.2	*20.0	*3.9
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	118.1	247.5	182.2	178.6	185.7	102.1	205.4	178.6	163.7	204.7
BACK.....	67.4	137.7	93.6	92.1	94.9	57.9	130.4	97.6	90.6	110.4
UPPER EXTREMITIES.....	10.6	73.2	23.7	*17.6	*29.5	13.8	27.0	32.2	33.5	*29.7
LOWER EXTREMITIES.....	54.5	126.3	84.1	85.5	82.9	40.5	75.9	79.0	75.6	84.9
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	17.7	53.9	31.5	47.9	*16.2	12.4	39.6	31.0	33.1	*27.2
HERNIA OF ABDOMINAL CAVITY.....	7.3	60.7	72.3	72.2	72.4	8.8	53.3	67.0	52.5	92.5
GASTRITIS OR DUODENITIS.....	7.9	*27.0	25.0	*20.0	*29.8	10.3	21.1	*17.4	*18.8	*15.1
FREQUENT INDIGESTION.....	18.1	74.1	82.0	88.8	75.2	23.4	42.8	35.3	42.1	*22.9
ENTERITIS OR COLITIS.....	*6.1	*32.4	*17.5	*30.6	*5.4	7.9	*15.5	23.3	*19.8	*29.0
SPASTIC COLON.....	*1.9	*7.1	*10.4	*11.3	*9.5	*3.2	*10.6	19.1	*20.6	*16.5
DIVERTICULA OF INTESTINES.....	*0.6	*21.3	38.8	*41.6	*35.9	*0.8	*15.9	43.7	39.7	50.9
FREQUENT CONSTIPATION.....	17.2	51.9	106.2	58.2	152.1	8.7	27.6	57.7	29.6	106.8

SEE NOTES AT END OF TABLE.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	45-64 YEARS		65 YEARS AND OVER			45-64 YEARS		65 YEARS AND OVER		
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	*5.7	43.1	52.0	46.2	57.5	5.6	55.8	39.6	48.4	*24.0
DIABETES.....	*7.2	97.1	98.3	121.4	76.2	8.7	79.9	100.8	103.0	96.8
ANEMIAS.....	31.6	*21.6	40.9	*22.0	59.0	18.9	28.8	24.5	*23.9	*25.8
EPILEPSY.....	*5.6	*15.6	*4.1	*8.3	*	*3.8	*2.9	*5.1	*5.7	*3.9
MIGRAINE HEADACHE.....	48.8	59.6	22.6	*38.9	*7.0	37.4	49.3	*17.4	*20.9	*11.5
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*0.6	*7.1	*5.4	*3.7	*7.0	*	*7.2	*10.3	*6.3	*17.2
KIDNEY TROUBLE.....	18.8	49.1	37.5	*28.6	46.3	11.2	*15.2	23.6	*22.7	*25.1
BLADDER DISORDERS.....	*6.9	*35.8	48.6	*41.3	55.6	9.9	*14.7	21.5	*20.0	*24.4
DISEASES OF PROSTATE.....	*0.6	*18.5	28.1	*39.9	*16.5	*0.4	*11.1	23.6	*24.3	*22.2
DISEASE OF FEMALE GENITAL ORGANS.....	19.4	*23.3	*16.7	*15.3	*18.1	17.3	20.5	*8.6	*9.0	*7.9
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	*5.3	*34.3	*7.0	*4.0	*9.8	*4.0	*3.0	*14.7	*16.6	*11.5
HEART DISEASE.....	39.3	225.9	346.1	336.3	355.9	31.1	174.4	324.4	280.5	401.4
ISCHEMIC HEART DISEASE.....	*3.5	94.0	131.1	107.5	153.7	*2.4	75.7	181.9	151.9	234.4
HEART RHYTHM DISORDERS.....	26.5	81.2	90.5	109.4	72.7	22.0	60.8	70.4	73.0	65.9
TACHYCARDIA OR RAPID HEART.....	*4.9	*37.5	27.6	*41.6	*14.3	*3.3	23.3	20.7	*21.3	*19.7
HEART MURMURS.....	20.2	*23.3	28.6	*27.9	*29.2	17.2	20.4	22.7	*22.1	*23.7
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	*1.4	*20.4	34.3	*39.9	*28.9	*1.5	*17.2	26.9	29.6	*22.6
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	9.2	50.8	124.6	119.8	129.5	6.8	37.9	72.1	55.6	101.1
HIGH BLOOD PRESSURE (HYPERTENSION).....	48.2	392.3	471.5	533.3	412.7	45.4	297.0	396.4	374.9	434.1
CEREBROVASCULAR DISEASE.....	*5.1	62.7	69.0	58.5	79.0	*0.5	21.2	44.0	29.8	68.8
HARDENING OF THE ARTERIES.....	*1.5	41.4	61.2	46.9	75.2	*1.2	25.7	75.1	55.4	109.7
VARICOSE VEINS OF LOWER EXTREMITIES.....	15.9	109.0	91.4	107.8	76.2	19.5	50.3	100.2	77.7	139.8
HEMORRHOIDS.....	27.5	117.5	92.1	91.5	93.0	32.5	74.1	53.4	47.6	63.1
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	51.5	92.8	80.7	97.5	64.8	36.2	64.5	50.1	42.1	63.8
ASTHMA.....	57.2	99.9	56.5	66.5	47.0	41.8	31.8	40.0	39.7	*40.5
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	82.6	105.3	79.6	85.8	73.7	73.7	80.9	53.6	62.6	*38.0
CHRONIC SINUSITIS.....	114.3	207.8	223.5	227.9	219.4	115.0	186.3	187.5	201.8	162.7
DEVIATED NASAL SEPTUM.....	*3.5	*3.1	*10.1	*8.6	*11.4	*2.1	*5.3	*3.6	*3.5	*3.9
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	26.8	*13.3	*1.8	*	*3.5	20.9	*1.4	*	*	*
EMPHYSEMA.....	*0.7	42.0	51.5	54.9	48.3	*1.1	28.5	42.7	43.5	*41.2

SEE NOTES AT END OF TABLE.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
ARTHRITIS.....	27.9	266.1	470.8	455.1	506.5	31.7	195.1	397.0	359.1	494.8
GOUT, INCLUDING GOUTY ARTHRITIS.....	*0.8	18.5	26.4	*20.9	*38.5	3.0	17.8	*37.7	*39.1	*34.0
INTERVERTEBRAL DISC DISORDERS.....	12.3	37.8	*23.7	*26.5	*17.4	9.4	39.5	*22.4	*24.7	*16.5
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	5.0	29.0	34.5	39.9	*22.4	8.2	21.2	*12.9	*13.6	*10.3
DISORDERS OF BONE OR CARTILAGE.....	*1.6	*11.4	*18.5	*12.8	*30.5	*1.9	8.5	*32.5	*26.7	*48.5
TROUBLE WITH BUNIONS.....	5.2	18.6	*25.4	*30.1	*14.3	6.8	15.3	*24.5	*29.9	*10.3
BURSITIS, UNCLASSIFIED.....	11.2	46.8	35.4	*32.9	*41.0	8.8	28.3	42.6	*38.7	*52.6
SEBACEOUS SKIN CYST.....	5.9	*7.0	*8.1	*8.9	*6.2	4.5	*6.7	*9.2	*4.8	*20.6
TROUBLE WITH ACNE.....	31.0	*2.2	—	—	—	29.0	*2.6	*3.7	*5.2	*—
PSORIASIS.....	6.9	15.1	*19.4	*23.7	*10.6	9.2	16.9	*11.8	*2.4	*36.1
DERMATITIS.....	43.4	41.4	37.7	40.5	*31.7	44.4	29.2	*15.8	*13.2	*22.7
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	18.1	25.7	28.7	*32.4	*19.9	16.8	20.7	*34.2	*33.5	*36.1
TROUBLE WITH INGROWN NAILS.....	17.8	30.2	40.8	*28.2	*69.0	18.3	24.8	*27.6	*28.3	*26.8
TROUBLE WITH CORNS AND CALLUSES.....	10.4	32.7	51.2	57.2	*37.9	11.9	30.3	*28.8	*29.9	*25.8
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	21.6	39.3	68.4	45.5	119.3	23.4	49.6	70.2	75.8	*54.6
COLOR BLINDNESS.....	9.8	*11.1	*7.1	*7.0	*6.8	13.4	23.8	*21.9	*30.3	*—
CATARACTS.....	*2.2	16.3	130.8	78.4	247.4	*1.2	16.1	149.6	122.9	218.6
GLAUCOMA.....	*1.4	*6.2	42.7	*27.9	*75.8	*0.6	8.9	57.2	*53.1	*68.0
HEARING IMPAIRMENT.....	35.3	149.8	259.0	239.4	302.7	30.3	136.2	314.4	331.6	270.1
TINNITUS.....	8.4	43.1	84.3	100.7	*47.9	8.7	44.9	74.2	87.8	*39.2
SPEECH IMPAIRMENT.....	11.3	*8.0	*6.4	*6.1	*7.5	7.2	*1.7	*15.8	*21.9	*—
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	3.9	13.3	*20.4	*15.3	*31.7	2.8	*5.8	*2.9	*4.0	*—
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	*1.8	*7.5	*25.2	*30.4	*13.7	*1.1	*1.2	—	—	*—
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	89.1	137.1	136.1	127.2	156.0	91.5	134.0	140.1	163.6	*79.4
BACK.....	51.2	84.2	56.2	58.9	*50.3	54.9	79.0	52.4	55.9	*42.3
UPPER EXTREMITIES.....	7.0	20.2	28.1	*25.1	*35.4	8.0	18.0	*18.1	*20.8	*11.3
LOWER EXTREMITIES.....	38.5	49.0	60.5	56.1	*70.2	37.2	53.9	79.4	93.0	*43.3
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	10.7	25.0	*12.3	*14.8	*6.8	9.1	24.3	*6.6	*9.2	*—
HERNIA OF ABDOMINAL CAVITY.....	10.3	34.8	45.6	41.6	*54.7	7.1	28.9	51.2	54.7	*42.3
GASTRITIS OR DUODENITIS.....	8.6	13.0	*16.2	*17.0	*14.3	7.5	19.9	*32.2	*33.9	*27.8
FREQUENT INDIGESTION.....	18.5	23.4	39.9	42.1	*34.8	16.2	32.9	*15.5	*17.2	*11.3
ENTERITIS OR COLITIS.....	9.0	13.8	*20.8	*27.3	*5.6	9.6	12.4	*9.5	*13.2	*—
SPASTIC COLON.....	3.6	*4.9	*13.1	*12.3	*15.5	4.2	11.6	*15.2	*17.6	*9.3
DIVERTICULA OF INTESTINES.....	*1.1	*12.3	47.6	43.8	*56.6	*0.7	12.5	41.1	*39.9	*44.3
FREQUENT CONSTIPATION.....	11.3	23.6	48.5	*34.9	*78.9	12.3	11.4	*22.7	*22.7	*22.7

SEE NOTES AT END OF TABLE.

TABLE 60. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	7.0	32.9	41.4	*30.4	*65.9	10.1	33.4	*36.5	*24.7	*67.0
DIABETES.....	8.1	50.8	75.9	75.9	*75.8	4.4	39.4	70.5	70.6	*70.1
ANEMIAS.....	12.9	16.1	*22.5	*0.8	*70.9	12.7	*7.0	*10.4	*10.0	*10.3
EPILEPSY.....	4.3	*7.1	*	*	*	*0.8	*5.1	*	*	*
MIGRAINE HEADACHE.....	36.7	53.6	*23.9	*28.5	*13.7	42.3	40.7	*27.6	*38.3	*
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*0.5	*2.4	*2.1	*	*6.8	*1.1	*5.2	*3.5	*4.8	*
KIDNEY TROUBLE.....	10.1	16.2	*25.8	*18.1	*42.3	6.8	10.7	*36.0	*29.5	*52.6
BLADDER DISORDERS.....	7.5	22.5	*17.5	*12.8	*28.0	7.6	11.3	*37.4	*29.5	*57.7
DISEASES OF PROSTATE.....	*1.8	*5.4	43.3	46.0	*36.7	*1.6	12.8	41.1	*40.3	*43.3
DISEASE OF FEMALE GENITAL ORGANS.....	21.1	21.9	*8.1	*9.5	*4.4	22.0	27.0	*2.6	*	*9.3
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	5.9	15.7	*17.5	*15.1	*23.0	5.3	9.6	*8.3	*11.6	*
HEART DISEASE.....	33.8	155.6	268.8	245.3	321.3	33.6	87.2	257.2	235.4	314.4
ISCHEMIC HEART DISEASE.....	*2.9	88.7	133.6	133.1	134.9	3.1	46.6	127.4	111.7	168.0
HEART RHYTHM DISORDERS.....	24.7	39.5	59.1	49.4	*80.8	24.9	27.2	67.9	68.2	*67.0
TACHYCARDIA OR RAPID HEART.....	3.4	14.4	*8.5	*6.7	*11.8	3.7	*6.3	*16.1	*18.0	*11.3
HEART MURMURS.....	19.0	17.4	*24.6	*23.7	*26.1	18.9	10.3	*16.1	*13.2	*22.7
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	*2.3	*7.7	*26.2	*19.0	*42.3	*2.4	10.6	*35.7	*37.1	*33.0
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	6.2	27.4	76.1	62.8	106.3	5.6	13.3	61.6	55.1	*78.4
HIGH BLOOD PRESSURE (HYPERTENSION).....	39.7	277.1	345.1	359.4	313.2	42.8	211.7	320.8	327.6	303.1
CEREBROVASCULAR DISEASE.....	*1.1	16.8	38.7	*30.7	*55.9	*1.2	*8.2	67.9	*49.1	*115.5
HARDENING OF THE ARTERIES.....	*0.5	19.9	54.5	44.9	*75.8	*	8.3	55.8	*50.7	*68.0
VARICOSE VEINS OF LOWER EXTREMITIES.....	15.1	50.3	77.2	84.5	*60.9	19.4	55.8	40.3	*43.5	*32.0
HEMORRHOIDS.....	42.6	94.0	68.4	86.8	*26.7	34.7	77.5	55.8	55.1	*57.7
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	44.3	56.9	68.2	65.6	*74.0	50.8	48.3	57.2	*53.5	*67.0
ASTHMA.....	42.7	23.6	33.9	*37.4	*26.7	42.3	31.8	*18.4	*14.4	*28.9
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	87.0	94.0	97.4	120.5	*46.0	127.7	122.8	75.7	88.2	*43.3
CHRONIC SINUSITIS.....	122.1	190.9	154.8	172.4	115.6	131.1	189.7	120.0	122.9	*112.4
DEVIATED NASAL SEPTUM.....	4.9	*4.6	*6.9	*4.2	*13.1	7.8	18.7	*2.9	*4.0	*
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	19.1	*2.0	*	*	*	20.3	*4.3	*	*	*
EMPHYSEMA.....	*0.5	14.0	33.9	*27.9	*47.2	*	10.7	*31.9	*20.4	*61.9

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II, THE FREQUENCIES OF TABLES 65 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 61. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
ARTHRITIS.....	131.9	140.2	134.8	107.6	119.9	130.5	112.7	164.1
GOUT, INCLUDING GOUTY ARTHRITIS.....	7.0	9.3	8.6	8.8	8.5	9.1	8.1	8.5
INTERVERTEBRAL DISC DISORDERS.....	13.3	18.8	17.8	20.4	17.4	15.9	18.4	18.7
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	8.7	10.5	9.9	11.7	9.9	9.8	10.0	11.0
DISORDERS OF BONE OR CARTILAGE.....	4.5	6.8	6.8	6.4	5.5	5.5	5.6	8.8
TROUBLE WITH BUNIONS.....	13.0	9.5	11.7	9.0	10.8	14.0	8.7	11.0
BURSITIS, UNCLASSIFIED.....	16.0	18.4	19.1	19.6	17.6	16.4	18.4	21.0
SEBACEOUS SKIN CYST.....	8.0	5.9	6.6	3.9	6.3	5.6	6.7	5.7
TROUBLE WITH ACNE.....	14.2	19.9	19.6	20.9	18.9	18.7	19.0	18.5
PSORIASIS.....	11.8	11.0	7.7	8.0	9.8	6.9	11.8	8.0
DERMATITIS.....	35.9	37.3	31.4	49.2	38.7	38.2	39.0	33.4
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	19.9	25.9	16.0	19.0	19.4	21.7	17.9	21.4
TROUBLE WITH INGROWN NAILS.....	19.1	25.0	28.3	28.4	22.8	25.1	21.2	35.5
TROUBLE WITH CORNS AND CALLUSES.....	19.4	20.3	20.0	14.4	18.2	21.6	15.9	21.1
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	38.7	38.3	28.6	36.6	33.5	31.6	34.8	38.9
COLOR BLINDNESS.....	14.2	16.3	7.2	11.0	11.4	9.1	13.0	12.4
CATARACTS.....	25.3	24.9	28.0	21.5	23.2	21.5	24.3	32.7
GLAUCOMA.....	7.8	8.0	8.5	6.3	7.8	9.7	6.5	7.6
HEARING IMPAIRMENT.....	75.7	97.0	92.6	95.2	82.8	75.8	87.5	117.9
TINNITUS.....	22.0	25.2	25.3	34.0	24.6	22.8	25.8	32.6
SPEECH IMPAIRMENT.....	9.0	10.7	13.6	8.8	10.5	12.3	9.4	12.3
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	5.8	7.9	6.0	5.2	5.1	5.4	4.9	10.2
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	6.0	6.1	5.4	3.9	5.5	5.7	5.4	4.8
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	99.9	115.9	105.0	128.8	110.1	109.0	110.9	116.5
BACK.....	56.5	64.3	58.2	80.9	62.7	61.3	63.6	68.8
UPPER EXTREMITIES.....	13.9	15.8	11.0	15.6	13.3	14.5	12.4	15.4
LOWER EXTREMITIES.....	38.9	49.1	47.5	47.8	45.0	46.1	44.3	50.2
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	16.5	15.9	16.5	14.6	15.1	17.0	13.9	18.8
HERNIA OF ABDOMINAL CAVITY.....	16.2	19.8	24.6	14.9	18.1	18.5	17.8	25.2
GASTRITIS OR DUODENITIS.....	12.8	10.9	12.2	8.7	10.2	9.6	10.6	15.0
FREQUENT INDIGESTION.....	16.6	24.8	25.0	29.5	22.8	21.6	23.6	28.7
ENTERITIS OR COLITIS.....	9.9	16.2	8.4	7.4	10.7	8.6	12.1	9.6
SPASTIC COLON.....	5.0	6.2	7.2	4.2	6.1	5.3	6.7	5.2
DIVERTICULA OF INTESTINES.....	9.4	6.8	8.1	6.3	7.1	6.4	7.6	9.7
FREQUENT CONSTIPATION.....	15.3	20.2	23.9	13.4	17.9	20.8	16.0	22.7

SEE NOTES AT END OF TABLE.

TABLE 61. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS PER 1,000 PERSONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
					MSA			
	NORTHEAST	MIDWEST	SOUTH	WEST	ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS PER 1,000 PERSONS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	18.4	17.1	16.9	14.0	16.2	14.3	17.6	18.1
DIABETES.....	26.0	27.0	27.1	22.1	24.0	28.8	20.8	32.0
ANEMIAS.....	18.0	15.7	18.1	13.7	16.6	20.5	13.9	16.5
EPILEPSY.....	3.8	3.8	4.2	3.1	3.5	3.9	3.2	4.8
MIGRAINE HEADACHE.....	32.8	42.0	36.8	41.7	37.0	35.3	38.1	42.8
NEURALGIA OR NEURITIS, UNSPECIFIED.....	*2.0	2.7	2.5	*1.2	2.0	1.8	2.1	2.8
KIDNEY TROUBLE.....	8.0	14.6	19.1	9.7	11.7	10.9	12.2	20.7
BLADDER DISORDERS.....	7.6	14.4	14.0	14.0	12.2	11.8	12.4	14.8
DISEASES OF PROSTATE.....	5.8	6.2	8.6	7.2	6.4	6.3	6.5	9.7
DISEASE OF FEMALE GENITAL ORGANS.....	16.0	20.4	19.7	18.9	19.4	19.1	19.6	17.6
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	7.7	10.0	4.5	6.9	6.9	6.5	7.2	7.4
HEART DISEASE.....	90.2	86.7	80.0	81.7	80.0	77.6	81.6	98.0
ISCHEMIC HEART DISEASE.....	35.6	32.2	31.0	25.2	29.3	26.5	31.3	36.9
HEART RHYTHM DISORDERS.....	35.9	36.5	26.0	39.8	32.6	31.4	33.5	36.3
TACHYCARDIA OR RAPID HEART.....	5.5	8.1	7.5	7.2	6.4	8.0	5.3	9.9
HEART MURMURS.....	23.6	20.0	12.4	25.3	19.4	16.8	21.1	18.6
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	6.9	8.4	6.1	7.2	6.8	6.6	7.0	7.8
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	18.6	17.9	23.0	16.7	18.0	19.7	16.9	24.8
HIGH BLOOD PRESSURE (HYPERTENSION).....	118.0	123.7	130.6	107.1	118.1	125.6	113.1	132.7
CEREBROVASCULAR DISEASE.....	9.1	8.8	12.1	11.1	9.3	10.1	8.8	14.2
HARDENING OF THE ARTERIES.....	9.7	10.5	13.6	9.8	11.1	12.5	10.1	11.9
VARICOSE VEINS OF LOWER EXTREMITIES.....	24.7	38.6	30.3	32.6	30.8	31.7	30.1	34.8
HEMORRHOIDS.....	37.1	44.5	47.8	52.8	45.2	37.3	50.4	48.1
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	46.7	51.1	52.8	44.3	49.5	45.9	51.9	49.0
ASTHMA.....	39.5	42.4	40.7	42.5	39.8	43.0	37.6	46.2
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	77.7	81.3	94.6	119.6	94.3	92.6	95.4	88.7
CHRONIC SINUSITIS.....	93.1	169.7	172.1	96.6	134.1	124.5	140.5	159.0
DEVIATED NASAL SEPTUM.....	7.3	4.6	6.2	5.9	6.3	3.8	7.9	5.0
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	10.0	20.3	15.3	14.1	14.1	13.1	14.8	18.9
EMPHYSEMA.....	6.6	8.4	9.8	5.4	7.2	7.3	7.0	10.5

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II, THE FREQUENCIES OF TABLES 66 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.



TABLE 62. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY AGE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS			65 YEARS AND OVER			
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
ARTHRITIS.....	31,292	5,647	149	5,498	11,716	13,930	7,811	6,119
GOUT, INCLUDING GOUTY ARTHRITIS.....	2,049	320	-	320	955	774	522	253
INTERVERTEBRAL DISC DISORDERS.....	4,261	1,793	11	1,782	1,736	731	526	205
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	2,450	1,059	81	978	896	495	352	143
DISORDERS OF BONE OR CARTILAGE.....	1,510	356	84	272	484	670	388	282
TROUBLE WITH BUNIONS.....	2,616	895	44	850	823	899	621	278
BURSITIS, UNCLASSIFIED.....	4,428	1,583	36	1,547	1,823	1,021	621	401
SEBACEOUS SKIN CYST.....	1,480	1,008	119	889	310	162	100	62
TROUBLE WITH ACNE.....	4,533	4,396	1,696	2,700	112	25	13	12
PSORIASIS.....	2,268	1,211	224	986	755	302	162	140
DERMATITIS.....	9,025	6,601	2,220	4,381	1,643	781	530	252
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	4,788	2,698	610	2,089	1,064	1,025	549	476
TROUBLE WITH INGROWN NAILS.....	6,177	3,420	518	2,902	1,464	1,293	651	642
TROUBLE WITH CORNS AND CALLUSES.....	4,534	1,765	55	1,710	1,549	1,221	822	399
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	8,365	3,589	579	3,010	2,174	2,602	1,184	1,419
COLOR BLINDNESS.....	2,802	1,709	373	1,336	721	372	278	94
CATARACTS.....	6,105	310	63	247	986	4,810	2,074	2,735
GLAUCOMA.....	1,867	150	-	150	543	1,174	553	620
HEARING IMPAIRMENT.....	21,864	6,100	1,078	5,021	6,725	9,040	4,807	4,233
TINNITUS.....	6,361	1,714	69	1,644	2,241	2,407	1,571	835
SPEECH IMPAIRMENT.....	2,640	1,879	1,151	728	380	381	245	136
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	1,514	486	10	476	420	608	429	179
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	1,296	360	80	280	439	497	366	130
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	26,878	15,379	1,833	13,546	6,878	4,621	2,659	1,963
BACK.....	15,431	9,009	714	8,295	4,105	2,316	1,333	983
UPPER EXTREMITIES.....	3,309	1,483	72	1,411	1,103	724	423	301
LOWER EXTREMITIES.....	11,126	6,318	1,104	5,214	2,734	2,074	1,238	836
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	3,848	1,834	28	1,806	1,329	685	471	214
HERNIA OF ABDOMINAL CAVITY.....	4,744	1,319	366	953	1,773	1,652	940	712
GASTRITIS OR DUODENITIS.....	2,716	1,285	142	1,143	808	622	369	253
FREQUENT INDIGESTION.....	5,817	3,040	221	2,819	1,604	1,173	704	469
ENTERITIS OR COLITIS.....	2,511	1,353	261	1,092	649	508	366	142
SPASTIC COLON.....	1,421	534	-	534	471	417	260	157
DIVERTICULA OF INTESTINES.....	1,850	135	-	135	588	1,127	653	473
FREQUENT CONSTIPATION.....	4,580	1,910	577	1,333	998	1,672	591	1,081

SEE NOTES AT END OF TABLE.

TABLE 62. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	ALL AGES	UNDER 45 YEARS				65 YEARS AND OVER		
		TOTAL	UNDER 18 YEARS	18-44 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	4,012	1,225	41	1,184	1,624	1,163	641	522
DIABETES.....	6,221	1,085	138	948	2,487	2,649	1,673	976
ANEMIAS.....	3,988	2,634	659	1,975	597	757	277	480
EPILEPSY.....	912	532	142	390	267	113	90	23
MIGRAINE HEADACHE.....	9,222	6,624	905	5,719	2,068	529	427	102
NEURALGIA OR NEURITIS, UNSPECIFIED.....	527	95	12	83	242	190	66	124
KIDNEY TROUBLE.....	3,311	1,786	198	1,588	789	735	380	355
BLADDER DISORDERS.....	3,076	1,335	261	1,074	813	928	474	454
DISEASES OF PROSTATE.....	1,724	268	-	268	571	885	616	269
DISEASE OF FEMALE GENITAL ORGANS.....	4,571	3,329	179	3,150	1,002	241	145	96
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	1,688	795	23	772	517	377	265	112
HEART DISEASE.....	20,258	5,579	1,478	4,101	6,195	8,484	4,775	3,709
ISCHEMIC HEART DISEASE.....	7,483	463	-	463	3,087	3,933	2,223	1,710
HEART RHYTHM DISORDERS.....	8,063	4,050	1,195	2,855	1,905	2,108	1,335	773
TACHYCARDIA OR RAPID HEART.....	1,727	579	64	515	632	517	329	187
HEART MURMURS.....	4,634	3,117	1,126	1,991	737	779	488	291
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	1,702	354	5	349	536	812	517	295
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	4,712	1,066	283	783	1,203	2,443	1,217	1,226
HIGH BLOOD PRESSURE (HYPERTENSION).....	29,257	6,812	146	6,666	11,747	10,698	6,545	4,154
CEREBROVASCULAR DISEASE.....	2,516	239	27	211	839	1,438	695	743
HARDENING OF THE ARTERIES.....	2,710	98	-	98	845	1,767	899	868
VARICOSE VEINS OF LOWER EXTREMITIES.....	7,632	2,744	-	2,744	2,587	2,301	1,332	969
HEMORRHOIDS.....	11,041	5,626	80	5,547	3,566	1,849	1,120	729
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	11,894	7,477	3,453	4,024	2,558	1,859	1,153	706
ASTHMA.....	9,934	7,160	3,171	3,989	1,587	1,188	765	423
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	22,413	15,838	4,028	11,810	4,528	2,047	1,388	660
CHRONIC SINUSITIS.....	33,658	20,130	3,902	16,228	8,567	4,961	3,095	1,866
DEVIATED NASAL SEPTUM.....	1,438	848	37	810	442	149	68	81
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	3,659	3,446	2,306	1,140	202	11	-	11
EMPHYSEMA.....	1,905	64	-	64	764	1,077	623	453

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 63. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY SEX AND AGE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	MALE					FEMALE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS										
ARTHRITIS.....	2,043	4,281	4,469	2,777	1,692	3,603	7,436	9,461	5,033	4,427
GOUT, INCLUDING GOUTY ARTHRITIS.....	243	730	489	358	131	76	225	285	163	122
INTERVERTEBRAL DISC DISORDERS.....	1,052	870	368	294	74	741	866	363	232	131
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	509	385	183	130	53	550	510	313	223	90
DISORDERS OF BONE OR CARTILAGE.....	191	139	76	66	10	165	345	594	321	272
TROUBLE WITH BUNIONS.....	123	139	100	66	34	771	683	798	555	244
BURSITIS, UNCLASSIFIED.....	617	649	417	274	143	966	1,175	605	347	258
SEBACEOUS SKIN CYST.....	632	167	35	25	10	376	143	128	75	52
TROUBLE WITH ACNE.....	2,052	57	13	13	-	2,343	55	12	-	12
PSORIASIS.....	576	466	151	100	51	635	289	151	62	89
DERMATITIS.....	2,482	621	184	133	50	4,119	1,022	598	397	201
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	1,268	490	336	171	165	1,430	574	690	378	312
TROUBLE WITH INGROWN NAILS.....	1,571	552	319	165	154	1,849	912	974	487	487
TROUBLE WITH CORNS AND CALLUSES.....	752	527	381	246	135	1,013	1,022	840	576	264
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	2,509	1,389	1,256	671	585	1,079	785	1,347	513	834
COLOR BLINDNESS.....	1,595	664	316	247	69	115	56	56	31	25
CATARACTS.....	113	482	1,467	771	696	196	504	3,342	1,303	2,039
GLAUCOMA.....	55	317	483	270	213	95	226	691	283	408
HEARING IMPAIRMENT.....	3,553	4,486	4,357	2,792	1,564	2,547	2,239	4,683	2,015	2,668
TINNITUS.....	778	1,367	962	767	195	936	873	1,444	804	640
SPEECH IMPAIRMENT.....	1,220	201	218	151	67	659	179	163	94	69
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	428	386	478	326	152	59	33	130	103	27
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	220	162	233	201	32	139	278	263	166	98
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	7,703	3,402	1,702	1,150	552	7,676	3,476	2,920	1,508	1,411
BACK.....	3,951	1,993	756	502	254	5,058	2,112	1,561	831	729
UPPER EXTREMITIES.....	930	578	321	186	135	553	524	403	237	165
LOWER EXTREMITIES.....	3,616	1,471	806	604	201	2,702	1,263	1,269	634	635
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	889	703	265	158	108	945	626	419	313	106
HERNIA OF ABDOMINAL CAVITY.....	801	938	775	443	332	518	835	878	498	380
GASTRITIS OR DUODENITIS.....	594	347	137	110	27	691	462	485	259	226
FREQUENT INDIGESTION.....	1,510	727	481	319	162	1,530	877	693	385	307
ENTERITIS OR COLITIS.....	564	161	151	110	42	789	488	357	257	100
SPASTIC COLON.....	118	80	69	47	22	415	391	348	213	135
DIVERTICULA OF INTESTINES.....	37	245	220	129	91	98	344	907	524	383
FREQUENT CONSTIPATION.....	487	198	594	241	353	1,424	800	1,078	350	728

SEE NOTES AT END OF TABLE.

TABLE 63. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY SEX AND AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	MALE					FEMALE				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS										
GOITER OR OTHER DISORDERS OF THE THYROID.....	132	201	102	48	54	1,094	1,424	1,061	592	469
DIABETES.....	602	1,237	1,080	691	389	483	1,250	1,569	982	587
ANEMIAS.....	470	99	187	77	110	2,164	498	570	200	370
EPILEPSY.....	250	126	55	44	11	282	141	57	45	12
MIGRAINE HEADACHE.....	1,989	452	105	57	47	4,636	1,616	425	370	55
NEURALGIA OR NEURITIS, UNSPECIFIED.....	-	53	74	-	74	95	189	116	66	50
KIDNEY TROUBLE.....	508	368	392	193	199	1,279	422	343	186	157
BLADDER DISORDERS.....	156	176	221	145	77	1,179	638	707	329	377
DISEASES OF PROSTATE.....	268	571	885	616	269	...	...	...	...	...
DISEASE OF FEMALE GENITAL ORGANS.....	...	...	...	...	...	3,329	1,002	241	145	96
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	272	236	135	101	34	523	280	242	164	78
HEART DISEASE.....	2,330	3,332	3,799	2,343	1,456	3,249	2,863	4,685	2,432	2,253
ISCHEMIC HEART DISEASE.....	274	2,122	2,024	1,223	802	189	965	1,909	1,001	908
HEART RHYTHM DISORDERS.....	1,631	575	762	515	246	2,419	1,330	1,346	820	526
TACHYCARDIA OR RAPID HEART.....	203	225	119	70	49	376	407	398	260	138
HEART MURMURS.....	1,320	128	257	172	85	1,798	610	522	317	205
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	109	222	386	274	112	245	314	426	243	183
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	425	635	1,012	605	408	641	568	1,430	612	818
HIGH BLOOD PRESSURE (HYPERTENSION).....	3,786	5,504	3,628	2,548	1,081	3,026	6,243	7,070	3,997	3,073
CEREBROVASCULAR DISEASE.....	121	492	673	394	280	118	347	765	301	464
HARDENING OF THE ARTERIES.....	63	555	800	457	343	35	291	966	442	525
VARICOSE VEINS OF LOWER EXTREMITIES.....	433	556	566	393	173	2,311	2,031	1,735	939	796
HEMORRHOIDS.....	2,410	1,855	596	376	220	3,217	1,711	1,252	744	509
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	3,404	761	598	357	242	4,073	1,797	1,260	796	464
ASTHMA.....	3,639	570	441	349	91	3,521	1,017	747	415	332
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	7,528	1,962	772	501	271	8,310	2,567	1,275	887	389
CHRONIC SINUSITIS.....	8,456	3,417	1,671	1,128	543	11,674	5,151	3,289	1,967	1,322
DEVIATED NASAL SEPTUM.....	471	262	41	20	21	376	180	108	48	60
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	1,539	92	-	-	-	1,907	110	11	-	11
EMPHYSEMA.....	28	558	722	374	348	37	206	354	249	105

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 64. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY RACE AND AGE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS	75 YEARS AND OVER			TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
ARTHRITIS.....	5,035	10,337	12,625	7,116	5,510	526	1,154	1,171	650	520
GOUT, INCLUDING GOUTY ARTHRITIS.....	289	828	669	446	222	8	63	94	63	30
INTERVERTEBRAL DISC DISORDERS.....	1,681	1,594	670	481	189	54	114	54	38	16
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	1,023	833	450	352	97	11	15	46	-	46
DISORDERS OF BONE OR CARTILAGE.....	320	449	619	337	282	24	24	39	39	-
TROUBLE WITH BUNIONS.....	713	682	830	578	252	170	130	69	43	26
BURSTITIS, UNCLASSIFIED.....	1,421	1,649	974	586	388	137	145	47	35	13
SEBACEOUS SKIN CYST.....	907	284	162	100	62	87	26	-	-	-
TROUBLE WITH ACNE.....	3,964	97	25	13	12	394	15	-	-	-
PSORIASIS.....	1,133	738	292	162	129	65	7	10	-	10
DERMATITIS.....	5,847	1,470	732	491	242	551	92	11	11	-
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	2,254	972	958	500	457	343	49	57	48	9
TROUBLE WITH INGROWN NAILS.....	3,025	1,295	1,210	629	581	303	133	82	22	60
TROUBLE WITH CORNS AND CALLUSES.....	1,369	1,290	1,003	686	317	380	197	200	136	64
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	3,244	1,953	2,334	1,057	1,278	272	178	244	127	117
COLOR BLINDNESS.....	1,624	668	359	273	86	43	41	13	5	8
CATARACTS.....	268	878	4,388	1,889	2,499	16	108	354	152	203
GLAUCOMA.....	127	462	958	437	521	23	70	216	117	100
HEARING IMPAIRMENT.....	5,514	6,223	8,466	4,511	3,955	459	446	483	231	252
TINNITUS.....	1,451	2,023	2,276	1,471	805	225	190	131	100	30
SPEECH IMPAIRMENT.....	1,489	313	342	219	123	327	67	39	25	13
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	433	390	494	340	154	31	30	80	55	25
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	289	372	450	331	119	35	68	47	35	11
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	13,301	6,048	4,288	2,454	1,834	1,695	700	291	163	129
BACK.....	8,067	3,728	2,162	1,226	936	718	285	135	88	47
UPPER EXTREMITIES.....	1,299	945	674	415	259	160	142	49	8	41
LOWER EXTREMITIES.....	5,133	2,340	1,902	1,115	788	1,024	350	150	101	49
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	1,513	1,198	615	423	192	273	118	59	37	22
HERNIA OF ABDOMINAL CAVITY.....	1,109	1,639	1,592	914	678	200	122	48	26	22
GASTRITIS OR DUODENITIS.....	1,084	705	532	307	225	133	68	90	62	28
FREQUENT INDIGESTION.....	2,683	1,379	1,017	595	422	283	181	145	97	48
ENTERITIS OR COLITIS.....	1,304	569	493	352	142	40	4	15	15	-
SPASTIC COLON.....	501	471	407	252	154	32	-	10	8	2
DIVERTICULA OF INTESTINES.....	120	569	1,117	652	465	15	20	10	2	8
FREQUENT CONSTIPATION.....	1,536	798	1,427	476	951	297	189	224	115	109

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 64. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY RACE AND AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	WHITE					BLACK				
	UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER			UNDER 45 YEARS	45-64 YEARS	65 YEARS AND OVER		
			TOTAL	65-74 YEARS	75 YEARS AND OVER			TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
GOITER OR OTHER DISORDERS OF THE THYROID.....	1,124	1,541	1,104	621	483	79	83	59	19	39
DIABETES.....	838	1,894	2,166	1,359	807	227	512	450	281	169
ANEMIAS.....	1,887	491	687	240	448	649	106	67	35	32
EPILEPSY.....	416	238	92	69	23	104	30	21	21	-
MIGRAINE HEADACHE.....	5,799	1,783	509	406	102	649	193	20	20	-
NEURALGIA OR NEURITIS, UNSPECIFIED.....	95	231	151	66	85	-	11	39	-	39
KIDNEY TROUBLE.....	1,532	728	662	341	322	229	43	56	23	33
BLADDER DISORDERS.....	1,132	773	879	442	436	203	40	49	32	17
DISEASES OF PROSTATE.....	251	543	781	556	225	17	16	55	35	20
DISEASE OF FEMALE GENITAL ORGANS.....	2,879	909	234	139	96	373	83	7	7	-
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	713	491	340	248	91	69	13	37	17	20
HEART DISEASE.....	4,760	5,313	7,821	4,386	3,435	737	715	538	306	232
ISCHEMIC HEART DISEASE.....	371	2,795	3,772	2,143	1,629	77	191	106	40	66
HEART RHYTHM DISORDERS.....	3,488	1,582	1,985	1,246	739	495	289	102	68	34
TACHYCARDIA OR RAPID HEART.....	522	489	495	308	187	57	143	22	22	-
HEART MURMURS.....	2,673	598	700	434	266	422	127	58	33	25
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	293	496	790	504	286	15	19	22	13	9
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	901	936	2,064	997	1,067	165	235	331	198	133
HIGH BLOOD PRESSURE (HYPERTENSION).....	5,375	9,520	9,262	5,630	3,632	1,245	1,828	1,274	795	478
CEREBROVASCULAR DISEASE.....	192	670	1,245	577	668	47	128	162	97	65
HARDENING OF THE ARTERIES.....	61	756	1,597	795	802	22	64	144	78	66
VARICOSE VEINS OF LOWER EXTREMITIES.....	2,495	2,286	2,201	1,274	927	184	212	100	58	42
HEMORRHOIDS.....	4,990	3,217	1,641	976	665	428	220	189	125	64
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	6,501	2,259	1,720	1,072	648	802	240	117	71	46
ASTHMA.....	5,728	1,327	1,046	676	370	1,301	225	105	77	28
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	14,059	4,070	1,839	1,263	575	1,449	305	209	124	84
CHRONIC SINUSITIS.....	17,363	7,703	4,597	2,852	1,745	2,442	764	339	230	109
DEVIATED NASAL SEPTUM.....	834	442	143	62	81	-	-	6	6	-
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	3,051	190	11	-	11	339	12	-	-	-
EMPHYSEMA.....	53	705	1,013	593	420	11	60	54	30	23

<sup>1</sup>TOTALS FOR WHITE AND BLACK DO NOT SUM TO TOTAL CHRONIC CONDITIONS BECAUSE OTHER RACES ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER			65 YEARS AND OVER		65 YEARS AND OVER			65 YEARS AND OVER	
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS AND OVER	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
ARTHRITIS.....	951	1,647	3,746	1,692	2,054	1,155	2,125	3,469	2,040	1,429
GOUT, INCLUDING GOUTY ARTHRITIS.....	65	105	186	99	87	33	234	172	110	62
INTERVERTEBRAL DISC DISORDERS.....	198	214	276	177	99	303	314	164	122	42
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	99	32	96	55	41	202	88	119	88	31
DISORDERS OF BONE OR CARTILAGE.....	75	89	178	123	55	85	75	200	112	88
TROUBLE WITH BUNIONS.....	71	136	245	130	116	137	159	245	177	68
BURSITIS, UNCLASSIFIED.....	153	193	227	99	128	319	328	321	212	109
SEBACEOUS SKIN CYST.....	189	45	30	20	10	198	45	47	25	22
TROUBLE WITH ACNE.....	566	34	12	-	12	584	-	-	-	-
PSORIASIS.....	214	32	52	10	42	105	168	57	22	35
DERMATITIS.....	717	226	165	91	74	841	285	261	194	66
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	494	150	290	115	175	350	173	232	107	124
TROUBLE WITH INGROWN NAILS.....	470	202	433	195	238	849	290	289	152	137
TROUBLE WITH CORNS AND CALLUSES.....	222	160	292	184	108	317	274	303	196	107
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	340	374	684	247	437	683	304	789	429	360
COLOR BLINDNESS.....	98	47	49	24	25	274	74	138	104	34
CATARACTS.....	33	228	1,124	412	712	93	187	1,337	682	654
GLAUCOMA.....	23	111	247	85	162	22	131	290	145	144
HEARING IMPAIRMENT.....	977	771	1,895	732	1,164	1,381	1,248	2,796	1,642	1,154
TINNITUS.....	283	340	551	305	246	445	413	774	465	309
SPEECH IMPAIRMENT.....	427	167	106	69	38	372	87	68	35	33
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	75	54	126	74	52	48	92	241	211	30
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	108	151	87	60	26	103	120	109	98	11
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	2,211	872	1,122	537	585	2,814	1,421	1,372	801	571
BACK.....	1,261	485	576	277	299	1,595	902	750	443	308
UPPER EXTREMITIES.....	198	258	146	53	93	380	187	247	164	83
LOWER EXTREMITIES.....	1,020	445	518	257	261	1,117	525	607	370	237
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	332	190	194	144	51	342	274	238	162	76
HERNIA OF ABDOMINAL CAVITY.....	136	214	445	217	228	242	369	515	257	258
GASTRITIS OR DUODENITIS.....	147	95	154	60	94	285	146	134	92	42
FREQUENT INDIGESTION.....	338	261	505	267	237	645	296	271	206	64
ENTERITIS OR COLITIS.....	114	114	108	92	17	219	107	179	97	81
SPASTIC COLON.....	35	25	64	34	30	89	73	147	101	46
DIVERTICULA OF INTESTINES.....	11	75	239	125	113	23	110	336	194	142
FREQUENT CONSTIPATION.....	322	183	654	175	479	240	191	443	145	298

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	LESS THAN \$10,000					\$10,000-\$19,999				
	65 YEARS AND OVER					65 YEARS AND OVER				
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
GOITER OR OTHER DISORDERS OF THE THYROID.....	106	152	320	139	181	154	386	304	237	67
DIABETES.....	135	342	605	365	240	239	553	774	504	270
ANEMIAS.....	592	76	252	66	186	520	199	188	117	72
EPILEPSY.....	104	55	25	25	-	104	20	39	28	11
MIGRAINE HEADACHE.....	914	210	139	117	22	1,031	341	134	102	32
NEURALGIA OR NEURITIS, UNSPECIFIED.....	12	25	33	11	22	-	50	79	31	48
KIDNEY TROUBLE.....	351	173	231	86	146	308	105	181	111	70
BLADDER DISORDERS.....	129	126	299	124	175	272	102	165	98	68
DISEASES OF PROSTATE.....	11	65	173	120	52	11	77	181	119	62
DISEASE OF FEMALE GENITAL ORGANS.....	364	82	103	46	57	478	142	66	44	22
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	100	121	43	12	31	111	21	113	81	32
HEART DISEASE.....	735	796	2,131	1,011	1,121	857	1,207	2,492	1,372	1,120
ISCHEMIC HEART DISEASE.....	66	331	807	323	484	66	524	1,397	743	654
HEART RHYTHM DISORDERS.....	496	286	557	329	229	605	421	541	357	184
TACHYCARDIA OR RAPID HEART.....	92	132	170	125	45	91	161	159	104	55
HEART MURMURS.....	378	82	176	84	92	474	141	174	108	66
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	26	72	211	120	91	40	119	207	145	63
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	173	179	767	360	408	187	262	554	272	282
HIGH BLOOD PRESSURE (HYPERTENSION).....	903	1,382	2,903	1,603	1,300	1,252	2,055	3,045	1,834	1,211
CEREBROVASCULAR DISEASE.....	96	221	425	176	249	13	147	338	146	192
HARDENING OF THE ARTERIES.....	29	146	377	141	237	34	178	577	271	306
VARICOSE VEINS OF LOWER EXTREMITIES.....	298	384	563	324	240	537	348	770	380	390
HEMORRHOIDS.....	515	414	567	275	293	895	513	410	233	176
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	964	327	497	293	204	998	446	385	206	178
ASTHMA.....	1,070	352	348	200	148	1,153	220	307	194	113
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	1,546	371	490	258	232	2,030	560	412	306	106
CHRONIC SINUSITIS.....	2,140	732	1,376	685	691	3,171	1,289	1,440	987	454
DEVIATED NASAL SEPTUM.....	65	11	62	26	36	57	37	28	17	11
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	501	47	11	-	11	577	10	-	-	-
EMPHYSEMA.....	13	148	317	165	152	31	197	328	213	115

SEE FOOTNOTE AND NOTES AT END OF TABLE.



TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER			65 YEARS AND OVER			65 YEARS AND OVER			
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
ARTHRITIS.....	1,219	2,868	2,445	1,631	815	1,734	3,252	1,380	900	480
GOUT, INCLUDING GOUTY ARTHRITIS.....	35	199	137	75	62	163	296	131	98	33
INTERVERTEBRAL DISC DISORDERS.....	536	407	123	95	28	513	658	78	62	16
BONE SPUR OR TENDINITIS										
UNSPECIFIED.....	218	312	179	143	36	451	354	45	34	10
DISORDERS OF BONE OR CARTILAGE.....	70	123	96	46	49	102	142	113	67	47
TROUBLE WITH BUNIONS.....	228	200	132	108	23	374	255	85	75	10
BURSITIS, UNCLASSIFIED.....	488	504	184	118	66	483	472	148	97	51
SEBACEOUS SKIN CYST.....	258	75	42	32	10	249	112	32	12	20
TROUBLE WITH ACNE.....	1,353	24	-	-	-	1,585	43	13	13	-
PSORIASIS.....	301	163	101	85	17	504	281	41	6	35
DERMATITIS.....	1,896	446	196	145	51	2,429	486	55	33	22
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	792	277	149	116	32	919	345	119	84	35
TROUBLE WITH INGROWN NAILS.....	776	326	212	101	111	1,002	414	96	71	26
TROUBLE WITH CORNS AND CALLUSES.....	454	352	266	205	61	652	505	100	75	25
IMPAIRMENTS										
VISUAL IMPAIRMENT.....	943	423	355	163	192	1,279	827	244	190	53
COLOR BLINDNESS.....	427	120	37	25	11	735	396	76	76	-
CATARACTS.....	98	176	679	281	398	66	269	520	308	212
GLAUCOMA.....	59	67	222	100	122	35	148	199	133	66
HEARING IMPAIRMENT.....	1,542	1,614	1,345	858	487	1,657	2,271	1,093	831	262
TINNITUS.....	366	464	438	361	77	476	748	258	220	38
SPEECH IMPAIRMENT.....	495	86	33	22	12	394	29	55	55	-
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY)										
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	169	143	106	55	51	153	97	10	10	-
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	79	81	131	109	22	60	20	-	-	-
IMPAIRMENT.....	3,887	1,477	707	456	251	5,008	2,233	487	410	77
BACK.....	2,236	907	292	211	81	3,003	1,317	182	140	41
UPPER EXTREMITIES.....	306	218	146	90	57	437	300	63	52	11
LOWER EXTREMITIES.....	1,680	528	314	201	113	2,035	899	276	233	42
SELECTED DIGESTIVE CONDITIONS										
ULCER.....	467	269	64	53	11	500	405	23	23	-
HERNIA OF ABDOMINAL CAVITY.....	449	375	237	149	88	388	481	178	137	41
GASTRITIS OR DUODENITIS.....	377	140	84	61	23	409	332	112	85	27
FREQUENT INDIGESTION.....	806	252	207	151	56	889	548	54	43	11
ENTERITIS OR COLITIS.....	392	149	108	98	9	526	207	33	33	-
SPASTIC COLON.....	156	53	68	44	25	228	193	53	44	9
DIVERTICULA OF INTESTINES.....	48	133	247	157	91	38	208	143	100	43
FREQUENT CONSTIPATION.....	492	254	252	125	127	671	190	79	57	22

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 65. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY FAMILY INCOME AND AGE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	FAMILY INCOME									
	\$20,000-\$34,999					\$35,000 OR MORE				
	65 YEARS AND OVER									
	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER	UNDER 45 YEARS	45-64 YEARS	TOTAL	65-74 YEARS	75 YEARS AND OVER
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS										
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS <sup>1</sup>										
GOITER OR OTHER DISORDERS OF THE										
THYROID.....	304	355	215	109	106	554	556	127	62	65
DIABETES.....	352	548	394	272	122	239	657	245	177	68
ANEMIAS.....	563	173	117	3	114	695	117	36	25	10
EPILEPSY.....	188	76	-	-	-	43	85	-	-	-
MIGRAINE HEADACHE.....	1,603	578	124	102	22	2,315	679	96	96	-
NEURALGIA OR NEURITIS, UNSPECIFIED.....	23	24	11	-	11	60	87	12	12	-
KIDNEY TROUBLE.....	440	175	134	65	68	374	178	125	74	51
BLADDER DISORDERS.....	326	242	91	46	45	414	188	130	74	56
DISEASES OF PROSTATE.....	80	58	225	165	59	86	213	143	101	42
DISEASE OF FEMALE GENITAL ORGANS.....	922	236	42	34	7	1,204	450	9	-	9
SELECTED CIRCULATORY CONDITIONS										
RHEUMATIC FEVER WITH OR WITHOUT										
HEART DISEASE.....	256	169	91	54	37	291	160	29	29	-
HEART DISEASE.....	1,476	1,677	1,396	879	517	1,837	1,453	894	590	305
ISCHEMIC HEART DISEASE.....	128	956	694	477	217	167	777	443	280	163
HEART RHYTHM DISORDERS.....	1,079	424	307	177	130	1,365	454	236	171	65
TACHYCARDIA OR RAPID HEART.....	149	155	44	24	19	200	105	56	45	11
HEART MURMURS.....	831	188	128	85	42	1,035	172	56	33	22
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	99	83	136	68	68	130	177	124	93	32
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	269	295	395	225	171	306	222	214	138	76
HIGH BLOOD PRESSURE (HYPERTENSION).....	1,734	2,986	1,792	1,288	504	2,342	3,529	1,115	821	294
CEREBROVASCULAR DISEASE.....	50	181	201	110	90	68	136	236	123	112
HARDENING OF THE ARTERIES.....	24	214	283	161	122	-	138	194	127	66
VARICOSE VEINS OF LOWER EXTREMITIES.....	657	542	401	303	98	1,062	930	140	109	31
HEMORRHOIDS.....	1,858	1,013	355	311	43	1,898	1,292	194	138	56
SELECTED RESPIRATORY CONDITIONS										
CHRONIC BRONCHITIS.....	1,935	613	354	235	119	2,779	805	199	134	65
ASTHMA.....	1,865	254	176	134	43	2,314	530	64	36	28
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	3,799	1,013	506	432	74	6,987	2,046	263	221	42
CHRONIC SINUSITIS.....	5,329	2,057	804	618	186	7,173	3,162	417	308	109
DEVIATED NASAL SEPTUM.....	212	50	36	15	21	429	311	10	10	-
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	835	22	-	-	-	1,112	72	-	-	-
EMPHYSEMA.....	20	151	176	100	76	-	178	111	51	60

<sup>1</sup>TOTALS FOR INCOME CATEGORIES DO NOT SUM TO TOTAL CHRONIC CONDITIONS BECAUSE PERSONS WITH UNKNOWN FAMILY INCOME ARE NOT INCLUDED.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 66. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
					MSA			
	NORTHEAST	MIDWEST	SOUTH	WEST	ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	NOT MSA
SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
ARTHRITIS.....	6,501	8,347	11,088	5,357	22,323	9,771	12,552	8,969
GOUT, INCLUDING GOUTY ARTHRITIS.....	347	554	710	438	1,585	682	903	464
INTERVERTEBRAL DISC DISORDERS.....	653	1,121	1,468	1,018	3,238	1,194	2,044	1,023
BONE SPUR OR TENDINITIS, UNSPECIFIED.....	428	626	814	581	1,851	732	1,119	599
DISORDERS OF BONE OR CARTILAGE.....	223	406	561	320	1,030	409	620	480
TROUBLE WITH BUNIONS.....	639	565	965	447	2,016	1,046	970	600
BURSITIS, UNCLASSIFIED.....	786	1,094	1,572	975	3,279	1,230	2,049	1,149
SEBACEOUS SKIN CYST.....	392	352	542	194	1,166	420	746	314
TROUBLE WITH ACNE.....	698	1,185	1,611	1,039	3,518	1,401	2,118	1,014
PSORIASIS.....	583	656	632	398	1,832	518	1,314	436
DERMATITIS.....	1,767	2,222	2,584	2,452	7,201	2,862	4,339	1,824
TROUBLE WITH DRY (ITCHING) SKIN, UNCLASSIFIED.....	982	1,545	1,313	948	3,616	1,623	1,993	1,172
TROUBLE WITH INGROWN NAILS.....	943	1,490	2,327	1,416	4,238	1,880	2,358	1,939
TROUBLE WITH CORNS AND CALLUSES.....	958	1,210	1,649	718	3,383	1,614	1,768	1,152
IMPAIRMENTS								
VISUAL IMPAIRMENT.....	1,908	2,282	2,352	1,823	6,236	2,364	3,872	2,129
COLOR BLINDNESS.....	698	968	590	546	2,125	681	1,444	677
CATARACTS.....	1,249	1,481	2,305	1,070	4,316	1,612	2,704	1,789
GLAUCOMA.....	383	474	698	312	1,450	727	723	417
HEARING IMPAIRMENT.....	3,730	5,778	7,617	4,739	15,419	5,674	9,745	6,445
TINNITUS.....	1,084	1,501	2,081	1,695	4,579	1,706	2,873	1,782
SPEECH IMPAIRMENT.....	445	637	1,120	438	1,964	921	1,043	675
ABSENCE OF EXTREMITIES (EXCLUDES TIPS OF FINGERS OR TOES ONLY).....	285	473	497	259	954	405	548	560
PARALYSIS OF EXTREMITIES, COMPLETE OR PARTIAL.....	296	363	442	194	1,030	424	606	265
DEFORMITY OR ORTHOPEDIC IMPAIRMENT.....	4,922	6,903	8,640	6,413	20,508	8,161	12,347	6,370
BACK.....	2,782	3,830	4,792	4,027	11,667	4,587	7,080	3,763
UPPER EXTREMITIES.....	687	942	903	778	2,468	1,085	1,382	841
LOWER EXTREMITIES.....	1,915	2,922	3,910	2,380	8,385	3,448	4,936	2,742
SELECTED DIGESTIVE CONDITIONS								
ULCER.....	814	949	1,356	728	2,818	1,270	1,548	1,030
HERNIA OF ABDOMINAL CAVITY.....	799	1,179	2,024	742	3,369	1,388	1,981	1,375
GASTRITIS OR DUODENITIS.....	632	647	1,003	434	1,895	716	1,179	821
FREQUENT INDIGESTION.....	816	1,476	2,054	1,471	4,249	1,620	2,629	1,568
ENTERITIS OR COLITIS.....	488	965	689	369	1,987	643	1,345	523
SPASTIC COLON.....	247	369	596	209	1,138	397	741	283
DIVERTICULA OF INTESTINES.....	465	402	667	316	1,319	477	842	531
FREQUENT CONSTIPATION.....	752	1,200	1,963	665	3,337	1,559	1,777	1,243

SEE NOTES AT END OF TABLE.

TABLE 66. NUMBER OF SELECTED REPORTED CHRONIC CONDITIONS, BY GEOGRAPHIC REGION AND PLACE OF RESIDENCE: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

TYPE OF CHRONIC CONDITION	GEOGRAPHIC REGION				PLACE OF RESIDENCE			
	NORTHEAST	MIDWEST	SOUTH	WEST	MSA			NOT MSA
					ALL MSA	CENTRAL CITY	NOT CENTRAL CITY	
SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC, AND BLOOD AND BLOOD-FORMING SYSTEMS								
NUMBER OF CHRONIC CONDITIONS IN THOUSANDS								
GOITER OR OTHER DISORDERS OF THE THYROID.....	906	1,020	1,389	697	3,025	1,067	1,958	987
DIABETES.....	1,282	1,610	2,226	1,102	4,469	2,157	2,313	1,752
ANEMIAS.....	888	933	1,487	681	3,084	1,537	1,546	904
EPILEPSY.....	185	225	347	155	649	292	357	263
MIGRAINE HEADACHE.....	1,616	2,499	3,031	2,075	6,882	2,641	4,241	2,339
NEURALGIA OR NEURITIS, UNSPECIFIED.....	100	160	208	59	371	136	235	155
KIDNEY TROUBLE.....	393	867	1,569	482	2,181	819	1,362	1,130
BLADDER DISORDERS.....	375	856	1,148	697	2,267	883	1,384	810
DISEASES OF PROSTATE.....	284	368	710	361	1,192	472	721	531
DISEASE OF FEMALE GENITAL ORGANS.....	788	1,217	1,624	942	3,612	1,428	2,184	960
SELECTED CIRCULATORY CONDITIONS								
RHEUMATIC FEVER WITH OR WITHOUT HEART DISEASE.....	380	596	371	342	1,284	487	797	404
HEART DISEASE.....	4,444	5,162	6,581	4,070	14,898	5,809	9,089	5,360
ISCHEMIC HEART DISEASE.....	1,755	1,920	2,552	1,256	5,465	1,984	3,481	2,018
HEART RHYTHM DISORDERS.....	1,771	2,174	2,137	1,981	6,076	2,350	3,726	1,987
TACHYCARDIA OR RAPID HEART.....	271	482	616	359	1,188	596	592	539
HEART MURMURS.....	1,162	1,193	1,018	1,261	3,615	1,260	2,355	1,019
OTHER AND UNSPECIFIED HEART RHYTHM DISORDERS.....	338	500	503	361	1,273	494	779	429
OTHER SELECTED DISEASES OF HEART, EXCLUDING HYPERTENSION.....	918	1,068	1,892	833	3,358	1,475	1,882	1,354
HIGH BLOOD PRESSURE (HYPERTENSION).....	5,812	7,366	10,746	5,334	22,002	9,404	12,598	7,255
CEREBROVASCULAR DISEASE.....	447	522	996	551	1,740	755	985	776
HARDENING OF THE ARTERIES.....	480	624	1,119	487	2,058	934	1,124	652
VARICOSE VEINS OF LOWER EXTREMITIES.....	1,219	2,297	2,490	1,625	5,728	2,371	3,357	1,903
HEMORRHOIDS.....	1,828	2,651	3,934	2,628	8,410	2,793	5,617	2,631
SELECTED RESPIRATORY CONDITIONS								
CHRONIC BRONCHITIS.....	2,300	3,042	4,345	2,208	9,218	3,438	5,780	2,676
ASTHMA.....	1,944	2,522	3,352	2,118	7,408	3,217	4,191	2,526
HAY FEVER OR ALLERGIC RHINITIS WITHOUT ASTHMA.....	3,830	4,842	7,787	5,954	17,563	6,935	10,627	4,851
CHRONIC SINUSITIS.....	4,587	10,103	14,159	4,808	24,964	9,318	15,646	8,694
DEVIATED NASAL SEPTUM.....	361	272	510	296	1,167	286	881	271
CHRONIC DISEASE OF TONSILS OR ADENOIDS.....	492	1,206	1,258	703	2,627	982	1,645	1,032
EMPHYSEMA.....	325	503	807	271	1,332	548	784	574

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET V OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 1.2 MILLION HAS A 10-PERCENT RSE; OF 306,000, A 20-PERCENT RSE; AND OF 136,000, A 30-PERCENT RSE.

TABLE 67. PERCENT DISTRIBUTION OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
	PERCENT DISTRIBUTION						
ALL PERSONS <sup>1</sup> .....	100.0	86.3	13.7	9.4	4.0	5.4	4.3
AGE							
UNDER 18 YEARS.....	100.0	94.7	5.3	3.9	0.4	3.5	1.4
18-44 YEARS.....	100.0	91.4	8.6	5.9	2.4	3.5	2.7
45-64 YEARS.....	100.0	77.6	22.4	16.9	8.6	8.4	5.5
65 YEARS AND OVER.....	100.0	63.0	37.0	22.6	10.5	12.1	14.4
65-69 YEARS.....	100.0	64.3	35.7	28.1	16.2	11.9	7.6
70 YEARS AND OVER.....	100.0	62.4	37.6	19.8	7.6	12.2	17.9
SEX AND AGE							
MALE							
ALL AGES.....	100.0	86.8	13.2	9.5	4.3	5.1	3.8
UNDER 18 YEARS.....	100.0	93.9	6.1	4.6	0.4	4.2	1.5
18-44 YEARS.....	100.0	91.3	8.7	6.4	2.7	3.7	2.4
45-64 YEARS.....	100.0	78.2	21.8	17.6	10.0	7.6	4.2
65-69 YEARS.....	100.0	63.4	36.6	31.2	20.6	10.6	5.4
70 YEARS AND OVER.....	100.0	63.9	36.1	15.1	6.5	8.7	21.0
FEMALE							
ALL AGES.....	100.0	85.8	14.2	9.4	3.7	5.7	4.8
UNDER 18 YEARS.....	100.0	95.5	4.5	3.2	0.5	2.7	1.3
18-44 YEARS.....	100.0	91.6	8.4	5.4	2.2	3.3	3.0
45-64 YEARS.....	100.0	77.0	23.0	16.3	7.2	9.1	6.8
65-69 YEARS.....	100.0	65.1	34.9	25.5	12.5	13.0	9.4
70 YEARS AND OVER.....	100.0	61.4	38.6	22.8	8.3	14.5	15.8
RACE AND AGE							
WHITE							
ALL AGES.....	100.0	86.2	13.8	9.3	3.8	5.5	4.5
UNDER 18 YEARS.....	100.0	94.6	5.4	4.0	0.4	3.6	1.5
18-44 YEARS.....	100.0	91.5	8.5	5.7	2.2	3.5	2.8
45-64 YEARS.....	100.0	78.4	21.6	16.1	7.9	8.2	5.4
65-69 YEARS.....	100.0	65.5	34.5	26.9	14.9	11.9	7.7
70 YEARS AND OVER.....	100.0	63.2	36.8	18.9	7.0	11.8	17.9
BLACK							
ALL AGES.....	100.0	85.3	14.7	11.2	5.8	5.4	3.4
UNDER 18 YEARS.....	100.0	94.4	5.6	4.2	0.6	3.6	1.3
18-44 YEARS.....	100.0	90.5	9.5	7.4	4.2	3.3	2.0
45-64 YEARS.....	100.0	69.3	30.7	24.4	14.4	9.9	6.4
65-69 YEARS.....	100.0	52.5	47.4	40.3	27.8	12.5	7.1
70 YEARS AND OVER.....	100.0	51.5	48.5	30.5	13.8	16.7	18.0

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 67. PERCENT DISTRIBUTION OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
FAMILY INCOME AND AGE							
UNDER \$10,000							
ALL AGES.....	100.0	74.0	26.0	18.9	9.1	9.8	7.1
UNDER 18 YEARS.....	100.0	91.2	8.8	6.9	0.8	6.1	1.9
18-44 YEARS.....	100.0	84.0	16.0	12.0	6.1	5.9	4.0
45-64 YEARS.....	100.0	43.9	56.1	47.4	30.5	16.9	8.7
65-69 YEARS.....	100.0	43.8	56.2	45.9	29.3	16.6	10.3
70 YEARS AND OVER.....	100.0	54.1	45.9	24.9	7.5	17.5	20.9
\$10,000-\$19,999							
ALL AGES.....	100.0	81.9	18.1	12.7	5.9	6.8	5.4
UNDER 18 YEARS.....	100.0	93.7	6.3	4.9	0.4	4.4	1.5
18-44 YEARS.....	100.0	88.9	11.1	8.2	3.7	4.4	3.0
45-64 YEARS.....	100.0	67.2	32.8	25.8	14.1	11.7	6.9
65-69 YEARS.....	100.0	62.5	37.5	29.8	17.6	12.2	7.7
70 YEARS AND OVER.....	100.0	63.7	36.3	17.4	7.0	10.3	18.9
\$20,000-\$34,999							
ALL AGES.....	100.0	88.5	11.5	7.8	2.9	4.8	3.8
UNDER 18 YEARS.....	100.0	94.8	5.2	3.6	0.5	3.2	1.5
18-44 YEARS.....	100.0	92.0	8.0	5.2	1.8	3.4	2.8
45-64 YEARS.....	100.0	79.5	20.5	15.0	6.8	8.3	5.5
65-69 YEARS.....	100.0	71.2	28.8	22.6	11.6	11.0	6.2
70 YEARS AND OVER.....	100.0	66.2	33.8	16.9	6.8	10.1	16.9
\$35,000 OR MORE							
ALL AGES.....	100.0	92.1	7.9	5.0	1.5	3.5	2.8
UNDER 18 YEARS.....	100.0	96.0	4.0	2.7	0.2	2.5	1.2
18-44 YEARS.....	100.0	94.2	5.8	3.5	1.0	2.5	2.3
45-64 YEARS.....	100.0	87.2	12.8	8.4	2.7	5.7	4.4
65-69 YEARS.....	100.0	74.4	25.6	19.3	10.4	8.9	6.3
70 YEARS AND OVER.....	100.0	70.3	29.7	16.2	7.6	8.5	13.5
GEOGRAPHIC REGION							
NORTHEAST.....	100.0	87.4	12.6	8.3	3.8	4.5	4.3
MIDWEST.....	100.0	86.4	13.6	9.5	3.7	5.8	4.1
SOUTH.....	100.0	85.1	14.9	10.3	4.5	5.9	4.5
WEST.....	100.0	86.9	13.1	9.0	3.8	5.2	4.0
PLACE OF RESIDENCE							
MSA.....	100.0	87.0	13.0	8.9	3.8	5.0	4.1
CENTRAL CITY.....	100.0	86.1	13.9	9.7	4.5	5.3	4.1
NOT CENTRAL CITY.....	100.0	87.6	12.4	8.3	3.4	4.9	4.1
NOT MSA.....	100.0	83.7	16.3	11.4	4.7	6.7	4.9

<sup>1</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 68 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 68 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 68. NUMBER OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
	NUMBER IN THOUSANDS						
ALL PERSONS <sup>1</sup> .....	240,890	207,833	33,057	22,751	9,682	13,069	10,305
AGE							
UNDER 18 YEARS.....	63,569	60,175	3,394	2,496	261	2,235	898
18-44 YEARS.....	103,066	94,230	8,835	6,064	2,502	3,562	2,772
45-64 YEARS.....	45,573	35,347	10,225	7,707	3,901	3,806	2,518
65 YEARS AND OVER.....	28,683	18,080	10,602	6,484	3,018	3,466	4,118
65-69 YEARS.....	9,801	6,305	3,496	2,752	1,585	1,167	744
70 YEARS AND OVER.....	18,882	11,775	7,107	3,733	1,433	2,299	3,374
SEX AND AGE							
MALE							
ALL AGES.....	116,657	101,207	15,450	11,059	5,061	5,998	4,391
UNDER 18 YEARS.....	32,526	30,535	1,991	1,497	116	1,381	493
18-44 YEARS.....	50,455	46,060	4,394	3,208	1,360	1,848	1,186
45-64 YEARS.....	21,782	17,034	4,748	3,840	2,188	1,651	909
65-69 YEARS.....	4,440	2,816	1,624	1,385	913	472	239
70 YEARS AND OVER.....	7,455	4,762	2,693	1,129	484	645	1,564
FEMALE							
ALL AGES.....	124,232	106,626	17,606	11,692	4,622	7,071	5,914
UNDER 18 YEARS.....	31,043	29,640	1,403	999	146	853	404
18-44 YEARS.....	52,611	48,170	4,441	2,856	1,142	1,714	1,585
45-64 YEARS.....	23,791	18,314	5,477	3,867	1,713	2,155	1,610
65-69 YEARS.....	5,361	3,489	1,872	1,366	672	695	505
70 YEARS AND OVER.....	11,427	7,013	4,413	2,604	950	1,654	1,809
RACE AND AGE							
WHITE							
ALL AGES.....	203,256	175,231	28,025	18,933	7,726	11,207	9,092
UNDER 18 YEARS.....	51,327	48,536	2,792	2,037	196	1,841	754
18-44 YEARS.....	86,485	79,111	7,375	4,931	1,879	3,051	2,444
45-64 YEARS.....	39,627	31,074	8,553	6,396	3,148	3,249	2,156
65-69 YEARS.....	8,682	5,685	2,998	2,333	1,296	1,037	665
70 YEARS AND OVER.....	17,135	10,826	6,309	3,236	1,207	2,029	3,073
BLACK							
ALL AGES.....	29,382	25,072	4,311	3,300	1,717	1,583	1,011
UNDER 18 YEARS.....	9,820	9,274	546	415	62	353	131
18-44 YEARS.....	12,526	11,341	1,185	930	522	408	255
45-64 YEARS.....	4,635	3,211	1,424	1,130	669	460	295
65-69 YEARS.....	935	491	443	377	260	117	66
70 YEARS AND OVER.....	1,467	755	712	448	203	245	264

SEE FOOTNOTE AND NOTES AT END OF TABLE.

TABLE 68. NUMBER OF PERSONS BY DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	DEGREE OF ACTIVITY LIMITATION						
	ALL PERSONS	WITH NO ACTIVITY LIMITATION	WITH ACTIVITY LIMITATION	WITH LIMITATION IN MAJOR ACTIVITY	UNABLE TO CARRY ON MAJOR ACTIVITY	LIMITED IN AMOUNT OR KIND OF MAJOR ACTIVITY	LIMITED, BUT NOT IN MAJOR ACTIVITY
FAMILY INCOME AND AGE							
UNDER \$10,000							
NUMBER IN THOUSANDS							
ALL AGES.....	28,400	21,011	7,389	5,364	2,583	2,781	2,024
UNDER 18 YEARS.....	7,777	7,093	683	538	61	477	146
18-44 YEARS.....	10,944	9,192	1,751	1,315	670	645	436
45-64 YEARS.....	3,523	1,546	1,978	1,670	1,073	597	308
65-69 YEARS.....	1,460	639	821	670	428	242	151
70 YEARS AND OVER.....	4,697	2,542	2,155	1,171	351	820	984
\$10,000-\$19,999							
ALL AGES.....	42,163	34,527	7,637	5,355	2,483	2,871	2,282
UNDER 18 YEARS.....	10,802	10,117	685	524	47	477	161
18-44 YEARS.....	16,761	14,895	1,866	1,368	627	742	498
45-64 YEARS.....	6,919	4,653	2,266	1,788	979	809	478
65-69 YEARS.....	2,738	1,712	1,026	816	483	333	210
70 YEARS AND OVER.....	4,943	3,149	1,794	859	348	511	935
\$20,000-\$34,999							
ALL AGES.....	59,615	52,732	6,883	4,627	1,738	2,889	2,256
UNDER 18 YEARS.....	16,718	15,857	861	609	76	533	252
18-44 YEARS.....	26,928	24,770	2,157	1,401	478	923	756
45-64 YEARS.....	10,777	8,565	2,212	1,621	731	890	591
65-69 YEARS.....	2,073	1,476	598	468	241	228	129
70 YEARS AND OVER.....	3,119	2,064	1,055	528	212	315	528
\$35,000 OR MORE							
ALL AGES.....	74,869	68,977	5,893	3,778	1,146	2,632	2,115
UNDER 18 YEARS.....	20,159	19,360	799	550	43	507	249
18-44 YEARS.....	34,566	32,578	1,988	1,210	346	865	778
45-64 YEARS.....	16,668	14,528	2,140	1,405	448	958	735
65-69 YEARS.....	1,615	1,201	414	311	168	144	102
70 YEARS AND OVER.....	1,861	1,309	552	301	142	159	251
GEOGRAPHIC REGION							
NORTHEAST.....	49,271	43,072	6,199	4,076	1,882	2,194	2,123
MIDWEST.....	59,543	51,420	8,124	5,667	2,200	3,467	2,457
SOUTH.....	82,278	70,051	12,228	8,515	3,697	4,817	3,713
WEST.....	49,797	43,291	6,506	4,494	1,903	2,590	2,013
PLACE OF RESIDENCE							
MSA.....	186,222	162,068	24,154	16,502	7,122	9,379	7,653
CENTRAL CITY.....	74,860	64,480	10,380	7,298	3,363	3,934	3,082
NOT CENTRAL CITY.....	111,362	97,588	13,775	9,204	3,759	5,445	4,571
NOT MSA.....	54,668	45,765	8,902	6,250	2,560	3,690	2,653

<sup>1</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 366,000 HAS A 10-PERCENT RSE; OF 91,000, A 20-PERCENT RSE; AND OF 41,000, A 30-PERCENT RSE.



TABLE 69. NUMBER OF DAYS PER PERSON PER YEAR AND NUMBER OF DAYS OF ACTIVITY RESTRICTION DUE TO ACUTE AND CHRONIC CONDITIONS, BY TYPE OF RESTRICTION AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	TYPE OF RESTRICTION					
	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS <sup>1</sup>	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS <sup>1</sup>
	NUMBER OF DAYS PER PERSON			NUMBER OF DAYS IN THOUSANDS		
ALL PERSONS <sup>2</sup> .....	14.7	6.3	5.2	3,536,041	1,519,199	831,311
AGE						
UNDER 5 YEARS .....	10.7	5.3	...	196,020	98,274	...
5-17 YEARS .....	8.9	4.0	4.9	403,077	180,885	222,204
18 YEARS AND OVER .....	16.6	7.0	5.3	2,936,943	1,240,040	609,106
18-24 YEARS .....	9.4	3.9	4.7	240,383	99,546	83,927
25-44 YEARS .....	12.3	4.7	5.3	950,487	366,097	336,853
45-64 YEARS .....	19.0	7.9	5.4	867,260	362,302	166,778
65 YEARS AND OVER .....	30.6	14.4	5.9	878,813	412,094	21,548
SEX AND AGE						
MALE						
ALL AGES .....	12.7	5.2	4.8	1,486,621	607,386	413,898
UNDER 5 YEARS .....	10.3	5.1	...	96,783	48,295	...
5-17 YEARS .....	8.4	3.5	4.6	193,311	80,503	106,942
18 YEARS AND OVER .....	14.2	5.7	4.8	1,196,527	478,588	306,956
18-24 YEARS .....	7.9	2.7	4.4	98,794	34,076	41,050
25-44 YEARS .....	10.7	3.9	4.6	406,292	147,090	160,670
45-64 YEARS .....	17.6	7.0	5.3	382,625	152,431	91,068
65 YEARS AND OVER .....	26.0	12.2	6.7	308,816	144,990	14,168
FEMALE						
ALL AGES .....	16.5	7.3	5.6	2,049,419	911,814	417,413
UNDER 5 YEARS .....	11.1	5.6	...	99,237	49,979	...
5-17 YEARS .....	9.5	4.5	5.2	209,766	100,383	115,262
18 YEARS AND OVER .....	18.7	8.2	5.8	1,740,416	761,452	302,151
18-24 YEARS .....	10.8	5.0	5.0	141,590	65,470	42,877
25-44 YEARS .....	13.8	5.6	6.2	544,195	219,007	176,183
45-64 YEARS .....	20.4	8.8	5.6	484,634	209,871	75,711
65 YEARS AND OVER .....	34.0	15.9	*4.7	569,997	267,103	7,380
RACE AND AGE						
WHITE						
ALL AGES .....	14.6	6.2	5.1	2,968,548	1,251,141	687,461
UNDER 5 YEARS .....	11.2	5.4	...	166,074	80,451	...
5-17 YEARS .....	9.6	4.3	5.1	348,582	155,456	186,311
18 YEARS AND OVER .....	16.2	6.7	5.0	2,453,891	1,015,235	501,150
18-24 YEARS .....	9.5	4.0	4.5	201,090	83,433	68,954
25-44 YEARS .....	11.8	4.4	5.0	774,034	286,645	270,493
45-64 YEARS .....	18.1	7.3	5.3	716,369	289,923	142,985
65 YEARS AND OVER .....	29.5	13.8	5.6	762,398	355,233	18,718
BLACK						
ALL AGES .....	16.6	7.9	6.3	487,336	233,134	119,619
UNDER 5 YEARS .....	9.0	5.5	...	24,940	15,276	...
5-17 YEARS .....	6.6	3.1	4.2	46,681	22,073	29,761
18 YEARS AND OVER .....	21.3	10.0	7.4	415,715	195,784	89,858
18-24 YEARS .....	9.0	3.9	6.0	32,298	13,777	12,630
25-44 YEARS .....	16.5	7.5	8.7	147,437	67,178	58,574
45-64 YEARS .....	28.1	13.7	5.5	130,217	63,484	16,185
65 YEARS AND OVER .....	44.0	21.4	*8.0	105,763	51,345	2,470

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 69. NUMBER OF DAYS PER PERSON PER YEAR AND NUMBER OF DAYS OF ACTIVITY RESTRICTION DUE TO ACUTE AND CHRONIC CONDITIONS, BY TYPE OF RESTRICTION AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	TYPE OF RESTRICTION					
	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS <sup>1</sup>	ALL TYPES	BED DISABILITY	WORK OR SCHOOL LOSS <sup>1</sup>
FAMILY INCOME AND AGE						
LESS THAN \$10,000						
ALL AGES .....	26.6	12.2	7.1	754,378	346,753	86,589
UNDER 5 YEARS .....	14.3	8.1	...	37,158	20,910	...
5-17 YEARS .....	11.6	5.9	7.2	60,054	30,343	37,167
18 YEARS AND OVER .....	31.9	14.3	7.1	657,165	295,500	49,422
18-24 YEARS .....	11.9	5.4	4.7	60,116	27,098	11,454
25-44 YEARS .....	23.1	10.3	8.8	136,624	60,653	26,078
45-64 YEARS .....	54.0	28.3	8.1	190,116	92,601	9,038
65 YEARS AND OVER .....	43.9	18.7	*6.3	270,309	115,149	2,853
\$10,000-\$19,999						
ALL AGES .....	17.8	7.9	6.1	750,829	333,922	150,587
UNDER 5 YEARS .....	9.2	5.2	...	31,083	17,679	...
5-17 YEARS .....	9.5	4.4	5.2	70,293	32,389	38,289
18 YEARS AND OVER .....	20.7	9.1	6.5	649,452	283,853	112,297
18-24 YEARS .....	10.4	4.3	5.0	52,488	21,794	17,883
25-44 YEARS .....	17.1	6.9	7.0	200,179	80,858	62,953
45-64 YEARS .....	26.1	11.2	7.1	180,772	77,451	26,639
65 YEARS AND OVER .....	28.1	13.5	*5.5	216,014	103,750	4,822
\$20,000-\$34,999						
ALL AGES .....	12.3	4.9	5.4	733,602	292,823	229,949
UNDER 5 YEARS .....	9.9	4.6	...	49,530	22,950	...
5-17 YEARS .....	8.2	3.6	4.6	96,579	42,187	54,438
18 YEARS AND OVER .....	13.7	5.3	5.7	587,492	227,687	175,511
18-24 YEARS .....	9.2	3.6	5.2	49,776	19,160	22,096
25-44 YEARS .....	11.1	4.2	5.5	239,414	91,090	100,715
45-64 YEARS .....	16.2	6.0	6.4	174,994	65,108	48,228
65 YEARS AND OVER .....	23.7	10.1	*5.5	123,309	52,329	4,471
\$35,000 OR MORE						
ALL AGES .....	9.7	3.8	4.3	725,634	287,547	250,988
UNDER 5 YEARS .....	10.6	4.9	...	55,751	25,745	...
5-17 YEARS .....	8.6	3.9	4.4	128,114	57,785	66,115
18 YEARS AND OVER .....	9.9	3.7	4.2	541,769	204,018	184,873
18-24 YEARS .....	6.9	2.6	3.9	45,067	16,859	20,474
25-44 YEARS .....	8.9	3.1	4.2	250,122	87,363	102,679
45-64 YEARS .....	10.7	3.6	4.3	177,728	60,422	56,856
65 YEARS AND OVER .....	19.8	11.3	*5.7	68,851	39,374	4,864
GEOGRAPHIC REGION						
NORTHEAST .....	13.5	5.9	5.1	667,326	290,685	165,675
MIDWEST .....	12.8	5.3	4.6	761,921	314,340	185,270
SOUTH .....	16.1	7.2	5.1	1,327,989	569,768	278,739
WEST .....	15.6	6.5	6.0	778,804	324,407	201,627
PLACE OF RESIDENCE						
MSA .....	14.4	6.2	5.3	2,690,602	1,162,505	661,665
CENTRAL CITY .....	15.3	6.9	5.6	1,147,964	514,697	269,900
NOT CENTRAL CITY .....	13.9	5.8	5.1	1,542,638	647,809	391,766
NOT MSA .....	15.5	6.5	4.8	845,438	356,694	169,645

<sup>1</sup>SUM OF SCHOOL-LOSS DAYS FOR CHILDREN 5-17 YEARS OF AGE AND WORK-LOSS DAYS FOR CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER. SCHOOL-LOSS DAYS ARE SHOWN FOR THE AGE GROUP 5-17 YEARS; WORK-LOSS DAYS ARE SHOWN FOR THE AGE GROUP 18 YEARS AND OVER AND EACH OLDER AGE GROUP.

<sup>2</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, AGE AND SEX, AND RACE AND AGE FOR COLUMNS 1 AND 2 CAN BE COMPUTED BY USING PARAMETER SET II OF TABLE II, THE FREQUENCIES OF TABLE 69 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 1 AND 2 CAN BE COMPUTED BY USING PARAMETER SETS II AND X OF TABLE II, THE FREQUENCIES OF TABLES 69 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMN 3 (WORK-LOSS) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 69 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR AGE, AGE AND SEX, AND RACE AND AGE FOR COLUMN 3 (SCHOOL-LOSS) CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II, THE FREQUENCIES OF TABLE 69 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMN 3 (SCHOOL-LOSS) CAN BE COMPUTED BY USING PARAMETER SETS III AND X OF TABLE II, THE FREQUENCIES OF TABLES 69 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 4 AND 5 CAN BE COMPUTED BY USING PARAMETER SET I OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMN 6 CAN BE COMPUTED BY USING PARAMETER SET III OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. FOR RESTRICTED-ACTIVITY AND BED-DAYS, AN ESTIMATE OF 49.3 MILLION HAS AN RSE OF 10 PERCENT; 12 MILLION, OF 20 PERCENT; AND 5.3 MILLION, OF 30 PERCENT. FOR WORK- OR SCHOOL-LOSS DAYS, AN ESTIMATE OF 36.3 MILLION HAS AN RSE OF 10 PERCENT; 8.9 MILLION, OF 20 PERCENT; AND 4 MILLION, OF 30 PERCENT. RATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 70. NUMBER OF PERSONS AND PERCENT DISTRIBUTION BY RESPONDENT-ASSESSED HEALTH STATUS, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	RESPONDENT-ASSESSED HEALTH STATUS						
	ALL PERSONS <sup>1</sup>	ALL HEALTH STATUSES <sup>2</sup>	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION					
ALL PERSONS <sup>3</sup> .....	240,890	100.0	39.1	27.8	23.2	7.2	2.7
AGE							
UNDER 5 YEARS.....	18,385	100.0	53.9	26.2	16.4	2.8	0.6
5-17 YEARS.....	45,184	100.0	52.5	26.6	18.2	2.4	0.3
18-24 YEARS.....	25,694	100.0	43.9	30.7	21.2	3.7	0.4
25-44 YEARS.....	77,371	100.0	41.0	31.0	21.8	5.0	1.3
45-64 YEARS.....	45,573	100.0	28.2	26.5	28.2	11.6	5.4
65 YEARS AND OVER.....	28,683	100.0	16.3	21.5	32.8	19.9	9.5
SEX AND AGE							
MALE							
ALL AGES.....	116,657	100.0	42.0	27.6	21.5	6.3	2.6
UNDER 5 YEARS.....	9,410	100.0	52.8	26.9	16.8	3.0	0.5
5-17 YEARS.....	23,116	100.0	53.2	26.8	17.7	2.1	0.2
18-24 YEARS.....	12,529	100.0	49.1	28.6	19.2	2.7	*0.3
25-44 YEARS.....	37,925	100.0	44.3	30.3	20.0	4.2	1.3
45-64 YEARS.....	21,782	100.0	30.7	27.1	25.7	10.6	5.9
65 YEARS AND OVER.....	11,895	100.0	17.9	21.0	32.0	19.4	9.6
FEMALE							
ALL AGES.....	124,232	100.0	36.3	28.0	24.7	8.1	2.8
UNDER 5 YEARS.....	8,976	100.0	55.1	25.6	16.1	2.6	0.6
5-17 YEARS.....	22,067	100.0	51.9	26.3	18.8	2.6	0.4
18-24 YEARS.....	13,165	100.0	38.9	32.7	23.2	4.7	0.5
25-44 YEARS.....	39,446	100.0	37.8	31.7	23.5	5.8	1.3
45-64 YEARS.....	23,791	100.0	25.9	26.0	30.5	12.6	5.0
65 YEARS AND OVER.....	16,788	100.0	15.2	21.8	33.3	20.3	9.4
RACE AND AGE							
WHITE							
ALL AGES.....	203,256	100.0	40.2	28.4	22.1	6.7	2.6
UNDER 5 YEARS.....	14,863	100.0	55.4	27.0	14.6	2.4	0.6
5-17 YEARS.....	36,465	100.0	54.9	27.0	15.9	1.9	0.3
18-24 YEARS.....	21,104	100.0	45.4	31.3	19.6	3.3	0.4
25-44 YEARS.....	65,382	100.0	42.5	31.9	20.1	4.3	1.1
45-64 YEARS.....	39,627	100.0	29.6	27.4	27.7	10.4	4.9
65 YEARS AND OVER.....	25,817	100.0	17.0	22.0	33.3	19.1	8.6
BLACK							
ALL AGES.....	29,382	100.0	31.2	23.8	30.2	10.9	4.0
UNDER 5 YEARS.....	2,782	100.0	45.3	22.8	26.5	5.0	*0.4
5-17 YEARS.....	7,037	100.0	40.6	24.6	30.0	4.4	*0.5
18-24 YEARS.....	3,576	100.0	36.2	27.6	29.8	5.8	*0.6
25-44 YEARS.....	8,950	100.0	30.9	26.1	31.2	9.4	2.4
45-64 YEARS.....	4,635	100.0	16.6	19.6	32.9	21.4	9.6
65 YEARS AND OVER.....	2,401	100.0	9.0	16.4	26.4	29.3	18.9

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 70. NUMBER OF PERSONS AND PERCENT DISTRIBUTION BY RESPONDENT-ASSESSED HEALTH STATUS, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	RESPONDENT-ASSESSED HEALTH STATUS						
	ALL PERSONS <sup>1</sup>	ALL HEALTH STATUSES <sup>2</sup>	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
FAMILY INCOME AND AGE							
UNDER \$10,000							
	NUMBER IN THOUSANDS		PERCENT DISTRIBUTION				
ALL AGES.....	28,400	100.0	25.8	23.1	28.9	14.6	7.5
UNDER 5 YEARS.....	2,590	100.0	41.5	23.4	27.0	6.6	1.6
5-17 YEARS.....	5,186	100.0	36.0	26.0	31.1	6.0	0.8
18-24 YEARS.....	5,039	100.0	38.1	30.7	24.7	6.0	*0.6
25-44 YEARS.....	5,905	100.0	23.7	25.5	31.4	14.2	5.2
45-64 YEARS.....	3,523	100.0	10.3	14.2	25.1	27.8	22.7
65 YEARS AND OVER.....	6,157	100.0	11.7	17.2	31.1	25.0	15.0
\$10,000-\$19,999							
ALL AGES.....	42,163	100.0	31.3	27.0	27.5	10.4	3.9
UNDER 5 YEARS.....	3,393	100.0	47.7	28.1	20.9	2.8	*0.5
5-17 YEARS.....	7,409	100.0	43.7	28.4	24.1	3.3	*0.5
18-24 YEARS.....	5,038	100.0	37.7	32.7	24.2	4.7	*0.7
25-44 YEARS.....	11,723	100.0	33.2	30.1	26.9	7.7	2.1
45-64 YEARS.....	6,919	100.0	19.5	21.2	32.0	18.4	8.8
65 YEARS AND OVER.....	7,682	100.0	15.5	21.7	32.5	21.3	9.0
\$20,000-\$34,999							
ALL AGES.....	59,615	100.0	39.9	30.2	22.6	5.7	1.7
UNDER 5 YEARS.....	4,995	100.0	54.4	29.7	13.3	2.3	*0.3
5-17 YEARS.....	11,723	100.0	53.8	28.0	16.0	1.9	*0.2
18-24 YEARS.....	5,397	100.0	44.9	33.6	18.5	2.7	*0.3
25-44 YEARS.....	21,531	100.0	39.6	33.5	21.9	4.0	1.0
45-64 YEARS.....	10,777	100.0	26.7	27.4	31.4	10.8	3.8
65 YEARS AND OVER.....	5,193	100.0	18.2	23.5	34.9	17.0	6.4
\$35,000 OR MORE							
ALL AGES.....	74,869	100.0	49.7	28.4	17.9	3.2	0.8
UNDER 5 YEARS.....	5,249	100.0	63.9	22.8	11.3	1.5	*0.5
5-17 YEARS.....	14,910	100.0	63.0	24.2	11.7	0.9	*0.1
18-24 YEARS.....	6,549	100.0	53.5	27.5	16.6	2.3	*0.2
25-44 YEARS.....	28,017	100.0	49.1	31.2	16.9	2.6	0.3
45-64 YEARS.....	16,668	100.0	38.1	30.2	24.8	5.5	1.4
65 YEARS AND OVER.....	3,476	100.0	25.1	25.8	30.9	11.9	6.3
GEOGRAPHIC REGION							
NORTHEAST.....	49,271	100.0	39.2	30.0	22.0	6.7	2.1
MIDWEST.....	59,543	100.0	40.4	28.3	22.2	6.6	2.4
SOUTH.....	82,278	100.0	36.6	26.0	25.3	8.5	3.7
WEST.....	49,797	100.0	41.5	28.0	21.9	6.4	2.2
PLACE OF RESIDENCE							
MSA.....	186,222	100.0	40.4	27.8	22.5	6.9	2.4
CENTRAL CITY.....	74,860	100.0	37.9	26.9	24.1	8.3	2.8
NOT CENTRAL CITY.....	111,362	100.0	42.1	28.4	21.5	6.0	2.1
NOT MSA.....	54,668	100.0	34.6	27.9	25.4	8.3	3.8

<sup>1</sup>INCLUDES UNKNOWN HEALTH STATUS.

<sup>2</sup>EXCLUDES UNKNOWN HEALTH STATUS.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMN 1 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. THE SE'S AND RSE'S FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 3-7 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 70 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 3-7 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 70 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. AN ESTIMATE OF 366,000 HAS A 10-PERCENT RSE; OF 91,000, A 20-PERCENT RSE; AND OF 41,000, A 30-PERCENT RSE. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 71. NUMBER PER PERSON PER YEAR AND NUMBER OF PHYSICIAN CONTACTS, BY PLACE OF CONTACT AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	PLACE OF CONTACT									
	ALL PLACES <sup>1</sup>	TELEPHONE	OFFICE	HOSPITAL	OTHER	ALL PLACES <sup>1</sup>	TELEPHONE	OFFICE	HOSPITAL	OTHER
	NUMBER PER PERSON PER YEAR <sup>2</sup>					NUMBER IN THOUSANDS <sup>2</sup>				
ALL PERSONS <sup>3</sup> .....	5.4	0.7	3.2	0.7	0.8	1,304,144	160,488	772,283	167,245	187,539
AGE										
UNDER 5 YEARS.....	7.0	1.3	4.1	0.8	0.8	129,555	23,096	75,839	14,766	14,969
5-17 YEARS.....	3.4	0.5	1.9	0.4	0.4	153,342	24,039	88,006	20,195	20,098
18-24 YEARS.....	3.8	0.4	2.1	0.5	0.8	98,315	9,323	55,127	13,399	19,481
25-44 YEARS.....	5.1	0.7	3.0	0.6	0.7	394,946	50,523	235,080	49,236	56,215
45-64 YEARS.....	6.1	0.8	3.6	0.9	0.8	278,407	34,959	165,233	39,036	37,469
65-74 YEARS.....	8.4	0.9	5.1	1.2	1.2	147,442	15,294	90,139	20,593	20,763
75 YEARS AND OVER.....	9.2	0.8	5.7	0.9	1.7	102,136	9,255	62,858	10,020	18,544
SEX AND AGE										
MALE										
ALL AGES.....	4.5	0.5	2.6	0.7	0.7	529,856	62,472	305,972	77,521	78,954
UNDER 18 YEARS.....	4.5	0.6	2.6	0.6	0.5	145,113	24,826	83,586	18,514	17,075
18-44 YEARS.....	3.4	0.3	1.9	0.5	0.6	169,359	15,490	96,113	26,225	29,317
45-64 YEARS.....	5.2	0.6	3.1	0.8	0.7	114,251	13,048	67,559	17,564	15,772
65 YEARS AND OVER.....	8.5	0.8	4.9	1.3	1.4	101,134	9,109	58,714	15,218	16,789
FEMALE										
ALL AGES.....	6.2	0.8	3.8	0.7	0.9	774,287	104,016	466,311	89,725	108,585
UNDER 18 YEARS.....	4.4	0.7	2.6	0.5	0.6	137,784	22,309	80,259	16,447	17,992
18-44 YEARS.....	6.2	0.8	3.7	0.7	0.9	323,903	44,356	194,093	36,410	46,378
45-64 YEARS.....	6.9	0.9	4.1	0.9	0.9	164,157	21,911	97,674	21,473	21,697
65 YEARS AND OVER.....	8.8	0.9	5.6	0.9	1.3	148,444	15,440	94,284	15,396	22,518
RACE AND AGE										
WHITE										
ALL AGES.....	5.6	0.8	3.4	0.7	0.8	1,139,250	153,065	688,023	134,737	154,232
UNDER 18 YEARS.....	4.8	0.8	2.9	0.5	0.5	247,496	43,308	147,579	27,723	27,299
18-44 YEARS.....	4.9	0.6	2.9	0.6	0.7	425,744	53,681	255,040	49,652	63,199
45-64 YEARS.....	6.1	0.8	3.7	0.8	0.8	241,494	32,678	146,962	30,428	30,080
65 YEARS AND OVER.....	8.7	0.9	5.4	1.0	1.3	224,516	23,399	138,442	26,934	33,655
BLACK										
ALL AGES.....	4.6	0.4	2.3	1.0	0.9	136,057	10,797	67,884	28,443	27,747
UNDER 18 YEARS.....	2.9	0.3	1.3	0.7	0.6	28,761	3,068	12,796	6,466	6,228
18-44 YEARS.....	4.4	0.4	2.2	0.9	0.8	55,210	4,882	27,674	11,704	10,359
45-64 YEARS.....	6.6	*0.4	3.2	1.5	1.4	30,501	1,792	15,030	7,038	6,277
65 YEARS AND OVER.....	9.0	*0.4	5.2	1.3	2.0	21,584	1,056	12,384	3,236	4,884
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	6.6	0.7	3.4	1.1	1.3	187,422	20,795	95,500	32,639	37,552
UNDER 18 YEARS.....	4.4	0.5	2.1	1.0	0.8	34,342	3,931	16,152	7,871	6,260
18-44 YEARS.....	5.6	0.7	2.6	0.9	1.4	61,663	7,446	28,640	10,039	14,896
45-64 YEARS.....	10.1	1.3	4.9	2.2	1.8	35,599	4,430	17,222	7,712	6,235
65 YEARS AND OVER.....	9.1	0.8	5.4	1.1	1.7	55,819	4,988	33,487	7,017	10,162
\$10,000-\$19,999										
ALL AGES.....	5.6	0.6	3.1	0.9	1.0	235,361	24,029	132,532	36,416	40,723
UNDER 18 YEARS.....	3.5	0.5	1.8	0.6	0.6	37,921	5,418	19,257	6,444	6,502
18-44 YEARS.....	5.0	0.5	2.8	0.9	0.9	84,417	7,878	46,507	14,340	14,944
45-64 YEARS.....	6.8	0.7	3.8	1.1	1.1	46,821	4,848	26,432	7,489	7,647
65 YEARS AND OVER.....	8.6	0.8	5.3	1.1	1.5	66,201	5,886	40,336	8,143	11,630

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 71. NUMBER PER PERSON PER YEAR AND NUMBER OF PHYSICIAN CONTACTS, BY PLACE OF CONTACT AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988--CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	PLACE OF CONTACT									
	ALL PLACES <sup>1</sup>	TELEPHONE	OFFICE	HOSPITAL	OTHER	ALL PLACES <sup>1</sup>	TELEPHONE	OFFICE	HOSPITAL	OTHER
FAMILY INCOME AND AGE--CON.										
\$20,000-\$34,999	NUMBER PER PERSON PER YEAR <sup>2</sup>					NUMBER IN THOUSANDS <sup>2</sup>				
ALL AGES.....	5.2	0.8	3.2	0.6	0.0	310,964	45,161	190,508	36,063	36,972
UNDER 18 YEARS.....	4.6	0.8	2.7	0.5	0.5	77,590	14,057	45,137	9,178	8,834
18-44 YEARS.....	4.5	0.6	2.8	0.5	0.6	122,133	17,247	75,295	12,726	15,794
45-64 YEARS.....	6.0	0.8	3.8	0.8	0.7	64,720	8,180	40,552	8,160	7,386
65 YEARS AND OVER.....	9.0	1.1	5.7	1.2	1.0	46,520	5,677	29,523	5,999	4,959
\$35,000 OR MORE										
ALL AGES.....	5.3	0.8	3.2	0.5	0.7	397,852	60,805	242,983	40,343	50,656
UNDER 18 YEARS.....	5.2	1.0	3.3	0.4	0.5	105,752	20,090	66,240	7,781	10,863
18-44 YEARS.....	4.9	0.7	3.0	0.5	0.7	170,699	23,096	103,443	18,995	23,562
45-64 YEARS.....	5.4	0.8	3.2	0.6	0.7	89,399	13,676	54,121	9,750	11,317
65 YEARS AND OVER.....	9.2	1.1	5.5	1.1	1.4	32,001	3,942	19,179	3,817	4,914
GEOGRAPHIC REGION										
NORTHEAST.....	5.1	0.6	3.1	0.8	0.6	250,068	29,006	151,758	37,267	29,746
MIDWEST.....	5.4	0.8	3.0	0.7	0.8	324,439	50,561	181,135	42,187	49,040
SOUTH.....	5.3	0.6	3.3	0.6	0.7	437,006	50,808	270,152	51,606	59,727
WEST.....	5.9	0.7	3.4	0.7	1.0	292,631	36,113	169,238	36,185	49,026
PLACE OF RESIDENCE										
HSA.....	5.5	0.7	3.2	0.7	0.8	1,023,588	133,563	596,068	131,384	154,475
CENTRAL CITY.....	5.5	0.6	3.0	0.8	1.0	412,643	48,117	227,386	61,135	73,004
NOT CENTRAL CITY.....	5.5	0.8	3.3	0.6	0.7	610,945	85,445	368,682	70,249	81,471
NOT HSA.....	5.1	0.6	3.2	0.7	0.6	280,556	32,926	176,215	35,861	33,064

<sup>1</sup>INCLUDES UNKNOWN PLACE OF CONTACT.

<sup>2</sup>DOES NOT INCLUDE PHYSICIAN CONTACTS WHILE AN OVERNIGHT PATIENT IN A HOSPITAL.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 1-5 CAN BE COMPUTED BY USING PARAMETER SET VI OF TABLE II, THE FREQUENCIES OF TABLE 71 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 1-5 CAN BE COMPUTED BY USING PARAMETER SETS VI AND X OF TABLE II, THE FREQUENCIES OF TABLES 71 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 6-10 CAN BE COMPUTED BY USING PARAMETER SET VI OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 16.6 MILLION HAS A 10-PERCENT RSE; OF 4.1 MILLION, A 20-PERCENT RSE; AND OF 1.8 MILLION, A 30-PERCENT RSE. RATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 72. PERCENT DISTRIBUTION AND NUMBER OF PERSONS BY INTERVAL SINCE LAST PHYSICIAN CONTACT, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	INTERVAL SINCE LAST CONTACT									
	1 YEAR TO 2 YEARS TO					1 YEAR TO 2 YEARS TO				
	ALL INTERVALS <sup>1</sup>	LESS THAN 1 YEAR	LESS THAN 2 YEARS	LESS THAN 5 YEARS	5 YEARS OR MORE	ALL INTERVALS <sup>2</sup>	LESS THAN 1 YEAR	LESS THAN 2 YEARS	LESS THAN 5 YEARS	5 YEARS OR MORE
	PERCENT DISTRIBUTION <sup>3</sup>					NUMBER IN THOUSANDS <sup>3</sup>				
ALL PERSONS <sup>4</sup> .....	100.0	76.7	10.5	9.2	3.6	240,890	182,081	24,901	21,783	8,601
AGE										
UNDER 5 YEARS.....	100.0	93.2	5.2	1.3	*0.3	18,385	16,844	943	229	*51
5-17 YEARS.....	100.0	75.7	13.7	8.7	2.0	45,184	33,664	6,075	3,859	901
18-24 YEARS.....	100.0	72.3	13.1	11.3	3.2	25,694	18,257	3,319	2,858	817
25-44 YEARS.....	100.0	71.9	12.0	11.7	4.5	77,371	54,769	9,113	8,892	3,431
45-64 YEARS.....	100.0	76.1	9.0	9.6	5.3	45,573	34,169	4,064	4,324	2,359
65-74 YEARS.....	100.0	84.9	4.9	6.2	4.0	17,565	14,769	854	1,086	693
75 YEARS AND OVER.....	100.0	87.1	4.8	4.9	3.2	11,118	9,610	534	535	350
SEX AND AGE										
MALE										
ALL AGES.....	100.0	71.2	12.0	11.9	4.8	116,657	81,729	13,819	13,677	5,556
UNDER 18 YEARS.....	100.0	80.4	11.5	6.6	1.5	32,526	25,731	3,671	2,107	489
18-44 YEARS.....	100.0	62.2	14.8	16.5	6.5	50,455	30,837	7,325	8,164	3,216
45-64 YEARS.....	100.0	71.3	10.2	12.2	6.3	21,782	15,292	2,189	2,614	1,360
65 YEARS AND OVER.....	100.0	83.7	5.4	6.7	4.2	11,895	9,868	634	791	492
FEMALE										
ALL AGES.....	100.0	81.9	9.0	6.6	2.5	124,232	100,353	11,083	8,106	3,045
UNDER 18 YEARS.....	100.0	81.1	11.0	6.5	1.5	31,043	24,777	3,347	1,980	463
18-44 YEARS.....	100.0	81.3	9.8	6.9	2.0	52,611	42,189	5,108	3,586	1,032
45-64 YEARS.....	100.0	80.5	8.0	7.3	4.3	23,791	18,877	1,875	1,710	999
65 YEARS AND OVER.....	100.0	87.2	4.5	5.0	3.3	16,788	14,510	753	830	551
RACE AND AGE										
WHITE										
ALL AGES.....	100.0	77.2	10.2	9.1	3.6	203,256	154,839	20,399	18,208	7,135
UNDER 18 YEARS.....	100.0	81.8	10.4	6.4	1.4	51,327	41,415	5,273	3,225	700
18-44 YEARS.....	100.0	72.4	12.1	11.4	4.0	86,485	61,760	10,320	9,761	3,419
45-64 YEARS.....	100.0	75.9	9.1	9.7	5.3	39,627	29,694	3,560	3,774	2,073
65 YEARS AND OVER.....	100.0	85.8	4.9	5.7	3.7	25,817	21,970	1,246	1,448	942
BLACK										
ALL AGES.....	100.0	75.2	12.4	9.0	3.4	29,382	21,577	3,566	2,592	975
UNDER 18 YEARS.....	100.0	75.8	15.2	7.0	2.0	9,820	7,255	1,451	670	192
18-44 YEARS.....	100.0	71.3	13.2	11.3	4.1	12,526	8,736	1,616	1,387	505
45-64 YEARS.....	100.0	78.4	8.6	8.7	4.3	4,635	3,556	388	396	196
65 YEARS AND OVER.....	100.0	85.9	4.7	5.9	*3.5	2,401	2,029	110	140	*82
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	100.0	78.0	9.7	8.3	4.0	28,400	21,906	2,734	2,321	1,131
UNDER 18 YEARS.....	100.0	78.3	12.4	7.1	2.2	7,777	5,986	948	543	167
18-44 YEARS.....	100.0	73.7	11.6	10.6	4.1	10,944	7,989	1,255	1,149	447
45-64 YEARS.....	100.0	77.0	8.0	8.0	7.0	3,523	2,686	278	280	246
65 YEARS AND OVER.....	100.0	85.7	4.2	5.7	4.4	6,157	5,245	254	349	272
\$10,000-\$19,999										
ALL AGES.....	100.0	74.9	10.6	10.4	4.2	42,163	31,205	4,407	4,317	1,750
UNDER 18 YEARS.....	100.0	75.3	13.6	8.8	2.2	10,802	8,004	1,445	939	234
18-44 YEARS.....	100.0	69.6	12.2	13.5	4.8	16,761	11,532	2,018	2,231	788
45-64 YEARS.....	100.0	74.5	8.4	10.4	6.6	6,919	5,113	577	715	456
65 YEARS AND OVER.....	100.0	86.0	4.8	5.7	3.6	7,682	6,555	367	433	272

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 72. PERCENT DISTRIBUTION AND NUMBER OF PERSONS BY INTERVAL SINCE LAST PHYSICIAN CONTACT, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	INTERVAL SINCE LAST CONTACT									
	1 YEAR TO 2 YEARS TO					1 YEAR TO 2 YEARS TO				
	ALL INTERVALS <sup>1</sup>	LESS THAN 1 YEAR	LESS THAN 2 YEARS	LESS THAN 5 YEARS	5 YEARS OR MORE	ALL INTERVALS <sup>2</sup>	LESS THAN 1 YEAR	LESS THAN 2 YEARS	LESS THAN 5 YEARS	5 YEARS OR MORE
FAMILY INCOME AND AGE—CON.										
\$20,000-\$34,999										
	PERCENT DISTRIBUTION <sup>3</sup>					NUMBER IN THOUSANDS <sup>3</sup>				
ALL AGES.....	100.0	76.3	10.9	9.4	3.4	59,615	45,001	6,431	5,572	2,001
UNDER 18 YEARS.....	100.0	81.1	11.1	6.3	1.5	16,718	13,397	1,836	1,038	246
18-44 YEARS.....	100.0	71.7	12.6	11.8	3.9	26,928	19,114	3,369	3,143	1,030
45-64 YEARS.....	100.0	75.3	9.1	10.4	5.2	10,777	8,027	971	1,109	552
65 YEARS AND OVER.....	100.0	86.3	4.9	5.5	3.3	5,193	4,463	254	282	173
\$35,000 OR MORE										
ALL AGES.....	100.0	78.9	9.9	8.4	2.9	74,869	58,400	7,297	6,211	2,139
UNDER 18 YEARS.....	100.0	85.6	8.4	5.2	0.8	20,159	17,118	1,602	1,038	150
18-44 YEARS.....	100.0	74.5	11.6	10.3	3.6	34,566	25,421	3,949	3,516	1,235
45-64 YEARS.....	100.0	78.0	9.1	8.9	4.0	16,668	12,855	1,502	1,472	662
65 YEARS AND OVER.....	100.0	87.2	4.8	5.4	2.7	3,476	3,006	164	185	92
GEOGRAPHIC REGION										
NORTHEAST.....	100.0	78.6	9.4	8.6	3.4	49,271	37,942	4,551	4,153	1,627
MIDWEST.....	100.0	77.7	9.9	8.9	3.4	59,543	45,663	5,834	5,251	1,983
SOUTH.....	100.0	75.3	11.5	9.6	3.7	82,278	61,076	9,298	7,761	3,015
WEST.....	100.0	76.0	10.6	9.4	4.0	49,797	37,399	5,218	4,618	1,976
PLACE OF RESIDENCE										
MSA.....	100.0	77.2	10.3	9.0	3.6	186,222	141,533	18,846	16,435	6,595
CENTRAL CITY.....	100.0	77.3	10.2	8.9	3.6	74,860	56,885	7,516	6,568	2,664
NOT CENTRAL CITY.....	100.0	77.1	10.3	9.0	3.6	111,362	84,648	11,329	9,867	3,931
NOT MSA.....	100.0	75.1	11.2	9.9	3.7	54,668	40,548	6,056	5,348	2,005

<sup>1</sup>EXCLUDES UNKNOWN INTERVAL.

<sup>2</sup>INCLUDES UNKNOWN INTERVAL.

<sup>3</sup>INCLUDES PHYSICIAN CONTACTS WHILE AN OVERNIGHT PATIENT IN A HOSPITAL.

<sup>4</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 2-5 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 72 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 2-5 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 72 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 6-10 CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 366,000 HAS A 10-PERCENT RSE; OF 91,000, A 20-PERCENT RSE; AND OF 41,000 A 30-PERCENT RSE. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.



TABLE 73. PERCENT DISTRIBUTION OF LIVING PERSONS BY NUMBER OF SHORT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES <sup>1</sup>				
	ALL STATUSES	NUMBER OF EPISODES				ALL STATUSES	NUMBER OF EPISODES			
		NONE	1	2	3 OR MORE		NONE	1	2	3 OR MORE
PERCENT DISTRIBUTION										
ALL PERSONS <sup>2</sup> .....	100.0	91.8	6.6	1.1	0.5	100.0	93.1	5.4	1.0	0.4
AGE										
UNDER 5 YEARS.....	100.0	94.2	4.5	0.9	0.4	100.0	94.2	4.5	0.9	0.4
5-17 YEARS.....	100.0	97.2	2.4	0.2	0.1	100.0	97.5	2.2	0.2	0.1
18-24 YEARS.....	100.0	91.6	7.3	0.8	0.2	100.0	95.3	3.9	0.5	0.2
25-44 YEARS.....	100.0	91.8	7.1	0.8	0.3	100.0	94.5	4.6	0.6	0.3
45-64 YEARS.....	100.0	91.0	6.9	1.4	0.7	100.0	91.0	6.9	1.4	0.7
65-74 YEARS.....	100.0	84.9	11.2	2.7	1.3	100.0	84.9	11.2	2.7	1.3
75 YEARS AND OVER.....	100.0	80.7	14.2	3.7	1.4	100.0	80.7	14.2	3.7	1.4
SEX AND AGE										
MALE										
ALL AGES.....	100.0	93.3	5.3	0.9	0.5	100.0	93.3	5.3	0.9	0.5
UNDER 18 YEARS.....	100.0	96.2	3.1	0.5	0.2	100.0	96.2	3.1	0.5	0.2
18-44 YEARS.....	100.0	95.4	3.8	0.5	0.2	100.0	95.4	3.8	0.5	0.2
45-64 YEARS.....	100.0	90.4	7.3	1.4	0.9	100.0	90.4	7.3	1.4	0.9
65 YEARS AND OVER.....	100.0	81.9	13.4	3.0	1.7	100.0	81.9	13.4	3.0	1.7
FEMALE										
ALL AGES.....	100.0	90.4	7.9	1.3	0.4	100.0	92.9	5.6	1.1	0.4
UNDER 18 YEARS.....	100.0	96.5	2.9	0.4	0.2	100.0	96.9	2.5	0.3	0.2
18-44 YEARS.....	100.0	88.2	10.4	1.1	0.3	100.0	94.0	5.1	0.7	0.3
45-64 YEARS.....	100.0	91.5	6.6	1.4	0.5	100.0	91.5	6.6	1.4	0.5
65 YEARS AND OVER.....	100.0	84.2	11.6	3.2	1.1	100.0	84.2	11.6	3.2	1.1
RACE AND AGE										
WHITE										
ALL AGES.....	100.0	91.8	6.6	1.1	0.5	100.0	93.0	5.5	1.0	0.5
UNDER 18 YEARS.....	100.0	96.4	3.0	0.4	0.2	100.0	96.6	2.8	0.4	0.2
18-44 YEARS.....	100.0	92.0	7.0	0.8	0.3	100.0	94.7	4.5	0.6	0.2
45-64 YEARS.....	100.0	91.0	7.0	1.3	0.7	100.0	91.0	6.9	1.3	0.7
65 YEARS AND OVER.....	100.0	83.3	12.3	3.1	1.3	100.0	83.3	12.3	3.1	1.3
BLACK										
ALL AGES.....	100.0	91.5	6.9	1.1	0.4	100.0	93.2	5.3	1.0	0.4
UNDER 18 YEARS.....	100.0	96.0	3.5	*0.4	*0.1	100.0	96.4	3.1	*0.3	*0.1
18-44 YEARS.....	100.0	90.2	8.4	1.1	0.4	100.0	93.9	4.9	0.9	0.3
45-64 YEARS.....	100.0	90.4	6.9	1.9	*0.8	100.0	90.5	6.8	1.9	*0.8
65 YEARS AND OVER.....	100.0	82.1	13.3	3.3	*1.3	100.0	82.1	13.3	3.3	*1.3
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	100.0	88.1	9.1	1.9	0.9	100.0	89.8	7.5	1.8	0.9
UNDER 18 YEARS.....	100.0	94.2	4.5	0.8	*0.4	100.0	94.8	4.0	0.8	*0.4
18-44 YEARS.....	100.0	88.7	9.3	1.3	0.7	100.0	92.7	5.7	0.9	0.6
45-64 YEARS.....	100.0	84.6	10.2	3.3	1.9	100.0	84.6	10.2	3.3	1.9
65 YEARS AND OVER.....	100.0	81.1	13.6	3.8	1.5	100.0	81.1	13.6	3.8	1.5
\$10,000-\$19,999										
ALL AGES.....	100.0	90.3	7.7	1.3	0.7	100.0	91.7	6.4	1.2	0.6
UNDER 18 YEARS.....	100.0	96.0	3.4	*0.3	*0.2	100.0	96.4	3.1	*0.3	*0.2
18-44 YEARS.....	100.0	90.4	8.3	0.9	0.4	100.0	93.7	5.3	0.7	0.4
45-64 YEARS.....	100.0	89.4	7.6	2.1	1.0	100.0	89.4	7.6	2.1	1.0
65 YEARS AND OVER.....	100.0	83.1	12.6	2.8	1.5	100.0	83.1	12.6	2.8	1.5

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 73. PERCENT DISTRIBUTION OF LIVING PERSONS BY NUMBER OF SHORT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES, ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES <sup>1</sup>				
	ALL STATUSES	NUMBER OF EPISODES				ALL STATUSES	NUMBER OF EPISODES			
		NONE	1	2	3 OR MORE		NONE	1	2	3 OR MORE
<b>FAMILY INCOME AND AGE—CON.</b>										
<b>\$20,000—\$34,999</b>										
ALL AGES.....	100.0	92.3	6.3	1.0	0.4	100.0	93.8	4.9	0.9	0.4
UNDER 18 YEARS.....	100.0	96.6	2.8	0.4	*0.2	100.0	96.6	2.7	0.4	*0.2
18-44 YEARS.....	100.0	91.6	7.3	0.9	0.2	100.0	94.7	4.4	0.7	*0.1
45-64 YEARS.....	100.0	91.4	6.6	1.3	0.7	100.0	91.4	6.6	1.3	0.7
65 YEARS AND OVER.....	100.0	84.5	11.4	2.6	1.5	100.0	84.5	11.4	2.6	1.5
<b>\$35,000 OR MORE</b>										
ALL AGES.....	100.0	93.8	5.3	0.7	0.2	100.0	94.9	4.3	0.6	0.2
UNDER 18 YEARS.....	100.0	97.2	2.4	0.3	*0.1	100.0	97.2	2.4	0.3	*0.1
18-44 YEARS.....	100.0	93.1	6.1	0.6	0.1	100.0	95.6	3.8	0.5	0.1
45-64 YEARS.....	100.0	92.9	5.9	0.8	0.4	100.0	92.9	5.9	0.8	0.4
65 YEARS AND OVER.....	100.0	85.1	11.5	2.4	*1.0	100.0	85.1	11.5	2.4	*1.0
<b>GEOGRAPHIC REGION</b>										
NORTHEAST.....	100.0	92.3	6.3	1.0	0.4	100.0	93.5	5.2	1.0	0.3
MIDWEST.....	100.0	91.4	6.9	1.2	0.5	100.0	92.7	5.7	1.1	0.5
SOUTH.....	100.0	91.0	7.3	1.2	0.5	100.0	92.4	5.9	1.1	0.5
WEST.....	100.0	93.1	5.6	0.9	0.4	100.0	94.4	4.4	0.8	0.3
<b>PLACE OF RESIDENCE</b>										
MSA.....	100.0	92.2	6.4	1.0	0.4	100.0	93.5	5.2	0.9	0.4
CENTRAL CITY.....	100.0	91.7	6.9	1.0	0.4	100.0	93.1	5.6	0.9	0.4
NOT CENTRAL CITY.....	100.0	92.6	6.1	1.0	0.4	100.0	93.8	5.0	0.9	0.3
NOT MSA.....	100.0	90.4	7.4	1.5	0.7	100.0	91.7	6.2	1.4	0.7

<sup>1</sup>BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

<sup>2</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 74 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II, THE FREQUENCIES OF TABLE 78 AND THE FORMULA PRESENTED IN RULE 3 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 74. NUMBER OF LIVING PERSONS, BY NUMBER OF SHORT-STAY HOSPITAL EPISODES DURING THE YEAR PRECEDING INTERVIEW FOR ALL CAUSES AND EXCLUDING DELIVERIES AND BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES					EXCLUDING DELIVERIES <sup>1</sup>				
	ALL STATUSES	NUMBER OF EPISODES				ALL STATUSES	NUMBER OF EPISODES			
		NONE	1	2	3 OR MORE		NONE	1	2	3 OR MORE
NUMBER OF PERSONS IN THOUSANDS										
ALL PERSONS <sup>2</sup> .....	240,890	221,144	16,012	2,626	1,108	240,890	224,322	13,101	2,401	1,066
AGE										
UNDER 5 YEARS.....	18,385	17,323	820	167	75	18,385	17,323	820	167	75
5-17 YEARS.....	45,184	43,933	1,102	102	47	45,184	44,057	987	92	47
18-24 YEARS.....	25,694	23,530	1,888	216	61	25,694	24,497	1,014	141	43
25-44 YEARS.....	77,371	71,024	5,503	624	220	77,371	73,104	3,587	484	196
45-64 YEARS.....	45,573	41,462	3,157	633	321	45,573	41,467	3,151	633	321
65-74 YEARS.....	17,565	14,905	1,961	473	226	17,565	14,905	1,961	473	226
75 YEARS AND OVER.....	11,118	8,968	1,581	411	158	11,118	8,968	1,581	411	158
SEX AND AGE										
MALE										
ALL AGES.....	116,657	108,890	6,140	1,066	562	116,657	108,890	6,140	1,066	562
UNDER 18 YEARS.....	32,526	31,293	1,022	154	58	32,526	31,293	1,022	154	58
18-44 YEARS.....	50,455	48,155	1,941	254	104	50,455	48,155	1,941	254	104
45-64 YEARS.....	21,782	19,700	1,582	306	194	21,782	19,700	1,582	306	194
65 YEARS AND OVER.....	11,895	9,741	1,596	351	206	11,895	9,741	1,596	351	206
FEMALE										
ALL AGES.....	124,232	112,254	9,872	1,560	547	124,232	115,432	6,961	1,336	504
UNDER 18 YEARS.....	31,043	29,964	900	115	64	31,043	30,088	785	105	64
18-44 YEARS.....	52,611	46,398	5,450	586	177	52,611	49,446	2,660	371	135
45-64 YEARS.....	23,791	21,761	1,575	327	127	23,791	21,767	1,570	327	127
65 YEARS AND OVER.....	16,788	14,131	1,946	533	178	16,788	14,131	1,946	533	178
RACE AND AGE										
WHITE										
ALL AGES.....	203,256	186,556	13,495	2,242	963	203,256	189,045	11,228	2,058	926
UNDER 18 YEARS.....	51,327	49,476	1,516	227	108	51,327	49,557	1,437	225	108
18-44 YEARS.....	86,485	79,529	6,043	686	227	86,485	81,933	3,859	503	190
45-64 YEARS.....	39,627	36,051	2,758	534	284	39,627	36,054	2,754	534	284
65 YEARS AND OVER.....	25,817	21,500	3,177	796	344	25,817	21,500	3,177	796	344
BLACK										
ALL AGES.....	29,382	26,890	2,032	336	125	29,382	27,395	1,563	303	122
UNDER 18 YEARS.....	9,820	9,428	343	35	14	9,820	9,469	308	28	14
18-44 YEARS.....	12,526	11,298	1,050	134	44	12,526	11,760	618	107	41
45-64 YEARS.....	4,635	4,192	318	89	36	4,635	4,194	316	89	36
65 YEARS AND OVER.....	2,401	1,971	320	79	31	2,401	1,971	320	79	31
FAMILY INCOME AND AGE										
UNDER \$10,000										
ALL AGES.....	28,400	25,009	2,572	552	266	28,400	25,489	2,139	515	257
UNDER 18 YEARS.....	7,777	7,328	353	64	32	7,777	7,369	313	62	32
18-44 YEARS.....	10,944	9,711	1,022	138	73	10,944	10,149	629	102	64
45-64 YEARS.....	3,523	2,980	361	115	68	3,523	2,980	361	115	68
65 YEARS AND OVER.....	6,157	4,991	837	236	94	6,157	4,991	837	236	94
\$10,000-\$19,999										
ALL AGES.....	42,163	38,094	3,249	541	279	42,163	38,678	2,715	504	266
UNDER 18 YEARS.....	10,802	10,375	368	34	25	10,802	10,410	333	34	25
18-44 YEARS.....	16,761	15,154	1,386	148	73	16,761	15,701	888	112	60
45-64 YEARS.....	6,919	6,184	527	142	67	6,919	6,185	525	142	67
65 YEARS AND OVER.....	7,682	6,382	969	217	114	7,682	6,382	969	217	114

SEE FOOTNOTES AND NOTES AT END OF TABLE.



TABLE 75. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW PER LIVING PERSON HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES <sup>1</sup>			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
DAYS PER PERSON HOSPITALIZED								
ALL PERSONS <sup>2</sup> .....	8.0	5.5	14.7	27.5	8.9	6.2	15.4	28.2
AGE								
UNDER 5 YEARS.....	9.1	5.6	13.2	38.2	9.1	5.6	13.2	38.2
5-17 YEARS.....	6.1	4.7	13.6	23.1	6.4	5.0	13.3	23.1
18-24 YEARS.....	4.9	3.7	12.0	15.2	6.4	4.8	14.3	17.7
25-44 YEARS.....	5.8	4.3	12.4	23.2	7.1	5.3	13.7	24.8
45-64 YEARS.....	9.7	6.7	14.9	29.6	9.7	6.7	14.9	29.6
65-74 YEARS.....	11.0	7.3	18.3	27.7	11.0	7.3	18.3	27.7
75 YEARS AND OVER.....	11.2	7.9	16.4	30.1	11.2	7.9	16.4	30.1
SEX AND AGE								
MALE								
ALL AGES.....	9.0	6.1	15.6	28.4	9.0	6.1	15.6	28.4
UNDER 18 YEARS.....	6.4	4.7	11.0	24.9	6.4	4.7	11.0	24.9
18-44 YEARS.....	7.3	5.1	17.1	24.0	7.3	5.1	17.1	24.0
45-64 YEARS.....	10.2	6.6	15.6	31.3	10.2	6.6	15.6	31.3
65 YEARS AND OVER.....	11.1	7.6	16.5	29.0	11.1	7.6	16.5	29.0
FEMALE								
ALL AGES.....	7.3	5.2	14.1	26.5	8.9	6.3	15.2	28.0
UNDER 18 YEARS.....	8.7	5.5	16.6	39.2	9.4	6.0	16.5	39.2
18-44 YEARS.....	4.9	3.9	10.1	20.0	6.7	5.2	11.6	23.2
45-64 YEARS.....	9.2	6.7	14.2	26.9	9.2	6.8	14.2	26.9
65 YEARS AND OVER.....	11.0	7.5	18.0	28.4	11.0	7.5	18.0	28.4
RACE AND AGE								
WHITE								
ALL AGES.....	8.0	5.5	14.7	27.7	8.9	6.1	15.3	28.4
UNDER 18 YEARS.....	7.7	4.9	13.8	34.6	8.0	5.1	13.3	34.6
18-44 YEARS.....	5.5	4.2	11.7	21.3	6.8	5.1	13.2	23.6
45-64 YEARS.....	9.6	6.5	15.1	28.6	9.6	6.5	15.1	28.6
65 YEARS AND OVER.....	10.9	7.4	17.2	28.8	10.9	7.4	17.2	28.8
BLACK								
ALL AGES.....	8.5	6.1	15.8	27.3	9.8	7.0	16.7	27.7
UNDER 18 YEARS.....	6.6	5.6	*12.7	*15.1	7.0	5.9	*15.0	*15.1
18-44 YEARS.....	6.4	4.5	15.9	22.6	8.2	5.6	17.8	23.3
45-64 YEARS.....	11.9	8.7	13.0	36.9	11.9	8.8	13.0	36.9
65 YEARS AND OVER.....	12.6	9.3	19.7	28.3	12.6	9.3	19.7	28.3
FAMILY INCOME AND AGE								
UNDER \$10,000								
ALL AGES.....	10.1	6.4	16.0	33.5	11.2	7.1	16.6	34.4
UNDER 18 YEARS.....	8.5	5.2	11.7	39.1	9.1	5.4	12.0	39.1
18-44 YEARS.....	7.3	4.9	13.9	27.6	9.5	6.3	15.9	30.2
45-64 YEARS.....	12.9	8.3	14.5	34.2	12.9	8.3	14.5	34.2
65 YEARS AND OVER.....	12.4	7.9	19.1	35.4	12.4	7.9	19.1	35.4
\$10,000-\$19,999								
ALL AGES.....	8.3	5.9	14.2	25.2	9.2	6.5	14.7	26.1
UNDER 18 YEARS.....	8.0	6.1	*8.5	35.4	8.4	6.4	*8.5	35.4
18-44 YEARS.....	5.8	4.3	13.4	17.4	7.1	5.2	15.4	19.4
45-64 YEARS.....	11.0	7.4	14.5	31.9	11.0	7.5	14.5	31.9
65 YEARS AND OVER.....	10.1	7.2	15.4	24.1	10.1	7.2	15.4	24.1

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 75. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW PER LIVING PERSON HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES <sup>1</sup>			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
<b>FAMILY INCOME AND AGE—CON.</b>								
<b>\$20,000—\$34,999</b>								
ALL AGES.....	7.2	4.9	13.8	26.0	8.2	5.7	14.3	26.8
UNDER 18 YEARS.....	8.1	4.9	15.8	31.3	8.2	5.2	14.6	31.3
18-44 YEARS.....	5.0	3.7	12.2	20.1	6.3	4.6	13.5	24.3
45-64 YEARS.....	9.3	6.4	13.9	28.0	9.3	6.4	13.9	28.0
65 YEARS AND OVER.....	10.3	7.2	15.6	24.5	10.3	7.2	15.6	24.5
<b>\$35,000 OR MORE</b>								
ALL AGES.....	6.3	4.9	12.4	22.6	7.1	5.5	13.3	22.7
UNDER 18 YEARS.....	5.6	4.7	*8.0	*20.6	5.7	4.8	*8.3	*20.6
18-44 YEARS.....	5.0	4.2	9.2	20.1	6.1	5.2	10.3	20.3
45-64 YEARS.....	7.5	5.4	16.7	20.8	7.5	5.4	16.7	20.8
65 YEARS AND OVER.....	10.5	7.4	17.1	30.6	10.5	7.4	17.1	30.6
<b>GEOGRAPHIC REGION</b>								
NORTHEAST.....	9.0	6.3	17.1	33.6	10.0	7.0	17.8	34.4
MIDWEST.....	7.7	5.2	14.3	26.6	8.5	5.7	14.9	27.6
SOUTH.....	8.2	5.7	14.8	27.4	9.2	6.5	15.3	28.0
WEST.....	6.7	4.7	12.6	23.4	7.7	5.4	13.4	24.0
<b>PLACE OF RESIDENCE</b>								
MSA.....	7.9	5.6	15.2	28.6	8.9	6.3	15.9	29.3
CENTRAL CITY.....	8.3	6.0	15.7	27.8	9.4	6.8	16.6	28.3
NOT CENTRAL CITY.....	7.7	5.3	14.9	29.2	8.6	5.9	15.4	30.3
NOT MSA.....	8.1	5.4	13.6	25.4	8.9	6.0	14.1	26.1

<sup>1</sup>BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

<sup>2</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) CAN BE COMPUTED BY USING PARAMETER SETS VII AND X OF TABLE II, THE FREQUENCIES OF TABLES 74 AND 76 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 76. NUMBER OF SHORT-STAY HOSPITAL DAYS DURING THE YEAR PRECEDING INTERVIEW FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES, BY NUMBER OF EPISODES AND SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES				EXCLUDING DELIVERIES <sup>1</sup>			
	ALL STATUSES	NUMBER OF EPISODES			ALL STATUSES	NUMBER OF EPISODES		
		1	2	3 OR MORE		1	2	3 OR MORE
	NUMBER OF DAYS IN THOUSANDS							
ALL PERSONS <sup>2</sup> .....	157,725	88,570	38,668	30,488	148,163	81,207	36,870	30,086
AGE								
UNDER 5 YEARS.....	9,692	4,620	2,210	2,863	9,692	4,620	2,210	2,863
5-17 YEARS.....	7,614	5,137	1,392	1,086	7,243	4,934	1,223	1,086
18-24 YEARS.....	10,542	7,029	2,586	926	7,605	4,830	2,012	762
25-44 YEARS.....	36,641	23,829	7,708	5,104	30,398	18,880	6,652	4,866
45-64 YEARS.....	39,985	21,093	9,402	9,490	39,972	21,081	9,402	9,490
65-74 YEARS.....	29,221	14,317	8,633	6,271	29,221	14,317	8,633	6,271
75 YEARS AND OVER.....	24,030	12,545	6,738	4,748	24,030	12,545	6,738	4,748
SEX AND AGE								
MALE								
ALL AGES.....	69,873	37,302	16,599	15,972	69,873	37,302	16,599	15,972
UNDER 18 YEARS.....	7,949	4,811	1,696	1,442	7,949	4,811	1,696	1,442
18-44 YEARS.....	16,685	9,841	4,351	2,493	16,685	9,841	4,351	2,493
45-64 YEARS.....	21,309	10,467	4,769	6,073	21,309	10,467	4,769	6,073
65 YEARS AND OVER.....	23,930	12,183	5,783	5,964	23,930	12,183	5,783	5,964
FEMALE								
ALL AGES.....	87,852	51,268	22,069	14,516	78,290	43,905	20,271	14,114
UNDER 18 YEARS.....	9,357	4,945	1,906	2,506	8,987	4,743	1,737	2,506
18-44 YEARS.....	30,497	21,017	5,943	3,537	21,318	13,869	4,314	3,135
45-64 YEARS.....	18,676	10,626	4,632	3,418	18,663	10,613	4,632	3,418
65 YEARS AND OVER.....	29,322	14,679	9,588	5,054	29,322	14,679	9,588	5,054
RACE AND AGE								
WHITE								
ALL AGES.....	133,576	74,026	32,919	26,631	126,157	68,461	31,418	26,278
UNDER 18 YEARS.....	14,323	7,459	3,127	3,737	14,092	7,367	2,988	3,737
18-44 YEARS.....	38,084	25,233	8,014	4,838	30,906	19,770	6,652	4,484
45-64 YEARS.....	34,163	17,974	8,057	8,133	34,152	17,963	8,057	8,133
65 YEARS AND OVER.....	47,006	23,361	13,721	9,923	47,006	23,361	13,721	9,923
BLACK								
ALL AGES.....	21,094	12,379	5,301	3,413	19,423	11,003	5,045	3,375
UNDER 18 YEARS.....	2,573	1,916	446	211	2,438	1,808	420	211
18-44 YEARS.....	7,836	4,705	2,136	995	6,303	3,439	1,906	957
45-64 YEARS.....	5,262	2,773	1,159	1,330	5,260	2,770	1,159	1,330
65 YEARS AND OVER.....	5,423	2,986	1,560	877	5,423	2,986	1,560	877
FAMILY INCOME AND AGE								
UNDER \$10,000								
ALL AGES.....	34,237	16,478	8,841	8,918	32,647	15,268	8,542	8,836
UNDER 18 YEARS.....	3,820	1,820	750	1,251	3,700	1,703	746	1,251
18-44 YEARS.....	8,980	5,046	1,921	2,014	7,510	3,952	1,625	1,933
45-64 YEARS.....	7,004	3,013	1,662	2,328	7,004	3,013	1,662	2,328
65 YEARS AND OVER.....	14,432	6,600	4,508	3,325	14,432	6,600	4,508	3,325
\$10,000-\$19,999								
ALL AGES.....	33,864	19,163	7,661	7,040	32,024	17,698	7,395	6,931
UNDER 18 YEARS.....	3,418	2,244	288	886	3,312	2,139	288	886
18-44 YEARS.....	9,258	6,001	1,986	1,271	7,529	4,647	1,720	1,162
45-64 YEARS.....	8,110	3,923	2,053	2,134	8,105	3,918	2,053	2,134
65 YEARS AND OVER.....	13,078	6,994	3,334	2,750	13,078	6,994	3,334	2,750

SEE FOOTNOTES AND NOTES AT END OF TABLE.





TABLE 77. NUMBER PER 100 PERSONS PER YEAR AND ANNUAL NUMBER OF SHORT-STAY HOSPITAL DISCHARGES, AVERAGE LENGTH OF STAY AND ANNUAL NUMBER OF HOSPITAL DAYS FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES <sup>1</sup>				EXCLUDING DELIVERIES <sup>2</sup>			
	HOSPITAL DISCHARGES		HOSPITAL DAYS		HOSPITAL DISCHARGES		HOSPITAL DAYS	
	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS
ALL PERSONS <sup>3</sup> .....	11.2	27,090	6.3	169,525	9.8	23,642	6.7	158,938
AGE								
UNDER 5 YEARS.....	7.8	1,427	6.7	9,604	7.8	1,427	6.7	9,604
5-17 YEARS.....	3.8	1,716	5.1	8,788	3.4	1,543	5.4	8,288
18-24 YEARS.....	10.6	2,713	4.3	11,641	6.3	1,631	5.1	8,358
25-44 YEARS.....	9.9	7,656	4.8	36,626	7.1	5,462	5.5	29,822
45-64 YEARS.....	13.4	6,129	7.0	43,136	13.4	6,129	7.0	43,136
65-74 YEARS.....	23.6	4,141	8.0	32,966	23.6	4,141	8.0	32,966
75 YEARS AND OVER.....	29.8	3,309	8.1	26,764	29.8	3,309	8.1	26,764
SEX AND AGE								
MALE								
ALL AGES.....	9.5	11,055	6.9	75,834	9.5	11,055	6.9	75,834
UNDER 18 YEARS.....	4.9	1,580	4.7	7,469	4.9	1,580	4.7	7,469
18-44 YEARS.....	5.7	2,891	6.1	17,509	5.7	2,891	6.1	17,509
45-64 YEARS.....	14.5	3,155	7.5	23,813	14.5	3,155	7.5	23,813
65 YEARS AND OVER.....	28.8	3,429	7.9	27,043	28.8	3,429	7.9	27,043
FEMALE								
ALL AGES.....	12.9	16,035	5.8	93,691	10.1	12,587	6.6	83,104
UNDER 18 YEARS.....	5.0	1,563	7.0	10,922	4.5	1,390	7.5	10,423
18-44 YEARS.....	14.2	7,478	4.1	30,759	8.0	4,202	4.9	20,671
45-64 YEARS.....	12.5	2,974	6.5	19,323	12.5	2,974	6.5	19,323
65 YEARS AND OVER.....	24.0	4,021	8.1	32,686	24.0	4,021	8.1	32,686
RACE AND AGE								
WHITE								
ALL AGES.....	11.3	22,906	6.2	142,783	9.9	20,145	6.7	134,409
UNDER 18 YEARS.....	5.0	2,558	5.9	14,972	4.8	2,451	6.0	14,666
18-44 YEARS.....	9.8	8,471	4.5	38,467	6.7	5,817	5.2	30,399
45-64 YEARS.....	13.4	5,292	6.9	36,363	13.4	5,292	6.9	36,363
65 YEARS AND OVER.....	25.5	6,585	8.0	52,981	25.5	6,585	8.0	52,981
BLACK								
ALL AGES.....	11.8	3,461	7.0	24,080	10.1	2,961	7.6	22,407
UNDER 18 YEARS.....	5.3	525	6.0	3,174	4.7	463	6.5	2,991
18-44 YEARS.....	12.3	1,537	5.7	8,702	8.8	1,099	6.6	7,211
45-64 YEARS.....	15.3	707	8.6	6,071	15.3	707	8.6	6,071
65 YEARS AND OVER.....	28.8	691	8.9	6,133	28.8	691	8.9	6,133
FAMILY INCOME AND AGE								
UNDER \$10,000								
ALL AGES.....	18.7	5,311	6.9	36,576	17.0	4,830	7.2	34,991
UNDER 18 YEARS.....	8.4	656	5.8	3,786	7.7	602	6.0	3,631
18-44 YEARS.....	16.0	1,749	5.5	9,621	12.1	1,321	6.2	8,192
45-64 YEARS.....	26.9	947	7.5	7,110	26.9	947	7.5	7,110
65 YEARS AND OVER.....	31.8	1,960	8.2	16,059	31.8	1,960	8.2	16,059
\$10,000-\$19,999								
ALL AGES.....	13.4	5,646	6.3	35,784	11.8	4,994	6.7	33,692
UNDER 18 YEARS.....	5.2	559	7.6	4,240	4.7	510	8.0	4,092
18-44 YEARS.....	12.0	2,011	4.5	9,136	8.4	1,409	5.1	7,191
45-64 YEARS.....	16.4	1,134	7.2	8,165	16.4	1,134	7.2	8,165
65 YEARS AND OVER.....	25.3	1,941	7.3	14,244	25.3	1,941	7.3	14,244

SEE FOOTNOTES AND NOTES AT END OF TABLE.

TABLE 77. NUMBER PER 100 PERSONS PER YEAR AND ANNUAL NUMBER OF SHORT-STAY HOSPITAL DISCHARGES, AVERAGE LENGTH OF STAY AND ANNUAL NUMBER OF HOSPITAL DAYS FOR LIVING PERSONS HOSPITALIZED FOR ALL CAUSES AND EXCLUDING DELIVERIES BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL CAUSES <sup>1</sup>				EXCLUDING DELIVERIES <sup>2</sup>			
	HOSPITAL DISCHARGES		HOSPITAL DAYS		HOSPITAL DISCHARGES		HOSPITAL DAYS	
FAMILY INCOME AND AGE—CON.	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS	NUMBER PER 100 PERSONS	NUMBER IN THOUSANDS	AVERAGE LENGTH OF STAY	NUMBER IN THOUSANDS
<b>\$20,000—\$34,999</b>								
ALL AGES.....	10.1	6,025	5.8	34,697	8.6	5,101	6.3	32,150
UNDER 18 YEARS.....	4.7	786	5.2	4,053	4.6	776	5.2	4,017
18-44 YEARS.....	9.6	2,587	4.4	11,313	6.2	1,673	5.3	8,800
45-64 YEARS.....	13.4	1,449	6.9	9,954	13.4	1,449	6.9	9,954
65 YEARS AND OVER.....	23.2	1,204	7.8	9,379	23.2	1,204	7.8	9,379
<b>\$35,000 OR MORE</b>								
ALL AGES.....	7.7	5,754	5.4	30,911	6.5	4,835	5.8	27,945
UNDER 18 YEARS.....	3.8	759	4.9	3,738	3.7	750	5.0	3,721
18-44 YEARS.....	7.8	2,693	4.4	11,803	5.2	1,783	5.0	8,855
45-64 YEARS.....	9.2	1,531	6.1	9,381	9.2	1,531	6.1	9,381
65 YEARS AND OVER.....	22.2	770	7.8	5,988	22.2	770	7.8	5,988
<b>GEOGRAPHIC REGION</b>								
NORTHEAST.....	10.6	5,234	7.3	38,264	9.3	4,600	7.8	35,948
MIDWEST.....	11.8	7,030	5.8	41,120	10.4	6,202	6.2	38,460
SOUTH.....	12.5	10,266	6.5	67,170	11.0	9,038	7.0	63,408
WEST.....	9.2	4,560	5.0	22,970	7.6	3,802	5.6	21,122
<b>PLACE OF RESIDENCE</b>								
MSA.....	10.5	19,514	6.4	125,835	9.1	16,899	7.0	117,895
CENTRAL CITY.....	11.7	8,724	6.6	57,472	10.1	7,581	7.1	54,137
NOT CENTRAL CITY.....	9.7	10,790	6.3	68,363	8.4	9,318	6.8	63,758
NOT MSA.....	13.9	7,576	5.8	43,690	12.3	6,743	6.1	41,043

<sup>1</sup>INCLUDES UNKNOWN CAUSE; BASED ON 6-MONTH REFERENCE PERIOD.

<sup>2</sup>BASED ON REASON FOR ADMISSION OR OTHER INDICATION OF DELIVERY.

<sup>3</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS (SE'S) AND RELATIVE STANDARD ERRORS (RSE'S) FOR AGE, SEX AND AGE, AND RACE AND AGE FOR COLUMNS 1 AND 5 CAN BE COMPUTED BY USING PARAMETER SET VIII OF TABLE II, THE FREQUENCIES OF TABLE 77 AND THE FORMULA PRESENTED IN RULE 2 OF APPENDIX I. THE SE'S AND RSE'S FOR FAMILY INCOME AND AGE, GEOGRAPHIC REGION, AND PLACE OF RESIDENCE FOR COLUMNS 1 AND 5 CAN BE COMPUTED BY USING PARAMETER SETS VIII AND X OF TABLE II, THE FREQUENCIES OF TABLES 77 AND 78 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 2 AND 6 CAN BE COMPUTED BY USING PARAMETER SET VIII OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 4 AND 8 CAN BE COMPUTED BY USING PARAMETER SET IX OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. THE SE'S AND RSE'S FOR COLUMNS 3 AND 7 CAN BE COMPUTED BY USING PARAMETER SETS VIII AND IX OF TABLE II, THE FREQUENCIES OF TABLE 77 AND THE FORMULA PRESENTED IN RULE 4 OF APPENDIX I. AN ESTIMATE OF 633,000 DISCHARGES HAS A 10-PERCENT RSE; OF 156,000, A 20-PERCENT RSE; AND OF 69,000, A 30-PERCENT RSE. AN ESTIMATE OF 10.2 HILLION DAYS HAS A 10-PERCENT RSE; OF 2.2 HILLION, A 20-PERCENT RSE; AND OF 935,000, A 30-PERCENT RSE. ESTIMATES FOR WHICH THE NUMERATOR HAS AN RSE OF MORE THAN 30 PERCENT ARE INDICATED WITH AN ASTERISK.

TABLE 78. NUMBER OF PERSONS OF ALL AGES AND NUMBER OF CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS	CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS
<p>NUMBER IN THOUSANDS</p> <p>ALL PERSONS<sup>1</sup>..... 240,890 115,239</p>			<p>FAMILY INCOME AND AGE</p>		
<p>AGE</p> <p>UNDER 18 YEARS..... 63,569 ...</p> <p>UNDER 5 YEARS..... 18,385 ...</p> <p>5-17 YEARS..... 45,184 ...</p> <p>18-44 YEARS..... 103,066 80,931</p> <p>18-24 YEARS..... 25,694 17,964</p> <p>25-44 YEARS..... 77,371 62,967</p> <p>45 YEARS AND OVER..... 74,255 34,308</p> <p>45-64 YEARS..... 45,573 30,638</p> <p>65 YEARS AND OVER..... 28,683 3,670</p> <p>65-69 YEARS..... 9,801 2,095</p> <p>70-74 YEARS..... 7,764 913</p> <p>75 YEARS AND OVER..... 11,118 662</p>			<p>UNDER \$10,000</p> <p>ALL AGES..... 28,400 6,972</p> <p>UNDER 18 YEARS..... 7,777 ...</p> <p>UNDER 5 YEARS..... 2,590 ...</p> <p>5-17 YEARS..... 5,186 ...</p> <p>18-44 YEARS..... 10,944 5,403</p> <p>18-24 YEARS..... 5,039 2,448</p> <p>45 YEARS AND OVER..... 9,680 1,569</p> <p>45-64 YEARS..... 3,523 1,117</p> <p>65 YEARS AND OVER..... 6,157 452</p> <p>65-69 YEARS..... 1,460 173</p> <p>70-74 YEARS..... 1,547 147</p> <p>75 YEARS AND OVER..... 3,150 133</p>		
<p>SEX AND AGE</p> <p>MALE</p> <p>ALL AGES..... 116,657 63,298</p> <p>UNDER 18 YEARS..... 32,526 ...</p> <p>UNDER 5 YEARS..... 9,410 ...</p> <p>5-17 YEARS..... 23,116 ...</p> <p>18-44 YEARS..... 50,455 44,020</p> <p>18-24 YEARS..... 12,529 9,305</p> <p>45 YEARS AND OVER..... 33,677 19,278</p> <p>45-64 YEARS..... 21,782 17,163</p> <p>65 YEARS AND OVER..... 11,895 2,114</p> <p>65-69 YEARS..... 4,440 1,214</p> <p>70-74 YEARS..... 3,359 499</p> <p>75 YEARS AND OVER..... 4,096 402</p>			<p>\$10,000-\$19,999</p> <p>ALL AGES..... 42,163 17,266</p> <p>UNDER 18 YEARS..... 10,802 ...</p> <p>UNDER 5 YEARS..... 3,393 ...</p> <p>5-17 YEARS..... 7,409 ...</p> <p>18-44 YEARS..... 16,761 12,616</p> <p>18-24 YEARS..... 5,038 3,598</p> <p>45 YEARS AND OVER..... 14,601 4,650</p> <p>45-64 YEARS..... 6,919 3,771</p> <p>65 YEARS AND OVER..... 7,682 878</p> <p>65-69 YEARS..... 2,738 500</p> <p>70-74 YEARS..... 2,154 221</p> <p>75 YEARS AND OVER..... 2,790 158</p>		
<p>FEMALE</p> <p>ALL AGES..... 124,232 51,941</p> <p>UNDER 18 YEARS..... 31,043 ...</p> <p>UNDER 5 YEARS..... 8,976 ...</p> <p>5-17 YEARS..... 22,067 ...</p> <p>18-44 YEARS..... 52,611 36,911</p> <p>18-24 YEARS..... 13,165 8,659</p> <p>45 YEARS AND OVER..... 40,578 15,030</p> <p>45-64 YEARS..... 23,791 13,474</p> <p>65 YEARS AND OVER..... 16,788 1,556</p> <p>65-69 YEARS..... 5,361 881</p> <p>70-74 YEARS..... 4,405 415</p> <p>75 YEARS AND OVER..... 7,021 260</p>			<p>\$20,000-\$24,999</p> <p>ALL AGES..... 21,234 10,387</p> <p>UNDER 18 YEARS..... 5,731 ...</p> <p>UNDER 5 YEARS..... 1,788 ...</p> <p>5-17 YEARS..... 3,943 ...</p> <p>18-44 YEARS..... 9,232 7,625</p> <p>18-24 YEARS..... 1,994 1,544</p> <p>45 YEARS AND OVER..... 6,271 2,762</p> <p>45-64 YEARS..... 3,801 2,405</p> <p>65 YEARS AND OVER..... 2,470 357</p> <p>65-69 YEARS..... 937 213</p> <p>70-74 YEARS..... 758 82</p> <p>75 YEARS AND OVER..... 775 62</p>		
<p>RACE AND AGE</p> <p>WHITE</p> <p>ALL AGES..... 203,256 99,371</p> <p>UNDER 18 YEARS..... 51,327 ...</p> <p>UNDER 5 YEARS..... 14,863 ...</p> <p>5-17 YEARS..... 36,465 ...</p> <p>18-44 YEARS..... 86,485 69,193</p> <p>18-24 YEARS..... 21,104 15,237</p> <p>45 YEARS AND OVER..... 65,444 30,179</p> <p>45-64 YEARS..... 39,627 26,860</p> <p>65 YEARS AND OVER..... 25,817 3,319</p> <p>65-69 YEARS..... 8,682 1,894</p> <p>70-74 YEARS..... 7,061 815</p> <p>75 YEARS AND OVER..... 10,074 610</p>			<p>\$25,000-\$34,999</p> <p>ALL AGES..... 38,381 20,507</p> <p>UNDER 18 YEARS..... 10,987 ...</p> <p>UNDER 5 YEARS..... 3,207 ...</p> <p>5-17 YEARS..... 7,780 ...</p> <p>18-44 YEARS..... 17,696 14,901</p> <p>18-24 YEARS..... 3,403 2,692</p> <p>45 YEARS AND OVER..... 9,699 5,606</p> <p>45-64 YEARS..... 6,976 5,144</p> <p>65 YEARS AND OVER..... 2,723 462</p> <p>65-69 YEARS..... 1,136 310</p> <p>70-74 YEARS..... 753 93</p> <p>75 YEARS AND OVER..... 834 60</p>		
<p>BLACK</p> <p>ALL AGES..... 29,382 12,090</p> <p>UNDER 18 YEARS..... 9,820 ...</p> <p>UNDER 5 YEARS..... 2,782 ...</p> <p>5-17 YEARS..... 7,037 ...</p> <p>18-44 YEARS..... 12,526 8,866</p> <p>18-24 YEARS..... 3,576 2,118</p> <p>45 YEARS AND OVER..... 7,036 3,224</p> <p>45-64 YEARS..... 4,635 2,917</p> <p>65 YEARS AND OVER..... 2,401 308</p> <p>65-69 YEARS..... 935 172</p> <p>70-74 YEARS..... 560 87</p> <p>75 YEARS AND OVER..... 887 49</p>			<p>\$35,000 OR MORE</p> <p>ALL AGES..... 74,869 44,002</p> <p>UNDER 18 YEARS..... 20,159 ...</p> <p>UNDER 5 YEARS..... 5,249 ...</p> <p>5-17 YEARS..... 14,910 ...</p> <p>18-44 YEARS..... 34,566 29,870</p> <p>18-24 YEARS..... 6,549 5,241</p> <p>45 YEARS AND OVER..... 20,144 14,133</p> <p>45-64 YEARS..... 16,668 13,283</p> <p>65 YEARS AND OVER..... 3,476 850</p> <p>65-69 YEARS..... 1,615 536</p> <p>70-74 YEARS..... 891 187</p> <p>75 YEARS AND OVER..... 970 127</p>		

SEE FOOTNOTE AND NOTE AT END OF TABLE.

TABLE 78. NUMBER OF PERSONS OF ALL AGES AND NUMBER OF CURRENTLY EMPLOYED PERSONS 18 YEARS OF AGE AND OVER, BY SOCIODEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1988—CON.

(DATA ARE BASED ON HOUSEHOLD INTERVIEWS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION. THE SURVEY DESIGN, GENERAL QUALIFICATIONS, AND INFORMATION ON THE RELIABILITY OF THE ESTIMATES ARE GIVEN IN APPENDIX I. DEFINITIONS OF TERMS ARE GIVEN IN APPENDIX II)

CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS	CHARACTERISTIC	ALL PERSONS	CURRENTLY EMPLOYED PERSONS
GEOGRAPHIC REGION AND AGE			PLACE OF RESIDENCE AND AGE		
NUMBER IN THOUSANDS			NUMBER IN THOUSANDS		
NORTHEAST			MSA		
ALL AGES.....	49,271	24,200	ALL AGES.....	186,222	90,913
UNDER 5 YEARS.....	3,467	...	UNDER 5 YEARS.....	14,262	...
5-17 YEARS.....	8,157	...	5-17 YEARS.....	34,292	...
18 YEARS AND OVER.....	37,647	24,200	18 YEARS AND OVER.....	137,667	90,913
MIDWEST			CENTRAL CITY		
ALL AGES.....	59,543	28,364	ALL AGES.....	74,860	35,068
UNDER 5 YEARS.....	4,630	...	UNDER 5 YEARS.....	6,013	...
5-17 YEARS.....	11,689	...	5-17 YEARS.....	13,097	...
18 YEARS AND OVER.....	43,225	28,364	18 YEARS AND OVER.....	55,750	35,068
SOUTH			NOT CENTRAL CITY		
ALL AGES.....	82,278	38,581	ALL AGES.....	111,362	55,845
UNDER 5 YEARS.....	6,346	...	UNDER 5 YEARS.....	8,249	...
5-17 YEARS.....	15,747	...	5-17 YEARS.....	21,195	...
18 YEARS AND OVER.....	60,185	38,581	18 YEARS AND OVER.....	81,918	55,845
WEST			NOT MSA		
ALL AGES.....	49,797	24,094	ALL AGES.....	54,668	24,326
UNDER 5 YEARS.....	3,942	...	UNDER 5 YEARS.....	4,123	...
5-17 YEARS.....	9,591	...	5-17 YEARS.....	10,891	...
18 YEARS AND OVER.....	36,264	24,094	18 YEARS AND OVER.....	39,653	24,326

<sup>1</sup>INCLUDES OTHER RACES AND UNKNOWN FAMILY INCOME.

NOTES: THE STANDARD ERRORS AND RELATIVE STANDARD ERRORS (RSE'S) FOR CURRENTLY EMPLOYED PERSONS, FAMILY INCOME AND AGE, GEOGRAPHIC REGION AND AGE, AND PLACE OF RESIDENCE AND AGE CAN BE COMPUTED BY USING PARAMETER SET X OF TABLE II AND THE FORMULA PRESENTED IN RULE 1 OF APPENDIX I. AN ESTIMATE OF 366,000 HAS A 10-PERCENT RSE; OF 91,000, A 20-PERCENT RSE; AND OF 41,000, A 30-PERCENT RSE.

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# Appendix I

## Technical notes on methods

### Background

This report is one of a series of statistical reports published by the staff of the National Center for Health Statistics (NCHS). It is based on information collected in a continuing nationwide sample of households included in the National Health Interview Survey (NHIS). Data are obtained on the personal, sociodemographic, and health characteristics of the family members and unrelated individuals living in these households.

Field operations for the survey are conducted by the U.S. Bureau of the Census under specifications established by NCHS. The U.S. Bureau of the Census participates in the survey planning, selects the sample, and conducts the interviews. The data are then transmitted to NCHS for preparation, processing, and analysis.

Summary reports and reports on special topics for each year's data are prepared by the staff of the Division of Health Interview Statistics for publication in Series 10 publications of NCHS. Data are also tabulated for other reports published by NCHS staff and for use by other organizations and by researchers within and outside the Government. Since 1969, public use tapes have been prepared for each year of data collection.

It should be noted that the health characteristics described by NHIS estimates pertain only to the resident, civilian noninstitutionalized population of the United States living at the time of the interview. The sample does not include persons residing in nursing homes, members of the armed forces, institutionalized persons, or U.S. nationals living abroad.

### Statistical design of NHIS

#### General design

Data from NHIS have been collected continuously since 1957. The sample design of the survey has undergone changes following each decennial census. This periodic redesign of the NHIS sample allows the incorporation of the latest population information and statistical methodology into the survey design. The data presented in this report are from an NHIS sample design first used in 1985. It is anticipated that this design will be used until 1995.

The sample design plan of the NHIS follows a multi-stage probability design that permits a continuous sampling of the civilian noninstitutionalized population residing in

the United States. The survey is designed in such a way that the sample scheduled for each week is representative of the target population, and the weekly samples are additive over time. This design permits estimates for high-frequency measures or for large population groups to be produced from a short period of data collection. Estimates for low-frequency measures or for smaller population subgroups can be obtained from a longer period of data collection. The annual sample is designed so that tabulations can be provided for each of the four major geographic regions. Because interviewing is done throughout the year, there is no seasonal bias for annual estimates.

The continuous data collection also has administrative and operational advantages because fieldwork can be handled on a continuing basis with an experienced, stable staff.

#### Sample selection

The target population for NHIS is the civilian noninstitutionalized population residing in the United States. For the first stage of the sample design, the United States is considered to be a universe composed of approximately 1,900 geographically defined primary sampling units (PSU's). A PSU consists of a county, small group of contiguous counties, or a metropolitan statistical area. The PSU's collectively cover the 50 States and the District of Columbia. The 52 largest PSU's are selected into the sample with certainty and are referred to as self-representing PSU's. The other PSU's in the universe are referred to as non-self-representing PSU's. These PSU's are clustered into 73 strata, and 2 sample PSU's are chosen from each stratum with probability proportional to population size. This gives a total of 198 PSU's selected in the first stage.

Within a PSU, two types of second stage units are used: area segments and permit area segments. Area segments are defined geographically and contain an expected eight households. Permit area segments cover geographical areas containing housing units built after the 1980 census. The permit area segments are defined using updated lists of building permits issued in the PSU since 1980 and contain an expected four households.

Within each segment all occupied households are targeted for interview. On occasion, a sample segment may contain a large number of households. In this situation the households are subsampled to provide a manageable interviewer workload.

The sample was designed so that a typical NHIS sample for the data collection years 1985 to 1995 will consist of approximately 7,500 segments containing about 59,000 assigned households. Of these households, an expected 10,000 will be vacant, demolished, or occupied by persons not in the target population of the survey. The expected sample of 49,000 occupied households will yield a probability sample of about 127,000 persons.

### Features of the NHIS sample redesign

Starting in 1985, the NHIS design incorporated several new design features. The major changes include the following:

1. *The use of an all-area frame.* The NHIS sample is now designed so that it can serve as a sample frame for other NCHS population-based surveys. In previous NHIS designs about two thirds of the sample was obtained from lists of addresses compiled at the time of the decennial census; that is, a list frame. Due to U.S. Bureau of the Census confidentiality restrictions, these sample addresses could be used for only those surveys being conducted by the U.S. Bureau of the Census. The methodology used to obtain addresses in the 1985 NHIS area frame does not use the census address lists. The sample addresses thus obtained can be used as a sampling frame for other NCHS surveys.
2. *The NHIS as four panels.* Four national subdesigns, or panels, constitute the full NHIS. Each panel contains a representative sample of the U.S. civilian noninstitutionalized population. Each of the four panels has the same sampling properties, and any combination of panels defines a national design. Panels were constructed to facilitate the linkage of NHIS to other surveys, and also to efficiently make large reductions in the size of the sample by eliminating panels from the survey.

In 1988 the sample consisted of 8,435 segments containing 62,106 assigned households. Of the 50,061 households eligible for interview, 47,485 households were actually interviewed, resulting in a sample of 122,310 persons.

3. *The oversampling of black persons.* One of the goals in designing the current NHIS was to improve the precision of estimates for black persons. This was accomplished by the use of differential sampling rates in PSU's with between about 5 and 50 percent black population. Sampling rates for selection of segments were increased in areas known to have the highest concentrations of black persons. Segment sampling rates were decreased in other areas within the PSU to ensure that the total sample in each PSU was the same size as it would have been without oversampling black persons.
4. *The reduction of the number of sampled PSU's.* Interviewer travel to sample PSU's constitutes a large component of the total field costs for the NHIS. The previous NHIS design included 376 PSU's. Research

showed that reducing the number of sample PSU's while increasing the sample size within PSU's would reduce travel costs and also maintain the reliability of health estimates (9). The design now contains 198 PSU's.

5. *The selection of two PSU's per non-self-representing stratum.* In the previous design, one PSU was selected from each non-self-representing stratum. This feature necessitated the use of less efficient variance estimation procedures; the selection of two PSU's allows more efficient variance estimation methodology (9).

### Collection and processing of data

The NHIS questionnaire contains two major parts: The first consists of topics that remain relatively the same from year to year. Among these topics are the incidence of acute conditions, the prevalence of chronic conditions, persons limited in activity due to chronic conditions, restriction in activity due to impairment or health problems, and utilization of health care services involving physician care and short-stay hospitalization. The second part consists of special topics added as supplements to each year's questionnaire.

Careful procedures are followed to assure the quality of data collected in the interview. Most households in the sample are contacted by mail before the interviewers arrive. Potential respondents are informed of the importance of the survey and assured that all information obtained in the interview will be held in strict confidence. Interviewers make repeated trips to a household when a respondent is not immediately found. The success of these procedures is indicated by the response rate for the survey, which has been between 95 and 98 percent over the years.

When contact is made, the interviewer attempts to have all family members of the household 19 years of age and over present during the interview. When this is not possible, proxy responses for absent adult family members are accepted. In most situations, proxy respondents are used for persons under 19 years of age. Persons 17 and 18 years of age may respond for themselves, however.

Interviewers undergo extensive training and retraining. The quality of their work is checked by means of periodic observation and by reinterview. Their work is also evaluated by statistical studies of the data they obtain in their interviews. A field edit is performed on all completed interviews so that if there are any problems with the information on the questionnaire, respondents may be recontacted to solve the problem.

Completed questionnaires are sent from the U.S. Bureau of the Census field offices to NCHS for coding and editing. To ensure the accuracy of coding, a 5-percent sample of all questionnaires is recoded and keyed by other coders. A 100-percent verification procedure is used if certain error tolerances are exceeded. Staff of the Division of Health Interview Statistics then edit the files to remove impossible and inconsistent codes.

The interview, fieldwork, and data processing procedures summarized above are described in detail in Series 1, No. 18 (10).

## Estimation procedures

Because the design of NHIS is a complex multistage probability sample, it is necessary to reflect these complex procedures in the derivation of estimates. The estimates presented in this report are based upon 1988 sample person counts weighted to produce national estimates. The weight for each sample person is the product of four component weights:

1. *Probability of selection.* The basic weight for each person is obtained by multiplying the reciprocals of the probabilities of selection at each step in the design: PSU, segment, and household.
2. *Household nonresponse adjustment within segment.* In NHIS, interviews are completed in about 95 percent of all eligible households. Because of household nonresponse, a weighting adjustment is required. The nonresponse adjustment weight is a ratio with the number of households in a sample segment as the numerator and the number of households actually interviewed in that segment as the denominator. This adjustment reduces bias in an estimate to the extent that persons in the noninterviewed households have the same characteristics as the persons in the interviewed households in the same segment.
3. *First-stage ratio adjustment.* The weight for persons in the non-self-representing PSU's is ratio adjusted to the 1980 population within four race-residence classes of the non-self-representing strata within each geographic region.
4. *Poststratification by age-sex-race.* Within each of 60 age-sex-race cells (table I), a weight is constructed each quarter to ratio adjust the first-stage population estimate based on the NHIS to an independent estimate of the population of each cell. These independent estimates are prepared by the U.S. Bureau of the Census and are updated quarterly.

Table I. The 60 poststratification age-sex-race cells in the National Health Interview Survey

Age	Black		All other	
	Male	Female	Male	Female
Under 1 year . . . . .	X	X	X	X
1-4 years . . . . .	X	X	X	X
5-9 years . . . . .	X	X	X	X
10-14 years . . . . .	X	X	X	X
15-17 years . . . . .	X	X	X	X
18-19 years . . . . .	X	X	X	X
20-24 years . . . . .	X	X	X	X
25-29 years . . . . .	X	X	X	X
30-34 years . . . . .	X	X	X	X
35-44 years . . . . .	X	X	X	X
45-49 years . . . . .	X	X	X	X
50-54 years . . . . .	X	X	X	X
55-64 years . . . . .	X	X	X	X
65-74 years . . . . .	X	X	X	X
75 years and over . . . . .	X	X	X	X

The main effect of the ratio-estimating process is to make the sample more closely representative of the target population by age, sex, race, and residence. The poststratification adjustment helps to reduce the component of bias resulting from sampling frame undercoverage; furthermore, this adjustment frequently reduces sampling variance.

## Types of estimates

As noted, NHIS data were collected on a weekly basis, with each week's sample representing the resident, civilian noninstitutionalized population of the United States living during that week. The weekly samples are consolidated to produce quarterly files (each consisting of data for 13 weeks). Weights to adjust the data to represent the U.S. population are assigned to each of the four quarterly files. These quarterly files are later consolidated to produce the annual file, which is the basis of most tabulations of NHIS data.

NHIS uses various reference periods to reduce the amount of bias associated with respondent memory loss. A 2-week reference period is used in collecting data on the incidence of acute conditions, restriction in activity due to a health problem, and physician contacts. Each of these measures health events that may be forgotten soon after they occur. Examples of such events are telephoning a physician about a minor illness, missing a day from work because of a routine health problem, or having a cold. Either a 12- or 6-month (depending on the type of statistic) reference period is used for hospitalization data because hospitalization ordinarily involves a major event in a person's life and is not quickly forgotten. Chronic condition prevalence estimates are based on a 12-month reference period.

Because most NHIS estimates based on a 2-week reference period are designed to represent the number of health events for a 12-month period, these data must be adjusted to an annual basis. Data based on a 2-week reference period are multiplied by 6.5 to produce the 13-week estimate for the quarter. These reference period adjustments are made at the time that the quarterly files are produced. Therefore, the data can be used to produce estimates for each quarter and are used that way to study seasonal variation. The data from the four quarterly files (representing the number of events in each quarter) are summed to produce the annual estimate. Although these data are collected for only 2 weeks for each person included in the survey, any unusual event that may have occurred during a particular 2-week period does not bias the estimate because the quarterly estimate is a sum of the estimates produced for each week's sample during the entire quarter and the annual estimate is the sum of the four quarters.

For prevalence statistics, such as the number of persons limited in activity due to chronic conditions, the annual estimate results from summing the weighted quarterly files and dividing by 4. This division is necessary because, as



noted above, each quarterly file has been weighted to produce an estimate of the number of persons in the U.S. population with a given characteristic. Summing the four quarters and dividing by 4 in effect averages these quarterly results for the year. Thus, the type of prevalence estimate ordinarily derived from NHIS data is an annual average prevalence estimate.

For data related to short-stay hospital discharges that are based on a 6-month reference period, cases identified during any quarter of data collection are multiplied by 2 to produce a quarterly estimate of the annual number of characteristics associated with short-stay hospital discharges. The NHIS average annual estimate of hospital discharges is derived by summing the four quarterly estimates and dividing by 4, just as the prevalence estimates are.

## Reliability of the estimates

Because NHIS estimates are based on a sample, they may differ somewhat from the figures that would have been obtained if a complete census had been taken using the same survey and processing procedures. There are two types of errors possible in an estimate based on a sample survey: Sampling and non-sampling errors. To the extent possible, these types of errors are kept to a minimum by methods built into the survey procedures described earlier (11). Although it is very difficult to measure the extent of bias in NHIS, several studies have been conducted to examine this problem. The results have been published in several reports (12–15).

## Nonsampling errors

*Interviewing process*—Information, such as the number of days of restricted activity caused by the condition, can be obtained more accurately from household members than from any other source because only the persons concerned are in a position to report this information. However, there are limitations to the accuracy of diagnostic and other information collected in household interviews. For example, for diagnostic information, the household respondent can usually pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. Further, a respondent may not answer a question in the intended manner because he or she has not properly understood the question, has forgotten the event, does not know, or does not wish to divulge the answer. Regardless of the type of measure, all NHIS data are estimates of known reported morbidity, disability, and so forth.

*Reference period bias*—NHIS estimates do not represent a complete measure of any given topic during the specified calendar period because data are not collected in the interview for persons who died or became institutionalized during the reference period. For many types of statistics collected in the survey, the reference period is the 2 weeks

prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (such as 1 year) might be significant, especially for older persons.

Underreporting associated with a long reference period is most germane to data on hospitalization. Analysis has shown that there is an increase in underreporting of hospitalizations with an increase in the time interval between the discharge and the interview. Exclusive of the hospital experience of decedents, the net underreporting using a 12-month recall period is in the neighborhood of 10 percent (16). The underreporting of discharges within 6 months of the week of interview is estimated to be about 5 percent (16). For this reason, hospital discharge data are based on hospital discharges reported to have occurred within 6 months of the week of interview.

Because hospitalization is common in the period immediately preceding death or institutionalization and older persons are much more likely to die than younger ones, the data should not be used to estimate the volume of hospitalization of the elderly although the data can be used to measure characteristics of elderly people.

It should further be noted that, although the reported frequencies and rates related to hospital episodes are presented by the year in which the data were collected, the estimates are, in most cases, based on hospitalizations that occurred during the year of data collection and the prior year. Overall, approximately one-half of the reported hospitalizations for the 12-month reference period occurred in the year prior to the year of data collection.

*Population estimates*—Some of the published tables include population figures for specified categories. Except for overall totals for the 60 age, sex, and race groups, which are adjusted to independent estimates, these figures are based on the sample of households in NHIS. They are given primarily to provide denominators for rate computation, and for this purpose they are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. With the exception of the overall totals by age, sex, and race mentioned above, the population figures may differ from figures (which are derived from different sources) published in reports of the U.S. Bureau of the Census. Official population estimates are presented in U.S. Bureau of the Census reports in Series P-20, P-25, and P-60.

*Rounding of numbers*—In published tables, the figures are rounded to the nearest thousand, although they are not necessarily accurate to that detail. Derived statistics, such as rates and percent distributions, are computed after the estimates on which these are based have been rounded to the nearest thousand.

*Combining data years*—To reduce sampling error, data for number of years may be combined. However, in so doing, the questionnaire for each of the years should be checked, because even a small change in the questionnaire design may lead to large changes in the derived estimates. This caution also applies to using NHIS data on health

measures where changes in other events, such as legislative changes, have occurred over time.

### Sampling errors

The standard error is primarily a measure of sampling error, that is, the variations that might occur by chance because only a sample of the population is surveyed. The chances are about 68 in 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 in 100 that the difference would be less than twice the standard error and about 99 in 100 that it would be less than 2½ times as large.

Individual standard errors were not computed for each estimate in this report. Instead, standard errors were computed for a broad spectrum of estimates. Regression techniques were then applied to produce equations from which a standard error for any estimate can be approximated. The regression equations, represented by parameters *a* and *b*, are presented in table II. Also shown are the cutoff values, the estimated number of persons or events below which the relative standard error is greater than 30 percent, and estimates do not meet NHIS standards of statistical reliability. Rules explaining their use are presented in the section below.

The reader is cautioned that this procedure will give an approximate standard error of an estimate rather than the precise standard error. The reader is further cautioned that particular care should be exercised when the denominator is small.

### General rules for determining standard errors

To produce approximate standard errors for NHIS estimates, the reader must first determine the type of characteristic to be estimated, that is, the parameter set in table II to be used. The reader must then determine the type of estimate for which the standard error is needed. The type of estimate corresponds to one of five general rules for determining standard errors.

Rule 1. *Estimated number of people or events*—For the estimated number of people or events published in this report, there are two cases to consider. For the first case, if the estimated number is any combination of the poststratification age-sex-race cells in table I, then its value has been adjusted to official U.S. Bureau of the Census figures and its standard error is assumed to be 0.0. This corresponds to parameter set XI in table II. As an example, this would be the case for the number of persons in the U.S. target population or the number of black persons in the 18–44 year age group. Although the race class “white” is not specifically adjusted to U.S. Bureau of the Census figures, it dominates the poststratification “all other” race class; consequently, age-sex-“all other” race combinations of table I can be treated as age-sex- white combinations for the purpose of approximating standard errors.

For the second case, the standard errors for all other estimates of numbers of people or events, such as the number of people limited in activity or the number of acute conditions, are approximated by using the parameters provided in table II and formula 1 below.

If the aggregate *x* for a characteristic has associated parameters *a* and *b*, then the approximate standard error for *x*, SE(*x*), can be computed by the formula

$$SE(x) = \sqrt{ax^2 + bx} \quad (1)$$

*Example of rule 1.* As shown in table 7, the estimated number of acute conditions for males is 188,436,000. From table II, parameter set I, the *a* and *b* parameters for the numbers of acute conditions are 0.000225 and 67,800, respectively. Using formula 1, the estimated standard error is

$$\begin{aligned} &\sqrt{(0.000225)(188,436,000)^2 + (67,800)(188,436,000)} \\ &= 4,556,895 \end{aligned}$$

Table II. Estimated standard error parameters and 30 percent relative standard error (RSE) cutoff points for the National Health Interview Survey, 1988

Parameter set	Characteristic	Estimated parameters		30% RSE cutoff points <sup>1</sup>
		<i>a</i>	<i>b</i>	
I	Number of acute conditions . . . . .	0.000225	67,800	755,000
II	Days of restricted activity or bed days . . . . .	0.000363	475,000	5,300,000
III	Days lost from work or school . . . . .	0.000217	355,000	4,000,000
IV	Number of episodes of persons injured . . . . .	0.000769	62,100	696,000
V	Prevalence of chronic conditions . . . . .	0.0000893	12,200	136,000
VI	Number of physician contacts based on a 2-week reference period . . . . .	0.0000282	166,000	1,800,000
VII	Hospital days based on a 12-month reference period . . . . .	0.000320	54,300	606,000
VIII	Hospital discharges based on a 6-month reference period . . . . .	0.000187	6,220	69,000
IX	Hospital discharge days based on a 6-month reference period . . . . .	0.00194	82,300	935,000
X	Population estimates for demographic, socioeconomic, and health characteristics . . . . .	0.0000307	3,640	41,000
XI	Age-sex-race population based upon combining the poststratification cells of table I . . . . .	0.0	0.0	41,000

<sup>1</sup>Estimates below the cutoff points have an RSE of more than 30 percent and are considered to be statistically unreliable.

NOTE: The 1988 NHIS was based on a full sample. Therefore, 47,485 households were interviewed, resulting in a sample of 122,310 persons.

An approximate 95-percent confidence interval for the number of acute conditions for males is from 179,504,486 to 197,367,514 (188,436,000  $\pm$  1.96(4,556,895)).

Rule 2. *For rates, proportions, and percents when the denominator is generated by the poststratification age-sex-race classes (table I)*—In this case, the denominator has no sampling error. For example, rule 2 would apply to the estimated number of bed days per person for black persons age 65 years and over because the denominator is a combination of the poststratification cells. Approximate standard errors for such estimates can be computed using table II *a* and *b* parameters associated with the numerator characteristics along with formula 2 below.

If the estimate of rate, proportion, or percent *p* is the ratio of two estimated numbers,  $p = x/Y$  (where *p* may be inflated by 100 for percents or 1,000 for rates per 1,000 persons), with *Y* having no sampling error, then the approximate standard error for *p* is given by the formula

$$SE(p) = p \sqrt{a + \frac{b}{x}} \quad (2)$$

In this report, the value of the denominator *Y* is always provided, but in a few cases the numerator value *x* is not published. For these cases the value of *x* may be computed by the formula

$$x = \begin{cases} pY & \text{if } p \text{ is a proportion or rate per unit or} \\ \frac{pY}{100} & \text{if } p \text{ is a percent or rate per 100 units or} \\ \frac{pY}{1,000} & \text{if } p \text{ is a rate per 1,000 units} \end{cases}$$

*Example of rule 2.* From table 18, the rate of restricted-activity days associated with acute conditions for black persons in the 18–44 year age group is estimated to be 727.1 days per 100 persons per year. Here,  $p = 727.1$  and can be expressed as  $(100)x/Y$ . From table 23,  $x = 91,075,000$  restricted-activity days, and from table 78,  $Y = 12,526,000$  persons. From table II, parameter set II, the parameters *a* and *b* for restricted activity days are 0.000363 and 475,000, respectively. Using formula 2, the estimated standard error for the rate is

$$727.1 \sqrt{0.000363 + \frac{475,000}{91,075,000}} = 52.7 \text{ days}$$

An approximate 95-percent confidence interval for the number of restricted-activity days associated with acute conditions per 100 persons per year for black persons aged 18–44 years is from 620.7 to

833.5 days. If the value of *x* had not been published, it could have been obtained by the computation

$$x = 727.1 \frac{12,321,000}{100} = 91,076,546$$

The small difference between this computed value of *x* and the actual estimate can be attributed to rounding and would not significantly affect the computation of the standard error.

Rule 3. *Proportions and percents when the denominator is not generated by the poststratification age-sex-race classes*—If *p* represents an estimated percent, *b* is the parameter from table II associated with the numerator characteristics, and *y* is the number of persons in the denominator upon which *p* is based, then the standard error of *p* may be approximated by

$$SE(p) = \sqrt{\frac{bp(100-p)}{y}} \quad (3)$$

(If *p* is a proportion, then the above formula can be used but with 100 replaced by 1.0.)

*Example of rule 3.* In table 70, it is estimated that 39.2 percent of persons in the Northeast have excellent health status. This percent is based upon the denominator estimate of 49,271,000 persons living in the Northeast. From table II, parameter set X, parameter *b* associated with health status is 3,640. Using formula 3, the standard error for the percent is

$$\sqrt{\frac{3,640(39.2)(100.0 - 39.2)}{49,271,000}} = 0.4 \text{ percent}$$

An approximate 95-percent confidence interval for the percent of persons in the Northeast having excellent health status as perceived by the respondent is from 38.4 to 40.0 percent.

Rule 4. *Rates when the denominator is not generated by the poststratification age-sex-race classes*—If the estimated rate *p* is expressed as the ratio of two estimates,  $p = x/y$  (inflated by 100 or 1,000 when appropriate), then the estimated standard error for *p* is given by the formula

$$SE(p) = p \sqrt{\frac{SE(x)^2}{x^2} + \frac{SE(y)^2}{y^2} - 2r \frac{SE(x)}{x} \frac{SE(y)}{y}} \quad (4)$$

where  $SE(x)$  and  $SE(y)$  are computed using rule 1 and *x* and *y* are obtained from the tables. No estimates of *r*, the correlation between the numerator and denominator, are presented in this report; therefore, only the first two terms are available.

The reader must assume that  $r = 0.0$ . Assuming  $r = 0.0$  will yield an overestimate of the standard error if  $r$  is actually positive and an underestimate if  $r$  is negative.

*Example of rule 4.* Table 75 shows an estimate of 9.0 hospital days per male person hospitalized. From table 76 and 74 it can be seen that this estimated rate is the ratio of 69,873,000 hospital days for males to 7,768,000 males having one or more hospital episodes. From table II, parameter set VII, the numerator  $a$  and  $b$  parameters are 0.000320 and 54,300, respectively. From parameter set X, the denominator  $a$  and  $b$  values are 0.0000307 and 3,640, respectively. Using rule 1, the standard error for the numerator is approximately 2,314,394 days and the standard error for the denominator is approximately 173,574 persons.

Using formula 4 with  $r = 0.0$ , the standard error of the rate is estimated by

$$9.0 \sqrt{\frac{2,314,394^2}{69,873,000^2} + \frac{173,574^2}{7,768,000^2}}$$

$$= 0.4 \text{ days per person}$$

An approximate 95-percent confidence interval for the number of hospital days per hospitalized male is from 8.2 to 9.8 days.

**Rule 5.** *Difference between two statistics (mean, rate, total, and proportion)*—If  $x_1$  and  $x_2$  are two estimates, then the standard error of the difference ( $x_1 - x_2$ ) can be computed as follows:

$$\text{SE}(x_1 - x_2) = \sqrt{\text{SE}(x_1)^2 + \text{SE}(x_2)^2 - 2r\text{SE}(x_1)\text{SE}(x_2)} \quad (5)$$

where  $\text{SE}(x_1)$  and  $\text{SE}(x_2)$  are computed using rules 1–4 as appropriate and  $r$  is the correlation coefficient between  $x_1$  and  $x_2$ .

Assuming  $r = 0.0$  will result in an accurate standard error if the two estimates are actually uncorrelated and will result in an overestimate of the standard error if the correlation is positive or an underestimate if the correlation is negative.

*Example of rule 5.* Table 70 shows estimates of 39.2 percent of persons in the Northeast and 40.4 percent of persons in the Midwest having excellent health status. In the example of rule 3, it was shown that the standard error of the Northeast percent is approximately 0.4 percent. The standard error for the Midwest percent, computed similarly, is also 0.4 percent. From formula 5, with  $r = 0.0$ , the standard error estimated for the difference ( $40.4 - 39.2$ ) = 1.2 is

$$\sqrt{(0.4)^2 + (0.4)^2} = 0.6 \text{ percent}$$

An approximate 95-percent confidence interval for this difference is from 0.0 to 2.4 percent. Thus the difference in percent of persons in excellent health between the Northeast and the Midwest is not significant at the 0.05 level.

### Relative standard errors

Prior to 1985, relative standard error (RSE) curves were present in *Current estimates* for approximating relative standard errors. For readers who wish to continue using them, the following provides guidance. The RSE of an estimate is obtained by dividing the standard error (SE) of the estimate by the estimate  $x$  itself. This quantity is expressed as a percent of the estimate:

$$\text{RSE} = 100 \frac{\text{SE}(x)}{x}$$

*Example of a relative standard error.* In the example from rule 2, it was shown that the estimated rate of 727.1 restricted-activity days associated with acute conditions per 100 persons per year for black persons aged 18–44 years had an estimated standard error of 54.3 days. The relative standard error for the rate is

$$100 \frac{54.3}{727.1} = 7.5 \text{ percent}$$

# Appendix II

## Definitions of certain terms used in this report

### Terms relating to conditions

*Condition*—Condition is a general term that includes any specific illness, injury, or impairment. Condition data are derived from the survey in two ways. First, respondents are asked to identify any conditions that caused certain types of impact associated with health, such as a visit to a doctor or a day spent in bed. Second, respondents are read lists of selected chronic conditions and asked whether they or any family members have any of these conditions.

At a later point in the survey, a series of questions is asked about each of the conditions identified in either of the two ways just described. The information obtained on each condition helps to clarify the nature of the condition and whether medical services have been involved in its diagnosis or treatment. It also aids in the coding of the condition. All conditions except impairments are coded according to the ninth revision of the International Classification of Diseases (1), with certain modifications adopted to make the codes more suitable for information derived from a household survey. A special set of codes devised by NHIS is used to code impairments.

*Chronic condition*—A condition is considered chronic if (1) the respondent indicates it was first noticed more than 3 months before the reference date of the interview, or (2) it is a type of condition that ordinarily has a duration of more than 3 months. Examples of conditions that are considered chronic regardless of their time of onset are diabetes, heart conditions, emphysema, and arthritis. A complete list of these conditions may be obtained by contacting the Division of Health Interview Statistics, National Center for Health Statistics.

*Impairment*—An impairment is a chronic or permanent defect, usually static in nature, that results from disease, injury, or congenital malformation. It represents a decrease in or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. Impairments are grouped according to type of functional impairment and etiology in the special NHIS impairment codes.

*Acute condition*—A condition is considered acute if (1) it was first noticed no longer than 3 months before the reference date of the interview and (2) it is not one of the

conditions considered chronic regardless of the time of onset. (See definition of chronic condition.) However, any acute condition not associated with either at least one doctor visit or at least one day of restricted activity during the reference period is considered to be of minor consequence and is excluded from the final data produced by the survey.

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

*Incidence of conditions*—The incidence of a condition is the number of cases that had their onset during a specified period of time. A person may have more than one acute condition during a period of time or may have the same condition, such as a headache, more than once. Ordinarily, however, a chronic condition can begin only one time during a given reference period.

*Prevalence of conditions*—The prevalence of a condition is the number of persons who have the condition at a given point in time. Although the prevalence of acute conditions is a meaningful concept, it is seldom used in health statistics, which generally focus on the incidence of acute conditions. If the prevalence of a chronic condition is measured during a period of time (say, each week during a year), then the resulting estimate of prevalence is an average of 52 weekly prevalence estimates. This is called an average annual point prevalence estimate.

### Terms relating to disability

*Disability*—Disability is a general term that refers to any long- or short-term reduction of a person's activity as a result of an acute or chronic condition. *Limitation of activity* refers to a long-term reduction in a person's capacity to perform the average kind or amount of activities associated with his or her age group. *Restriction of activity* refers to particular kinds of behavior usually associated with a reduction in activity due to either long- or short-term conditions. Thus limitation of activity refers to what a person is generally capable of doing, but restriction of activity ordinarily refers to a relatively short-term reduction in a person's activities below his or her normal capacity.

*Limitation of activity because of chronic conditions*—Persons are classified in terms of the major activity usually

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NOTE: A list of references follows the text.

associated with their particular age group. The major activities for the age groups are (1) ordinary play for children under 5 years of age, (2) attending school for those 5–17 years of age, (3) working or keeping house for persons 18–69 years of age, and (4) capacity for independent living (e.g., the ability to bathe, shop, dress, eat, and so forth, without needing the help of another person) for those 70 years of age and over. People aged 18–69 years who are classified as keeping house are also classified by their ability to work at a job or business. (In this report, the major activity of persons 65–69 years is assumed to be working or keeping house; however, questions were also asked about the capacity for independent living in this age group, which would permit an alternative definition of limitation.)

In regard to these activities, each person is classified into one of four categories: (1) unable to perform the major activity, (2) able to perform the major activity but limited in the kind or amount of this activity, (3) not limited in the major activity but limited in the kind or amount of other activities, and (4) not limited in any way. In regard to these four categories, NHIS publications often classify persons only by whether they are limited (groups 1–3) or not limited (group 4). Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the activity limitation. If more than one condition is reported, the respondent is asked to identify the condition that is the major cause of the limitation.

*Restriction of activity*—Four types of restricted activity are measured in NHIS: *bed days*, *work-loss days* for currently employed persons 18 years of age and over, *school-loss days* for children 5–17 years of age, and *cut-down days*.

A *bed day* is one during which a person stayed in bed more than half a day because of illness or injury. All hospital days for inpatients are considered bed days even if the patient was not in bed more than half a day.

A *work-loss day* is one on which a currently employed person 18 years of age and over missed more than half a day from a job or business.

A *school-loss day* is one on which a student 5–17 years of age missed more than half a day from the school in which he or she was currently enrolled.

A *cut-down day* is a day on which a person cuts down for more than half a day on the things he or she usually does.

Work-loss, school-loss, and cut-down days refer to the short-term effects of illness or injury. However, bed days are a measure of both long- and short-term disability, because a chronically ill bedridden person and a person with a cold could both report having spent more than half a day in bed due to an illness.

The number of restricted-activity days is the number of days a person experienced at least one of the four types of activity restriction just described. It is the most inclusive measure of disability days and the least descriptive; 4 days of restricted activity may mean 4 bed days associated with serious illness or 4 days during which a person merely cut down on his or her activities due to a mild illness.

A single restricted-activity day may involve both a bed day and a work-loss or school-loss day. However, a cut-down day cannot overlap with any of these three types of disability days. In calculating the sum of restricted-activity days, each day is counted only once even if more than one type of activity restriction was involved.

Restricted-activity days may be associated with either persons or conditions. *Person days* are the number of days during which a person restricted his or her activity. *Condition days* are the number of days during which a condition caused a person to restrict his or her activity. A person day of restricted activity can be caused by more than one condition. In such a case, each condition causing restriction is associated with that day of restricted activity. Therefore, the number of condition days of restricted activity may exceed the number of person days of restricted activity. This relationship holds for each type of restricted-activity day.

When two or more conditions cause a day of restricted activity, the conditions may be (1) both (all) acute, (2) one (some) acute and the other (some) chronic, or (3) both (all) chronic. The number of restricted-activity days associated with acute conditions includes groups (1) and (2); the number of such days associated with chronic conditions includes groups (2) and (3). The phrase “associated with” rather than “caused by” is used to indicate that some days associated with acute or chronic conditions are not necessarily caused solely by that type of condition.

*Assessed health status*—The categories related to this concept result from asking the respondent, “Would you say \_\_\_\_\_’s health is excellent, very good, good, fair, or poor?” As such, it is based on a respondent’s opinion and not directly on any clinical evidence.

## Terms relating to persons injured

*Injury condition*—An injury condition, or simply an injury, is a condition of the type that is classified according to the nature-of-injury code numbers (800–999) in the ninth revision of the International Classification of Diseases (1). In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes includes poisonings and impairments caused by accidents or nonaccidental violence. Unless otherwise specified, the term injury is used to cover all of these.

A person may sustain more than one injury in a single accident (for instance, a broken leg and laceration of the scalp), so the number of injury conditions may exceed the number of persons injured.

Statistics of acute injury conditions include only injuries that involved medical attendance or at least a half day of restricted activity.

*Episodes of persons injured*—Each time a person is involved in an accident or nonaccidental violence causing

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NOTE: A list of references follows the text.

injury that results in medical attention or at least a half day of restricted activity, it is counted as a separate episode of a person injured. Therefore, one person may account for more than one episode of a person injured.

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

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

## Terms relating to accidents

*Motor vehicle*—A motor vehicle is any mechanically or electrically powered device, not operated on rails, on which or by which a person or property can be transported or drawn on a land highway. Any object being towed by a motor vehicle (such as a trailer, coaster, sled, or wagon) is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

*Moving motor vehicle accident*—An accident is classified as "moving motor vehicle" if at least one of the motor vehicles involved in the accident was moving at the time of the accident. This category is divided into "traffic and nontraffic" accidents.

*Traffic moving motor vehicle accident*—An accident is in the "traffic" category if it occurred on a public street or highway. It is considered to have occurred on the highway if it occurred wholly on the highway, originated on the highway, terminated on the highway, or involved a vehicle partially on the highway. (See "street or highway.")

*Nontraffic moving motor vehicle accident*—The accident is in the "nontraffic" category if it occurred entirely in any place other than a public street or highway.

*Street or highway*—"Street or highway" means the entire width between property lines of a way or place, any part of which is open for use of the public as matter of right or custom. This includes more than just the traveled part of the road. "Street or highway" includes the whole right-of-way. Public sidewalks are part of the street, but private driveways, private lanes, private alleys, and private sidewalks are *not* considered part of the street.

*Nonmoving motor vehicle accident*—If the motor vehicle was not moving at the time of the accident, the accident is considered a "nonmoving motor vehicle" accident and is classified in the "other accident" category. (See "other accident.")

*Accident while at work*—An accident is classified as "while at work" if the injured person was 18 years of age or

over and was at work at a job or business at the time the accident happened.

*Home accident*—An accident is classified as "home accident" if the injury occurred either inside or outside the house. "Outside the house" refers to the yard, building, and sidewalks on the property. "Home" includes not only the person's own home but also any other home in which the person may have been injured.

*Industrial place*—This category includes factory buildings, railways yards, warehouses, workshops, loading platforms of factories or stores, construction projects (houses, buildings, bridges, new roads, and the like), as well as buildings undergoing remodeling. However, accidents in private homes undergoing remodeling are classified as home accidents.

*Other accident*—This category includes injuries in public places (such as tripping and falling in a store or on a public sidewalk) and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury that occurred while the person was in the armed forces is covered and is included in this class.

## Terms relating to physician contacts

*Physician contact*—A physician contact is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. (Physician contacts with hospital inpatients are not included.) The contact is considered to be a physician contact if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition, "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview rather than "physician" because of popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician contacts for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (such as a test for diabetes) or a single procedure (such as a measles inoculation) when this single service is administered identically to all persons who are at the place for this purpose. Hence obtaining a chest x ray in a tuberculosis chest x ray trailer is not included as a physician contact. However, a special chest x ray given in a physician's office or in an outpatient clinic is considered a physician contact.

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

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

*Place of contact*—The place of contact is a classification of the type of place at which a physician contact took place.



The definitions of the various categories are as follows:

*Telephone.* Refers to medically related matters discussed in a telephone call with a physician or physician's assistant. Calls for nonmedically related matters (such as for an appointment) are not included.

*Office.* Refers to physician offices that are not located in a hospital.

*Hospital.* Involves three types of places in a hospital: emergency room, clinic, and doctor's office.

*Other.* Any place not classified into one of the three categories specified above, including clinics and HMO's not located in hospitals.

*Interval since last physician contact*—The interval since the last physician contact is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatever. A physician contact with a hospital inpatient can be counted as the last time a physician was seen even though it is not included in the "physician contact" category.

## Terms relating to hospitalization

*Hospital*—For this survey, a hospital is defined as any institution either (1) named in the listing of hospitals in the current *American Hospital Association Guide to the Health Care Field* or (2) found on the Master Facility Inventory List maintained by the National Center for Health Statistics.

*Short-stay hospital*—A short-stay hospital is one in which the type of service provided is general; maternity; eye, ear, nose, and throat; children's; or osteopathic; or it may be the hospital department of an institution.

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

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

*Hospital episode*—A hospital episode is any continuous period of stay of 1 night or more in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital episode is recorded for a family member whenever any part of his hospital stay is included in the 12-month period prior to the interview week.

*Hospital discharge*—A hospital discharge is the completion of any continuous period of stay of 1 night or more in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12-month period

prior to the interview week. (Estimates were based on discharges that occurred during the 6-month period prior to the interview.)

*Length of hospital stay*—The length of hospital stay is the duration in days, exclusive of the day of discharge, of a hospital discharge. (See "hospital discharge.")

*Average length of stay*—The average length of stay per discharged patient is computed by dividing the total number of hospital days for a specified group by the total number of discharges for that group.

## Demographic terms

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

*Geographic region*—For the purpose of classifying the population by geographic area, the States are grouped into four regions. These regions, which correspond to those used by the U.S. Bureau of the Census, are as follows:

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

*Place of residence*—The place of residence of a member of the civilian noninstitutionalized population is classified as inside a metropolitan statistical area (MSA) or outside an MSA. Place of residence inside an MSA is further classified as either central city or not central city.

*Metropolitan statistical area*—The definition and titles of MSA's are established by the U.S. Office of Management and Budget with the advice of the Federal Committee on Metropolitan Statistical Areas. Generally speaking, an MSA consists of a county or group of counties containing at least one city (or twin cities) having a population of 50,000 or more plus adjacent counties that are metropolitan in character and are economically and socially integrated with the central city. In New England, towns and cities rather than counties are the units used in defining MSA's. There is



no limit to the number of adjacent counties included in the MSA as long as they are integrated with the central city, nor is an MSA limited to a single State; boundaries may cross State lines. The metropolitan population in this report is based on MSA's as defined in the 1980 census and does not include any subsequent additions or changes.

*Central city of an MSA*—The largest city in an MSA is always a central city. One or two additional cities may be secondary central cities in the MSA on the basis of either of the following criteria:

1. The additional city or cities must have a population one-third or more of that of the largest city and a minimum population of 25,000.
2. The additional city or cities must have at least 250,000 inhabitants.

*Not central city of an MSA*—This includes all of the MSA that is not part of the central city itself.

*Not in MSA*—This includes all other places in the country.

*Race*—The population is divided into three racial groups: "white," "black," and "all other." "All other" included Aleut, Eskimo or American Indian, Asian, or Pacific Islander, and any other races. Race characterization is based on the respondent's description of his or her racial background.

*Income of family or of unrelated individuals*—Each member of a family is classified according to the total income of the family of which he or she is a member. Within the household, all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own incomes.

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12-month period preceding the week of interview. Income from all sources—for example, wages, salaries, rents from property, pensions, government payments, and help from relatives—is included.

*Currently employed*—Persons 18 years of age and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business are currently employed. Current employment

includes paid work as an employee of someone else; self-employment in business, farming, or professional practice; and unpaid work in a family business or farm. Persons who were temporarily absent from a job or business because of a temporary illness, vacation, strike, or bad weather are considered as currently employed if they expected to work as soon as the particular event causing the absence no longer existed.

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

Excluded from the currently employed population are persons who have no definite employment schedule but work only when their services are needed. Also excluded from the currently employed population are (1) persons receiving revenue from an enterprise but not participating in its operation, (2) persons doing housework or charity work for which they received no pay, (3) seasonal workers during the portion of the year they were not working, and (4) persons who were not working, even though having a job or business, but were on layoff and looking for work.

The number of currently employed persons estimated from the NHIS will differ from the estimates prepared from the Current Population Survey (CPS) of the U.S. Bureau of the Census for several reasons. In addition to sampling variability they include three primary conceptual differences, namely:

1. NHIS estimates are for persons 18 years of age and over; CPS estimates are for persons 16 years of age and over.
2. NHIS uses a 2-week reference period, while CPS uses a 1-week reference period.
3. NHIS is a continuing survey with separate samples taken weekly; CPS is a monthly sample taken for the survey week which includes the 12th of the month.

The most detailed operational definitions of all of these terms are found in the *NHIS Interviewer's Manual* (17). Instructions are given in the manual on how problem cases associated with each concept are to be handled.

# Appendix III Questionnaires and flashcards

OMB No. 0937-0021: Approval Expires March 31, 1989

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 309(d) of the Public Health Service Act (42 USC 242m).

Form **HIS-1 (1988)**  
(10-13-87)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. PUBLIC HEALTH SERVICE

## NATIONAL HEALTH INTERVIEW SURVEY

1. Book \_\_\_ of \_\_\_ books

2. R.O. number

3. Sample

4. Segment type  
 Area  
 Park  
 Block

5. Control number  
PSU | Segment | Serial

6a. What is your exact address? (Include House No., Apt. No., or other identification, county and ZIP Code)

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_

b. Is this your mailing address? (Mark box or specify if different. Include county and ZIP Code.)  Same as 6a

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_

c. Special place name \_\_\_\_\_ Sample unit number \_\_\_\_\_ Type code \_\_\_\_\_

7. YEAR BUILT  
 Ask  
 Do not ask  
When was this structure originally built?  
 Before 4-1-80 (Continue interview)  
 After 4-1-80 (Complete item 8a when required; and interview)

8. COVERAGE QUESTIONS  
 Ask items that are marked  
 Do not ask  
a.  Are there any occupied or vacant living quarters besides your own in this building?  Yes (FW Table X)  No  
b.  Are there any occupied or vacant living quarters besides your own on this floor?  Yes (FW Table X)  No  
c.  Is there any other building on this property for people to live in, either occupied or vacant?  Yes (FW Table X)  No

9a. LAND USE  
1  URBAN (10)  
2  RURAL  
- Reg. units and SP. PL. units coded 88-89 in 6c - Ask from 9b  
- SP. PL. units not coded 88-89 in 6c - Mark "No" in item 9b without asking

b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?  
1  Yes (10)  
2  No

10. CLASSIFICATION OF LIVING QUARTERS - Mark by observation

a. LOCATION of unit  
Unit is:  
 In a Special Place - Refer to Table A in Part C of manual; then complete 10c or d  
 NOT in a Special Place (10b)

b. Access  
 Direct (10c)  
 Through another unit - Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)

c. HOUSING unit (Mark one, THEN page 2)  
01  House, apartment, flat  
02  HU in nontransient hotel, motel, etc.  
03  HU-permanent in transient hotel, motel, etc.  
04  HU in rooming house  
05  Mobile home or trailer with no permanent room added  
06  Mobile home or trailer with one or more permanent rooms added  
07  HU not specified above - Describe in footnotes

d. OTHER unit (Mark one)  
08  Quarters not HU in rooming or boarding house  
09  Unit not permanent in transient hotel, motel, etc.  
10  Unoccupied site for mobile home, trailer, or tent  
11  Student quarters in college dormitory  
12  OTHER unit not specified above - Describe in footnotes

14. Noninterview reason

**TYPE A**  
01  Refusal - Describe in footnotes  
02  No one at home, repeated calls  
03  Temporarily absent - Footnote  
04  Other (Specify) 7

**TYPE B**  
05  Vacant - nonseasonal  
06  Vacant - seasonal  
07  Occupied entirely by persons with URE  
08  Occupied entirely by Armed Forces members  
09  Unfit or to be demolished  
10  Under construction, not ready  
11  Converted to temporary business or storage  
12  Unoccupied site for mobile home, trailer, or tent  
13  Permit granted, construction not started  
14  Other (Specify) 7

**TYPE C**  
15  Unused line of listing sheet  
16  Demolished  
17  House or trailer moved  
18  Outside segment  
19  Converted to permanent business or storage  
20  Merged  
21  Condemned  
22  Built after April 1, 1980  
23  Other (Specify) 7

15. Record of calls

Month	Date	Beginning time	Ending time	Completed Mark (X)
1		P T	a.m. p.m.	a.m. p.m.
2		P T	a.m. p.m.	a.m. p.m.
3		P T	a.m. p.m.	a.m. p.m.
4		P T	a.m. p.m.	a.m. p.m.
5		P T	a.m. p.m.	a.m. p.m.
6		P T	a.m. p.m.	a.m. p.m.

16. List column numbers of persons requiring callbacks, and mark appropriately.  
 None

Col. No.	SS No.	Sec. M	Sec. N	Sec. O	Sec. P	AIDS

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1		P T	a.m. p.m.	a.m. p.m.
2		P T	a.m. p.m.	a.m. p.m.
3		P T	a.m. p.m.	a.m. p.m.
4		P T	a.m. p.m.	a.m. p.m.

**GO TO HOUSEHOLD COMPOSITION PAGE**

11. What is the telephone number here?  None Area code/number

12. Interview observed?  Yes  No

13a. Interviewer's name \_\_\_\_\_ Code \_\_\_\_\_

b. Language of interview  
1  English 3  Both English and Spanish  
2  Spanish 8  Other

**A. HOUSEHOLD COMPOSITION PAGE**

**1**

**1 a.** What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.

**b.** What are the names of all other persons living or staying here? Enter names in columns.

**c.** I have listed (read names). Have I missed:

- any babies or small children? .....
- any lodgers, boarders, or persons you employ who live here? .....
- anyone who USUALLY lives here but is now away from home travelling or in a hospital? .....
- anyone else staying here? .....

**d.** Do all of the persons you have named usually live here?  Yes (2)  No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1—C2 and enter reason.)

Probe if necessary:  
Does — usually live somewhere else?

if "Yes," enter names in columns	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1. First name Mid. Init. Age

Last name Sex  M  F

2. Relationship REFERENCE PERSON

3. Date of birth Month Date Year

HOSP.	WORK	RD	2-WK. DV
<input type="checkbox"/> None	1 <input type="checkbox"/> Wa	1 <input type="checkbox"/> Yes	<input type="checkbox"/> None
Number	2 <input type="checkbox"/> Wb	2 <input type="checkbox"/> No	Number

C1

C2

LA TRA DV TINJ. TOLLTR HSTCOND.

Ask for all persons beginning with column 2:

**2.** What is — relationship to (reference person)?

**3.** What is — date of birth? (Enter date and age and mark sex.)

**A1**

REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

**A2** ASK CONDITION LIST

**A3** Refer to ages of all related HH members.

**A3**  All persons 65 and over (5)  Other (4)

**4a.** Are any of the persons in this family now on full-time active duty with the armed forces?  Yes  No (5)

**b.** Who is this? Delete column number(s) by an "X" from 1—C2.

**c.** Anyone else?  Yes (Reask 4b and c)  No

Ask for each person in armed forces:

**d.** Where does — usually live and sleep, here or somewhere else? Mark box in person's column.

4d.  Living at home  Not living at home

If related persons 17 and over are listed in addition to the respondent and are not present, say:  
**5.** We would like to have all adult family members who are at home take part in the interview. Are (names of persons 17 and over) at home now? If "Yes," ask: Could they join us? (Allow time)

Read to respondent(s):  
This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.

**HOSPITAL PROBE**

**6a.** Since (13-month hospital date) a year ago, was — a patient in a hospital OVERNIGHT?

**b.** How many different times did — stay in any hospital overnight or longer since (13-month hospital date) a year ago?

6a. 1  Yes  No (Mark "HOSP." box, THEN NP)

6b. Number of times (Make entry in "HOSP." box THEN NP)

Ask for each child under one:

**7a.** Was — born in a hospital?

Ask for mother and child:

**b.** Have you included this hospitalization in the number you gave me for —?

7a. 1  Yes  No (NP)

7b.  Yes (NP)  No (Correct 6 and "HOSP." box)

FOOTNOTES

**B. LIMITATION OF ACTIVITIES PAGE**

<p><b>B1</b> Refer to age.</p>	<p><b>B1</b>  <input type="checkbox"/> 18-69 (1)  <input type="checkbox"/> Other (NP)</p>
<p><b>1. What was — doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?</b>  <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i></p>	<p><b>1.</b>  <input type="checkbox"/> Working (2)  <input type="checkbox"/> Keeping house (3)  <input type="checkbox"/> Going to school (5)  <input type="checkbox"/> Something else (5)</p>
<p><b>2a. Does any impairment or health problem NOW keep — from working at a job or business?</b></p>	<p><b>2a.</b> <input type="checkbox"/> Yes (7)      <input type="checkbox"/> No</p>
<p><b>b. Is — limited in the kind OR amount of work — can do because of any impairment or health problem?</b></p>	<p><b>b.</b> <input type="checkbox"/> Yes (7)      <input type="checkbox"/> No (6)</p>
<p><b>3a. Does any impairment or health problem NOW keep — from doing any housework at all?</b></p>	<p><b>3a.</b> <input type="checkbox"/> Yes (4)      <input type="checkbox"/> No</p>
<p><b>b. Is — limited in the kind OR amount of housework — can do because of any impairment or health problem?</b></p>	<p><b>b.</b> <input type="checkbox"/> Yes (4)      <input type="checkbox"/> No (5)</p>
<p><b>4a. What (other) condition causes this?</b>  <i>Ask if injury or operation: When did [the (injury) occur?/— have the operation?]</i>  <i>Ask if operation over 3 months ago: For what condition did — have the operation?</i>  <i>If pregnancy/delivery or 0-3 months injury or operation —</i>  <i>Reask question 3 where limitation reported, saying: Except for — (condition), ...?</i>  <i>OR reask 4b/c.</i></p> <p><b>b. Besides (condition) is there any other condition that causes this limitation?</b></p> <p><b>c. Is this limitation caused by any (other) specific condition?</b></p> <p><i>Mark box if only one condition.</i></p> <p><b>d. Which of these conditions would you say is the MAIN cause of this limitation?</b></p>	<p><b>4a.</b> <i>(Enter condition in C2, THEN 4b)</i>  <input type="checkbox"/> Old age <i>(Mark "Old age" box, THEN 4c)</i></p> <p><b>b.</b> <input type="checkbox"/> Yes <i>(Reask 4a and b)</i>  <input type="checkbox"/> No <i>(4d)</i></p> <p><b>c.</b> <input type="checkbox"/> Yes <i>(Reask 4a and b)</i>  <input type="checkbox"/> No</p> <p><b>d.</b> <input type="checkbox"/> Only 1 condition</p> <p align="center">Main cause</p>
<p><b>5a. Does any impairment or health problem keep — from working at a job or business?</b></p>	<p><b>5a.</b> <input type="checkbox"/> Yes (7)      <input type="checkbox"/> No</p>
<p><b>b. Is — limited in the kind OR amount of work — could do because of any impairment or health problem?</b></p>	<p><b>b.</b> <input type="checkbox"/> Yes (7)      <input type="checkbox"/> No</p>
<p><b>B2</b> Refer to questions 3a and 3b.</p>	<p><b>B2</b>  <input type="checkbox"/> "Yes" in 3a or 3b (NP)  <input type="checkbox"/> Other (6)</p>
<p><b>6a. Is — limited in ANY WAY in any activities because of an impairment or health problem?</b></p>	<p><b>6a.</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No (NP)</p>
<p><b>b. In what way is — limited?</b> <i>Record limitation, not condition.</i></p>	<p><b>b.</b> _____  Limitation</p>
<p><b>7a. What (other) condition causes this?</b>  <i>Ask if injury or operation: When did [the (injury) occur?/— have the operation?]</i>  <i>Ask if operation over 3 months ago: For what condition did — have the operation?</i>  <i>If pregnancy/delivery or 0-3 months injury or operation —</i>  <i>Reask question 2, 5, or 6 where limitation reported, saying: Except for — (condition), ...?</i>  <i>OR reask 7b/c.</i></p> <p><b>b. Besides (condition) is there any other condition that causes this limitation?</b></p> <p><b>c. Is this limitation caused by any (other) specific condition?</b></p> <p><i>Mark box if only one condition.</i></p> <p><b>d. Which of these conditions would you say is the MAIN cause of this limitation?</b></p>	<p><b>7a.</b> <i>(Enter condition in C2, THEN 7b)</i>  <input type="checkbox"/> Old age <i>(Mark "Old age" box, THEN 7c)</i></p> <p><b>b.</b> <input type="checkbox"/> Yes <i>(Reask 7a and b)</i>  <input type="checkbox"/> No <i>(7d)</i></p> <p><b>c.</b> <input type="checkbox"/> Yes <i>(Reask 7a and b)</i>  <input type="checkbox"/> No</p> <p><b>d.</b> <input type="checkbox"/> Only 1 condition</p> <p align="center">Main cause</p>

**B: LIMITATION OF ACTIVITIES PAGE, Continued.**

<p><b>B3</b></p>	<p>Refer to age.</p>	<p><b>B3</b></p>	<p>0 <input type="checkbox"/> Under 5 (10) 2 <input type="checkbox"/> 18-69 (NP)          1 <input type="checkbox"/> 5-17 (11) 3 <input type="checkbox"/> 70 and over (8)</p>
<p><b>8. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?</b>  <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i></p>		<p><b>8.</b> 1 <input type="checkbox"/> Working          2 <input type="checkbox"/> Keeping house          3 <input type="checkbox"/> Going to school          4 <input type="checkbox"/> Something else</p>	
<p><b>9a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?</b>  <b>b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?</b></p>		<p><b>9a.</b> 1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No  <b>b.</b> 2 <input type="checkbox"/> Yes (13) 3 <input type="checkbox"/> No (12)</p>	
<p><b>10a. Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age?</b>  <b>b. Is -- limited in the kind OR amount of play activities -- can do because of any impairment or health problem?</b></p>		<p><b>10a.</b> <input type="checkbox"/> Yes 0 <input type="checkbox"/> No (13)  <b>b.</b> 1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No (12)</p>	
<p><b>11a. Does any impairment or health problem NOW keep -- from attending school?</b>  <b>b. Does -- attend a special school or special classes because of any impairment or health problem?</b>  <b>c. Does -- need to attend a special school or special classes because of any impairment or health problem?</b>  <b>d. Is -- limited in school attendance because of -- health?</b></p>		<p><b>11a.</b> 1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No  <b>b.</b> 2 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No  <b>c.</b> 3 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No  <b>d.</b> 4 <input type="checkbox"/> Yes (13) 5 <input type="checkbox"/> No</p>	
<p><b>12a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?</b>  <b>b. In what way is -- limited?</b> <i>Record limitation, not condition.</i></p>		<p><b>12a.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)  <b>b.</b> _____          Limitation</p>	
<p><b>13a. What (other) condition causes this?</b>  <i>Ask if injury or operation: When did [the (injury) occur?]- -- have the operation?</i>  <i>Ask if operation over 3 months ago: For what condition did -- have the operation?</i>  <i>If pregnancy/delivery or 0-3 months injury or operation -</i>  <i>Reask question where limitation reported, saying: Except for -- (condition), ...?</i>  <i>OR reask 13b/c.</i>  <b>b. Besides (condition) is there any other condition that causes this limitation?</b>  <b>c. Is this limitation caused by any (other) specific condition?</b>  <i>Mark box if only one condition.</i>  <b>d. Which of these conditions would you say is the MAIN cause of this limitation?</b></p>		<p><b>13a.</b> (Enter condition in C2, THEN 13b)          1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 13c)  <b>b.</b> <input type="checkbox"/> Yes (Reask 13a and b)  <input type="checkbox"/> No (13d)  <b>c.</b> <input type="checkbox"/> Yes (Reask 13a and b)  <input type="checkbox"/> No  <b>d.</b> <input type="checkbox"/> Only 1 condition          _____          Main cause</p>	
<p>FOOTNOTES</p>			

**B. LIMITATION OF ACTIVITIES PAGE, Continued**

<b>B4</b>	Refer to age.	<b>B4</b>	<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 60-69 (14) <input type="checkbox"/> 5-59 (B5) <input type="checkbox"/> 70 and over (NP)
<b>B5</b>	Refer to "Old age" and "LA" boxes. Mark first appropriate box.	<b>B5</b>	<input type="checkbox"/> "Old age" box marked (14) <input type="checkbox"/> Entry in "LA" box (14) - <input type="checkbox"/> Other (NP)
<b>14a. Because of any impairment or health problem, does --- need the help of other persons with --- personal care needs, such as eating, bathing, dressing, or getting around this home?</b>		<b>14a.</b>	<input type="checkbox"/> Yes (15) <input type="checkbox"/> No
<i>If under 18, skip to next person; otherwise ask:</i> <b>b. Because of any impairment or health problem, does --- need the help of other persons in handling --- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?</b>		<b>b.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (NP)
<b>15a. What (other) condition causes this?</b> <i>Ask if injury or operation: When did [the (injury) occur?] --- have the operation?</i> <i>Ask if operation over 3 months ago: For what condition did --- have the operation?</i> <i>If pregnancy/delivery or 0-3 months injury or operation -</i> <i>Reask question 14 where limitation reported, saying: Except for --- (condition), ...?</i> <i>OR reask 15b/c.</i>		<b>15a.</b>	<i>(Enter condition in C2, THEN 15b)</i> <input type="checkbox"/> Old age (Mark "Old age" box, THEN 15c)
<b>b. Besides (condition) is there any other condition that causes this limitation?</b>		<b>b.</b>	<input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No (15d)
<b>c. Is this limitation caused by any (other) specific condition?</b>		<b>c.</b>	<input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No
<i>Mark box if only one condition.</i> <b>d. Which of these conditions would you say is the MAIN cause of this limitation?</b>		<b>d.</b>	<input type="checkbox"/> Only 1 condition <hr/> Main cause

FOOTNOTES

**D. RESTRICTED ACTIVITY PAGE PERSON 1**

Hand calendar.

{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).}

**D1**

Refer to age.

- Under 5 (4)     5-17 (3)     18 and over (1)

**1 a. DURING THOSE 2 WEEKS, did --- work at any time at a job or business not counting work around the house? (Include unpaid work in the family [farm/business].)**

- 1  Yes (Mark "Wa" box, THEN 2)    2  No

**b. Even though --- did not work during those 2 weeks, did --- have a job or business?**

- 1  Yes (Mark "Wb" box, THEN 2)    2  No (4)

**2 a. During those 2 weeks, did --- miss any time from a job or business because of illness or injury?**

- Yes    oo  No (4)

**b. During that 2-week period, how many days did --- miss more than half of the day from --- job or business because of illness or injury?**

- oo  None (4)     (4)

**3 a. During those 2 weeks, did --- miss any time from school because of illness or injury?**

- Yes    oo  No (4)

**b. During that 2-week period, how many days did --- miss more than half of the day from school because of illness or injury?**

- oo  None

**4 a. During those 2 weeks, did --- stay in bed because of illness or injury?**

- Yes    oo  No (6)

**b. During that 2-week period, how many days did --- stay in bed more than half of the day because of illness or injury?**

- oo  None (6)     (D2)

**D2**

Refer to 2b and 3b.

- No days in 2b or 3b (6)  
 1 or more days in 2b or 3b (5)

**5. On how many of the (number in 2b or 3b) days missed from [work/school] did --- stay in bed more than half of the day because of illness or injury?**

- oo  None

Refer to 2b, 3b, and 4b.

**6 a. (Not counting the day(s) [missed from work missed from school (and) in bed],**

**Was there any (OTHER) time during those 2 weeks that --- cut down on the things --- usually does because of illness or injury?**

- Yes    oo  No (D3)

**b. (Again, not counting the day(s) [missed from work missed from school (and) in bed],**

**During that period, how many (OTHER) days did --- cut down for more than half of the day because of illness or injury?**

- oo  None

**D3**

Refer to 2-6.

- No days in 2-6 (Mark "No" in RD, THEN NP)  
 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)

Refer to 2b, 3b, 4b, and 6b.

**7 a. What (other) condition caused --- to [miss work miss school (or) stay in bed (or) cut down] during those 2 weeks?**

(Enter condition in C2, THEN 7b)

**b. Did any other condition cause --- to [miss work miss school (or) stay in bed (or) cut down] during that period?**

- 1  Yes (Reask 7a and b)    2  No

FOOTNOTES

**E. 2-WEEK DOCTOR VISITS PROBE PAGE**

*Read to respondent(s):*  
**These next questions are about health care received during the 2 weeks outlined in red on that calendar.**

<b>E1</b>	<i>Refer to age.</i>	<b>E1</b> <input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
<b>1 a.</b>	During those 2 weeks, how many times did — see or talk to a medical doctor? {Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.} (Do not count times while an overnight patient in a hospital.)	<b>1 a. and b.</b> <input type="checkbox"/> None <input type="text"/> } (NP) Number of times
<b>b.</b>	During those 2 weeks, how many times did anyone see or talk to a medical doctor about —? (Do not count times while an overnight patient in a hospital.)	
<b>2 a.</b>	(Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital. <input type="checkbox"/> Yes <input type="checkbox"/> No (3a)	
<b>b.</b>	Who received this care? Mark "DR Visit" box in person's column.	<b>2b.</b> <input type="checkbox"/> DR Visit
<b>c.</b>	Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No	
<b>d.</b>	Ask for each person with "DR Visit" in 2b: How many times did — receive this care during that period?	<b>d.</b> <input type="text"/> Number of times
<b>3 a.</b>	(Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No (E2)	
<b>b.</b>	Who was the phone call about? Mark "Phone call" box in person's column.	<b>3b.</b> <input type="checkbox"/> Phone call
<b>c.</b>	Were there any calls about anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No	
<b>d.</b>	Ask for each person with "Phone call" in 3b: How many telephone calls were made about —?	<b>d.</b> <input type="text"/> Number of calls

**E2** *Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.*

FOOTNOTES



**F. 2-WEEK DOCTOR VISITS PAGE**

**DR VISIT 1**

Refer to C1, "2-WK. DV" box.

**PERSON NUMBER** \_\_\_\_\_

**F1** Refer to age.

**F1**  Under 14 (1b)  
 14 and over (1a)

**1 a.** On what (other) date(s) during those 2 weeks did --- see or talk to a medical doctor, nurse, or doctor's assistant?  
**b.** On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about ---?  
*Ask after last DR visit column for this person:*  
**c.** Were there any other visits or calls for --- during that period? Make necessary correction to 2-Wk. DV box in C1.

**1 a. and b.** Month \_\_\_\_\_ Date \_\_\_\_\_ OR { 7777  Last week  
8888  Week before  
**c.** 1  Yes (Reask 1a or b and c)  
2  No (Ask 2-5 for each visit)

**2.** Where did --- receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call?  
*If doctor's office: Was this office in a hospital?*  
*If hospital: Was it the outpatient clinic or the emergency room?*  
*If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?*  
*If lab: Was this lab in a hospital?*  
**What was done during this visit? (Footnote)**

**2.** 01  Telephone  
Not in hospital: 02  Home 08  O.P. clinic  
03  Doctor's office 09  Emergency room  
04  Co. or ind. clinic 10  Doctor's office  
05  Other clinic 11  Lab  
06  Lab 12  Overnight patient (Next DR visit)  
07  Other (Specify) \_\_\_\_\_ 88  Other (Specify) \_\_\_\_\_

*Ask 3b if under 14.*  
**3a.** Did --- actually talk to a medical doctor?  
**b.** Did anyone actually talk to a medical doctor about ---?  
**c.** What type of medical person or assistant was talked to?  
**d.** Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?  
**e.** For this (visit/call) what kind of doctor was the (entry in 3c) working with or for — a general practitioner or a specialist?  
**f.** Is that doctor a general practitioner or a specialist?  
**g.** What kind of specialist?

**3a. and b.** 1  Yes (3f) 8  DK if M.D. (3c)  
2  No (3c) 9  DK who was seen (3f)  
**c.** \_\_\_\_\_ Type 99  DK  
**d.** 1  One (3f) 3  None (4)  
2  More 9  DK  
**e. and f.** 1  GP (4) 2  Specialist (3g) 9  DK (4)  
**g.** \_\_\_\_\_ Kind of specialist

*Ask 4b if under 14.*  
**4a.** For what condition did --- see or talk to the [doctor] (entry in 3c) on (date in 1)? Mark first appropriate box.  
**b.** For what condition did anyone see or talk to the [doctor] (entry in 3c) about --- on (date in 1)? Mark first appropriate box.  
**c.** Was a condition found as a result of the [test(s)/examination]?  
**d.** Was this [test/examination] because of a specific condition --- had?  
**e.** During the past 2 weeks was --- sick because of --- pregnancy?  
**f.** What was the matter?  
**g.** During this (visit/call) was the [doctor] (entry in 3c) talked to about any (other) condition?  
**h.** What was the condition?

**4a. and b.** 1  Condition (Item C2, THEN 4g)  
2  Pregnancy (4e)  
3  Test(s) or examination (4c)  
9  Other (Specify) \_\_\_\_\_ (4g)  
**c.**  Yes (4h)  No  
**d.**  Yes (4h)  No (4g)  
**e.**  Yes  No (4g)  
**f.** \_\_\_\_\_ Condition (Item C2, THEN 4g)  
**g.**  Yes  No (5)  
**h.**  Pregnancy (4e)  
\_\_\_\_\_ Condition (Item C2, THEN 4g)

*Mark box if "Telephone" in 2.*  
**5a.** Did --- have any kind of surgery or operation during this visit, including bone settings and stitches?  
**b.** What was the name of the surgery or operation? If name of operation not known, describe what was done.  
**c.** Was there any other surgery or operation during this visit?

**5a.** 0  Telephone in 2 (Next DR visit)  
1  Yes  
2  No (Next DR visit)  
**b.** (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
**c.**  Yes (Reask 5b and c)  
 No

**G. HEALTH INDICATOR PAGE**

<p><b>1 a.</b> During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (2)</p>	
<p><b>b.</b> Who was this? Mark "Injury" box in person's column.</p>	<p><b>1 b.</b> <input type="checkbox"/> Injury</p>
<p><b>c.</b> What was — injury? Enter injury(ies) in person's column.</p>	<p><b>c.</b> _____ Injury</p>
<p><b>d.</b> Did anyone have any other injuries during that period?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (Reask 1b, c, and d) <input type="checkbox"/> No</p>	
<p>Ask for each injury in 1c: <b>e.</b> As a result of the (injury in 1c) did [—/anyone] see or talk to a medical doctor or assistant (about —) or did — cut down on — usual activities for more than half of a day?</p>	<p><b>e.</b> <input type="checkbox"/> Yes (Enter injury in C2, THEN 1e for next injury) <input type="checkbox"/> No (1e for next injury)</p>
<p><b>2.</b> During the past 12 months, {that is, since (12-month date) a year ago} ABOUT how many days did illness or injury keep — in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p><b>2.</b> 000 <input type="checkbox"/> None _____ No. of days</p>
<p><b>3a.</b> During the past 12 months, ABOUT how many times did [—/anyone] see or talk to a medical doctor or assistant (about —)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the (number in 2-WK DV box) visit(s) you already told me about.)</p>	<p><b>3a.</b> 000 <input type="checkbox"/> None (3b) 000 <input type="checkbox"/> Only when overnight patient in hospital } (NP) _____ No. of visits</p>
<p><b>b.</b> About how long has it been since [—/anyone] last saw or talked to a medical doctor or assistant (about —)? Include doctors seen while a patient in a hospital.</p>	<p><b>b.</b> 1 <input type="checkbox"/> Interview week (Reask 3b) 2 <input type="checkbox"/> Less than 1 yr. (Reask 3a) 3 <input type="checkbox"/> 1 yr., less than 2 yrs. 4 <input type="checkbox"/> 2 yrs., less than 5 yrs. 5 <input type="checkbox"/> 5 yrs. or more 0 <input type="checkbox"/> Never</p>
<p><b>4.</b> Would you say — health in general is excellent, very good, good, fair, or poor?</p>	<p><b>4.</b> 1 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Fair 2 <input type="checkbox"/> Very good 5 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Good</p>
<p>Mark box if under 18. <b>5a.</b> About how tall is — without shoes?</p>	<p><b>5a.</b> <input type="checkbox"/> Under 18 (NP) _____ Feet _____ Inches</p>
<p><b>b.</b> About how much does — weigh without shoes?</p>	<p><b>b.</b> _____ Pounds</p>

FOOTNOTES

## H. CONDITION LISTS 1 AND 2

Read to respondent(s) and ask list specified in A2:

Now I am going to read a list of medical conditions. Tell me if — has any of these conditions, even if you have mentioned them before.

1	2																																																		
<p><b>1 a. Does anyone in the family {read names} NOW HAVE —</b> If "Yes," ask 1b and c.</p> <p><b>b. Who is this?</b></p> <p><b>c. Does anyone else NOW have —</b> Enter condition and letter in appropriate person's column.</p> <p><b>A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back?</b> (Permanent stiffness — joints will not move at all.)</p> <p><b>B. Paralysis of any kind?</b></p> <p><b>1d. DURING THE PAST 12 MONTHS, did anyone in the family have —</b> If "Yes," ask 1e and f.</p> <p><b>e. Who was this?</b></p> <p><b>f. DURING THE PAST 12 MONTHS, did anyone else have —</b> Enter condition and letter in appropriate person's column. C—L are conditions affecting the bone and muscle. M—W are conditions affecting the skin.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>C. Arthritis of any kind or rheumatism?</b></td> <td style="width: 50%;"><i>Reask 1d</i> <b>M. A tumor, cyst, or growth of the skin?</b></td> </tr> <tr> <td><b>D. Gout?</b></td> <td><b>N. Skin cancer?</b></td> </tr> <tr> <td><b>E. Lumbago?</b></td> <td><b>O. Eczema or Psoriasis?</b> (ek'sa-ma) or (so-rye'uh-sis)</td> </tr> <tr> <td><b>F. Sciatica?</b></td> <td><b>P. TROUBLE with dry or itching skin?</b></td> </tr> <tr> <td><b>G. A bone cyst or bone spur?</b></td> <td><b>Q. TROUBLE with acne?</b></td> </tr> <tr> <td><b>H. Any other disease of the bone or cartilage?</b></td> <td><b>R. A skin ulcer?</b></td> </tr> <tr> <td><b>I. A slipped or ruptured disc?</b></td> <td><b>S. Any kind of skin allergy?</b></td> </tr> <tr> <td><b>J. REPEATED trouble with neck, back, or spine?</b></td> <td><b>T. Dermatitis or any other skin trouble?</b></td> </tr> <tr> <td><b>K. Bursitis?</b></td> <td><b>U. TROUBLE with ingrown toenails or fingernails?</b></td> </tr> <tr> <td><b>L. Any disease of the muscles or tendons?</b></td> <td><b>V. 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Does anyone in the family {read names} NOW HAVE —</b> If "Yes," ask 2b and c.</p> <p><b>b. Who is this?</b></p> <p><b>c. Does anyone else NOW have —</b> Enter condition and letter in appropriate person's column. A—L are conditions affecting <span style="font-size: 2em;">}</span> <span style="font-size: 2em;">{</span> <span style="font-size: 2em;">Hearing</span> <span style="font-size: 2em;">Vision</span> <span style="font-size: 2em;">Speech</span> Conditions M—AA are impairments.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>A. Deafness in one or both ears?</b></td> <td style="width: 50%;"><i>Reask 2a</i> <b>O. A missing joint?</b></td> </tr> <tr> <td><b>B. Any other trouble hearing with one or both ears?</b></td> <td><b>P. A missing breast, kidney, or lung?</b></td> </tr> <tr> <td><b>C. Tinnitus or ringing in the ears?</b></td> <td><b>Q. Palsy or cerebral palsy?</b> (ser'a-bral)</td> </tr> <tr> <td><b>D. 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FORM HIS-1 (1988) (10-13-87)

## H. CONDITION LISTS 3 AND 4

Read to respondent(s) and ask list specified in A2:

Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

**3**

- 3a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have —**  
If "Yes," ask 3b and c.
- b. Who was this?**
- c. DURING THE PAST 12 MONTHS, did anyone else have —**  
Enter condition and letter in appropriate person's column.  
Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.  
Conditions affecting the digestive system.

Reask 3a	
A. Gallstones?	N. Enteritis?
B. Any other gallbladder trouble?	O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)
C. Cirrhosis of the liver?	P. Colitis?
D. Fatty liver?	Q. A spastic colon?
E. Hepatitis?	R. FREQUENT constipation?
F. Yellow jaundice?	S. Any other bowel trouble?
G. Any other liver trouble?	T. Any other intestinal trouble?
H. An ulcer?	U. Cancer of the stomach, intestines, colon, or rectum?
I. A hernia or rupture?	V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system?
J. Any disease of the esophagus?	If "Yes," ask: Who was this? — What was the condition? Enter in item C2, THEN reask V.
K. Gastritis?	
L. FREQUENT indigestion?	
M. Any other stomach trouble?	

**4**

- 4a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have —**  
If "Yes," ask 4b and c.
- b. Who was this?**
- c. DURING THE PAST 12 MONTHS, did anyone else have —**  
Enter condition and letter in appropriate person's column.  
A—B are conditions affecting the glandular system.  
C is a blood condition.  
D—I are conditions affecting the nervous system.  
J—Y are conditions affecting the genito-urinary system.

A. A goiter or other thyroid trouble?	Reask 4a N. Any other kidney trouble?
B. Diabetes?	O. Bladder trouble?
C. Anemia of any kind?	P. Any disease of the genital organs?
D. Epilepsy?	Q. A missing breast?
E. REPEATED seizures, convulsions, or blackouts?	R. Breast cancer?
F. Multiple sclerosis?	S. *Cancer of the prostate?
G. Migraine?	T. *Any other prostate trouble?
H. FREQUENT headaches?	U. **Trouble with menstruation?
I. Neuralgia or neuritis?	V. **A hysterectomy? If "Yes," ask: For what condition did — have a hysterectomy?
J. Nephritis?	W. **A tumor, cyst, or growth of the uterus or ovaries?
K. Kidney stones?	X. **Any other disease of the uterus or ovaries?
L. REPEATED kidney infections?	Y. **Any other female trouble?
M. A missing kidney?	

\*Ask only if males in family.  
\*\*Ask only if females in family.

## H. CONDITION LISTS 5 AND 6

*Read to respondent(s) and ask list specified in A2.*

**Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.**

<b>5</b>	<b>6</b>																																										
<p><b>5a. Has anyone in the family (<i>read names</i>) EVER had —</b> <i>If "Yes," ask 5b and c.</i></p> <p><b>b. Who was this?</b></p> <p><b>c. Has anyone else EVER had —</b> <i>Enter condition and letter in appropriate person's column.</i> <i>Conditions affecting the heart and circulatory system.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">A. Rheumatic fever?</td> <td style="width: 50%; padding: 2px;">G. A stroke or a cerebrovascular accident? <i>(ser'a-bro vas ku-lar)</i></td> </tr> <tr> <td style="padding: 2px;">B. Rheumatic heart disease?</td> <td style="padding: 2px;">H. A hemorrhage of the brain?</td> </tr> <tr> <td style="padding: 2px;">C. Hardening of the arteries or arteriosclerosis?</td> <td style="padding: 2px;">I. Angina pectoris? <i>(pek'to-ris)</i></td> </tr> <tr> <td style="padding: 2px;">D. Congenital heart disease?</td> <td style="padding: 2px;">J. 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A tumor or growth of the bronchial tube or lung?</td> <td></td> </tr> </table> <p><i>*If reported in this list only, ask:</i></p> <p><b>1. How many times did — have (<i>condition</i>) in the past 12 months?</b> <i>If 2 or more times, enter condition in item C2.</i> <i>If only 1 time, ask:</i></p> <p><b>2. How long did it last? If 1 month or longer, enter in item C2.</b> <i>If less than 1 month, do not record.</i></p> <p><i>If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.</i></p>	A. Bronchitis?	<i>Reask 6a.</i> K. A missing lung?	B. Asthma?	L. Lung cancer?	C. Hay fever?	M. Emphysema?	D. Sinus trouble?	N. Pleurisy?	E. A nasal polyp?	O. Tuberculosis?	F. A deflected or deviated nasal septum?	P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?	G. *Tonsillitis or enlargement of the tonsils or adenoids?	Q. 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FORM HIS-1 (1988) (10-13-87)

**J. HOSPITAL PAGE**

**HOSPITAL STAY 1**

1. Refer to C1, "HOSP." box.

1. PERSON NUMBER \_\_\_\_\_

2. You said earlier that --- was a patient in the hospital since (13-month hospital date) a year ago. On what date did --- enter the hospital ([the last time/the time before that])? Record each entry date in a separate Hospital Stay column.

Month	Date	Year
		19 ____

3. How many nights was --- in the hospital?

3. 0000  None (Next HS)  
\_\_\_\_\_ Nights

4. For what condition did --- enter the hospital?

- For delivery ask:  
Was this a normal delivery?  
If "No," ask:  
What was the matter?
- For newborn ask:  
Was the baby normal at birth?  
If "No," ask:  
What was the matter?
- For initial "No condition" ask:  
Why did --- enter the hospital?  
• For tests, ask:  
What were the results of the tests?  
If no results, ask:  
Why were the tests performed?

4. 1  Normal delivery } (5)  
2  Normal at birth }  
3  No condition }  
 Condition 2

**J1** Refer to questions 2, 3, and 2-week reference period.

**J1**  At least one night in 2-week reference period (Enter condition in C2, THEN 5)  
 No nights in 2-week reference period (5)

5a. Did --- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?

5a. 1  Yes 2  No (8)

b. What was the name of the surgery or operation?  
If name of operation not known, describe what was done.

b. (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

c. Was there any other surgery or operation during this stay?

c.  Yes (Reask 5b and c)  No

6. What is the name and address of this hospital?

6. Name \_\_\_\_\_  
Number and street \_\_\_\_\_  
City or County \_\_\_\_\_ State \_\_\_\_\_

FOOTNOTES

**CONDITION 1**

**PERSON NO.** \_\_\_\_\_

**1. Name of condition**

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

**2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?**

- |   |   |
|---|---|
| <input type="checkbox"/> Interview week (Reask 2)       | <input type="checkbox"/> 2 yrs., less than 5 yrs. |
| <input type="checkbox"/> 2-wk. ref. pd.                 | <input type="checkbox"/> 5 yrs. or more           |
| <input type="checkbox"/> Over 2 weeks, less than 6 mos. | <input type="checkbox"/> Dr. seen, DK when        |
| <input type="checkbox"/> 6 mos., less than 1 yr.        | <input type="checkbox"/> DK if Dr. seen } (3b)    |
| <input type="checkbox"/> 1 yr., less than 2 yrs.        | <input type="checkbox"/> Dr. never seen }         |

**3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?**

- Yes       No       DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

**b. What did he or she call it? \_\_\_\_\_**

(Specify)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Color Blindness (NC)                               | <input type="checkbox"/> Cancer (3a)  |
| <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5) | <input type="checkbox"/> Old age (NC) |
|   | <input type="checkbox"/> Other (3c)   |

**c. What was the cause of --- (condition in 3b)? (Specify) ↘**

Mark box if accident or injury.       Accident/injury (5)

**d. Did the (condition in 3b) result from an accident or injury?**

- Yes (5)       No

Ask 3e if the condition name in 3b includes any of the following words:

Allment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			Ulcer

**e. What kind of (condition in 3b) is it? \_\_\_\_\_**

(Specify)

Ask 3f only if allergy or stroke in 3b—e:

**f. How does the [allergy/stroke] NOW affect ---? (Specify) ↘**

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b—f:

Abcess	Damage	Palsy
Acha (except head or ear)	Growth	Paralysis
Bleeding (except menstrual)	Hemorrhage	Rupture
Blood clot	Infection	Sore(ness)
Boil	Inflammation	Stiff(ness)
Cancer	Neuralgia	Tumor
Cramps (except menstrual)	Neuritis	Ulcer
Cyst	Pain	Varicose veins
		Weak(ness)

**g. What part of the body is affected? \_\_\_\_\_**

(Specify)

Show the following detail:

- Head ..... skull, scalp, face  
 Back/spine/vertebrae ..... upper, middle, lower  
 Side ..... left or right  
 Ear ..... Inner or outer; left, right, or both  
 Eye ..... left, right, or both  
 Arm ..... shoulder, upper, elbow, lower or wrist; left, right, or both  
 Hand ..... entire hand or fingers only; left, right, or both  
 Leg ..... hip, upper, knee, lower, or ankle; left, right, or both  
 Foot ..... entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b—f:

- Infection      Sore      Soreness

**h. What part of the [part of body in 3b—g] is affected by the [infection/sore/soreness] — the skin, muscle, bone, or some other part?**

(Specify) \_\_\_\_\_

Ask if there are any of the following entries in 3b—f:

- Tumor      Cyst      Growth

**4. Is this [tumor/cyst/growth] malignant or benign?**

- Malignant       Benign       DK

- 5** a. When was --- (condition in 3b/3f) first noticed? \_\_\_\_\_  
 b. When did --- (name of injury in 3b)? \_\_\_\_\_

- 2-wk. ref. pd.  
 Over 2 weeks to 3 months  
 Over 3 months to 1 year  
 Over 1 year to 5 years  
 Over 5 years

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)

(Was it less than 3 months or more than 3 months ago?)

(Was it less than 1 year or more than 1 year ago?)

(Was it less than 5 years or more than 5 years ago?)

**K1**

Refer to RD and C2.

- 1  "Yes" in "RD" box AND more than 1 condition in C2 (6)  
 8  Other (K2)

6a. During the 2 weeks outlined in red on that calendar, did --- (condition) cause --- to cut down on the things --- usually does?  
 Yes  No (K2)

b. During that period, how many days did --- cut down for more than half of the day?  
 00  None (K2) \_\_\_\_\_ Days

7. During those 2 weeks, how many days did --- stay in bed for more than half of the day because of this condition?  
 00  None \_\_\_\_\_ Days

Ask if "Wa/Wb" box marked in C1:  
 8. During those 2 weeks, how many days did --- miss more than half of the day from --- job or business because of this condition?  
 00  None \_\_\_\_\_ Days

Ask if age 5-17:  
 9. During those 2 weeks, how many days did --- miss more than half of the day from school because of this condition?  
 00  None \_\_\_\_\_ Days

**K2**

- Condition has "CL LTR" in C2 as source (10)  
 Condition does not have "CL LTR" in C2 as source (K4)

10. About how many days since (12-month date) a year ago, has this condition kept --- in bed more than half of the day? (Include days while an overnight patient in a hospital.)  
 000  None \_\_\_\_\_ Days

11. Was --- ever hospitalized for --- (condition in 3b)?  
 1  Yes 2  No

**K3**

- Missing extremity or organ (K4)  
 Other (12)

12a. Does --- still have this condition?  
 1  Yes (K4)  No

b. Is this condition completely cured or is it under control?  
 2  Cured 8  Other (Specify) ---  
 3  Under control (K4) \_\_\_\_\_ (K4)

c. About how long did --- have this condition before it was cured?  
 000  Less than 1 month OR Number { 1  Months  
 2  Years

d. Was this condition present at any time during the past 12 months?  
 1  Yes 2  No

**K4**

- 0  Not an accident/injury (NC)  
 1  First accident/injury for this person (14)  
 8  Other (13)

13. Is this (condition in 3b) the result of the same accident you already told me about?

- Yes (Record condition page number where accident questions first completed.) → \_\_\_\_\_ (NC)  
 Page No.  
 No

14. Where did the accident happen?

- 1  At home (inside house)  
 2  At home (adjacent premises)  
 3  Street and highway (includes roadway and public sidewalk)  
 4  Farm  
 5  Industrial place (includes premises)  
 6  School (includes premises)  
 7  Place of recreation and sports, except at school  
 8  Other (Specify) 7

Mark box if under 18.  Under 18 (16)  
 15a. Was --- under 18 when the accident happened?  
 1  Yes (16)  No

b. Was --- in the Armed Forces when the accident happened?  
 2  Yes (16)  No

c. Was --- at work at --- job or business when the accident happened?  
 3  Yes 4  No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?  
 1  Yes 2  No (17)

b. Was more than one vehicle involved?  
 1  Yes 2  No

c. Was [it/either one] moving at the time?  
 1  Yes 2  No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q.5:  
 b. What part of the body is affected now? How is --- (part of body) affected? Is --- affected in any other way?

Part(s) of body *	Present effects **

\* Enter part of body in same detail as for 3g.

\*\* If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.



**L. DEMOGRAPHIC BACKGROUND PAGE**

<b>L1</b>	Refer to age.	<b>L1</b>	<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 5-17 (2) <input type="checkbox"/> 18 and over (1)								
<b>1a. Did --- EVER serve on active duty in the Armed Forces of the United States?</b>		<b>1a.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)									
<b>b. When did --- serve?</b> Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.		<b>b.</b> <table style="width:100%; border:none;"> <tr> <td>1 <input type="checkbox"/> VN</td> <td>5 <input type="checkbox"/> PVN</td> </tr> <tr> <td>2 <input type="checkbox"/> KW</td> <td>6 <input type="checkbox"/> OS</td> </tr> <tr> <td>3 <input type="checkbox"/> WWII</td> <td>7 <input type="checkbox"/> DK</td> </tr> <tr> <td>4 <input type="checkbox"/> WWI</td> <td></td> </tr> </table>		1 <input type="checkbox"/> VN	5 <input type="checkbox"/> PVN	2 <input type="checkbox"/> KW	6 <input type="checkbox"/> OS	3 <input type="checkbox"/> WWII	7 <input type="checkbox"/> DK	4 <input type="checkbox"/> WWI	
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4 <input type="checkbox"/> WWI											
Vietnam Era (Aug. '64 to April '75) ..... VN Korean War (June '50 to Jan. '55) ..... KW World War II (Sept. '40 to July '47) ..... WWII World War I (April '17 to Nov. '18) ..... WWI Post Vietnam (May '75 to present) ..... PVN Other Service (all other periods) ..... OS		<b>c.</b> <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) 7 <input type="checkbox"/> DK (2)									
<b>c. Was --- EVER an active member of a National Guard or military reserve unit?</b>		<b>d.</b> 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 9 <input type="checkbox"/> DK									
<b>d. Was ALL of --- active duty service related to National Guard or military reserve training?</b>											
<b>2a. What is the highest grade or year of regular school --- has ever attended?</b>		<b>2a.</b> 00 <input type="checkbox"/> Never attended or kindergarten (NP)									
		Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6 +									
<b>b. Did --- finish the (number in 2a) [grade/year]?</b>		<b>b.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No									
Hand Card R. Ask first alternative for first person; ask second alternative for other persons.											
<b>3a. What is the number of the group or groups which represents --- race?</b> What is --- race? Circle all that apply 1 - Aleut, Eskimo, or American Indian      4 - White 2 - Asian or Pacific Islander              5 - Another group not listed - Specify 3 - Black		<b>3a.</b> 1 2 3 4 5 <input checked="" type="checkbox"/>									
Ask if multiple entries: <b>b. Which of those groups; that is, (entries in 3a) would you say BEST represents --- race?</b>		<b>b.</b> 1 2 3 4 5 <input checked="" type="checkbox"/>									
<b>c. Mark observed race of respondent(s) only.</b>		<b>c.</b> 1 <input type="checkbox"/> W 2 <input type="checkbox"/> B 3 <input type="checkbox"/> O									
Hand Card O.											
<b>4a. Are any of those groups --- national origin or ancestry? (Where did --- ancestors come from?)</b>		<b>4a.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)									
<b>b. Please give me the number of the group.</b> Circle all that apply. 1 - Puerto Rican                              5 - Chicano 2 - Cuban    6 - Other Latin American 3 - Mexican/Mexicano                      7 - Other Spanish 4 - Mexican American		<b>b.</b> 1 2 3 4 5 6 7									

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

<b>L2</b>	Refer to "Age" and "Wa/Wb" boxes in C1.	<b>L2</b> <input type="checkbox"/> Under 18 (NP) <input type="checkbox"/> Wa box marked (6a) <input type="checkbox"/> Wb box marked (5a) <input type="checkbox"/> Neither box marked (5b)
<b>5a.</b>	Earlier you said that --- has a job or business but did not work last week or the week before. Was --- looking for work or on layoff from a job during those 2 weeks?	<b>5a.</b> <input type="checkbox"/> Yes (5c) <input type="checkbox"/> No (6b)
<b>b.</b>	Earlier you said that --- didn't have a job or business last week or the week before. Was --- looking for work or on layoff from a job during those 2 weeks?	<b>b.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (NP)
<b>c.</b>	Which, looking for work or on layoff from a job?	<b>c.</b> <input type="checkbox"/> Looking (6c) <input type="checkbox"/> Both (6b) <input type="checkbox"/> Layoff (6b)
<b>6a.</b>	Earlier you said that --- worked last week or the week before. Ask 6b.	
<b>b.</b>	For whom did --- work? Enter name of company, business, organization, or other employer.	<b>6b. and c.</b> Employer <input type="checkbox"/> NEV (8g) <input type="checkbox"/> AF (8e)
<b>c.</b>	For whom did --- work at --- last full-time job or business lasting 2 consecutive weeks or more? Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person's column.	<b>d.</b> Industry
<b>d.</b>	What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.	<b>e.</b> Occupation <input type="checkbox"/> AF (NP)
<b>e.</b>	What kind of work was --- doing? For example, electrical engineer, stock clerk, typist, farmer.	<b>f.</b> Duties
<b>f.</b>	What were --- most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.	<b>g.</b> Class of worker <input type="checkbox"/> P <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> WP <input type="checkbox"/> L <input type="checkbox"/> NEV
<b>g.</b>	<p>Complete from entries in 6b-f. If not clear, ask:</p> <p>Was ---  An employee of a PRIVATE company, business or individual for wages, salary, or commission ..... P  A FEDERAL government employee? ..... F  A STATE government employee? ..... S  A LOCAL government employee? ..... L</p> <p>Self-employed in OWN business, professional practice, or farm?  Ask: Is the business incorporated?  Yes ..... I  No ..... SE</p> <p>Working WITHOUT PAY in family business or farm? ..... WP  --- NEVER WORKED or never worked at a full-time job lasting 2 weeks or more ..... NEV</p>	

FOOTNOTES

**L.DEMOGRAPHIC BACKGROUND PAGE, Continued**

Mark box if under 14. If "Married" refer to household composition and mark accordingly.  
**7. Is — now married, widowed, divorced, separated, or has — never been married?**

- 7.**
- 0  Under 14
  - 1  Married — spouse in HH
  - 2  Married — spouse not in HH
  - 3  Widowed
  - 4  Divorced
  - 5  Separated
  - 6  Never married

**8a. Was the total combined FAMILY income during the past 12 months — that is, yours, (read names, including Armed Forces members living at home) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.**

*Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.*

*Read parenthetical phrase if Armed Forces member living at home or if necessary.*

**b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (read names, including Armed Forces members living at home))? Include wages, salaries, and other items we just talked about.**

*Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.*

- 8a.**
- 1  \$20,000 or more (Hand Card I)
  - 2  Less than \$20,000 (Hand Card J)

- b.**
- |                               |                               |                                |
|-------------------------------|-------------------------------|--------------------------------|
| 00 <input type="checkbox"/> A | 10 <input type="checkbox"/> K | 20 <input type="checkbox"/> U  |
| 01 <input type="checkbox"/> B | 11 <input type="checkbox"/> L | 21 <input type="checkbox"/> V  |
| 02 <input type="checkbox"/> C | 12 <input type="checkbox"/> M | 22 <input type="checkbox"/> W  |
| 03 <input type="checkbox"/> D | 13 <input type="checkbox"/> N | 23 <input type="checkbox"/> X  |
| 04 <input type="checkbox"/> E | 14 <input type="checkbox"/> O | 24 <input type="checkbox"/> Y  |
| 05 <input type="checkbox"/> F | 15 <input type="checkbox"/> P | 25 <input type="checkbox"/> Z  |
| 06 <input type="checkbox"/> G | 16 <input type="checkbox"/> Q | 26 <input type="checkbox"/> ZZ |
| 07 <input type="checkbox"/> H | 17 <input type="checkbox"/> R |                                |
| 08 <input type="checkbox"/> I | 18 <input type="checkbox"/> S |                                |
| 09 <input type="checkbox"/> J | 19 <input type="checkbox"/> T |                                |

**R**

**a. Mark first appropriate box.**

**b. Enter person number of respondent.**

- Ra.**
- 0  Under 17
  - 1  Present for all questions
  - 2  Present for some questions
  - 3  Not present

**b.** \_\_\_\_\_  
Person number(s) of respondent(s)

**L3**

Enter person number of first parent listed or mark box.

**L3**

\_\_\_\_\_  
Person number of parent  
00  None in household

**L4**

Enter person number of spouse or mark box.

**L4**

\_\_\_\_\_  
Person number of spouse  
00  None in household

FOOTNOTES

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

		RT81 3-4										
<b>L5</b>	Refer to age. Complete a separate column for each nondeleted person aged 18 and over.	<b>L5</b> PERSON NUMBER _____										
<p><i>Read to respondent(s):</i> In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.</p>												
<b>L6</b>	Enter date of birth from question 3 on Household Composition page.	<b>L6</b> Date of birth _____ <b>5-11</b> <table border="1" style="width: 100%;"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> </tr> </table>	Month	Date	Year							
Month	Date	Year										
<p><b>9. In what State or country was -- born?</b></p> <p><i>Print the full name of the State or mark the appropriate box if the person was not born in the United States.</i></p>		<b>9.</b> 99 <input type="checkbox"/> DK <b>12-13</b> _____ State 01 <input type="checkbox"/> Puerto Rico    05 <input type="checkbox"/> Cuba 02 <input type="checkbox"/> Virgin Islands    06 <input type="checkbox"/> Mexico 03 <input type="checkbox"/> Guam    99 <input type="checkbox"/> All other countries 04 <input type="checkbox"/> Canada										
<b>L7</b>	Print full name, including middle initial, from question 1 on Household Composition page.	<b>L7</b> Last _____ <b>14-33</b> First _____ <b>34-48</b> Middle initial _____ <b>49</b>										
<p><i>Verify for males; ask for females.</i></p> <p><b>10. What is -- father's LAST name?</b></p> <p><i>Verify spelling. DO NOT write "Same."</i></p>		<b>10.</b> Father's LAST name _____ <b>50-69</b>										
<p><i>Read to respondent(s):</i> We also need -- Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on -- benefits and no information will be given to any other government or nongovernment agency.</p> <p><i>Read if necessary:</i> The Public Health Service Act is title 42, United States Code, section 242k.</p>		<b>11.</b> 99999999 <input type="checkbox"/> DK <b>70-78</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> Social Security Number										
<p><b>11. What is -- Social Security Number?</b></p>		Mark if number obtained from → 1 <input type="checkbox"/> Memory <b>79</b> 2 <input type="checkbox"/> Records										
<b>L8</b>	Mark box to indicate how Social Security number was or was not obtained.	<b>L8</b> 1 <input type="checkbox"/> Self-personal <b>80</b> 2 <input type="checkbox"/> Self-telephone 3 <input type="checkbox"/> Proxy-personal 4 <input type="checkbox"/> Proxy-telephone										
FOOTNOTES												

### L. DEMOGRAPHIC BACKGROUND PAGE, Continued

*Read to Hhld. respondent:* The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 12-15.

<b>12. Contact Person name</b>		3-4	25-39	40		<b>14. Area code/telephone number</b>	RT62 97-106	
Last	First	Middle initial			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> None             <input type="checkbox"/> Refused             <input type="checkbox"/> DK         </div>		107	
<b>13a. Address (Number and street)</b>					41-65			
<b>b. City</b>	State	ZIP Code			<b>15. Relationship to household respondent</b>			108-109
66-85		86-87	88-96					

FOOTNOTES

E-100 (12-1-81) (REV. 1-78)

<b>E</b>	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit →	If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property →	<b>LISTING SHEET</b>			
			Sheet number	Line number		
<b>TABLE X — LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS</b>						
<b>ADDRESS OF ADDITIONAL LIVING QUARTERS</b>	<b>LOCATION OF UNIT</b>	<b>SEPARATENESS AND FACILITIES</b>		<b>CLASSIFICATION</b>	<b>AREA AND BLOCK SEGMENTS</b>	<b>PERMIT SEGMENTS</b>
If already listed, fill sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description of location.	<b>Is this a unit in a special place?</b>	<b>Do the occupants (or intended occupants) of (address in col. (1)) live and eat separately from all other persons on the property?</b>	<b>Does (address in col. (1)) have direct access from the outside or through a common hall?</b>	<b>N</b> — Not a separate unit. Include on this questionnaire.  <b>HU</b> <b>OT</b> — Separate unit — Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions.	<b>Is this unit within the segment boundaries?</b>	<b>Is this unit within the same structure as the original sample unit?</b>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to col. (5) and mark according to Table A in Part C of manual  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to col. (5) and mark N	<input type="checkbox"/> Yes — Mark HU in col. (5) <input type="checkbox"/> No — Mark N in col. (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT — Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit  <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample.  <input type="checkbox"/> No — Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to col. (5) and mark according to Table A in Part C of manual  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to col. (5) and mark N	<input type="checkbox"/> Yes — Mark HU in col. (5) <input type="checkbox"/> No — Mark N in col. (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT — Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit  <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample.  <input type="checkbox"/> No — Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to col. (5) and mark according to Table A in Part C of manual  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to col. (5) and mark N	<input type="checkbox"/> Yes — Mark HU in col. (5) <input type="checkbox"/> No — Mark N in col. (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT — Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit  <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample.  <input type="checkbox"/> No — Do not interview
<b>NOTE: Be sure to continue interview for original unit after completing Table X for all lines.</b>						
<b>FOOTNOTES</b>						

E-100 (12-1-81) (REV. 1-78)

FORM HIS-1A (1988)  
(4-5-88)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW  
SURVEY  
SUPPLEMENT BOOKLET**

**NOTICE** — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1.	RT 67 3-7 8	2. R.O. Number	9-10	3. Sample	11-13
Book _____ of _____ books					
4. Control number	PSU	14-16	Segmer.	17-23	Serial
				24-25	5. Beginning time
				26-29	30
				1 a.m.	
				2 p.m.	

**CHILD AND ADULT SAMPLE SELECTION**

6. Are there any nondeleted children 0-17 years old in this family?	31	7. Are there any nondeleted persons 18+ years old in this family?	32
1 <input type="checkbox"/> Yes (List by age (oldest to youngest) in Table A, THEN 7) 2 <input type="checkbox"/> No (7)		1 <input type="checkbox"/> Yes (List by age (oldest to youngest) in Table B) 2 <input type="checkbox"/> No	

8. TABLE A (0-17 year olds)					TABLE B (18+)				
Line No.	Person No.	Name	Sex	Age	Line No.	Person No.	Name	Sex	Age
33	34-35		36	37-39	40	41-42		43	44-45
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	

Refer to the appropriate sections of the sample person selection label and circle as applicable. THEN circle Person No. in TABLE A and/or TABLE B and mark the "SP" box(es) on the HIS-1 for the selected sample person(s). THEN go to Section M.

**9. FINAL STATUS OF SUPPLEMENT**

<p>a. Section M (page 2) (Medical Device Implant) <span style="float: right;">46</span></p> <p>Interview</p> <p>0 <input type="checkbox"/> No Medical Device Implants</p> <p>1 <input type="checkbox"/> Complete interview (all persons with MDIs interviewed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all persons with MDIs interviewed) (Explain in notes)</p> <p>3 <input type="checkbox"/> Partial interview (Persons with MDIs not interviewed) (Explain in notes)</p> <p>Noninterview</p> <p>4 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>	<p>b. Section N (page 42) (Occupational Health) <span style="float: right;">47</span></p> <p>0 <input type="checkbox"/> No person 18+ in this family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview (all appropriate sections completed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all appropriate sections completed) (Explain in notes)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> SP temporarily absent</p> <p>5 <input type="checkbox"/> SP mentally or physically incapable</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>	<p>c. Section O (page 68) (Alcohol) <span style="float: right;">48</span></p> <p>0 <input type="checkbox"/> No person 18+ in this family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview (all appropriate sections and HIS-2/HIS-3 completed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all appropriate sections or HIS-2/HIS-3 completed) (Explain in notes)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> SP temporarily absent</p> <p>5 <input type="checkbox"/> SP mentally or physically incapable</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>	<p>d. Section P (page 66) (Child Health) <span style="float: right;">49</span></p> <p>0 <input type="checkbox"/> No child 0-17 in this family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview (all appropriate sections completed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all appropriate sections completed) (Explain in notes)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> Eligible Resp. TA</p> <p>5 <input type="checkbox"/> No eligible resp. in HHld.</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>
---	--	---	--

10. Ending time	50-53	54	11. Interviewer identification	Name	Code	55-56
		1 a.m.				
		2 p.m.				

Notes

Section M — MEDICAL DEVICE

Section M1 — MEDICAL DEVICE IMPLANT SCREENING

<b>CHECK ITEM 1</b>	Enter person number of respondent.	Respondent Person Number
<p>These next questions are about medical devices that are <b>SURGICALLY</b> implanted in the body to help the body function or treat an illness or injury.</p> <p><b>1a. Does anyone in the family NOW have an artificial joint, such as an artificial hip, knee or finger joint?</b></p>		<p>3-4</p> <p>5</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK</p>
<p><b>b. Who is this?</b></p>		<p>Record name and person number in table MDI. Mark "JOINT" box.</p>
<p><b>c. Anyone else?</b></p>		<p><input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No</p>
<p><b>2a. Does anyone in the family NOW have any implants, such as pins, screws, nails, wires, rods or plates that have been surgically inserted in the body?</b></p>		<p>6</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK</p>
<p><b>b. Who is this?</b></p>		<p>Record name and person number in table MDI. Mark "FIX" box.</p>
<p><b>c. Anyone else?</b></p>		<p><input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No</p>
<p><b>3a. Does anyone in the family NOW have an artificial heart valve?</b></p>		<p>7</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK</p>
<p><b>b. Who is this?</b></p>		<p>Record name and person number in table MDI. Mark "HV" box.</p>
<p><b>c. Anyone else?</b></p>		<p><input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No</p>
<p><b>4a. Sometimes the lenses of the eyes can be replaced with artificial ones called intraocular lenses, which are sewn into place during surgery. Does anyone in the family NOW have a lens implant? Do not include corneal transplants.</b></p>		<p>8</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK</p>
<p><b>b. Who is this?</b></p>		<p>Record name and person number in table MDI. Mark "IL" box.</p>
<p><b>c. Anyone else?</b></p>		<p><input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>
<p><b>5a. Silicone implants are used to reconstruct parts of the body, such as breasts, ears, a chin, or a nose. Does anyone in the family NOW have a silicone implant? Do not include silicone injections.</b></p>		<p>9</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK</p>
<p><b>b. Who is this?</b></p>		<p>Record name and person number in table MDI. Enter SILICONE IMPLANT in "Other" column.</p>
<p><b>c. Anyone else?</b></p>		<p><input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>
<p><b>6a. Does anyone in the family NOW have a pacemaker?</b></p>		<p>10</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK</p>
<p><b>b. Who is this?</b></p>		<p>Record name and person number in table MDI. Mark "PACE" box.</p>
<p><b>c. Anyone else?</b></p>		<p><input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No</p>

Notes



**Section M1 -- MEDICAL DEVICE IMPLANT SCREENING -- Continued**

<p><b>7a. Ear vent tubes are often implanted in the eardrums of children and adults who get frequent ear infections.</b> Does anyone in the family NOW have ear vent tubes?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }</p>	11
<p><b>b. Who is this?</b></p>	<p>Record name and person number in table MDI. Enter EAR VENT TUBES in "Other" column.</p>	
<p><b>c. Anyone else?</b></p>	<p><input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p>	
<p><b>8a. Infusion pumps are implants that pump medication such as insulin or chemotherapy into the body.</b> Does anyone in the family NOW have an infusion pump?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }</p>	12
<p><b>b. Who is this?</b></p>	<p>Record name and person number in table MDI. Enter INFUSION PUMP in "Other" column.</p>	
<p><b>c. Anyone else?</b></p>	<p><input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No</p>	
<p><b>9a. Does anyone in the family NOW have a shunt that drains fluid away from the brain or spinal column?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }</p>	13
<p><b>b. Who is this?</b></p>	<p>Record name and person number in table MDI. Enter SHUNT in "Other" column.</p>	
<p><b>c. Anyone else?</b></p>	<p><input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No</p>	
<p><b>10a. Does anyone in the family NOW have any other type of shunt or catheter implanted in the body?</b></p> <p><i>Read if necessary: A shunt is a man-made tube through which blood or body fluid is diverted from its natural path.</i></p> <p><i>Read if necessary: A catheter is a flexible tube implanted in the body to remove or put in fluid.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK }</p>	14
<p><b>b. Who is this?</b></p>	<p>Record name and person number in table MDI. Enter SHUNT or CATHETER in "Other" column.</p>	
<p><b>c. Does anyone else have any other type of shunt or catheter implanted in the body?</b></p>	<p><input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No</p>	
<p><b>11a. Does anyone in the family NOW have any other kind of medical device that has been implanted in the body during SURGERY? Some examples are artificial arteries and veins, ligaments and dental implants.</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (Check Item 2) 9 <input type="checkbox"/> DK }</p>	15
<p><b>b. Who is this?</b></p>	<p>Record name and person number in table MDI.</p>	
<p><b>c. What kind of implant does -- have?</b></p>	<p>Enter type of implant in "Other" column.</p>	
<p><b>d. Does anyone else in the family have any other kind of medical device implanted in the body?</b></p>	<p><input type="checkbox"/> Yes (Reask 11b-d) <input type="checkbox"/> No (Check Item 2)</p>	
<p><b>CHECK ITEM 2</b></p>	<p>Mark appropriate box.</p>	16
<p>1 <input type="checkbox"/> One or more MDI's (Table MDI) 2 <input type="checkbox"/> No MDI's (Next Supplement)</p>		
<p>Notes</p>		

Section M1 - MEDICAL DEVICE IMPLANT SCREENING - Continued

TABLE MDI

Complete the appropriate Medical Device Sections for each person and each device entered below.

Name (a)	Person number (b)	JOINT (pg. 6) (c)	FIX (pg. 12) (d)	HV (pg. 18) (e)	IL (pg. 24) (f)	PACE (pg. 30) (g)	OTHER (pg. 36) (h)
	3-4	5 1 <input type="checkbox"/>	6 2 <input type="checkbox"/>	7 3 <input type="checkbox"/>	8 4 <input type="checkbox"/>	9 5 <input type="checkbox"/>	10-11 1. _____ 12-13 2. _____ 14-15 3. _____
	16-17	18 1 <input type="checkbox"/>	19 2 <input type="checkbox"/>	20 3 <input type="checkbox"/>	21 4 <input type="checkbox"/>	22 5 <input type="checkbox"/>	23-24 1. _____ 25-26 2. _____ 27-28 3. _____
	29-30	31 1 <input type="checkbox"/>	32 2 <input type="checkbox"/>	33 3 <input type="checkbox"/>	34 4 <input type="checkbox"/>	35 5 <input type="checkbox"/>	36-37 1. _____ 38-39 2. _____ 40-41 3. _____
	42-43	44 1 <input type="checkbox"/>	45 2 <input type="checkbox"/>	46 3 <input type="checkbox"/>	47 4 <input type="checkbox"/>	48 5 <input type="checkbox"/>	49-50 1. _____ 51-52 2. _____ 53-54 3. _____
	56-56	57 1 <input type="checkbox"/>	58 2 <input type="checkbox"/>	59 3 <input type="checkbox"/>	60 4 <input type="checkbox"/>	61 5 <input type="checkbox"/>	62-63 1. _____ 64-65 2. _____ 66-67 3. _____
	68-69	70 1 <input type="checkbox"/>	71 2 <input type="checkbox"/>	72 3 <input type="checkbox"/>	73 4 <input type="checkbox"/>	74 5 <input type="checkbox"/>	75-76 1. _____ 77-78 2. _____ 79-80 3. _____
	81-82	83 1 <input type="checkbox"/>	84 2 <input type="checkbox"/>	85 3 <input type="checkbox"/>	86 4 <input type="checkbox"/>	87 5 <input type="checkbox"/>	88-89 1. _____ 90-91 2. _____ 92-93 3. _____
	94-95	96 1 <input type="checkbox"/>	97 2 <input type="checkbox"/>	98 3 <input type="checkbox"/>	99 4 <input type="checkbox"/>	100 5 <input type="checkbox"/>	101-102 1. _____ 103-104 2. _____ 105-106 3. _____

Notes

Section M2 -- ARTIFICIAL JOINT PAGE

CHECK ITEM 3

Enter name and person number from Table MDI.

Name \_\_\_\_\_

Person No. \_\_\_\_\_

These next questions are about your artificial joints.

1 a. What (other) kind of artificial joint(s) do you have?

Ask for each entry in 1a.

b. How many artificial (entry in 1a) do you have?

c. Do you have any other artificial joints?

1a. Joint	7-8	1b. Number	9-10
(1)	11-12		13-14
(2)	16-16		17-18
(3)	19-20		21-22
(4)			

Yes (Reask 1a-c)  No

CHECK ITEM 4

Enter each joint in a separate column as well as name and person number in CHECK ITEM 3. Treat multiple finger joints as a single joint.

Joint \_\_\_\_\_

These next questions refer to the [artificial (entry in CHECK ITEM 4) /FIRST finger joint that was implanted.]

2. Was the joint actually replaced with an artificial (entry in CHECK ITEM 4), or was something else implanted, such as a pin or a plate?

Ask if finger joint; otherwise, skip to 4a.

3. Is the artificial finger joint you have NOW made out of silicone or some other material?

4a. Is the artificial (entry in CHECK ITEM 4) you have now a replacement for a previous artificial (entry in CHECK ITEM 4)?

b. How many times has this artificial (entry in CHECK ITEM 4) been replaced?

c. Why did you have the artificial (entry in CHECK ITEM 4) replaced (the LAST time)?

Mark first three mentioned.

Ask for each entry in 4c except "Normal growth"

d. How long after that joint was implanted was this (entry in 4c) first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

e. How long did you have the artificial (entry in CHECK ITEM 4) before it was replaced with the one you have now?

f. In what month and year did you get it?

1  Replaced (3)  
 8  Something else -- (Mark "FIX" box of Table MDI, then go to next column or next device.)

1  Silicone  
 8  Other  
 9  DK

1  Yes  
 2  No (5)

\_\_\_\_\_ Times

00  Normal growth  
 01  Defect or malfunction  
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

02  Loosening  
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

03  Infection  
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

04  Pain  
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

88  Some other reason -- Specify \_\_\_\_\_  
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

97  Less than 6 months  
 98  6-11 months  
 \_\_\_\_\_ Years

\_\_\_\_\_/19\_\_\_\_\_  
 Month Year  
 0000  Before 1968  
 8888  1968 or later

Section M2 — ARTIFICIAL JOINT PAGE — Continued

<p><b>5a. How long have you had the artificial (entry in CHECK ITEM 4) you have NOW?</b></p>	<p>97 <input type="checkbox"/> Less than 6 months  98 <input type="checkbox"/> 6-11 months  _____ Years</p>	53-54
<p><b>b. In what month and year did you get this one?</b></p>	<p>_____/ 19 ____  Month Year  0000 <input type="checkbox"/> Before 1968  8888 <input type="checkbox"/> 1968 or later</p>	55-58
<p><b>6. Since you received the artificial (entry in CHECK ITEM 4) you have NOW, would you say your mobility in that joint is improved, about the same, or worse than it was before this (last) implant?</b></p>	<p>1 <input type="checkbox"/> Improved  2 <input type="checkbox"/> Same  3 <input type="checkbox"/> Worse</p>	59
<p>Please tell me if you have had any of the following problems or complications with or as a result of the artificial (entry in CHECK ITEM 4) you have NOW.</p>		
<p><b>7a. Have you had any blood clots?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } (7c)  9 <input type="checkbox"/> DK }</p>	60
<p><b>b. How long had you had the artificial (entry in CHECK ITEM 4) when the blood clots were first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p>	61
<p><b>c. Have you had an infection (as a result of the (entry in CHECK ITEM 4) you have NOW)?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } (7e)  9 <input type="checkbox"/> DK }</p>	62
<p><b>d. How long had you had the artificial (entry in CHECK ITEM 4) when the infection was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p>	63
<p><b>e. Has the artificial (entry in CHECK ITEM 4) loosened?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } (7g)  9 <input type="checkbox"/> DK }</p>	64
<p><b>f. How long had you had the artificial (entry in CHECK ITEM 4) when the loosening was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p>	65
<p><b>g. Have you had increased pain over time (with the (entry in CHECK ITEM 4) you have NOW)?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } (7i)  9 <input type="checkbox"/> DK }</p>	66
<p><b>h. How long had you had the artificial (entry in CHECK ITEM 4) when the increased pain was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p>	67
<p><b>i. Have you had any defects with the artificial (entry in CHECK ITEM 4) you have NOW or has it failed to operate properly?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } (7k)  9 <input type="checkbox"/> DK }</p>	68
<p><b>j. How long had you had the artificial (entry in CHECK ITEM 4) when the defect or failure was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p>	68
<p><b>k. Have you had any other problems or complications with or as a result of the artificial (entry in CHECK ITEM 4) you have NOW?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No (8)</p>	70
<p><b>l. What were they?</b>  Record first three mentioned.</p>	<p>O1 _____  1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p>	71-72
<p>Ask for each entry in 71</p>	<p>O2 _____</p>	73 74-75
<p><b>m. How long had you had the artificial (entry in CHECK ITEM 4) when the (entry in 71 ) was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p>	76 77-78
<p></p>	<p>O3 _____  1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p>	76 77-78

Section M2 -- ARTIFICIAL JOINT PAGE -- Continued

8. Why did you need to get an artificial (entry in CHECK ITEM 4) in the first place?

Mark all mentioned

- 01  Osteoarthritis
- 02  Rheumatoid arthritis
- 03  Arthritis, unspecified
- 04  Injury
- 05  Pain
- 88  Some other reason -- Specify

80-81  
82-83  
84-85  
86-87  
88-89  
90-91

**CHECK  
ITEM 5**

Mark appropriate respondent box and enter relationship to MDI person if proxy.

- 1  Self--personal
- 2  Self--telephone
- 3  Proxy --personal } Relationship
- 4  Proxy -- telephone }

92

Go to next column or next device

93-94

Notes

Section M3 — FIXATION DEVICE (FIX) PAGE

**CHECK ITEM 6**

Enter name and person number from Table MDI.

Name \_\_\_\_\_

3-4  
5-6

Person No. \_\_\_\_\_

7-8

These next questions are about implants such as pins, screws, nails, wires, rods or plates.

1 a. In what part of the body is your implant located?

- 1. \_\_\_\_\_ 9-10
- 2. \_\_\_\_\_ 11-12
- 3. \_\_\_\_\_ 13-14
- 4. \_\_\_\_\_ 15-16
- 5. \_\_\_\_\_

b. Do you have any implants anywhere else?

- Yes (Reask 1a and b)
- No

17-18

**CHECK ITEM 7**

Enter each body part in a separate column, as well as name and person number in CHECK ITEM 6.

\_\_\_\_\_ Body part

2 a. Have you ever had surgery to replace or repair the implant in your (entry in CHECK ITEM 7)?

- 1  Yes
- 2  No (3)

19

b. How many times have you had surgery to replace or repair the implant in your (entry in CHECK ITEM 7)?

\_\_\_\_\_ Times

20-21

c. Why did you have to have surgery to replace or repair the implant in your (entry in CHECK ITEM 7) (the last time)?

- 00  Normal growth
- 01  Breakage or defect
  - 1  Less than 30 days
  - 2  30-90 days
  - 3  More than 90 days

22-23

24-25

26

27-28

- 02  Healing problem
  - 1  Less than 30 days
  - 2  30-90 days
  - 3  More than 90 days

29

30-31

- 03  Infection
  - 1  Less than 30 days
  - 2  30-90 days
  - 3  More than 90 days

32

33-34

- 04  Pain or irritation
  - 1  Less than 30 days
  - 2  30-90 days
  - 3  More than 90 days

35

36-37

- 05  Loosening
  - 1  Less than 30 days
  - 2  30-90 days
  - 3  More than 90 days

38

39-40

06  Some other reason — Specify \_\_\_\_\_

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

41

3 a. How long has it been since the [surgery for/last surgery on] the implant in your (entry in CHECK ITEM 7)?

- 07  Less than 6 months
- 08  6-11 months
- \_\_\_\_\_ Years

42-43

b. In what month and year did you have the (last) surgery?

\_\_\_\_\_/19\_\_\_\_\_  
Month Year

44-47

- 0000  Before 1968
- 8888  1968 or later

Section M3 — FIXATION DEVICE (FIX) PAGE — Continued

Since the [surgery for/last surgery on] the implant in your (entry in CHECK ITEM 7) have you had any of the following problems or complications?

4a. Have you had an Infection?

- 1  Yes
- 2  No
- 9  DK } (4c)

48

b. How long after the (last) surgery was the infection first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

49

c. Have you had any healing problems (since the (last) surgery)?

- 1  Yes
- 2  No
- 9  DK } (4e)

50

d. How long after the (last) surgery was the healing problem first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

51

e. Other than discomfort generally associated with surgery and healing, have you had any other pain (since the (last) surgery)?

- 1  Yes
- 2  No
- 9  DK } (4g)

52

f. How long after the (last) surgery was the pain noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

53

g. Has the Implant loosened (since the (last) surgery) ?

- 1  Yes
- 2  No
- 9  DK } (4i)

54

h. How long after the surgery was this loosening first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

55

i. Have any other problems occurred with the implant since the (last) surgery, such as a part breaking or wearing out?

- 1  Yes
- 2  No
- 9  DK } (4k)

56

j. How long after the surgery was this problem first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

57

k. Have you had any other problems or complications since the (last) surgery?

- 1  Yes
- 2  No
- 9  DK } (5)

58

l. What were they?

Record first three mentioned.

01 \_\_\_\_\_

Ask for each entry in 4l :

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

59-60

m. How long after the (last) surgery was the (entry in 4l) first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

02 \_\_\_\_\_

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

61

62-63

03 \_\_\_\_\_

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

64

65-66

67

Section M3 — FIXATION DEVICE (FIX) PAGE — Continued

5a. Why did you need to get the implant in your (entry in CHECK ITEM 7) in the first place?

Mark all mentioned

- 01  Injury
- 02  Deformity
- 03  Infection
- 04  Cancer
- 88  Other — Specify

68-69  
70-71  
72-73  
74-75  
76-77

Mark first box or ask:

b. How long ago did you get the first implant in your (entry in CHECK ITEM 7)?

- 00  "No" in 2a page 12 (CHECK ITEM 8)
- 97  Less than 6 months
- 98  6-11 months
- \_\_\_\_\_ Years

78-79

c. In what month and year did you get it?

\_\_\_\_\_/ 19\_\_\_\_\_  
Month                      Year

0000  Before 1968  
9898  1968 or later

80-83

CHECK ITEM 8

Mark appropriate respondent box and enter relationship to MDI person if proxy.

- 1  Self—personal
  - 2  Self—telephone
  - 3  Proxy —personal
  - 4  Proxy — telephone } Relationship
- Go to next column or next device

84

85-88

Notes



**Section M4 — HEART VALVE (HV) PAGE**

<b>CHECK ITEM 9</b>	Enter name and person number from Table MDI.	Name _____	3-4 5-6
		Person No. _____	
<b>These next questions are about your artificial heart valve.</b>			7
<b>1a. How many artificial heart valves do you NOW have?</b>		_____ Number	
There are four different heart valves — the mitral valve, the aortic valve, the tricuspid valve, and the pulmonic valve.		1 <input type="checkbox"/> Mitral	8
		2 <input type="checkbox"/> Aortic	9
		3 <input type="checkbox"/> Tricuspid	10
		4 <input type="checkbox"/> Pulmonic	11
		9 <input type="checkbox"/> DK	12
<b>b. Which of these did you have replaced with (an) artificial valve(s)?</b>	Mark all that apply.		13
<b>CHECK ITEM 10</b>	Enter each heart valve in a separate column, as well as name and person number in CHECK ITEM 9.	_____ Valve	
<b>2a. Is the artificial (entry in CHECK ITEM 10) heart valve you have now a replacement for a previous artificial valve?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (3)	14
<b>b. How many times has this artificial valve been replaced?</b>		_____ Times	15-16
<b>c. Why did you have the artificial (entry in CHECK ITEM 10) heart valve replaced (the last time)?</b>	Mark first three mentioned	00 <input type="checkbox"/> Normal growth	17-18
		01 <input type="checkbox"/> Blood clots	19-20
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	21
		02 <input type="checkbox"/> Infection	22-23
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	24
	Ask for each entry in 2c, except "Normal growth"	03 <input type="checkbox"/> Bleeding	25-26
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	27
		04 <input type="checkbox"/> Defect or malfunction	28-29
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	30
		88 <input type="checkbox"/> Some other reason — Specify _____	31-32
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	33
<b>e. How long did you have the artificial (entry in CHECK ITEM 10) heart valve before it was replaced with the one you have NOW?</b>		97 <input type="checkbox"/> Less than 6 months 98 <input type="checkbox"/> 6-11 months	34-35
		_____ Years	
<b>f. In what month and year did you get it?</b>		_____/19_____ Month Year	36-38
		0000 <input type="checkbox"/> Before 1968 9898 <input type="checkbox"/> 1968 or later	
<b>3a. How long have you had the artificial (entry in CHECK ITEM 10) heart valve you have NOW?</b>		97 <input type="checkbox"/> Less than 6 months 98 <input type="checkbox"/> 6-11 months	40-41
		_____ Years	
<b>b. In what month and year did you get this one?</b>		_____/19_____ Month Year	42-45
		0000 <input type="checkbox"/> Before 1968 9898 <input type="checkbox"/> 1968 or later	

Section M4 — HEART VALVE (HV) PAGE — Continued

<p>4. {Some artificial heart valves are made from substances such as metal or plastic. Others are made from animal or human tissue.} What is your artificial <u>(entry in CHECK ITEM 10)</u> heart valve made from?</p>	<p>1 <input type="checkbox"/> Manmade substance  2 <input type="checkbox"/> Animal tissue  3 <input type="checkbox"/> Human tissue  9 <input type="checkbox"/> DK</p> <p style="text-align: right;">46</p>
<p>5a. Did you get a registration card for this artificial heart valve?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK</p> <p style="text-align: right;">47</p>
<p>b. Do you know the name of the manufacturer?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (6)</p> <p style="text-align: right;">48</p>
<p>c. Who is the manufacturer?</p>	<p style="text-align: center;">_____  Manufacturer</p> <p style="text-align: right;">49-50</p>
<p>Please tell me if you have had any of the following problems or complications with or as a result of the artificial <u>(entry in CHECK ITEM 10)</u> heart valve you have NOW?</p>	
<p>6a. Have you had blood clots?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (6c)</p> <p style="text-align: right;">51</p>
<p>b. How long had you had the artificial valve when the blood clots were first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">52</p>
<p>c. Have you had an infection or endocarditis (as a result of the artificial <u>(entry in CHECK ITEM 10)</u> heart valve you have NOW)?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (6e)</p> <p style="text-align: right;">53</p>
<p>d. How long had you had the artificial valve when the infection or endocarditis was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">54</p>
<p>e. Did you have any bleeding problems related to the surgery (for the artificial <u>(entry in CHECK ITEM 10)</u> heart valve you have NOW)?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (6g)</p> <p style="text-align: right;">55</p>
<p>f. How long had you had the artificial valve when the problem with bleeding was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">56</p>
<p>g. Have you had any defects with the artificial valve or any reason to believe it is not working properly?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (6i)</p> <p style="text-align: right;">57</p>
<p>h. How long had you had the artificial valve when this defect or problem was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">58</p>
<p>i. Have you had any other problems or complications with or as a result of the artificial <u>(entry in CHECK ITEM 10)</u> heart valve you have NOW?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (7)</p> <p style="text-align: right;">59</p>
<p>j. What were they?   Record first three mentioned.   Ask for each entry in 6j:</p>	<p>01 _____  1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">60-61</p>
<p>k. How long had you had the artificial heart valve when the <u>(entry in 6j)</u> was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>02 _____  1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">62</p>
<p>03 _____  1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30-90 days  3 <input type="checkbox"/> More than 90 days</p>	<p style="text-align: right;">63-64</p> <p style="text-align: right;">65</p> <p style="text-align: right;">66-67</p> <p style="text-align: right;">68</p>

**Section M4 — HEART VALVE (HV) PAGE — Continued**

<p><i>Mark 7a—c or ask:</i></p> <p><b>7a. Anticoagulants are medications that help prevent blood clots. Do you take anticoagulants?</b></p>	<p>1 <input type="checkbox"/> Yes (7c) <span style="float: right;">89</span>                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>
<p><b>b. Do you take aspirin or any other medicine to help prevent blood clots?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } (8)                  9 <input type="checkbox"/> DK</p>
<p><b>c. How many days a week do you take them?</b></p>	<p>7 <input type="checkbox"/> Everyday <span style="float: right;">71</span>                  0 <input type="checkbox"/> Less than once a week                  _____ Days per week</p>
<p><b>8. Why did you need to get the artificial (entry in CHECK ITEM 10) heart valve in the first place?</b></p> <p><i>Mark all mentioned</i></p>	<p>1 <input type="checkbox"/> Congenital defect <span style="float: right;">72</span>                  2 <input type="checkbox"/> Rheumatic heart disease <span style="float: right;">73</span>                  3 <input type="checkbox"/> Heart attack or myocardial infarction <span style="float: right;">74</span>                  4 <input type="checkbox"/> Calcification <span style="float: right;">75</span>                  5 <input type="checkbox"/> Endocarditis <span style="float: right;">76</span>                  8 <input type="checkbox"/> Other — Specify <span style="float: right;">77</span></p>
<p><b>CHECK ITEM 11</b></p>	<p><i>Mark appropriate respondent box and enter relationship to MDI person if proxy.</i></p> <p>1 <input type="checkbox"/> Self—personal <span style="float: right;">78</span>                  2 <input type="checkbox"/> Self—telephone                  3 <input type="checkbox"/> Proxy — personal } _____ Relationship                  4 <input type="checkbox"/> Proxy — telephone }                  Go to next column or next device <span style="float: right;">79—80</span></p>

Notes

Section M5 -- INTRAOCULAR LENS (IL) PAGE

CHECK ITEM 12

Enter name and person number from Table MDI.

Name \_\_\_\_\_

Person No. \_\_\_\_\_

3-4  
5-6

These next questions are about your lens implant.

1. Do you now have a lens implant in your right eye, left eye, or both eyes?

- 1  Right eye
- 2  Left eye
- 3  Both eyes

7

CHECK ITEM 13

Enter each eye reported in a separate column, as well as name and person number in CHECK ITEM 12.

\_\_\_\_\_ Eye

8

2a. Is the lens implant you NOW have in your [right/left] eye a replacement for a previous lens implant in that eye?

- 1  Yes
- 2  No (3)

9

b. How many times has the lens implant in your [right/left] eye been replaced?

\_\_\_\_\_ Times

10-11

c. Why did you have the lens implant in your [right/left] eye replaced (the last time)?

00  Normal growth

12-13

01  Injury

14-15

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

16

02  Glaucoma after implant

17-18

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

19

03  Irritation or inflammation

20-21

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

22

04  Trouble reading

23-24

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

25

05  Infection

26-27

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

28

06  Movement or displacement of the lens

28-30

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

31

07  Wrong lens power

32-33

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

34

08  Problem due to corneal transplant

35-36

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

37

88  Some other reason - Specify \_\_\_\_\_

38-39

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

40

e. How long did you have the lens implant in your [right/left] eye before it was replaced with the one you have NOW?

- 97  Less than 6 months
- 98  6-11 months

41-42

\_\_\_\_\_ Years

f. In what month and year did you get it?

\_\_\_\_\_/19\_\_\_\_\_  
Month Year

43-46

- 0000  Before 1968
- 9999  1968 or later

Section M5 — INTRAOCULAR LENS (IL) PAGE — Continued

<p><b>3a. How long have you had the lens you NOW have in your [right/left] eye?</b></p>	<p>97 <input type="checkbox"/> Less than 6 months  98 <input type="checkbox"/> 6—11 months  _____ Years</p> <p style="text-align: right;">47-48</p>
<p><b>b. In what month and year did you get this one?</b></p>	<p>_____/ 19 ____  Month Year  0000 <input type="checkbox"/> Before 1968  8898 <input type="checkbox"/> 1968 or later</p> <p style="text-align: right;">49-52</p>
<p><b>4. Did your doctor tell you that the lens you NOW have in your [right/left] eye is an experimental lens?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK</p> <p style="text-align: right;">53</p>
<p><b>5. Does this lens have a substance in it that absorbs some types of light?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK</p> <p style="text-align: right;">54</p>
<p><b>6. Because of the lens implant in your [right/left] eye, did your doctor advise you to wear sunglasses when you are in bright light or sunlight?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK</p> <p style="text-align: right;">55</p>
<p>Please tell me if you have had any of the following problems or complications with or as a result of the lens you NOW have in your [right/left] eye?</p>	
<p><b>7a. Have you had an infection?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (7c)</p> <p style="text-align: right;">56</p>
<p><b>b. How long after your lens was implanted was the infection first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30—90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">57</p>
<p><b>c. Have you had any healing problems with the lens you NOW have in your [right/left] eye?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (7e)</p> <p style="text-align: right;">58</p>
<p><b>d. How long had you had the lens when the healing problem was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30—90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">59</p>
<p><b>e. Have you had pain, irritation, or inflammation of the inner eye since the [right/left] lens was implanted?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (7g)</p> <p style="text-align: right;">60</p>
<p><b>f. How long had you had the lens when the pain, irritation, or inflammation was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30—90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">61</p>
<p><b>g. Have you had glaucoma that started after this lens was implanted?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (7i)</p> <p style="text-align: right;">62</p>
<p><b>h. How long had you had the lens when the glaucoma was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30—90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">63</p>
<p><b>i. Have you had problems with clouding or blurred vision that started after this lens was implanted?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (7k)</p> <p style="text-align: right;">64</p>
<p><b>j. How long had you had the lens when the clouding or blurred vision was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30—90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">65</p>
<p><b>k. Have you had trouble reading newspaper print that started after this lens was implanted?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (7m)</p> <p style="text-align: right;">66</p>
<p><b>l. How long had you had the lens when this trouble was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days  2 <input type="checkbox"/> 30—90 days  3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">67</p>

Section M5 — INTRAOCULAR LENS (IL) PAGE — Continued

7m. Have you had problems with glare or light streaks that started after this lens was implanted?

- 1  Yes
- 2  No } (7o)
- 3  DK }

68

n. How long had you had the lens when the glare or light streaks were first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

69

o. Have you had problems due to wrong lens power (with the lens you NOW have in your [right/left] eye)?

- 1  Yes
- 2  No } (7q)
- 3  DK }

70

p. How long had you had the lens when the wrong lens power was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

71

q. Have you had any other problems or complications with or as a result of the lens you NOW have in your [right/left] eye?

- 1  Yes
- 2  No } (8)
- 3  DK }

72

r. What were they?

Record first three mentioned.

Ask for each entry in 7r.

01 \_\_\_\_\_

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

73-74

s. How long had you had the lens when the (entry in 7r) was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

02 \_\_\_\_\_

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

75  
76-77

03 \_\_\_\_\_

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

78  
79-80

Mark 8a—c or ask:

8a. Have you had problems with your eyes feeling tired when you wake up?

- 1  Yes
- 2  No } (9)
- 3  DK }

81  
82

b. Did this problem start after the lens was implanted?

- 1  Yes
- 2  No } (9)
- 3  DK }

83

c. How long had you had the lens when this trouble was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1  Less than 30 days
- 2  30—90 days
- 3  More than 90 days

84

9. Why did you need to get a lens implant in your [right/left] eye in the first place?

Mark all mentioned.

- 1  Cataract
- 2  Injury
- 3  Other — Specify \_\_\_\_\_

85  
86  
87

CHECK ITEM 14

Mark appropriate respondent box and enter relationship to MDI person if proxy.

- 1  Self-personal
- 2  Self-telephone
- 3  Proxy-personal
- 4  Proxy-telephone } Relationship \_\_\_\_\_

88

Go to next column or next device.

89-90

Section M6 — PACEMAKER PAGE

CHECK ITEM 15

Enter name and person number from Table MDI.

Name \_\_\_\_\_

3-4  
5-6

Person No. \_\_\_\_\_

These next questions are about your pacemaker.

1 a. Is the pacemaker you have NOW a replacement for a previous pacemaker?

- 1  Yes
- 2  No (2)

7

b. How many times has your pacemaker been replaced?

\_\_\_\_\_ Times

8-9

c. Why did you have the pacemaker replaced (the LAST time)?

Mark first three mentioned.

If "Mechanical failure/problem" probe: What kind of mechanical [failure/problem]?

Ask for each entry in 1c, except "Normal growth"

d. How long after that pacemaker was implanted was this (entry in 1c) first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

00  Normal growth

10-11

01  Battery failure

12-13

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

14

02  Lead failure (Lead)

15-16

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

17

03  Other mechanical failure

18-19

- Less than 30 days
- 30-90 days
- More than 90 days

20

04  Infection

21-22

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

23

05  Healing problem

24-25

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

26

06  Pain

27-28

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

29

88  Some other reason — Specify  $\nabla$

30-31

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

32

e. How was that pacemaker monitored — by telephone, at a doctor's office, at the hospital, or in some other way?

Mark all mentioned.

01  Not monitored

33-34

02  Telephone

35-36

03  Doctor's office

37-38

04  Hospital

39-40

88  Other — Specify  $\nabla$

41-42

f. How long did you have that pacemaker before it was replaced with the one you have NOW?

97  Less than 6 months

43-44

98  6-11 months

\_\_\_\_\_ Years

g. In what month and year did you get it?

\_\_\_\_\_/19\_\_\_\_\_  
Month Year

45-46

0000  Before 1968

9999  1968 or later

## Section M6 — PACEMAKER PAGE — Continued

<b>2a. How long have you had the pacemaker you have NOW?</b>	97 <input type="checkbox"/> Less than 6 months 98 <input type="checkbox"/> 6—11 months  _____ Years	49—50
<b>b. In what month and year did you get this one?</b>	_____ / 19____ Month                      Year 0000 <input type="checkbox"/> Before 1968 9999 <input type="checkbox"/> 1968 or later	51—54
<b>3. How is this pacemaker monitored — by telephone, at a doctor's office, at the hospital, or in some other way?</b>  <i>Mark all mentioned.</i>	01 <input type="checkbox"/> Not monitored 02 <input type="checkbox"/> Telephone 03 <input type="checkbox"/> Doctor's office 04 <input type="checkbox"/> Hospital 88 <input type="checkbox"/> Other — <i>Specify</i> _____	55—56 57—58 59—60 61—62 63—64
<b>4. Can the pacemaker you have NOW be programmed or adjusted without surgery?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	65
<b>Please tell me if you have had any of the following problems or complications with or as a result of the pacemaker you have NOW.</b>		
<b>5a. Have you had an Infection?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5c) 9 <input type="checkbox"/> DK }	66
<b>b. How long had you had your pacemaker when the infection was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	67
<b>c. Have you had any healing problems (with the pacemaker you have NOW)?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5e) 9 <input type="checkbox"/> DK }	68
<b>d. How long had you had your pacemaker when the healing problem was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	69
<b>e. Other than discomfort generally associated with surgery and healing, have you had any other pain with the pacemaker you have NOW?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5g) 9 <input type="checkbox"/> DK }	70
<b>f. How long had you had your pacemaker when pain was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	71
<b>g. Have you had any irregular heart beat with your pacemaker?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5i) 9 <input type="checkbox"/> DK }	72
<b>h. How long had you had your pacemaker when the irregular heart beat was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	73
<b>i. Have you had any mechanical problems (with the pacemaker you have NOW), such as battery failure or lead (lead) failure?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5j) 9 <input type="checkbox"/> DK }	74
<b>j. What kind of mechanical problem did it have?</b>  <i>Mark all mentioned.</i>  <i>Ask for each entry in 5j</i>	01 <input type="checkbox"/> Battery failure  1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	75—76   77
<b>k. How long had you had your pacemaker when the (entry in 5j) was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	02 <input type="checkbox"/> Lead failure  1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days  88 <input type="checkbox"/> Other mechanical problem — <i>Specify</i> _____  1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	78—79   80 81—82  83



Section M6 — PACEMAKER PAGE

51. Have you had any other problems or complications (with or as a result of the pacemaker you have NOW)?

- 1  Yes
- 2  No
- 3  DK } (Check Item 16)

84

m. What were they?

Record first three mentioned.

01 \_\_\_\_\_

85-86

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

87

Ask for each entry in 5m

02 \_\_\_\_\_

88-89

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

90

91-92

n. How long had you had the pacemaker when the (entry in 5m) was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

03 \_\_\_\_\_

- 1  Less than 30 days
- 2  30-90 days
- 3  More than 90 days

93

94

CHECK ITEM 16

Mark appropriate respondent box and enter relationship to MDI person if proxy.

- 1  Self-personal
- 2  Self-telephone
- 3  Proxy-personal
- 4  Proxy-telephone } Relationship

Go to next device in Table MDI.

95-98

Notes

Section M7 — OTHER DEVICE PAGE

<b>CHECK ITEM 17</b>	Enter name, person number and device from "OTHER" column of Table MDI.	Name _____ 3-4 _____ 5-6 Person No. _____ _____ 7-8 MDI
<b>CHECK ITEM 18</b>	Refer to "MDI" in Check Item 17.	1 <input type="checkbox"/> Infusion pump (1) 9 2 <input type="checkbox"/> Some other device (2)
These next questions are about your infusion pump. <b>1 a. Is the infusion pump for chemotherapy, insulin treatment, or something else?</b>		1 <input type="checkbox"/> Chemotherapy 10 2 <input type="checkbox"/> Insulin 3 <input type="checkbox"/> Other — Specify <input checked="" type="checkbox"/>
<b>b. Is the pump itself implanted inside your body, or is the pump worn on the outside?</b>		1 <input type="checkbox"/> Inside 11 2 <input type="checkbox"/> Outside
(These next questions are about your <u>entry in CHECK ITEM 17</u> .) <b>2a. In what part of the body is the (other) <u>entry in CHECK ITEM 17</u> located?</b>		1. _____ 12-14 2. _____ 15-17 3. _____ 18-20
<b>b. Do you have any other <u>entry in CHECK ITEM 17</u>?</b>		1 <input type="checkbox"/> Yes (Reask 2a and b) 21 2 <input type="checkbox"/> No
<b>CHECK ITEM 19</b>	Enter each body part in a separate column as well as name and person number and MDI type in Check Item 17.	_____ 22-24 Body part
<b>3a. Is the <u>entry in CHECK ITEM 17</u> in your <u>entry in CHECK ITEM 19</u> a replacement for a previous one?</b>		1 <input type="checkbox"/> Yes 25 2 <input type="checkbox"/> No (4)
<b>b. How many times has the <u>entry in CHECK ITEM 17</u> in your <u>entry in CHECK ITEM 19</u> been replaced?</b>		_____ Times 26-27
<b>c. Why did you have the <u>entry in Check Item 17/19</u> replaced (the LAST time)?</b> Mark first three mentioned.		00 <input type="checkbox"/> Normal growth 28-29 01 <input type="checkbox"/> Infection 30-31 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days 32 02 <input type="checkbox"/> Defect or malfunction 33-34 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days 35 03 <input type="checkbox"/> Healing problem 36-37 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days 38 04 <input type="checkbox"/> Pain 39-40 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days 41 05 <input type="checkbox"/> Blood clots 42-43 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days 44 06 <input type="checkbox"/> Bleeding 45-46 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days 47 07 <input type="checkbox"/> Injury 48-49 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days 50 88 <input type="checkbox"/> Some other reason — Specify <input checked="" type="checkbox"/> 51-52 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days 53
<b>d. How long had you had that <u>entry in CHECK ITEM 17</u> when the <u>entry in 3c</u> was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>		

Section M7 — OTHER DEVICE PAGE — Continued

<p><b>3e. How long did you have the (entry in CHECK ITEM 17/19) before it was replaced with the one you have NOW?</b></p>	<p>97 <input type="checkbox"/> Less than 6 months          98 <input type="checkbox"/> 6-11 months          _____ Years</p>	<p>54-55</p>
<p><b>f. In what month and year did you get it?</b></p>	<p>_____/19_____          Month Year          0000 <input type="checkbox"/> Before 1968          9898 <input type="checkbox"/> 1968 or later</p>	<p>56-59</p>
<p><b>4a. How long have you had the (entry in CHECK ITEM 17/19) you have NOW?</b></p>	<p>97 <input type="checkbox"/> Less than 6 months          98 <input type="checkbox"/> 6-11 months          _____ Years</p>	<p>60-61</p>
<p><b>b. In what month and year did you get this one?</b></p>	<p>_____/19_____          Month Year          0000 <input type="checkbox"/> Before 1968          9898 <input type="checkbox"/> 1968 or later</p>	<p>62-65</p>
<p><b>Please tell me if you have had any of the following problems or complications with or as a result of the (entry in CHECK ITEM 17) you NOW have in your (entry in CHECK ITEM 19)?</b></p>		<p>66</p>
<p><b>5a. Have you had an infection?</b></p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No } (5c)          9 <input type="checkbox"/> DK }</p>	
<p><b>b. How long had you had your (entry in CHECK ITEM 17/19) when the infection was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days          2 <input type="checkbox"/> 30-90 days          3 <input type="checkbox"/> More than 90 days</p>	<p>67</p>
<p><b>c. Have you had any healing problems (with the (entry in CHECK ITEM 17/19) you have NOW)?</b></p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No } (5e)          9 <input type="checkbox"/> DK }</p>	<p>68</p>
<p><b>d. How long had you had your (entry in CHECK ITEM 17/19) when the healing problem was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days          2 <input type="checkbox"/> 30-90 days          3 <input type="checkbox"/> More than 90 days</p>	<p>69</p>
<p><b>e. Other than discomfort generally associated with surgery and healing, have you had any other pain (with the (entry in CHECK ITEM 17/19) you have NOW)?</b></p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No } (5g)          9 <input type="checkbox"/> DK }</p>	<p>70</p>
<p><b>f. How long had you had your (entry in CHECK ITEM 17/19) when the pain was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days          2 <input type="checkbox"/> 30-90 days          3 <input type="checkbox"/> More than 90 days</p>	<p>71</p>
<p><b>g. Have you had any defects with the (entry in CHECK ITEM 17/19) you have NOW or has it failed to operate properly?</b></p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No } (5i)          9 <input type="checkbox"/> DK }</p>	<p>72</p>
<p><b>h. How long had you had your (entry in CHECK ITEM 17/19) when this problem was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>1 <input type="checkbox"/> Less than 30 days          2 <input type="checkbox"/> 30-90 days          3 <input type="checkbox"/> More than 90 days</p>	<p>73</p>
<p><b>i. Have you had any other problems or complications with or as a result of the (entry in CHECK ITEM 17/19) you have NOW?</b></p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No } (6)          9 <input type="checkbox"/> DK }</p>	<p>74</p>
<p><b>j. What were they?</b>   <i>Record first three mentioned</i></p>	<p>01 _____          1 <input type="checkbox"/> Less than 30 days          2 <input type="checkbox"/> 30-90 days          3 <input type="checkbox"/> More than 90 days</p>	<p>75-76</p>
<p><i>Ask for each entry in 5j</i></p> <p><b>k. How long had you had the (entry in CHECK ITEM 17/19) when the (problem in 5j) was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b></p>	<p>02 _____          1 <input type="checkbox"/> Less than 30 days          2 <input type="checkbox"/> 30-90 days          3 <input type="checkbox"/> More than 90 days</p>	<p>77</p>
	<p>03 _____          1 <input type="checkbox"/> Less than 30 days          2 <input type="checkbox"/> 30-90 days          3 <input type="checkbox"/> More than 90 days</p>	<p>78-79</p>
		<p>80</p>
		<p>81-82</p>
		<p>83</p>

Section M7 – OTHER DEVICE PAGE – Continued

6. Why did you need to get the (entry in CHECK ITEM 17/19) in the first place?

Mark all mentioned

- 01  Infection
- 02  Injury
- 88  Some other reason – Specify

84-85  
86-87  
88-89

CHECK ITEM 20

Mark appropriate respondent box and enter relationship to MDI person if proxy.

- 1  Self – personal
- 2  Self – telephone
- 3  Proxy – personal
- 4  Proxy – telephone

Relationship

Go to next column or next device

90

91-92

Notes

Section N — OCCUPATIONAL HEALTH

Section N1 — WORK HISTORY

In this part of the survey I will ask about your work experience, certain medical conditions and other health-related matters.

**1 a.** First, I'll ask about the **KIND OF WORK** you have done the **LONGEST**, not counting work around the house. Thinking of all the jobs or businesses you have ever had, what kind of work did you do the longest? Include work done while in the Armed Forces.

Occupation 990  Never worked (Section N8, page 86) 5-7

**b.** When you were doing this kind of work, what were your most important activities or duties?

Duties

**2 a.** How long did you do this kind of work?

00  Less than 1 year 8-9

\_\_\_\_\_ Years

**b.** How old were you when you started doing this kind of work?

\_\_\_\_\_ Age 10-11

**3 a.** In what kind of business or industry did you do this kind of work the **LONGEST**? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.

Industry 932  Armed Forces — Civilian 12-14  
942  Armed Forces — Active duty

**b.** In the industry where you worked the longest as a (entry in 1a) were you —

An employee of a **PRIVATE** company, business or individual for wages, salary, or commission? ..... P 1  P  
 A member of the Armed Forces? ..... AF 2  AF  
 A **FEDERAL** government employee? ..... F 3  F  
 A **STATE** government employee? ..... S 4  S  
 A **LOCAL** government employee? ..... L 5  L  
 Self-employed in **OWN** business, professional practice or farm?  
 Ask: Is the business incorporated?  
 Yes ..... I 6  I  
 No ..... SE 7  SE  
 Working **WITHOUT PAY** in family business or farm? ..... WP 8  WP

Class of worker 15

**CHECK ITEM 1** 16

Refer to HIS-1, C1.

1  Wa/Wb box marked in C1 (Check Item 5A, page 44)  
 2  Neither Wa nor Wb box marked in C1 (4)

**4 a.** DURING THE PAST 12 MONTHS, that is, since (12 month date) a year ago, did you work at any time at a job or business, not counting work around the house? (Include unpaid work in the family business or farm.)

1  Yes 17  
 2  No

**b.** How long has it been since you last worked at a job or business?

Number 18-20

1  Weeks } If less than 1 year (4c)  
 2  Months }  
 3  Years } If 1 year or more (B)

**c.** For whom did you work at your last job or business? Enter name of company, business, organization, or other employer.

Employer 932  Armed Forces — Civilian 21-23  
942  Armed Forces — Active duty } (4a)

**d.** What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department farm.

Industry

**e.** What kind of work were you doing? For example, electrical engineer, stock clerk, typist, farmer.

Occupation 24-26

**f.** What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.

Duties

Complete from entries in 4c-f. If not clear, ask:

**g.** Were you —

An employee of a **PRIVATE** company, business or individual for wages, salary, or commission? ..... P 1  P  
 A member of the Armed Forces? ..... AF 2  AF  
 A **FEDERAL** government employee? ..... F 3  F  
 A **STATE** government employee? ..... S 4  S  
 A **LOCAL** government employee? ..... L 5  L  
 Self-employed in **OWN** business, professional practice or farm?  
 Ask: Is the business incorporated?  
 Yes ..... I 6  I  
 No ..... SE 7  SE  
 Working **WITHOUT PAY** in family business or farm? ..... WP 8  WP

Class of worker 27

**Section N1 – WORK HISTORY – Continued**

<b>5. How long did you work as a (occupation in 4e) for (employer in 4c)?</b>	Number <span style="font-size: 2em;">}</span> 1 <input type="checkbox"/> Weeks 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years	<b>28-30</b>	
<b>CHECK ITEM 2</b>	Refer to 4e and 1a.	1 <input type="checkbox"/> Occupation in 4e is same as in 1a (B) 3 <input type="checkbox"/> All others (6a)	<b>31</b>
<b>6a. Considering ALL of your employers, for how many years altogether did you do this KIND of work?</b>	00 <input type="checkbox"/> Less than 1 year _____ Years	<b>32-33</b>	
<b>b. How old were you when you started doing this kind of work?</b>	_____ Age	<b>34-35</b>	
<b>7a. In what kind of business or industry did you do this kind of work the LONGEST? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b>	Industry	932 <input type="checkbox"/> Armed Forces – Civilian 942 <input type="checkbox"/> Armed Forces – Active duty	<b>36-38</b>
<b>b. Were you –</b> An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P A member of the Armed Forces? ..... AF A FEDERAL government employee? ..... F A STATE government employee? ..... S A LOCAL government employee? ..... L Self-employed in OWN business, professional practice or farm? Ask: Is the business incorporated? Yes ..... I No ..... SE Working WITHOUT PAY in family business or farm? ..... WP	Class of worker	1 <input type="checkbox"/> P 2 <input type="checkbox"/> AF 3 <input type="checkbox"/> F 4 <input type="checkbox"/> S 5 <input type="checkbox"/> L  6 <input type="checkbox"/> I 7 <input type="checkbox"/> SE 8 <input type="checkbox"/> WP	<b>39</b>
Hand Card N1, read list if telephone interview. <b>8a. Which of these statements describe the reason or reasons you stopped working (entry in 4b) ago?</b> Mark all that apply.	1 <input type="checkbox"/> Stopped working because of own illness, injury, disability or other health problem that was JOB-RELATED. 2 <input type="checkbox"/> Stopped working because of own illness, injury, disability or other health problem that was NOT JOB-RELATED 3 <input type="checkbox"/> Retired 4 <input type="checkbox"/> Child/family care 5 <input type="checkbox"/> On layoff from a job 6 <input type="checkbox"/> Some other reason – Specify _____ 7 <input type="checkbox"/> DK	_____ _____ _____ _____ _____ _____	<b>40</b> <b>41</b> <b>42</b> <b>43</b> <b>44</b> <b>45</b> <b>46</b> <b>47</b>
<b>CHECK ITEM 3</b>	Refer to 8a.	1 <input type="checkbox"/> Box 1 marked in 8a (8b) 3 <input type="checkbox"/> All others (Check Item 4)	<b>47</b>
<b>8b. Was a worker's compensation claim filed for your illness, injury, disability, or other health problem?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8d)	<b>48</b>	
<b>c. Have you received any money or other benefits from worker's compensation since you stopped working (entry in 4b) ago?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>49</b>	
<b>d. Was a claim filed for any other income or benefits because your health problem was job-related?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>50</b>	
<b>CHECK ITEM 4</b>	Refer to question 4. Mark first appropriate box.	1 <input type="checkbox"/> "Armed Forces-Active Duty" in 4c (Section N7, page 62) 2 <input type="checkbox"/> "Yes" in 4a (Check Item 7) 3 <input type="checkbox"/> All others (Section N7, page 62)	<b>51</b>
Notes			

**Section N1 — WORK HISTORY — Continued**

<b>CHECK ITEM 5A</b>	Refer to HIS-1, pages 44 and 45.	1 <input type="checkbox"/> Self respondent for questions 6b—g (Check Item 5B) 2 <input type="checkbox"/> Proxy respondent for questions 6b—g (9) 8 <input type="checkbox"/> All others (9)	<b>52</b>
Hand calendar <b>9a. Earlier I was told you had a job during the 2 weeks [outlined on that calendar/beginning Monday (date) and ending Sunday (date)]. For whom did you work? Enter name of company, business, organization, or other employer.</b>		Employer 932 <input type="checkbox"/> Armed Forces — Civilian 942 <input type="checkbox"/> Armed Forces — Active duty } (9c)	<b>53-55</b>
<b>b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b>		Industry	
If "Active duty" in 9a, mark "AF" box without asking.		Occupation 905 <input type="checkbox"/> AF (Section N8, page 66)	<b>56-58</b>
<b>c. What kind of work were you doing? For example, electrical engineer, stock clerk, typist, farmer.</b>		Duties	
Complete from entries in 9a—d. If not clear, ask: <b>e. Were you —</b> An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P A member of the Armed Forces? ..... AF A FEDERAL government employee? ..... F A STATE government employee? ..... S A LOCAL government employee? ..... L Self-employed in OWN business, professional practice or farm? Ask: Is the business incorporated? Yes ..... I No ..... SE Working WITHOUT PAY in family business or farm? ..... WP		Class of worker 1 <input type="checkbox"/> P 2 <input type="checkbox"/> AF (Section N8, page 66) 3 <input type="checkbox"/> F 4 <input type="checkbox"/> S 5 <input type="checkbox"/> L  6 <input type="checkbox"/> I 7 <input type="checkbox"/> SE 8 <input type="checkbox"/> WP	<b>59</b>
<b>CHECK ITEM 5B</b>	Refer to questions 9a and c or to HIS-1, pages 44-45.	Transcribe from questions 9a and c or from 6b/c and e on HIS-1. _____ } (9f) Employer _____ } Occupation	
Hand calendar <b>9f. (You told me that during the 2 weeks [outlined on that calendar/beginning Monday (date) and ending Sunday (date)] you were employed as a (occupation in Check Item 5B) for (employer in Check Item 5B.) How long have you worked as a (occupation in Check Item 5B) for (employer in Check Item 5B)?</b>		Number } 1 <input type="checkbox"/> Weeks } 2 <input type="checkbox"/> Months } 3 <input type="checkbox"/> Years	<b>60-62</b>
<b>CHECK ITEM 6</b>	Refer to Check Item 5B and question 1a:	1 <input type="checkbox"/> Occupation in Check Item 5B is same as in 1a (Check Item 7) 8 <input type="checkbox"/> All others (9g)	<b>63</b>
<b>9g. Considering ALL of your employers, for how many years altogether did you do this KIND of work?</b>		00 <input type="checkbox"/> Less than 1 year _____ Years	<b>64-65</b>
<b>h. How old were you when you started doing this kind of work?</b>		Age	<b>66-67</b>
<b>i. In what kind of business or industry did you do this kind of work the LONGEST? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b>		Industry 932 <input type="checkbox"/> Armed Forces — Civilian 942 <input type="checkbox"/> Armed Forces — Active duty	<b>68-70</b>
<b>j. Were you —</b> An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P A member of the Armed Forces? ..... AF A FEDERAL government employee? ..... F A STATE government employee? ..... S A LOCAL government employee? ..... L Self-employed in OWN business, professional practice or farm? Ask: Is the business incorporated? Yes ..... I No ..... SE Working WITHOUT PAY in family business or farm? ..... WP		Class of worker 1 <input type="checkbox"/> P 2 <input type="checkbox"/> AF 3 <input type="checkbox"/> F 4 <input type="checkbox"/> S 5 <input type="checkbox"/> L  6 <input type="checkbox"/> I 7 <input type="checkbox"/> SE 8 <input type="checkbox"/> WP	<b>71</b>

**Section N1 — WORK HISTORY — Continued**

<b>CHECK ITEM 7</b>	<i>Refer to Check Item 5B.</i>	1 <input type="checkbox"/> Entry in Check Item 5B (Transcribe entries) 8 <input type="checkbox"/> All others (Transcribe entries from 4c and e)	72
		_____ } Employer _____ } Occupation	(10)
These next questions are about your job as a (occupation in Check Item 7) for (employer in Check Item 7).			
10a.	Did your job require you to do REPEATED STRENUOUS PHYSICAL ACTIVITIES such as lifting, pushing or pulling heavy objects?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (11)	73
b.	During a typical work day, how many minutes or hours altogether did you spend doing STRENUOUS PHYSICAL ACTIVITIES?	_____ } 1 <input type="checkbox"/> Minutes Number } 2 <input type="checkbox"/> Hours	74-76
11a.	Did this job require you to do REPEATED bending, twisting or reaching?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12)	77
b.	During a typical work day, how many minutes or hours altogether did you spend bending, twisting or reaching?	_____ } 1 <input type="checkbox"/> Minutes Number } 2 <input type="checkbox"/> Hours	78-80
12a.	Did this job require you to BEND or TWIST your hands or wrists MANY TIMES AN HOUR?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (13)	81
b.	During a typical workday, how many minutes or hours altogether did you spend bending or twisting your hands or wrists?	_____ } 1 <input type="checkbox"/> Minutes Number } 2 <input type="checkbox"/> Hours.	82-84
13a.	On this job, did you work with hand-held or hand-operated vibrating tools or machinery?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14)	85
b.	During a typical work day, how many minutes or hours altogether did you spend working with hand-held or hand-operated vibrating machinery?	_____ } 1 <input type="checkbox"/> Minutes Number } 2 <input type="checkbox"/> Hours	86-88
14.	I am going to read a list of substances that some people get on their skin AT WORK. Tell me if you got any of these things on your HANDS or ARMS at your job as a (occupation in Check Item 7) for (employer in Check Item 7) DURING THE PAST 12 MONTHS —	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	89
a.	Did you get solvents or degreasers on your hands or arms?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	90
b.	Petroleum products other than solvents? For example, grease, oil, or fuel?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	91
c.	Soaps, detergents, or cleaning and disinfecting solutions used in performing your job?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	92
d.	Cutting oils, machine coolants, or metal working fluids?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	93
e.	Paints, varnishes, lacquers, or other coatings?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	94
f.	Glues, pastes, or other adhesives?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	95
g.	Acids or alkalies?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	96
h.	Pesticides, insecticides, herbicides, fungicides, or fumigants?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	97
i.	Foods or food products handled as part of your job duties?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	98
j.	Plants, trees or shrubs handled as part of your job duties?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	99
k.	Did you get any other chemicals or substances on your hands or arms that could irritate the skin?	1 <input type="checkbox"/> Yes — Specify <input type="checkbox"/>  2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	100-101



**Section N2 -- BACK PAIN**

These next questions are about back pain.

**1a.** At any time during the past 12 months, that is, since *(12 month date)* a year ago, did you have back pain every day for a week or more?

- 1  Yes  
2  No (Section N3, page 49)

5

**CHECK ITEM 8**

Refer to sex and age.

- 1  SP is female under 50 (1b)  
8  All others (2)

6

**b.** Did you have this back pain ONLY at the time of your monthly periods?

- 1  Yes (Section N3, page 49)  
2  No  
3  Don't menstruate

7

**2a.** (The remaining questions are about back pain other than menstrual pain.)  
During the past 12 months, on about how many days altogether did you have back pain?

- 898  Menstrual pain only (Section N3, page 49)  
365  Every day  
\_\_\_\_\_ Days

8-10

**b.** During the past 12 months, how many full days did you miss from work because of back pain?

- 000  None  
\_\_\_\_\_ Days

11-13

**3a.** When you had this back pain, what PART of your BACK bothered you the most — the upper back, the middle back or the lower back?

- 1  Upper  
2  Middle  
3  Lower

14

**b.** During the past 12 months, did the back pain ever spread to your:

buttocks? .....  
thighs? .....  
lower leg or foot? .....

- |   |                          |                            |                            |
|---|--------------------------|----------------------------|----------------------------|
|   | Yes                      | No                         | DK                         |
| 1 | <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

15

16

17

**4a.** Did any of the back pain you had in the past 12 months result from a SINGLE accident or injury? Some examples are slipping, falling, twisting, lifting something, or being in a car accident.

- 1  Yes  
2  No (5)

18

**b.** When did the accident or injury happen?

\_\_\_\_/\_\_\_\_/19\_\_\_\_  
Month Date Year

19-24

**c.** Were you at work at your job or business when the accident or injury happened?

- 1  Yes  
2  No (5)

25

**d.** Was this at your job as a *(occupation in Check Item 7)* for *(employer in Check Item 7)*?

- 1  Yes (5)  
2  No

26

**e.** For whom did you work when the accident or injury happened? Enter name of company, business, organization, or other employer.

- Employer } 932  Armed Forces — Civilian  
942  Armed Forces — Active duty } (4g)

27-29

**f.** What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.

Industry

**g.** What kind of work did you do at that job? For example, electrical engineer, stock clerk, typist, farmer.

Occupation

30-32

**h.** What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.

Duties

Complete from entries in 4e-h. If not clear, ask:

**i.** Were you —

- An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P  
A member of the Armed Forces? ..... AF  
A FEDERAL government employee? ..... F  
A STATE government employee? ..... S  
A LOCAL government employee? ..... L  
Self-employed in OWN business, professional practice, or farm?  
Ask: Is the business incorporated?  
Yes ..... I  
No ..... SE  
Working WITHOUT PAY in family business or farm? ..... WP

Class of worker

- 1  P }  
2  AF }  
3  F }  
4  S } (5)  
5  L }  
6  I }  
7  SE }  
8  WP }

33

**Section N2 — BACK PAIN — Continued**

<b>5a. Was any of the back pain you had in the past 12 months brought on by REPEATED activities such as lifting, pushing, pulling, bending, twisting, or reaching?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (7)	34
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<b>b. Where did you perform the activities that brought on your back pain? Mark only one box.</b>	1 <input type="checkbox"/> At work (8) 2 <input type="checkbox"/> At home 3 <input type="checkbox"/> Recreational site 8 <input type="checkbox"/> Other — Specify <span style="font-size: 2em;">}</span> (8)	35
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<b>6a. Was this at your job as a (occupation in Check Item 7) for (employer in Check Item 7)?</b>	1 <input type="checkbox"/> Yes (8) 2 <input type="checkbox"/> No	36
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<b>b. For whom did you work?</b> Enter name of company, business, organization, or other employer.	Employer <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td style="padding-right: 5px;">932</td> <td><input type="checkbox"/> Armed Forces — Civilian</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2" style="vertical-align: middle;">(6d)</td> </tr> <tr> <td>942</td> <td><input type="checkbox"/> Armed Forces — Active duty</td> </tr> </table>	932	<input type="checkbox"/> Armed Forces — Civilian	}	(6d)	942	<input type="checkbox"/> Armed Forces — Active duty	37-39
932	<input type="checkbox"/> Armed Forces — Civilian	}	(6d)					
942	<input type="checkbox"/> Armed Forces — Active duty							

<b>c. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b>	Industry	
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<b>d. What kind of work did you do at that job? For example, electrical engineer, stock clerk, typist, farmer.</b>	Occupation	40-42
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<b>e. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b>	Duties	
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Complete from entries in 6b-e. If not clear, ask: <b>f. Were you —</b>  An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P A member of the Armed Forces? ..... AF A FEDERAL government employee? ..... F A STATE government employee? ..... S A LOCAL government employee? ..... L Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes ..... I No ..... SE Working WITHOUT PAY in family business or farm? ..... WP	Class of worker <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td style="padding-right: 5px;">1</td> <td><input type="checkbox"/> P</td> <td rowspan="8" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="8" style="vertical-align: middle;">(8)</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> AF</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> F</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/> S</td> </tr> <tr> <td>5</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td>6</td> <td><input type="checkbox"/> I</td> </tr> <tr> <td>7</td> <td><input type="checkbox"/> SE</td> </tr> <tr> <td>8</td> <td><input type="checkbox"/> WP</td> </tr> </table>	1	<input type="checkbox"/> P	}	(8)	2	<input type="checkbox"/> AF	3	<input type="checkbox"/> F	4	<input type="checkbox"/> S	5	<input type="checkbox"/> L	6	<input type="checkbox"/> I	7	<input type="checkbox"/> SE	8	<input type="checkbox"/> WP	43
1	<input type="checkbox"/> P	}	(8)																	
2	<input type="checkbox"/> AF																			
3	<input type="checkbox"/> F																			
4	<input type="checkbox"/> S																			
5	<input type="checkbox"/> L																			
6	<input type="checkbox"/> I																			
7	<input type="checkbox"/> SE																			
8	<input type="checkbox"/> WP																			

If "Yes" in 4a, go to 8. <b>7. What caused your back pain?</b>	_____ _____ _____	44
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<b>8a. Has your back bothered you today?</b>	1 <input type="checkbox"/> Yes (8c) 2 <input type="checkbox"/> No	45
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<b>b. How many days, weeks or months ago did you last have back pain?</b>	_____ Number <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="font-size: 2em;">{</td> <td style="padding: 0 5px;">1</td> <td><input type="checkbox"/> Days ago</td> </tr> <tr> <td></td> <td>2</td> <td><input type="checkbox"/> Weeks ago</td> </tr> <tr> <td></td> <td>3</td> <td><input type="checkbox"/> Months ago</td> </tr> </table>	{	1	<input type="checkbox"/> Days ago		2	<input type="checkbox"/> Weeks ago		3	<input type="checkbox"/> Months ago	46-48
{	1	<input type="checkbox"/> Days ago									
	2	<input type="checkbox"/> Weeks ago									
	3	<input type="checkbox"/> Months ago									

<b>c. For how many consecutive days, weeks or months [did your back bother you that time/has your back been bothering you]?</b>	_____ Number <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="font-size: 2em;">{</td> <td style="padding: 0 5px;">1</td> <td><input type="checkbox"/> Days</td> </tr> <tr> <td></td> <td>2</td> <td><input type="checkbox"/> Weeks</td> </tr> <tr> <td></td> <td>3</td> <td><input type="checkbox"/> Months</td> </tr> <tr> <td></td> <td>4</td> <td><input type="checkbox"/> Years</td> </tr> </table>	{	1	<input type="checkbox"/> Days		2	<input type="checkbox"/> Weeks		3	<input type="checkbox"/> Months		4	<input type="checkbox"/> Years	49-51
{	1	<input type="checkbox"/> Days												
	2	<input type="checkbox"/> Weeks												
	3	<input type="checkbox"/> Months												
	4	<input type="checkbox"/> Years												

Notes
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**Section N2 -- BACK PAIN -- Continued**

<b>9a. In what year did you first have an episode of back pain that lasted for a week or more?</b>	<div style="text-align: right;"> <input type="checkbox"/> 1987 }  <input type="checkbox"/> 1988 } (9c)  <input type="checkbox"/> 1989 }  <input type="checkbox"/> Earlier year -- Specify <u>      </u> </div>	52-53
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<b>b. Counting (year in 9a), in how many different years have you had episodes of back pain lasting for a week or more?</b>	_____ Years	54-55
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<i>Hand Card N2, read list if telephone interview</i> <b>c. What was the longest period of time that you had back pain every day?</b>	<input type="checkbox"/> 0 Less than one month <input type="checkbox"/> 1 1 month, less than 3 months <input type="checkbox"/> 2 3 months, less than 6 months <input type="checkbox"/> 3 6 months, less than 12 months, <input type="checkbox"/> 4 1 year, less than 5 years <input type="checkbox"/> 5 5 or more years	56
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<b>10a. Have you ever stopped working at a job or changed jobs because of back pain?</b>	<input type="checkbox"/> 1 Yes (Section N3) <input type="checkbox"/> 2 No	57
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<b>b. Have you ever made a major change in your work activities because of back pain?</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	58
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Notes	
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**Section N3 — HAND DISCOMFORT**

<p><b>Now I will ask some questions about your hands and wrists.</b></p>		59
<p><b>1. Are you left handed, right handed or able to use both hands equally well?</b></p>	<p>1 <input type="checkbox"/> Left handed                  2 <input type="checkbox"/> Right handed                  3 <input type="checkbox"/> Able to use both hands equally well</p>	
<p><b>2. Which hand do you use most at work?</b></p>	<p>1 <input type="checkbox"/> Left                  2 <input type="checkbox"/> Right                  3 <input type="checkbox"/> Use both hands equally</p>	60
<p><b>3. During the past 12 months, that is, since (12 month date) a year ago, have you had discomfort in your hands, wrists or fingers? Discomfort can mean pain, burning, stiffness, numbness or tingling.</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (Section N4, page 52)</p>	61
<p><b>4. Was this discomfort due entirely to an injury, such as a cut, sprain or broken bone?</b></p>	<p>1 <input type="checkbox"/> Yes (Section N4, page 52)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	62
<p><b>5a. During the past 12 months, on about how many days altogether did you have discomfort in your hands, wrists or fingers?</b></p>	<p>000 <input type="checkbox"/> Less than 5 days (Section N4, page 52)                   _____ Days                  365 <input type="checkbox"/> Every day (6)</p>	63-65
<p><b>b. During the past 12 months, did you have the discomfort every day for a week or more?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>	66
<p><b>CHECK ITEM 9</b></p>	<p>Refer to 5a and 5b:                  Mark first appropriate box</p>	67
<p><b>6. In which hand did you have this discomfort?</b></p>	<p>1 <input type="checkbox"/> Left                  2 <input type="checkbox"/> Right                  3 <input type="checkbox"/> Both</p>	68
<p><b>7. Was your discomfort worse when you were trying to sleep or did it awaken you from sleep?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>	69
<p><b>8. In the past 12 months, did your hands or fingers often feel clumsy, that is, did you often have difficulty picking up or holding things?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>	70
<p><b>9a. Has your hand(s) bothered you today?</b></p>	<p>1 <input type="checkbox"/> Yes (9c)                  2 <input type="checkbox"/> No</p>	71
<p><b>b. How many days, weeks or months ago did you last have this discomfort?</b></p>	<p>_____ Number { 1 <input type="checkbox"/> Days ago                  2 <input type="checkbox"/> Weeks ago                  3 <input type="checkbox"/> Months ago</p>	72-74
<p><b>c. For how many consecutive days, weeks, or months [did your hand(s) bother you that time/has your hand(s) been bothering you]?</b></p>	<p>_____ Number { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>	75-77
<p><b>10a. In what year did you first notice this hand discomfort?</b></p>	<p>87 <input type="checkbox"/> 1987 } (11)                  88 <input type="checkbox"/> 1988 }                  89 <input type="checkbox"/> 1989 }  <input type="checkbox"/> Earlier year — Specify _____</p>	78-79
<p><b>b. Counting (year in 10a), in how many different years has your hand(s) bothered you?</b></p>	<p>_____ Years</p>	80-81
<p><b>11 a. During the past 12 months, were you away from work for more than one week for any reason?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (12)</p>	82
<p><b>b. When you were away from work for more than one week, did your hand discomfort increase, decrease, or stay the same?</b></p>	<p>1 <input type="checkbox"/> Increase                  2 <input type="checkbox"/> Decrease                  3 <input type="checkbox"/> Stay the same</p>	83
<p><b>12. During the past 12 months, did you miss at least a full day from work because of your hand discomfort?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>	84



**Section N4 — WORK INJURIES**

Now I will ask about on-the-job injuries in the past 12 months.

Hand Card N3

By "on-the-job injury" we mean an injury at work that resulted in at least one of the following:

an injury that required you to get medical attention or treatment, other than first aid for MINOR INJURIES; OR to be unable to do some of your work activities; OR to lose consciousness; OR to transfer to another job.

1. DURING THE PAST 12 MONTHS, that is, since (12 month date) a year ago, have you had any on-the-job injuries?

- 1  Yes  
2  No (Section N5, page 58)

7

2. How many times have you been injured on the job during the past 12 months?

Number of times

8-9

3. On what date did your [(most recent) injury/injury before that] happen?

Enter each date in a separate column.

\_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_  
Month          Date          Year

10-15

Complete questions 4—21 as appropriate for the first injury before completing them for the next, etc.

4. At the time of your injury on (date in 3) were you working as a (occupation in Check Item 7) for (employer in Check Item 7)?

- 1  Yes (6)  
2  No

Injury 1

16

5a. For whom did you work when the injury happened?

Enter name of company, business, organization, or other employer.

Employer

- 932  Armed Forces — civilian  
942  Armed Forces — active duty } (5c)

17-19

b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.

Industry

c. What kind of work did you do at that job? For example, electrical engineer, stock clerk, typist, farm.

Occupation

20-22

d. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.

Duties

Complete from entries in 5a—d. If not clear, ask:

e. Were you —

- An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P  
A member of the ARMED FORCES? ..... AF  
A FEDERAL government employee? ..... S  
A STATE government employee? ..... S  
A LOCAL government employee? ..... L  
Self-employed in OWN business, professional practice, or farm?  
ASK: Is the business incorporated?  
Yes ..... I  
No ..... SE  
Working WITHOUT PAY in family business or farm? ..... WP

Class of worker

- 1  P  
2  AF  
3  F  
4  S  
5  L  
6  I  
7  SE  
8  WP

23

6. At the time of this injury, what part of your body was hurt? What kind of injury was it? Anything else?

Part(s) of body

24-25

Kind of Injury

26-27

7. Did you lose consciousness as a result of the injury?

- 1  Yes  
2  No

28

8. What were you doing at the time of the injury?

29-30

9. How did the injury happen?

31-32

Go to 10 for this injury

**Section N4 – WORK INJURIES – Continued**

<b>10. Was the activity you were doing at the time of the injury a NEW or unfamiliar job task?</b>		1 <input type="checkbox"/> Yes (12) 2 <input type="checkbox"/> No	<b>Injury 1</b>	<b>33</b>
<b>11. Was the activity you were doing at the time of the injury part of your usual job tasks?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>34</b>
<b>12. Did you see or talk to a medical doctor, nurse, chiropractor, physician's assistant, nurse practitioner or other medical person as a result of this injury?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Check Item 10)		<b>35</b>
<b>13. Where did you FIRST see or talk to a medical person about this injury?</b>		1 <input type="checkbox"/> Work-site health unit 2 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 3 <input type="checkbox"/> Emergency room 4 <input type="checkbox"/> Walk-in clinic 5 <input type="checkbox"/> Hospital outpatient clinic 6 <input type="checkbox"/> Other – Specify _____		<b>36</b>
<b>CHECK ITEM 10</b>	Refer to question 6.	1 <input type="checkbox"/> "Eye" in 6 (14) 6 <input type="checkbox"/> All others (15)		<b>37</b>
<b>14a. Were you wearing eye protection equipment over your eyes at the time of the injury?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (15)		<b>38</b>
<b>b. What type of eye protection equipment were you wearing?</b>		1 <input type="checkbox"/> Welding goggles 2 <input type="checkbox"/> Other goggles 3 <input type="checkbox"/> Glasses with side shields 4 <input type="checkbox"/> Glasses without side shields 5 <input type="checkbox"/> Welding helmet 6 <input type="checkbox"/> Face shield 8 <input type="checkbox"/> Other		<b>39</b>
<b>15a. Did you miss more than half of the day from work on the day of the injury?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>40</b>
<b>b. OTHER THAN THE DAY OF THE INJURY, how many FULL days of scheduled work did you miss as a result of the injury?</b>		_____ Full days 000 <input type="checkbox"/> None		<b>41-43</b>
<b>c. (Not counting the (number in 15b) full days), Did you miss any (other) scheduled time from work other than the day of the injury?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (16)		<b>44</b>
<b>d. (Again, not counting the (number in 15b) full days), How many days did you miss MORE THAN HALF THE DAY from work as a result of the injury?</b>		_____ Days 000 <input type="checkbox"/> None		<b>45-47</b>
<b>16a. Were you temporarily transferred to another job because of the injury?</b>		1 <input type="checkbox"/> Yes (17) 2 <input type="checkbox"/> No		<b>48</b>
<b>b. Were you temporarily assigned lighter work or excused from certain duties at work other than the day of the injury?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>49</b>
<b>17a. Did you report this injury to your employer?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>50</b>
<b>b. Was a worker's compensation claim filed as a result of this injury?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>51</b>
<b>18a. Did you change employers as a result of the injury?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (19)		<b>52</b>
<b>b. Was your salary lower, higher or the same after your change of employers?</b>		1 <input type="checkbox"/> Lower 2 <input type="checkbox"/> Higher 3 <input type="checkbox"/> Same		<b>53</b>
<b>c. Were you as satisfied, less satisfied or more satisfied with your new employer as with your employer prior to the injury?</b>		1 <input type="checkbox"/> As satisfied 2 <input type="checkbox"/> Less satisfied 3 <input type="checkbox"/> More satisfied	<b>(19 for this injury)</b>	<b>54</b>

**Section N4 – WORK INJURIES – Continued**

<b>19a. Did you change the kind of work you do as a result of the injury?</b>	<div style="text-align: right;"><b>Injury 1</b></div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>(Check Item 11)</i>	<b>55</b>
<i>Mark box or ask:</i> <b>b. Was your salary lower, higher or the same after your job change?</b>	0 <input type="checkbox"/> Yes in 18a (19c) 1 <input type="checkbox"/> Lower 2 <input type="checkbox"/> Higher 3 <input type="checkbox"/> Same	<b>56</b>
<b>c. Were you as satisfied, less satisfied or more satisfied with your new job as with your job prior to the injury?</b>	1 <input type="checkbox"/> As satisfied 2 <input type="checkbox"/> Less satisfied 3 <input type="checkbox"/> More satisfied	<b>57</b>
<b>CHECK ITEM 11</b>	Refer to 18a and 19a. 1 <input type="checkbox"/> "Yes" in 18a OR 19a (21) 8 <input type="checkbox"/> All others (20)	<b>58</b>
<b>20. Did you make a permanent change in your work activities because of this injury?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>59</b>
<b>21. Did you permanently change your off-the-job activities because of this injury?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>60</b>
<b>CHECK ITEM 12</b>	Refer to question 2, section N4. 1 <input type="checkbox"/> Additional injury (4 for next injury) 8 <input type="checkbox"/> All others (Section N5)	<b>61</b>

Notes



**Section N5 — SKIN CONDITIONS**

Now I will ask about skin conditions.			5
1a. During the past 12 months, that is, since (12 month date) a year ago have you had dermatitis, eczema, or any other red, inflamed skin rash?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section N6, page 60)		
b. During the past 12 months, on about how many days altogether did you have a skin condition? Include days when you used treatment for the condition.	365 <input type="checkbox"/> Every day _____ Days		6-8
2. What parts of your body were affected by this skin condition? <i>Mark all that apply</i>	1 <input type="checkbox"/> Hands 2 <input type="checkbox"/> Arms 3 <input type="checkbox"/> Head, face or neck 8 <input type="checkbox"/> Other body area — <i>Specify</i> <input type="checkbox"/> 9 <input type="checkbox"/> DK		9 10 11 12 13
3. During the past 12 months, did you miss at least a full day from work because of your skin condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		14
4a. Did any skin condition you had in the past 12 months result from chemicals or other substances which got on your skin?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6)		15
b. What chemicals or other substances were these?	_____		16-17
c. Did you get these substances on your skin during the past 12 months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		18
d. Were you at work at your job or business when you got these substances on your skin?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6)		19
5a. Was this at your job as a (occupation in Check Item 7) for (employer in Check Item 7)?	1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No		20
b. For whom did you work when you got these substances on your skin? Enter name of company, business, organization, or other employer.	Employer 932 <input type="checkbox"/> Armed Forces — Civilian 942 <input type="checkbox"/> Armed Forces — Active duty } (5d)		21-23
c. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.	Industry		
d. What kind of work did you do at that job? For example, electrical engineer, stock clerk, typist, farmer.	Occupation		24-26
e. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.	Duties		
f. Were you — An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P A member of the ARMED FORCES? ..... AF A FEDERAL government employee? ..... F A STATE government employee? ..... S A LOCAL government employee? ..... L Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes ..... I No ..... SE Working WITHOUT PAY in family business or farm? ..... WP	Class of worker 1 <input type="checkbox"/> P 2 <input type="checkbox"/> AF 3 <input type="checkbox"/> F 4 <input type="checkbox"/> S 5 <input type="checkbox"/> L 6 <input type="checkbox"/> I 7 <input type="checkbox"/> SE 8 <input type="checkbox"/> WP		27
6a. During the past 12 months, did you use any prescription medications or other treatments prescribed by a doctor for your skin condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		28
b. Did you use any over-the-counter or non-prescription medications or treatments for your skin condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29



**Section N6 – EYE, NOSE, THROAT IRRITATION**

<b>CHECK ITEM 14</b>	Refer to HIS-1, C1.	1 <input type="checkbox"/> Was box marked (1)	41
		8 <input type="checkbox"/> All others (Section N7, page 62)	
<b>These questions are about eye, nose and throat irritation.</b> <i>Hand calendar</i>			42
<b>1 a.</b>	During the past 2 weeks [outlined on that calendar/ beginning Monday <i>(date)</i> and ending Sunday <i>(date)</i> ], have you had any episodes of itchy, irritated or watery eyes?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4)	
<b>b.</b>	On how many days during the past 2 weeks did you have itchy, irritated or watery eyes?	_____ Days	43-44
<b>c.</b>	Were these symptoms due to a cold or flu, hay fever, other allergies, or something else?	1 <input type="checkbox"/> Cold or flu (4) 2 <input type="checkbox"/> Hay fever 3 <input type="checkbox"/> Other allergies 8 <input type="checkbox"/> Something else — <i>Specify</i> ↴ _____	45
<b>2 a.</b>	Did you have these symptoms while you were at work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3)	46
<b>b.</b>	When you were away from work, did these symptoms increase, decrease, or stay the same?	1 <input type="checkbox"/> Increase 2 <input type="checkbox"/> Decrease 3 <input type="checkbox"/> Stay the same	47
<b>3.</b>	During the past 2 weeks when you had these symptoms, did you also have a fever?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	48
<b>4 a.</b>	Do you wear contact lenses?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	49
<b>b.</b>	What type of contact lenses do you wear?  <i>Mark all that apply.</i>	1 <input type="checkbox"/> Hard lens(es) (include polycan) 2 <input type="checkbox"/> Soft lens(es), daily wear 3 <input type="checkbox"/> Soft lens(es), extended wear 4 <input type="checkbox"/> Intraocular lens(es) 8 <input type="checkbox"/> Other — <i>Specify</i> ↴ _____	50 51 52 53 54
		9 <input type="checkbox"/> DK	55
<b>5 a.</b>	During the past 2 weeks, have you had any episodes of stuffy, blocked, itchy, or runny nose?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8)	56
<b>b.</b>	On how many days during the past 2 weeks did you have stuffy, blocked, itchy or runny nose?	_____ Days	57-58
<b>c.</b>	Were these symptoms due to a cold or flu, hay fever, other allergies, or something else?	1 <input type="checkbox"/> Cold or flu (8) 2 <input type="checkbox"/> Hay fever 3 <input type="checkbox"/> Other allergies 8 <input type="checkbox"/> Something else — <i>Specify</i> ↴ _____	59
<b>6 a.</b>	Did you have these symptoms while you were at work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (7)	60
<b>b.</b>	When you were away from work, did these symptoms increase, decrease, or stay the same?	1 <input type="checkbox"/> Increase 2 <input type="checkbox"/> Decrease 3 <input type="checkbox"/> Stay the same	61
<b>7.</b>	During the past 2 weeks when you had these symptoms, did you also have a fever?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	62
<b>8 a.</b>	During the past 2 weeks, have you had any episodes of sore or dry throat?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section N7, page 62)	63
<b>b.</b>	On how many days during the past 2 weeks did you have sore or dry throat?	_____ Days	64-65
<b>c.</b>	Were these symptoms due to a cold or flu, hay fever, other allergies, or something else?	1 <input type="checkbox"/> Cold or flu (Section N7, page 62) 2 <input type="checkbox"/> Hay fever 3 <input type="checkbox"/> Other allergies 8 <input type="checkbox"/> Something else — <i>Specify</i> ↴ _____	66





**Section N7 – CONDITIONS – Continued**

<b>CONDITION 1</b>		Name of Condition _____
<b>3.</b> Were you ever told by a doctor or other medical person that your <u>(condition)</u> was related to any job you ever had?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9
<b>4.</b> Was a worker's compensation claim ever filed for your <u>(condition)</u> ?	1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No	10
<b>5.</b> Did you ever report to your employer or to other company personnel that your <u>(condition)</u> was related to your job?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	11
<b>6.</b> Did you ever tell a doctor or other medical person that your <u>(condition)</u> was related to any job you ever had?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	12
<b>CHECK ITEM 16</b>	Refer to Check Item 7, page 45.	1 <input type="checkbox"/> Entries in Check Item 7 (7) 8 <input type="checkbox"/> All others (8)
<b>7a.</b> DURING THE PAST 12 MONTHS, were you told by your doctor or employer to stay home from work temporarily because of your <u>(condition)</u> ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	14
<b>b.</b> DURING THE PAST 12 MONTHS, did your employer transfer you to another job, either temporarily or permanently, because of your <u>(condition)</u> ?	1 <input type="checkbox"/> Yes (Check Item 17) 2 <input type="checkbox"/> No	15
<b>c.</b> DURING THE PAST 12 MONTHS, did your employer give you lighter work or excuse you from certain duties at work because of your <u>(condition)</u> ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	16
<b>8.</b> Did you EVER stop working at a job or change jobs because of your <u>(condition)</u> ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	17
<b>CHECK ITEM 17</b>	Refer to 3, 4, 5, 6:	1 <input type="checkbox"/> "Yes" in 3, 4, 5 OR 6 (9) 8 <input type="checkbox"/> All others (NC)
<b>9a.</b> What kind of work did you do that was related to your <u>(condition)</u> ? For example, electrical engineer, stock clerk, typist, farmer.	Occupation	19-21
<b>b.</b> What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.	Duties	
<b>c.</b> In what kind of business or industry did you work the longest as a <u>(entry in 9a)</u> ? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.	Industry	22-24
<b>d.</b> In the industry where you worked the longest as a <u>(entry in 9a)</u> were you — An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P A member of the ARMED FORCES? ..... AF A FEDERAL government employee? ..... F A STATE government employee? ..... S A LOCAL government employee? ..... L Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes ..... I No ..... SE Working WITHOUT PAY in family business or farm? ..... WP	Class of worker 1 <input type="checkbox"/> P 2 <input type="checkbox"/> AF 3 <input type="checkbox"/> F 4 <input type="checkbox"/> S 5 <input type="checkbox"/> L 6 <input type="checkbox"/> I 7 <input type="checkbox"/> SE 8 <input type="checkbox"/> WP } (NC)	25

Notes



**Section 0 — ALCOHOL**

**Section 01 — ALCOHOL SCREENING AND ABSTAINER**

3-4

These next questions are about drinking alcoholic beverages. Included are liquor, such as whiskey, rum, gin, or vodka, beer, wine, or any other type of alcoholic beverage.

- 1 a. In YOUR ENTIRE LIFE, have you had at least 12 drinks of any kind of alcoholic beverage?
- b. In the PAST 12 MONTHS did you have at least 12 drinks of ANY kind of alcoholic beverage?
- c. In ANY ONE YEAR of your entire life did you have at least 12 drinks of ANY kind of alcoholic beverage?

- 1  Yes
- 2  No (2)
- 1  Yes (Section 03, page 75)
- 2  No
- 1  Yes (Section 04, page 81)
- 2  No (Section 02, page 71)

5  
6  
7

Hand Card 01, read list if telephone interview.

- 2 a. (Please look at this list and tell me) What are your reasons for not drinking?  
Anything else?  
Mark all mentioned.

- 01  Don't socialize very much
- 02  Don't care for it or dislike it
- 03  Am an alcoholic
- 04  Thought I might become an alcoholic
- 05  Had problems with my drinking
- 06  Have a responsibility to my family
- 07  Family member an alcoholic or problem drinker
- 08  Medical or health reasons
- 09  Religious or moral reasons
- 10  Brought up not to drink
- 11  Makes me sick
- 12  Can't control my drinking
- 13  Costs too much or can't afford it
- 14  Dieting or too fattening
- 88  Other
- 99  DK

8-9  
10-11  
12-13  
14-15  
16-17  
18-19  
20-21  
22-23  
24-25  
26-27  
28-29  
30-31  
32-33  
34-35  
36-37  
38-39

If only one reason in 2a, mark box without asking; otherwise, ask:

- b. Of the reasons you have just told me, which of these is your MOST IMPORTANT reason for not drinking?

- 01  Don't socialize very much
- 02  Don't care for it or dislike it
- 03  Am an alcoholic
- 04  Thought I might become an alcoholic
- 05  Had problems with my drinking
- 06  Have a responsibility to my family
- 07  Family member an alcoholic or problem drinker
- 08  Medical or health reasons
- 09  Religious or moral reasons
- 10  Brought up not to drink
- 11  Makes me sick
- 12  Can't control my drinking
- 13  Costs too much or can't afford it
- 14  Dieting or too fattening
- 88  Other
- 99  DK

40-41

People have different opinions about heavy, moderate and light drinking. We would like to know how OFTEN and how MUCH you think a person must drink in order to be considered a heavy, moderate or light drinker.

- 3 a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?
- b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?
- 4 a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?
- b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?
- 5 a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?
- b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?

- 0000  Everyday
- \_\_\_\_\_ Days per { 1  Week
- 2  Month
- 3  Year
- 9999  DK (4)

- \_\_\_\_\_ Drinks
- 99  DK

- 0000  Everyday
- \_\_\_\_\_ Days per { 1  Week
- 2  Month
- 3  Year
- 9999  DK (5)

- \_\_\_\_\_ Drinks
- 99  DK

- 0000  Everyday
- \_\_\_\_\_ Days per { 1  Week
- 2  Month
- 3  Year
- 9999  DK (6)

- \_\_\_\_\_ Drinks
- 99  DK

42-45

46-47

48-51

52-53

54-57

58-59



**Section 01 – ALCOHOL SCREENING AND ABSTAINER – Continued**

<b>6a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> DK } (7)	<b>60</b>
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<b>b. Who was this?</b> Anyone else? If parent, ask: <b>Was this your biological (natural), adoptive, step, or foster [mother/father]?</b>  If brother/sister, ask: <b>Was this your full, half, adoptive, step, or foster [brother/sister]?</b>  Record up to first 5 mentioned.	Ask 6c for each person in 6b. <b>C. For how long did you live with (person in 6b) while (person in 6b) was a problem drinker or alcoholic?</b>  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">61-62</td> <td style="width:15%; border-bottom: 1px solid black;">_____</td> <td style="width:15%; border-left: 1px solid black;">                     1 <input type="checkbox"/> Days                      2 <input type="checkbox"/> Weeks                      3 <input type="checkbox"/> Months                      4 <input type="checkbox"/> Years                 </td> <td style="width:15%; text-align: right;">63-65</td> </tr> <tr> <td style="text-align: center;">66-67</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-left: 1px solid black;">                     1 <input type="checkbox"/> Days                      2 <input type="checkbox"/> Weeks                      3 <input type="checkbox"/> Months                      4 <input type="checkbox"/> Years                 </td> <td style="text-align: right;">68-70</td> </tr> <tr> <td style="text-align: center;">71-72</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-left: 1px solid black;">                     1 <input type="checkbox"/> Days                      2 <input type="checkbox"/> Weeks                      3 <input type="checkbox"/> Months                      4 <input type="checkbox"/> Years                 </td> <td style="text-align: right;">73-75</td> </tr> <tr> <td style="text-align: center;">76-77</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-left: 1px solid black;">                     1 <input type="checkbox"/> Days                      2 <input type="checkbox"/> Weeks                      3 <input type="checkbox"/> Months                      4 <input type="checkbox"/> Years                 </td> <td style="text-align: right;">78-80</td> </tr> <tr> <td style="text-align: center;">81-82</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-left: 1px solid black;">                     1 <input type="checkbox"/> Days                      2 <input type="checkbox"/> Weeks                      3 <input type="checkbox"/> Months                      4 <input type="checkbox"/> Years                 </td> <td style="text-align: right;">83-85</td> </tr> </table>	61-62	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	63-65	66-67	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	68-70	71-72	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	73-75	76-77	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	78-80	81-82	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	83-85
61-62	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	63-65																		
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76-77	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	78-80																		
81-82	_____	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	83-85																		

<b>7a. Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> DK } (8)	<b>86</b>
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<b>b. Who was this?</b> Anyone else? Mark all mentioned. If necessary, probe as indicated in 6b.	<table style="width:100%; border-collapse: collapse;"> <tr><td>1 <input type="checkbox"/> Biological mother</td><td style="text-align: right;">87</td></tr> <tr><td>2 <input type="checkbox"/> Biological father</td><td style="text-align: right;">88</td></tr> <tr><td>1 <input type="checkbox"/> Biological brother(s)</td><td style="text-align: right;">89</td></tr> <tr><td>2 <input type="checkbox"/> Biological sister(s)</td><td style="text-align: right;">90</td></tr> <tr><td>1 <input type="checkbox"/> Half brother(s)</td><td style="text-align: right;">91</td></tr> <tr><td>2 <input type="checkbox"/> Half sister(s)</td><td style="text-align: right;">92</td></tr> <tr><td>1 <input type="checkbox"/> Biological son(s)</td><td style="text-align: right;">93</td></tr> <tr><td>2 <input type="checkbox"/> Biological daughter(s)</td><td style="text-align: right;">94</td></tr> <tr><td>1 <input type="checkbox"/> Grandmother(s)</td><td style="text-align: right;">95</td></tr> <tr><td>2 <input type="checkbox"/> Grandfather(s)</td><td style="text-align: right;">96</td></tr> <tr><td>1 <input type="checkbox"/> Aunt(s)</td><td style="text-align: right;">97</td></tr> <tr><td>2 <input type="checkbox"/> Uncle(s)</td><td style="text-align: right;">98</td></tr> <tr><td>1 <input type="checkbox"/> Niece(s)</td><td style="text-align: right;">99</td></tr> <tr><td>2 <input type="checkbox"/> Nephew(s)</td><td style="text-align: right;">100</td></tr> <tr><td>1 <input type="checkbox"/> Cousin(s)</td><td style="text-align: right;">101</td></tr> <tr><td>2 <input type="checkbox"/> Other blood relative(s)</td><td style="text-align: right;">102</td></tr> <tr><td>1 <input type="checkbox"/> DK</td><td style="text-align: right;">103</td></tr> </table>	1 <input type="checkbox"/> Biological mother	87	2 <input type="checkbox"/> Biological father	88	1 <input type="checkbox"/> Biological brother(s)	89	2 <input type="checkbox"/> Biological sister(s)	90	1 <input type="checkbox"/> Half brother(s)	91	2 <input type="checkbox"/> Half sister(s)	92	1 <input type="checkbox"/> Biological son(s)	93	2 <input type="checkbox"/> Biological daughter(s)	94	1 <input type="checkbox"/> Grandmother(s)	95	2 <input type="checkbox"/> Grandfather(s)	96	1 <input type="checkbox"/> Aunt(s)	97	2 <input type="checkbox"/> Uncle(s)	98	1 <input type="checkbox"/> Niece(s)	99	2 <input type="checkbox"/> Nephew(s)	100	1 <input type="checkbox"/> Cousin(s)	101	2 <input type="checkbox"/> Other blood relative(s)	102	1 <input type="checkbox"/> DK	103
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2 <input type="checkbox"/> Other blood relative(s)	102																																		
1 <input type="checkbox"/> DK	103																																		

<b>8. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>104</b>
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Notes

**Section 01 — ALCOHOL SCREENING AND ABSTAINER — Continued**

3-4

5-6

Refer to Table B on the Cover Page and ask for each person listed except the sample person.  
 If personal interview — hand Card O2 and read first alternative wording.  
 If telephone interview — read second alternative wording and the list of answer categories.

Person No. \_\_\_\_\_

- 1  Heavy
- 2  Moderate
- 3  Light
- 4  Very light or occasional
- 5  Quit drinking
- 6  Never drank
- 9  DK

**9a.** Please look at this card and tell me which number best describes — drinking during the past year.  
 I am going to read a list of different drinking categories, please tell me which one best describes — drinking in the past year.

7

8-9

**b.** What about — drinking?

Person No. \_\_\_\_\_

- 1  Heavy
- 2  Moderate
- 3  Light
- 4  Very light or occasional
- 5  Quit drinking
- 6  Never drank
- 9  DK

10

11-12

**c.** What about — drinking?

Person No. \_\_\_\_\_

- 1  Heavy
- 2  Moderate
- 3  Light
- 4  Very light or occasional
- 5  Quit drinking
- 6  Never drank
- 9  DK

13

14-15

**d.** What about — drinking?

Person No. \_\_\_\_\_

- 1  Heavy
- 2  Moderate
- 3  Light
- 4  Very light or occasional
- 5  Quit drinking
- 6  Never drank
- 9  DK

16

17-18

**e.** What about — drinking?

Person No. \_\_\_\_\_

- 1  Heavy
- 2  Moderate
- 3  Light
- 4  Very light or occasional
- 5  Quit drinking
- 6  Never drank
- 9  DK

19

20-21

**f.** What about — drinking?

Person No. \_\_\_\_\_

- 1  Heavy
- 2  Moderate
- 3  Light
- 4  Very light or occasional
- 5  Quit drinking
- 6  Never drank
- 9  DK

22

**10.** Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —

- a. Hypertension or high blood pressure (excluding during pregnancy)? .....
- b. Hardening of the arteries? .....
- c. Any heart disease? .....
- d. Arthritis or rheumatism? .....
- e. An ulcer, not including skin ulcers? .....
- f. Diabetes? .....
- g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis? .....
- h. Cancer, other than skin cancer? .....
- i. Alcoholism? .....

- | Yes                        | No                         |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
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| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

23

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31

32

**CHECK ITEM 1**

Mark one box, then go to next Supplement.

- 1  SP alone during interview
- 2  Child(ren) present during interview
- 3  Other adult(s) present during interview
- 4  Child(ren) and other adult(s) present during interview
- 5  Telephone interview

**Section 02 — LIFETIME INFREQUENT DRINKER**

<b>1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?</b>	_____ Years 99 <input type="checkbox"/> DK	33-34
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<b>2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have?</b>	00 <input type="checkbox"/> None _____ Drinks 99 <input type="checkbox"/> DK	35-36
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<b>3. When did you have your last drink of any kind of alcoholic beverage?</b>	_____ 19 _____ Month Year 9999 <input type="checkbox"/> DK	37-40
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<b>4. What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor?</b> <i>Mark only one box.</i>	1 <input type="checkbox"/> Beer 2 <input type="checkbox"/> Wine 3 <input type="checkbox"/> Liquor 4 <input type="checkbox"/> No preference 9 <input type="checkbox"/> DK	41
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<b>5. When you [drink/drank] who [do/did] you USUALLY drink with — friends, relatives, people from work, other people, or by yourself?</b> <i>Mark only one box.</i>	1 <input type="checkbox"/> Friends 2 <input type="checkbox"/> Relatives 3 <input type="checkbox"/> People from work 4 <input type="checkbox"/> Other people 5 <input type="checkbox"/> Self 9 <input type="checkbox"/> DK	42
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<i>Hand Card 01, read list if telephone interview.</i> <b>6a. (Please look at this list and tell me) What are your reasons for not drinking very much?</b> <b>Anything else?</b> <i>Mark all mentioned.</i>	01 <input type="checkbox"/> Don't socialize very much 02 <input type="checkbox"/> Don't care for it or dislike it 03 <input type="checkbox"/> Am an alcoholic 04 <input type="checkbox"/> Thought I might become an alcoholic 05 <input type="checkbox"/> Had problems with my drinking 06 <input type="checkbox"/> Have a responsibility to my family 07 <input type="checkbox"/> Family member an alcoholic or problem drinker 08 <input type="checkbox"/> Medical or health reasons 09 <input type="checkbox"/> Religious or moral reasons 10 <input type="checkbox"/> Brought up not to drink 11 <input type="checkbox"/> Makes me sick 12 <input type="checkbox"/> Can't control my drinking 13 <input type="checkbox"/> Costs too much or can't afford it 14 <input type="checkbox"/> Dieting or too fattening 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72 73-74
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<i>If only one reason in 6a, mark box without asking; otherwise, ask:</i> <b>b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for not drinking very much?</b>	01 <input type="checkbox"/> Don't socialize very much 02 <input type="checkbox"/> Don't care for it or dislike it 03 <input type="checkbox"/> Am an alcoholic 04 <input type="checkbox"/> Thought I might become an alcoholic 05 <input type="checkbox"/> Had problems with my drinking 06 <input type="checkbox"/> Have a responsibility to my family 07 <input type="checkbox"/> Family member an alcoholic or problem drinker 08 <input type="checkbox"/> Medical or health reasons 09 <input type="checkbox"/> Religious or moral reasons 10 <input type="checkbox"/> Brought up not to drink 11 <input type="checkbox"/> Makes me sick 12 <input type="checkbox"/> Can't control my drinking 13 <input type="checkbox"/> Costs too much or can't afford it 14 <input type="checkbox"/> Dieting or too fattening 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	75-76
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Notes	
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**Section 02 -- LIFETIME INFREQUENT DRINKER -- Continued**

<p>People have different opinions about heavy, moderate and light drinking. We would like to know how <b>OFTEN</b> and how <b>MUCH</b> you think a person must drink in order to be considered a heavy, moderate or light drinker.</p> <p><b>7a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?</b></p>	<p style="text-align: right;">77-80</p> <p>0000 <input type="checkbox"/> Everyday          _____ Days per { 1 <input type="checkbox"/> Week          2 <input type="checkbox"/> Month          3 <input type="checkbox"/> Year          9999 <input type="checkbox"/> DK (8)</p>										
<p><b>b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?</b></p>	<p style="text-align: right;">81-82</p> <p>_____ Drinks          99 <input type="checkbox"/> DK</p>										
<p><b>8a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?</b></p>	<p style="text-align: right;">83-86</p> <p>0000 <input type="checkbox"/> Everyday          _____ Days per { 1 <input type="checkbox"/> Week          2 <input type="checkbox"/> Month          3 <input type="checkbox"/> Year          9999 <input type="checkbox"/> DK (9)</p>										
<p><b>b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?</b></p>	<p style="text-align: right;">87-88</p> <p>_____ Drinks          99 <input type="checkbox"/> DK</p>										
<p><b>9a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?</b></p>	<p style="text-align: right;">89-92</p> <p>0000 <input type="checkbox"/> Everyday          _____ Days per { 1 <input type="checkbox"/> Week          2 <input type="checkbox"/> Month          3 <input type="checkbox"/> Year          9999 <input type="checkbox"/> DK (10)</p>										
<p><b>b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?</b></p>	<p style="text-align: right;">93-94</p> <p>_____ Drinks          99 <input type="checkbox"/> DK</p>										
<p><b>10a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?</b></p>	<p style="text-align: right;">95</p> <p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No } (11)          9 <input type="checkbox"/> DK</p>										
<p><b>b. Who was this?</b>          Anyone else?          If parent, ask: Was this your biological (natural), adoptive, step, or foster [mother/father]?          If brother/sister, ask: Was this your full, half, adoptive, step, or foster [brother/sister]?          Record up to first 5 mentioned.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;"> <p style="text-align: right;">96-97</p> <p>1) _____</p> </td> <td style="width:70%; padding: 5px;"> <p style="text-align: right;">98-100</p> <p style="text-align: center;"><i>Ask 10c for each person in 10b.</i></p> <p><b>C. For how long did you live with (person in 10b) while (person in 10b) was a problem drinker or alcoholic?</b></p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p> </td> </tr> <tr> <td style="padding: 5px;"> <p style="text-align: right;">101-102</p> <p>2) _____</p> </td> <td style="padding: 5px;"> <p style="text-align: right;">103-105</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p> </td> </tr> <tr> <td style="padding: 5px;"> <p style="text-align: right;">106-107</p> <p>3) _____</p> </td> <td style="padding: 5px;"> <p style="text-align: right;">108-110</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p> </td> </tr> <tr> <td style="padding: 5px;"> <p style="text-align: right;">111-112</p> <p>4) _____</p> </td> <td style="padding: 5px;"> <p style="text-align: right;">113-115</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p> </td> </tr> <tr> <td style="padding: 5px;"> <p style="text-align: right;">116-117</p> <p>5) _____</p> </td> <td style="padding: 5px;"> <p style="text-align: right;">118-120</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p> </td> </tr> </table>	<p style="text-align: right;">96-97</p> <p>1) _____</p>	<p style="text-align: right;">98-100</p> <p style="text-align: center;"><i>Ask 10c for each person in 10b.</i></p> <p><b>C. For how long did you live with (person in 10b) while (person in 10b) was a problem drinker or alcoholic?</b></p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>	<p style="text-align: right;">101-102</p> <p>2) _____</p>	<p style="text-align: right;">103-105</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>	<p style="text-align: right;">106-107</p> <p>3) _____</p>	<p style="text-align: right;">108-110</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>	<p style="text-align: right;">111-112</p> <p>4) _____</p>	<p style="text-align: right;">113-115</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>	<p style="text-align: right;">116-117</p> <p>5) _____</p>	<p style="text-align: right;">118-120</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>
<p style="text-align: right;">96-97</p> <p>1) _____</p>	<p style="text-align: right;">98-100</p> <p style="text-align: center;"><i>Ask 10c for each person in 10b.</i></p> <p><b>C. For how long did you live with (person in 10b) while (person in 10b) was a problem drinker or alcoholic?</b></p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>										
<p style="text-align: right;">101-102</p> <p>2) _____</p>	<p style="text-align: right;">103-105</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>										
<p style="text-align: right;">106-107</p> <p>3) _____</p>	<p style="text-align: right;">108-110</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>										
<p style="text-align: right;">111-112</p> <p>4) _____</p>	<p style="text-align: right;">113-115</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>										
<p style="text-align: right;">116-117</p> <p>5) _____</p>	<p style="text-align: right;">118-120</p> <p>_____ { 1 <input type="checkbox"/> Days                  2 <input type="checkbox"/> Weeks                  3 <input type="checkbox"/> Months                  4 <input type="checkbox"/> Years</p>										

**Section O2 – LIFETIME INFREQUENT DRINKER – Continued**

3-4	
<p><b>11 a. Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> DK } (12)</p>
5	
<p><b>b. Who was this?</b>                  Anyone else?                  Mark all mentioned.                  If necessary, probe as indicated in 10b.</p>	<p>1 <input type="checkbox"/> Biological mother                  2 <input type="checkbox"/> Biological father                  1 <input type="checkbox"/> Biological brother(s)                  2 <input type="checkbox"/> Biological sister(s)                  1 <input type="checkbox"/> Half brother(s)                  2 <input type="checkbox"/> Half sister(s)                  1 <input type="checkbox"/> Biological son(s)                  2 <input type="checkbox"/> Biological daughter(s)                  1 <input type="checkbox"/> Grandmother(s)                  2 <input type="checkbox"/> Grandfather(s)                  1 <input type="checkbox"/> Aunt(s)                  2 <input type="checkbox"/> Uncle(s)                  1 <input type="checkbox"/> Niece(s)                  2 <input type="checkbox"/> Nephew(s)                  1 <input type="checkbox"/> Cousin(s)                  2 <input type="checkbox"/> Other blood relative(s)                  1 <input type="checkbox"/> DK</p>
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	
<p><b>12. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
23	
<p><i>Refer to Table B on the Cover Page and ask for each person listed except the sample person.                  If personal interview – hand Card O2 and read first alternative wording.                  If telephone interview – read second alternative wording and the list of answer categories.</i></p> <p><b>13 a. [ Please look at this card and tell me which number best describes -- drinking during the past year. I am going to read a list of different drinking categories, please tell me which one best describes -- drinking in the past year. ]</b></p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
24-25	
<p><b>b. What about -- drinking?</b></p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
26 27-28	
<p><b>c. What about -- drinking?</b></p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
29 30-31	
<p><b>d. What about -- drinking?</b></p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
32 33-34	
<p><b>e. What about -- drinking?</b></p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
35 36-37	
<p><b>f. What about -- drinking?</b></p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
38 39-40	
41	



**Section 03 – CURRENT DRINKER**

<b>1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?</b>	_____ Years 99 <input type="checkbox"/> DK	52-63
<b>2a. On the average, how often do you drink any alcoholic beverages?</b>	0000 <input type="checkbox"/> Everyday _____ Days per 9999 <input type="checkbox"/> DK	54-57
<b>b. On the average, on the days that you drink alcohol, how many drinks do you have a day?</b>	_____ Drinks per day 99 <input type="checkbox"/> DK	58-59
<i>Hand calendar.</i> <b>3a. Did you have a drink during the 2-week period [outlined on that calendar/beginning Monday, (date) and ending Sunday (date)]?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3c)	60
<b>b. During that period, when did you last have a drink?</b>	_____ 19 _____ (4) Month      Date      Year	61-66
<b>c. When was your last drink prior to that 2-week period?</b>	_____ 19 _____ (10) Month      Date      Year	67-72
<b>4a. During that 2-week period, on how many days did you drink any beer?</b>	00 <input type="checkbox"/> None or never (5) _____ Days	73-74
<b>b. On the day(s) when you drank beer, about how many beers did you drink a day?</b>	_____ Beers 99 <input type="checkbox"/> DK	75-76
<b>c. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?</b>	_____ Ounces 99.99 <input type="checkbox"/> DK	77-81
<b>5a. During that 2-week period, on how many days did you drink any wine?</b>	00 <input type="checkbox"/> None or never (6) _____ Days	82-83
<b>b. On the day(s) when you drank wine, about how many glasses of wine did you drink a day?</b>	_____ Glasses 99 <input type="checkbox"/> DK	84-85
<b>c. About how many ounces of wine were in a typical glass that you drank during that period?</b>	_____ Ounces 99.99 <input type="checkbox"/> DK	86-90
<b>6a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?</b>	00 <input type="checkbox"/> None or never (Check item 3) _____ Days	91-92
<b>b. On the day(s) when you drank liquor, about how many drinks did you have a day?</b>	_____ Drinks 99 <input type="checkbox"/> DK	93-94
<b>c. About how many ounces of liquor were in a typical drink that you had during that period?</b>	_____ Ounces 99.99 <input type="checkbox"/> DK	95-99
<b>CHECK ITEM 3</b>	Refer to 4a, 5a, and 6a. Mark first appropriate box.	100
<b>7. I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</b> <b>During the 2-week period [outlined on that calendar/beginning Monday, (date) and ending Sunday (date)], on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor?</b>	_____ Days (8) 01 <input type="checkbox"/> One day only (9)	101-102

**Section 03 – CURRENT DRINKER – Continued**

RT 85

**INTRO**

I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.

3-4

<p><b>8a.</b> Refer to questions 4b, 5b, and 6b. During that 2-week period, did you have more than (largest number in 4b, 5b, or 6b) drink(s) on a single day?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)</p>	5
<p><b>b.</b> On how many days did you have more than (largest number in 4b, 5b, or 6b) drink(s) of beer, or wine, or liquor?</p>	<p>_____ Days 01 <input type="checkbox"/> One day only (8e)</p>	6-7
<p><b>c.</b> What was the largest number of drinks you had on any one of those days?</p>	<p>_____ Drinks</p>	8-9
<p><b>d.</b> On how many days during that 2-week period did you have (number in 8c) drinks?</p>	<p>_____ Days (9)</p>	10-11
<p><b>e.</b> How many drinks did you have on that day?</p>	<p>_____ Drinks</p>	12-13
<p><b>9a.</b> Was the amount of your drinking during that 2-week period typical of your drinking during the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes (9c) 2 <input type="checkbox"/> No</p>	14
<p><b>b.</b> Was the amount of your drinking during that 2-week period MORE OR LESS than your drinking during the past 12 months?</p>	<p>1 <input type="checkbox"/> More } (16) 2 <input type="checkbox"/> Less }</p>	15
<p><b>c.</b> For how many years has this been typical of your drinking?</p>	<p>_____ Years } (16) 00 <input type="checkbox"/> Less than one }</p>	16-17
<p>Let's talk about the 2-week period ending the day you had your last drink. Please include that last day.</p>		
<p><b>10a.</b> During that 2-week period, on how many days did you drink any beer?</p>	<p>_____ Days 00 <input type="checkbox"/> None or never (11)</p>	18-19
<p><b>b.</b> On the day(s) when you drank beer, about how many beers did you drink a day?</p>	<p>99 <input type="checkbox"/> DK      _____ Beers</p>	20-21
<p><b>c.</b> About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?</p>	<p>_____ Ounces 99.99 <input type="checkbox"/> DK</p>	22-26
<p><b>11a.</b> During that 2-week period, on how many days did you drink any wine?</p>	<p>_____ Days 00 <input type="checkbox"/> None or never (12)</p>	27-28
<p><b>b.</b> On the day(s) when you drank wine, about how many glasses of wine did you drink a day?</p>	<p>99 <input type="checkbox"/> DK      _____ Glasses</p>	29-30
<p><b>c.</b> About how many ounces of wine were in a typical glass that you drank during that period?</p>	<p>_____ Ounces 99.99 <input type="checkbox"/> DK</p>	31-35
<p><b>12a.</b> During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?</p>	<p>_____ Days 00 <input type="checkbox"/> None or never (Check Item 4)</p>	36-37
<p><b>b.</b> On the day(s) when you drank liquor, about how many drinks did you have a day?</p>	<p>99 <input type="checkbox"/> DK      _____ Drinks</p>	38-39
<p><b>c.</b> About how many ounces of liquor were in a typical drink that you had during that period?</p>	<p>_____ Ounces 99.99 <input type="checkbox"/> DK</p>	40-44
<p><b>CHECK ITEM 4</b></p>	<p>Refer to 10a, 11a, and 12a. Mark first appropriate box.</p>	45
<p>1 <input type="checkbox"/> Only one beverage type (14) 2 <input type="checkbox"/> 14 days in 10a, 11a, or 12a (14) 3 <input type="checkbox"/> Other (13)</p>		



**Section 03 – CURRENT DRINKER – Continued**

<p><b>I have asked you about beer, wine and liquor separately. Now I want you to think about them combined.</b></p> <p><b>13. Still thinking about the same 2-week period, on how many days altogether did you drink alcoholic beverages, that is, beer, wine, or liquor?</b></p>	<p align="right">46-47</p> <p>01 <input type="checkbox"/> One day only</p> <p>_____ Days</p>
<p><b>14a. Was the amount of your drinking during that 2-week period typical of your drinking during the previous 12 months?</b></p>	<p align="right">48</p> <p>1 <input type="checkbox"/> Yes (14c)</p> <p>2 <input type="checkbox"/> No</p>
<p><b>b. During that 2-week period, did you drink MORE OR LESS than usual?</b></p>	<p align="right">49</p> <p>1 <input type="checkbox"/> More } (15)</p> <p>2 <input type="checkbox"/> Less }</p>
<p><b>c. For how many years has this been typical of your drinking?</b></p>	<p align="right">50-51</p> <p>00 <input type="checkbox"/> Less than one year</p> <p>_____ Years</p>
<p><i>Hand Card O1, read list if telephone interview.</i></p> <p><b>15a. (Please look at this list and tell me) What are your reasons for not drinking since (date in 3c)?</b></p> <p><b>Anything else?</b></p> <p><i>Mark all mentioned</i></p>	<p>01 <input type="checkbox"/> Don't socialize very much <span style="float:right">52-53</span></p> <p>02 <input type="checkbox"/> Don't care for it/dislike it <span style="float:right">54-55</span></p> <p>03 <input type="checkbox"/> Am an alcoholic <span style="float:right">56-57</span></p> <p>04 <input type="checkbox"/> Thought I might become an alcoholic <span style="float:right">58-59</span></p> <p>05 <input type="checkbox"/> Had problems with my drinking <span style="float:right">60-61</span></p> <p>06 <input type="checkbox"/> Have a responsibility to my family <span style="float:right">62-63</span></p> <p>07 <input type="checkbox"/> Family member an alcoholic or problem drinker <span style="float:right">64-65</span></p> <p>08 <input type="checkbox"/> Medical or health reasons <span style="float:right">66-67</span></p> <p>09 <input type="checkbox"/> Religious or moral reasons <span style="float:right">68-69</span></p> <p>10 <input type="checkbox"/> Brought up not to drink <span style="float:right">70-71</span></p> <p>11 <input type="checkbox"/> Makes me sick <span style="float:right">72-73</span></p> <p>12 <input type="checkbox"/> Can't control my drinking <span style="float:right">74-75</span></p> <p>13 <input type="checkbox"/> Costs too much or can't afford it <span style="float:right">76-77</span></p> <p>14 <input type="checkbox"/> Dieting or too fattening <span style="float:right">78-79</span></p> <p>88 <input type="checkbox"/> Other <span style="float:right">80-81</span></p> <p>99 <input type="checkbox"/> DK <span style="float:right">82-83</span></p>
<p><i>If only one reason in 15a, mark box without asking; otherwise ask:</i></p> <p><b>b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for not drinking since (date in 3c)?</b></p>	<p align="right">84-85</p> <p>01 <input type="checkbox"/> Don't socialize very much</p> <p>02 <input type="checkbox"/> Don't care for it/dislike it</p> <p>03 <input type="checkbox"/> Am an alcoholic</p> <p>04 <input type="checkbox"/> Thought I might become an alcoholic</p> <p>05 <input type="checkbox"/> Had problems with my drinking</p> <p>06 <input type="checkbox"/> Have a responsibility to my family</p> <p>07 <input type="checkbox"/> Family member an alcoholic or problem drinker</p> <p>08 <input type="checkbox"/> Medical or health reasons</p> <p>09 <input type="checkbox"/> Religious or moral reasons</p> <p>10 <input type="checkbox"/> Brought up not to drink</p> <p>11 <input type="checkbox"/> Makes me sick</p> <p>12 <input type="checkbox"/> Can't control my drinking</p> <p>13 <input type="checkbox"/> Costs too much or can't afford it</p> <p>14 <input type="checkbox"/> Dieting or too fattening</p> <p>88 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>c. Do you think you will probably drink again or have you stopped drinking permanently?</b></p>	<p align="right">86</p> <p>1 <input type="checkbox"/> Will probably drink again</p> <p>2 <input type="checkbox"/> Stopped permanently</p> <p>8 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p>
<p><b>16a. (Thinking about the 12 months before your last drink) Did you have at least one drink in every month [last year/of that year]?</b></p>	<p align="right">87</p> <p>1 <input type="checkbox"/> Yes (17)</p> <p>2 <input type="checkbox"/> No</p>
<p><b>b. In how many months did you have at least one drink?</b></p>	<p align="right">88-89</p> <p>_____ Months</p> <p>00 <input type="checkbox"/> None (18)</p>
<p><b>17a. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?</b></p>	<p align="right">90-92</p> <p>_____ Days</p> <p>000 <input type="checkbox"/> None</p>
<p><b>b. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the (number in 17a) days you had 9 or more drinks.)</b></p>	<p align="right">93-95</p> <p>_____ Days</p> <p>000 <input type="checkbox"/> None</p>

Section 03 — CURRENT DRINKER — Continued

18. Do you NOW consider yourself to be a heavy, moderate, light, very light or occasional drinker?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Very light or occasional <input type="checkbox"/> Quit drinking	3-4
		5

19a. In your ENTIRE LIFE, when you drank the MOST, about how often did you drink?	0000 <input type="checkbox"/> Everyday _____ Days per $\left\{ \begin{array}{l} 1 \text{  Week} \\ 2 \text{  Month} \\ 3 \text{  Year} \end{array} \right.$ 9999 <input type="checkbox"/> DK	6-9
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b. On these days, about how many drinks did you have a day?	_____ Drinks 99 <input type="checkbox"/> DK	10-11
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c. For how long of a period did you drink this amount?	_____ Number $\left\{ \begin{array}{l} 1 \text{  Days} \\ 2 \text{  Weeks} \\ 3 \text{  Months} \\ 4 \text{  Years} \end{array} \right.$ 9999 <input type="checkbox"/> DK	12-15
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20. (Before you stopped drinking) What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor? <i>Mark only one box.</i>	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor <input type="checkbox"/> No preference <input type="checkbox"/> DK	16
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21. (Before you stopped drinking) When you drink who [did/do] you USUALLY drink with — friends, relatives, people from work, other people, or by yourself? <i>Mark only one box.</i>	<input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> People from work <input type="checkbox"/> Other people <input type="checkbox"/> Self <input type="checkbox"/> DK	17
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22a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?	0000 <input type="checkbox"/> Everyday _____ Days per $\left\{ \begin{array}{l} 1 \text{  Week} \\ 2 \text{  Month} \\ 3 \text{  Year} \end{array} \right.$ 9999 <input type="checkbox"/> DK (23)	18-21
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b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?	_____ Drinks 99 <input type="checkbox"/> DK	22-23
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23a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?	0000 <input type="checkbox"/> Everyday _____ Days per $\left\{ \begin{array}{l} 1 \text{  Week} \\ 2 \text{  Month} \\ 3 \text{  Year} \end{array} \right.$ 9999 <input type="checkbox"/> DK (24)	24-27
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b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?	_____ Drinks 99 <input type="checkbox"/> DK	28-29
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24a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?	0000 <input type="checkbox"/> Everyday _____ Days per $\left\{ \begin{array}{l} 1 \text{  Week} \\ 2 \text{  Month} \\ 3 \text{  Year} \end{array} \right.$ 9999 <input type="checkbox"/> DK (25)	30-33
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b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?	_____ Drinks 99 <input type="checkbox"/> DK	34-35
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**Section 03 – CURRENT DRINKER – Continued**

<b>25a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (26)	36
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<b>b. Who was this?</b>  <b>Anyone else?</b> If parents, ask: <b>Was this your biological (natural), adoptive, step, or foster [mother/father]?</b>  If brother/sister, ask: <b>Was this your full, half, adoptive, step, or foster [brother/sister]?</b>  Record up to first 5 mentioned.	Ask 25c for each person in 25b. <b>C. For how long did you live with (person in 25b) while (person in 25b) was a problem drinker or alcoholic?</b>  1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years
1) _____	_____ { 37-38 } _____ { 39-41 }
2) _____	_____ { 42-43 } _____ { 44-46 }
3) _____	_____ { 47-48 } _____ { 49-51 }
4) _____	_____ { 52-53 } _____ { 54-56 }
5) _____	_____ { 57-58 } _____ { 59-61 }

<b>26a. Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (27)	62
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<b>b. Who was this?</b>  <b>Anyone else?</b> Mark all mentioned. If necessary, probe as indicated in 25b.	1 <input type="checkbox"/> Biological mother 2 <input type="checkbox"/> Biological father 1 <input type="checkbox"/> Biological brother(s) 2 <input type="checkbox"/> Biological sister(s) 1 <input type="checkbox"/> Half brother(s) 2 <input type="checkbox"/> Half sister(s) 1 <input type="checkbox"/> Biological son(s) 2 <input type="checkbox"/> Biological daughter(s) 1 <input type="checkbox"/> Grandmother(s) 2 <input type="checkbox"/> Grandfather(s) 1 <input type="checkbox"/> Aunt(s) 2 <input type="checkbox"/> Uncle(s) 1 <input type="checkbox"/> Niece(s) 2 <input type="checkbox"/> Nephew(s) 1 <input type="checkbox"/> Cousin(s) 2 <input type="checkbox"/> Other blood relative(s) 1 <input type="checkbox"/> DK	63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79
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<b>27. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	80
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Notes

**Section O3 — CURRENT DRINKER — Continued**

<p>Refer to Table B on the Cover Page and ask for each person listed except the sample person.                  If personal interview — hand Card O2 and read first alternative wording.                  If telephone interview — read second alternative wording and the list of answer categories.</p> <p><b>28a. Please look at this card and tell me which number best describes — drinking during the past year.</b>                  I am going to read a list of different drinking categories, please tell me which best describes — drinking in the past year.</p>	<p align="right">81-82</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
<p><b>b. What about — drinking?</b></p>	<p align="right">83 84-85</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
<p><b>c. What about — drinking?</b></p>	<p align="right">86 87-88</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
<p><b>d. What about — drinking?</b></p>	<p align="right">89 90-91</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
<p><b>e. What about — drinking?</b></p>	<p align="right">92 93-94</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>
<p><b>f. What about — drinking?</b></p>	<p align="right">95 96-97</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Light                  4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking                  6 <input type="checkbox"/> Never drank                  9 <input type="checkbox"/> DK</p>

<p><b>29. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —</b></p>	<p align="right">98</p> <table style="width:100%;"> <tr> <td style="width:50%;"></td> <td align="center">Yes</td> <td align="center">No</td> <td></td> </tr> <tr> <td><b>a. Hypertension or high blood pressure (excluding during pregnancy)?</b> .....</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="right">99</td> </tr> <tr> <td><b>b. Hardening of the arteries?</b> .....</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="right">100</td> </tr> <tr> <td><b>c. Any heart disease?</b> .....</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="right">101</td> </tr> <tr> <td><b>d. Arthritis or rheumatism?</b> .....</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="right">102</td> </tr> <tr> <td><b>e. An ulcer, not including skin ulcers?</b> .....</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="right">103</td> </tr> <tr> <td><b>f. Diabetes?</b> .....</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="right">104</td> </tr> <tr> <td><b>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?</b> .....</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="right">105</td> </tr> <tr> <td><b>h. Cancer, other than skin cancer?</b> .....</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="right">106</td> </tr> <tr> <td><b>i. Alcoholism?</b> .....</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="right">107</td> </tr> </table>		Yes	No		<b>a. Hypertension or high blood pressure (excluding during pregnancy)?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99	<b>b. Hardening of the arteries?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	100	<b>c. Any heart disease?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	101	<b>d. Arthritis or rheumatism?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	102	<b>e. An ulcer, not including skin ulcers?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	103	<b>f. Diabetes?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	104	<b>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	105	<b>h. Cancer, other than skin cancer?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	106	<b>i. Alcoholism?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	107
	Yes	No																																							
<b>a. Hypertension or high blood pressure (excluding during pregnancy)?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99																																						
<b>b. Hardening of the arteries?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	100																																						
<b>c. Any heart disease?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	101																																						
<b>d. Arthritis or rheumatism?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	102																																						
<b>e. An ulcer, not including skin ulcers?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	103																																						
<b>f. Diabetes?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	104																																						
<b>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	105																																						
<b>h. Cancer, other than skin cancer?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	106																																						
<b>i. Alcoholism?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	107																																						

<b>CHECK ITEM 5</b>	<p>Mark one box, then read "Intro" for HIS-2, Alcohol Questionnaire.</p>	<p>1 <input type="checkbox"/> SP alone during interview                  2 <input type="checkbox"/> Child(ren) present during interview                  3 <input type="checkbox"/> Other adult(s) present during interview                  4 <input type="checkbox"/> Child(ren) and other adult(s) present during interview                  5 <input type="checkbox"/> Telephone interview</p> <p align="right">108</p>
---------------------	--	---

**INTRO: (Hand questionnaire and read to respondent) These next questions are about things that happen to people when they are drinking or after they have been drinking. We would like to know if any of these things have ever happened to you. (I can read the questions to you or you can fill out the form yourself. Which would you prefer?)**

<p><b>METHOD OF INTERVIEW</b> <span style="float:right">109</span></p> <p>1 <input type="checkbox"/> Read to SP (HIS-2)                  2 <input type="checkbox"/> Self-administered (Instructions)                  3 <input type="checkbox"/> Telephone interview (HIS-2)                  4 <input type="checkbox"/> Refused HIS-2 (next Supplement)</p>	<p><b>INSTRUCTIONS —</b> In COLUMN 1, please circle the answer that best describes the number of times each of these things has happened to you IN THE PAST 12 MONTHS. Complete column 1 for each question first. Then go back and in COLUMN 2, circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.</p>
--	--

**Section 04 — FORMER DRINKER**

		3-4
<b>1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?</b>	_____ Years 99 <input type="checkbox"/> DK	5-8
<b>2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have?</b>	00 <input type="checkbox"/> None _____ Drinks 99 <input type="checkbox"/> DK	7-8
<b>3. When did you have your last drink of any kind of alcoholic beverage?</b>	_____ 19 _____ Month Year 9999 <input type="checkbox"/> DK	9-12
<b>4a. In your ENTIRE LIFE, when you drank the MOST, about how often did you drink?</b>	0000 <input type="checkbox"/> Everyday _____ Days per { 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year 9999 <input type="checkbox"/> DK	13-18
<b>b. On those days, about how many drinks did you have a day?</b>	00 <input type="checkbox"/> None _____ Drinks 99 <input type="checkbox"/> DK	17-18
<b>c. For how long of a period did you drink this amount?</b>	_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years 9999 <input type="checkbox"/> DK	19-22
<b>5. What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor?</b>  <i>Mark only one box</i>	1 <input type="checkbox"/> Beer 2 <input type="checkbox"/> Wine 3 <input type="checkbox"/> Liquor 4 <input type="checkbox"/> No preference 9 <input type="checkbox"/> DK	23
<b>6. When you [drink/drank] who [do/did] you USUALLY drink with — friends, relatives, people from work, other people, or by yourself?</b>  <i>Mark only one box.</i>	1 <input type="checkbox"/> Friends 2 <input type="checkbox"/> Relatives 3 <input type="checkbox"/> People from work 4 <input type="checkbox"/> Other people 5 <input type="checkbox"/> Self 9 <input type="checkbox"/> DK	24
<i>Hand Card 01, read list if telephone interview.</i>		
<b>7a. (Please look at this list and tell me) What are your reasons for drinking less than 12 drinks in the past year?</b>  <b>Anything else?</b>  <i>Mark all mentioned.</i>	01 <input type="checkbox"/> Don't socialize very much 02 <input type="checkbox"/> Don't care for it or dislike it 03 <input type="checkbox"/> Am an alcoholic 04 <input type="checkbox"/> Thought I might become an alcoholic 05 <input type="checkbox"/> Had problems with my drinking 06 <input type="checkbox"/> Have a responsibility to my family 07 <input type="checkbox"/> Family member an alcoholic or problem drinker 08 <input type="checkbox"/> Medical or health reasons 09 <input type="checkbox"/> Religious or moral reasons 10 <input type="checkbox"/> Brought up not to drink 11 <input type="checkbox"/> Makes me sick 12 <input type="checkbox"/> Can't control my drinking 13 <input type="checkbox"/> Costs too much or can't afford it 14 <input type="checkbox"/> Dieting or too fattening 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	25-28 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-48 47-48 49-50 51-52 53-54 55-56
<i>If only one reason in 7a, mark box without asking; otherwise, ask:</i>		
<b>b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for drinking less than 12 drinks in the past year?</b>	01 <input type="checkbox"/> Don't socialize very much 02 <input type="checkbox"/> Don't care for it or dislike it 03 <input type="checkbox"/> Am an alcoholic 04 <input type="checkbox"/> Thought I might become an alcoholic 05 <input type="checkbox"/> Had problems with my drinking 06 <input type="checkbox"/> Have a responsibility to my family 07 <input type="checkbox"/> Family member an alcoholic or problem drinker 08 <input type="checkbox"/> Medical or health reasons 09 <input type="checkbox"/> Religious or moral reasons 10 <input type="checkbox"/> Brought up not to drink 11 <input type="checkbox"/> Makes me sick 12 <input type="checkbox"/> Can't control my drinking 13 <input type="checkbox"/> Costs too much or can't afford it 14 <input type="checkbox"/> Dieting or too fattening 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	57-58

**Section 04 — FORMER DRINKER**

<p>People have different opinions about heavy, moderate and light drinking. We would like to know how OFTEN and how MUCH you think a person must drink in order to be considered a heavy, moderate or light drinker.</p> <p><b>8a.</b> In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?</p>	<p style="text-align: right;">88-92</p> <p>0000 <input type="checkbox"/> Everyday          _____ Days per          9999 <input type="checkbox"/> DK (9)</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Week  <input type="checkbox"/> Month  <input type="checkbox"/> Year         </p>										
<p><b>b.</b> On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?</p>	<p style="text-align: right;">93-94</p> <p>_____ Drinks          99 <input type="checkbox"/> DK</p>										
<p><b>9a.</b> In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?</p>	<p style="text-align: right;">95-98</p> <p>0000 <input type="checkbox"/> Everyday          _____ Days per          9999 <input type="checkbox"/> DK (10)</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Week  <input type="checkbox"/> Month  <input type="checkbox"/> Year         </p>										
<p><b>b.</b> On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?</p>	<p style="text-align: right;">99-100</p> <p>_____ Drinks          99 <input type="checkbox"/> DK</p>										
<p><b>10a.</b> In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?</p>	<p style="text-align: right;">101-104</p> <p>0000 <input type="checkbox"/> Everyday          _____ Days per          9999 <input type="checkbox"/> DK (11)</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Week  <input type="checkbox"/> Month  <input type="checkbox"/> Year         </p>										
<p><b>b.</b> On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?</p>	<p style="text-align: right;">105-106</p> <p>_____ Drinks          99 <input type="checkbox"/> DK</p>										
<p><b>11 a.</b> When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?</p>	<p style="text-align: right;">107</p> <p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No          3 <input type="checkbox"/> DK } (12)</p>										
<p><b>b. Who was this?</b>          Anyone else?          If parent, ask: Was this your biological (natural), adoptive, step, or foster [mother/father]?          If brother/sister, ask: Was this your full, half, adoptive, step, or foster [brother/sister]?          Record up to first 5 mentioned.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;"> <p style="text-align: right;">108-109</p> <p>1) _____</p> </td> <td style="width:80%; padding: 5px;"> <p style="text-align: right;">110-111</p> <p>Ask 11c for each person in 11b.</p> <p><b>C. For how long did you live with (person in 11b) while (person in 11b) was a problem drinker or alcoholic?</b></p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p> </td> </tr> <tr> <td style="padding: 5px;"> <p style="text-align: right;">112-113</p> <p>2) _____</p> </td> <td style="padding: 5px;"> <p style="text-align: right;">114-115</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p> </td> </tr> <tr> <td style="padding: 5px;"> <p style="text-align: right;">116-117</p> <p>3) _____</p> </td> <td style="padding: 5px;"> <p style="text-align: right;">118-119</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p> </td> </tr> <tr> <td style="padding: 5px;"> <p style="text-align: right;">120-121</p> <p>4) _____</p> </td> <td style="padding: 5px;"> <p style="text-align: right;">122-123</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p> </td> </tr> <tr> <td style="padding: 5px;"> <p style="text-align: right;">124-125</p> <p>5) _____</p> </td> <td style="padding: 5px;"> <p style="text-align: right;">126-127</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p> </td> </tr> </table>	<p style="text-align: right;">108-109</p> <p>1) _____</p>	<p style="text-align: right;">110-111</p> <p>Ask 11c for each person in 11b.</p> <p><b>C. For how long did you live with (person in 11b) while (person in 11b) was a problem drinker or alcoholic?</b></p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>	<p style="text-align: right;">112-113</p> <p>2) _____</p>	<p style="text-align: right;">114-115</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>	<p style="text-align: right;">116-117</p> <p>3) _____</p>	<p style="text-align: right;">118-119</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>	<p style="text-align: right;">120-121</p> <p>4) _____</p>	<p style="text-align: right;">122-123</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>	<p style="text-align: right;">124-125</p> <p>5) _____</p>	<p style="text-align: right;">126-127</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>
<p style="text-align: right;">108-109</p> <p>1) _____</p>	<p style="text-align: right;">110-111</p> <p>Ask 11c for each person in 11b.</p> <p><b>C. For how long did you live with (person in 11b) while (person in 11b) was a problem drinker or alcoholic?</b></p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>										
<p style="text-align: right;">112-113</p> <p>2) _____</p>	<p style="text-align: right;">114-115</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>										
<p style="text-align: right;">116-117</p> <p>3) _____</p>	<p style="text-align: right;">118-119</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>										
<p style="text-align: right;">120-121</p> <p>4) _____</p>	<p style="text-align: right;">122-123</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>										
<p style="text-align: right;">124-125</p> <p>5) _____</p>	<p style="text-align: right;">126-127</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="vertical-align: middle;"> <input type="checkbox"/> Days  <input type="checkbox"/> Weeks  <input type="checkbox"/> Months  <input type="checkbox"/> Years                 </p>										

Section 04 - FORMER DRINKER - Continued

12a. Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?

- 1 Yes
2 No
9 DK (13)

3-4
5

b. Who was this?

Anyone else?

Mark all mentioned.

If necessary, probe as indicated in 11b.

- 1 Biological mother
2 Biological father
1 Biological brother(s)
2 Biological sister(s)
1 Half brother(s)
2 Half sister(s)
1 Biological son(s)
2 Biological daughter(s)
1 Grandmother(s)
2 Grandfather(s)
1 Aunt(s)
2 Uncle(s)
1 Niece(s)
2 Nephew(s)
1 Cousin(s)
2 Other blood relative(s)
1 DK

6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22

13. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?

- 1 Yes
2 No

23

Refer to Table B on the Cover Page and ask for each person listed except the sample person.
If personal interview - hand Card O2 and read first alternative wording.
If telephone interview - read second alternative wording and the list of answer categories.

14a. Please look at this card and tell me which number best describes -- drinking during the past year.

I am going to read a list of different drinking categories, please tell me which one best describes -- drinking in the past year.

Person No. \_\_\_\_\_

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

24-25

b. What about -- drinking?

Person No. \_\_\_\_\_

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

26
27-28

c. What about -- drinking?

Person No. \_\_\_\_\_

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

29
30-31

d. What about -- drinking?

Person No. \_\_\_\_\_

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

32
33-34

e. What about -- drinking?

Person No. \_\_\_\_\_

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

35
36-37

f. What about -- drinking?

Person No. \_\_\_\_\_

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

38
39-40

41

**Section O4 — FORMER DRINKER — Continued**

	Yes	No	
<b>15. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —</b>			
<b>a. Hypertension or high blood pressure (excluding during pregnancy)?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	42
<b>b. Hardening of the arteries?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	43
<b>c. Any heart disease?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	44
<b>d. Arthritis or rheumatism?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	45
<b>e. An ulcer, not including skin ulcers?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	46
<b>f. Diabetes?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	47
<b>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	48
<b>h. Cancer, other than skin cancer?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	49
<b>i. Alcoholism?</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	50

**CHECK ITEM 6**

Mark one box, then read "Intro" for HIS-3, Alcohol Questionnaire.

- 1  SP alone during interview
- 2  Child(ren) present during interview
- 3  Other adult(s) present during interview
- 4  Child(ren) and other adult(s) present during interview
- 5  Telephone interview

**INTRO:** (Hand questionnaire and read to respondent) **These next questions are about things that happen to people when they are drinking or after they have been drinking. We would like to know if any of these things have ever happened to you . (I can read the questions to you or you can fill out the form yourself. Which would you prefer?)**

**METHOD OF INTERVIEW**

- 1  Read to SP (HIS-3)
- 2  Self-administered (Instructions)
- 3  Telephone interview (HIS-3)
- 4  Refused HIS-3 (next Supplement)

52

**INSTRUCTIONS —** Please circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.

Notes



**Section P – CHILD HEALTH**

**Section P1 – INTRODUCTION**

The next questions will be used to study the health of the Nation's children.

(It would be best if I could ask these questions in private.)

Arrange to conduct supplement in private if possible.

If more than one child in family read: The only child I will ask the rest of my questions about is---

3-4

<p>Ask or verify for each HH member.</p> <p><b>1. How is (Name on HIS-1) related to ---?</b></p> <p>If parent, ask: Is (Name of parent) --- biological (natural), adoptive, step, or foster [mother/father]?</p> <p>If brother/sister, ask: Is (Name of sibling) --- full, half, adoptive, step or foster [brother/sister]?</p> <p>Enter "sample child" on appropriate line.</p> <p>Enter "unrelated" for persons not related to the sample child.</p>	Person number on HIS-1	Relationship to sample child	
	1		5-6
	2		7-8
	3		9-10
	4		11-12
	5		13-14
	6		15-16
	7		17-18
	8		19-20
	9		21-22
10		23-24	

<p><b>CHECK ITEM 1</b></p> <p>Mark first appropriate box.</p>	<p>1 <input type="checkbox"/> Biological or adoptive mother in hhld (Check Item 2)</p> <p>2 <input type="checkbox"/> Biological father or step or foster mother in hhld. (Check Item 2)</p> <p>3 <input type="checkbox"/> One adult relative in hhld. (Check Item 2)</p> <p>4 <input type="checkbox"/> 2 + adult relatives in hhld. (2)</p> <p>5 <input type="checkbox"/> No eligible respondent in household (Cover Page)</p>	25

<p><b>2a. Which family member knows the most about the health related matters of ---?</b></p>		26-27 28-29
---	--	----------------

<p><b>b. Is (person named in 2a) available?</b></p>	<p>1 <input type="checkbox"/> Yes (Section P2)</p> <p>2 <input type="checkbox"/> No (Arrange callback, THEN Cover Page)</p>	30
---	---	----

<p><b>CHECK ITEM 2</b></p> <p>Mark first appropriate box.</p>	<p>1 <input type="checkbox"/> Person in Check Item 1 available (Section P2)</p> <p>2 <input type="checkbox"/> Person in Check Item 1 not available (Arrange callback, THEN Cover Page)</p>	31
---	--	----

Notes



**Section P2 — CHILD CARE — Continued**

<b>4.</b> (Other than the [nursery school/preschool]), in the past four weeks, has --- been cared for in ANY kind of regular child care arrangement such as a day care center, playgroup, by a babysitter, relative, or some other regular arrangement?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Check Item 6)	65
Hand Card P1, read list if telephone interview. <b>5a.</b> How was --- USUALLY cared for during the hours that child care was used? Mark only one box.	01 <input type="checkbox"/> Day care center 02 <input type="checkbox"/> Babysitter in child's home 03 <input type="checkbox"/> In babysitter's home 04 <input type="checkbox"/> Father cares for child 05 <input type="checkbox"/> Mother cares for child while working at home 06 <input type="checkbox"/> Mother cares for child while working outside of home 07 <input type="checkbox"/> Child cares for self 08 <input type="checkbox"/> Other relative cares for child (5c) 09 <input type="checkbox"/> Day camp (5e) 08 <input type="checkbox"/> Other — Specify ↴ _____ (5e)	66-67
Hand Card P1, read list if telephone interview. <b>b.</b> (Other than [kindergarten/first grade/nursery school/preschool]) How was --- usually cared for while you worked? Mark only one box.	01 <input type="checkbox"/> Day care center 02 <input type="checkbox"/> Babysitter in child's home 03 <input type="checkbox"/> In babysitter's home 04 <input type="checkbox"/> Father cares for child 05 <input type="checkbox"/> Mother cares for child while working at home 08 <input type="checkbox"/> Mother cares for child while working outside of home 07 <input type="checkbox"/> Child cares for self 08 <input type="checkbox"/> Other relative cares for child (5c) 09 <input type="checkbox"/> Day camp (5e) 08 <input type="checkbox"/> Other — Specify ↴ _____ (5e)	68-69
<b>c.</b> How is this person related to ---?	1 <input type="checkbox"/> Sibling                      8 <input type="checkbox"/> Other relative 2 <input type="checkbox"/> Grandparent              9 <input type="checkbox"/> DK	70
<b>d.</b> Where does this person usually care for ---, in (sample child) home or somewhere else?	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else	71
<b>e.</b> About how many hours per week was --- usually cared for [by/at] (arrangement)?	_____ Hours per week 99 <input type="checkbox"/> DK	72-73
<b>6a.</b> Besides [nursery or preschool (and)] (child care arrangements in 5a/b), during the past four weeks, has --- been cared for in any other regular child care arrangement?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Check Item 6)	74
Hand Card P1, read list if telephone interview. <b>b.</b> Other than [nursery or preschool (and)] (child care arrangement in 5a/b), how was --- usually cared for during most of the other hours that child care was used? Mark only one box.	01 <input type="checkbox"/> Day care center 02 <input type="checkbox"/> Babysitter in child's home 03 <input type="checkbox"/> In babysitter's home 04 <input type="checkbox"/> Father cares for child 05 <input type="checkbox"/> Mother cares for child while working at home 06 <input type="checkbox"/> Mother cares for child while working outside of home 07 <input type="checkbox"/> Child cares for self 08 <input type="checkbox"/> Other relative cares for child (6c) 09 <input type="checkbox"/> Day camp (6e) 08 <input type="checkbox"/> Other — Specify ↴ _____ (6e)	75-76
<b>c.</b> How is this person related to ---?	1 <input type="checkbox"/> Sibling                      8 <input type="checkbox"/> Other relative 2 <input type="checkbox"/> Grandparent              9 <input type="checkbox"/> DK	77
<b>d.</b> Where does this person usually care for ---, in (sample child) home or somewhere else?	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else	78
<b>e.</b> About how many hours per week was --- usually cared for [by/at] (arrangement)?	_____ Hours per week 99 <input type="checkbox"/> DK	79-80
<b>7a.</b> Were any other child care arrangements used on a regular basis?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Check Item 6)	81
<b>b.</b> How many additional hours a week was child care used?	_____ Hours per week 99 <input type="checkbox"/> DK	82-83

**Section P2 – CHILD CARE – Continued**

<p><b>CHECK ITEM 6</b></p>	<p>Refer to 1d, 2a, 5a/5b, 6b.</p>	<p>1 <input type="checkbox"/> No or blank in 1d AND No in 2a AND blank in 5a/5b(11) (No nursery school or child care) <span style="float:right">84</span></p> <p>2 <input type="checkbox"/> Box 4, 5, 6, or 7 in 5a/5b AND blank or box 4, 5, 6, or 7 in 6b (13) (Mother, Father, self care ONLY)</p> <p>3 <input type="checkbox"/> Other (8)</p>
	<p><b>8. Now I would like to ask you about ("Main" child care arrangement). Including —, how many children are usually cared for together, in the same group, at the same time? Do not include children in the entire school or program.</b></p>	<p>_____ Children</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>9. How many adults usually supervise the children in the same group as —?</b></p>	<p>_____ Adults</p> <p>99 <input type="checkbox"/> DK</p>	<p>87-88</p>
<p><b>10. Has the main person responsible for caring for — received education or training specifically related to young children, such as early childhood or elementary education, or child psychology?</b></p>	<p>1 <input type="checkbox"/> Yes } (13)</p> <p>2 <input type="checkbox"/> No }</p> <p>3 <input type="checkbox"/> DK }</p>	<p>89</p>
<p><b>11. Was — ever cared for in any regular child care arrangement?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Section P3, page 91)</p>	<p>90</p>
<p><b>12. When did — last receive care in a regular child care arrangement?</b></p>	<p>1 <input type="checkbox"/> Within last 12 months</p> <p>2 <input type="checkbox"/> Prior to last 12 months (15)</p>	<p>91</p>
<p><b>13. How many times has — main child care arrangement been changed in the past year?</b></p>	<p>000 <input type="checkbox"/> None (15)</p> <p>_____ Times</p>	<p>92-94</p>
<p><i>Hand Card P2, read list if telephone interview.</i></p> <p><b>14a. What was the last type of care used before — changed to the type of care — is using now?</b></p> <p><i>Mark only one box.</i></p>	<p>01 <input type="checkbox"/> Nursery school or preschool</p> <p>02 <input type="checkbox"/> Nursery school or preschool with day care</p> <p>03 <input type="checkbox"/> Day care center</p> <p>04 <input type="checkbox"/> Babysitter in child's home</p> <p>05 <input type="checkbox"/> In babysitter's home</p> <p>06 <input type="checkbox"/> Father cares for child</p> <p>07 <input type="checkbox"/> Mother cares for child while working at home</p> <p>08 <input type="checkbox"/> Mother cares for child while working outside of home</p> <p>09 <input type="checkbox"/> Summer day camp</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> Other relative cares for child (14b)</p> <p>98 <input type="checkbox"/> Other — Specify _____</p> <p>_____ (14d)</p> <p>99 <input type="checkbox"/> DK (15)</p>	<p>95-96</p>
<p><b>b. How is this person related to —?</b></p>	<p>1 <input type="checkbox"/> Sibling                      3 <input type="checkbox"/> Other relative</p> <p>2 <input type="checkbox"/> Grandparent                9 <input type="checkbox"/> DK</p>	<p>97</p>
<p><b>c. Where did this person usually care for —, in (sample child) home or somewhere else?</b></p>	<p>1 <input type="checkbox"/> At home</p> <p>2 <input type="checkbox"/> Somewhere else</p>	<p>98</p>
<p><b>d. About how many hours per week was — usually cared for [by/at] (arrangement)?</b></p>	<p>_____ Hours per week</p> <p>99 <input type="checkbox"/> DK</p>	<p>99-100</p>
<p>Notes</p>		



<b>Section P3 — RELATIONSHIPS AND MOBILITY</b>		RT#2 3-4
These next few questions are about — (biological mother).		5-6
1. How old was — (biological mother) when — was born?	_____ Age 88 <input type="checkbox"/> Respondent knows nothing about biological mother (Check item 7) 99 <input type="checkbox"/> DK	7-8
2. Including —, how many children has — (biological mother) ever had? Do not count miscarriages or stillbirths.	01 <input type="checkbox"/> One/sample child only (Check item 7) _____ Number 99 <input type="checkbox"/> DK	9
3. Was — the first born (or) second born (or third, etc.)?	1 <input type="checkbox"/> First (Check item 7) 2 <input type="checkbox"/> Second 3 <input type="checkbox"/> Third 4 <input type="checkbox"/> Fourth 5 <input type="checkbox"/> Fifth 6 <input type="checkbox"/> Sixth or Later 9 <input type="checkbox"/> DK (Check item 7)	10-11
4. How old was — (biological mother) when the first child was born?	_____ Age 99 <input type="checkbox"/> DK	12
<b>CHECK ITEM 7</b>	Refer to Q. 1, page 86.	13
5a. Has — ever lived with — biological mother for at least 4 consecutive months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (B)	14-17
b. In what month and year did — last live with her?	_____ / 19 _____ Month Year 9999 <input type="checkbox"/> DK	18
6. Is she now living or deceased?	1 <input type="checkbox"/> Living 2 <input type="checkbox"/> Deceased (Check item 11) 9 <input type="checkbox"/> DK (Check item 11)	19-20
7. How often does — see her?	01 <input type="checkbox"/> Everyday 02 <input type="checkbox"/> Almost every day 03 <input type="checkbox"/> Several times a week 04 <input type="checkbox"/> About once a week 05 <input type="checkbox"/> Two or three times a month 06 <input type="checkbox"/> About once a month 07 <input type="checkbox"/> Several times a year 08 <input type="checkbox"/> Once a year or less 09 <input type="checkbox"/> Never 98 <input type="checkbox"/> DK	21
8. Is — (biological mother) now married, widowed, divorced, separated, or has — (biological mother) never been married?	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 0 <input type="checkbox"/> Never married (Check item 11) 9 <input type="checkbox"/> DK (Check item 11)	22
9. How many times altogether has — (biological mother) been married?	_____ Times 9 <input type="checkbox"/> DK	
Notes		



**Section P3 – RELATIONSHIPS AND MOBILITY – Continued**

<b>CHECK ITEM 11</b>	Refer to Q. 1, page 86.	1 <input type="checkbox"/> Biological father in household (16) 8 <input type="checkbox"/> Other (13)	44
These next few questions are about — (biological father).		0 <input type="checkbox"/> Respondent knows nothing about father (16) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK	45
13a. Has — ever lived with — biological father for at least 4 consecutive months?			
b. In what month and year did — last live with him?		_____ / 19_____ Month                      Year 9999 <input type="checkbox"/> DK	46-49
14. Is he now living or deceased?		1 <input type="checkbox"/> Living 2 <input type="checkbox"/> Deceased } (16) 9 <input type="checkbox"/> DK	50
15. How often does — see him?		01 <input type="checkbox"/> Everyday 02 <input type="checkbox"/> Almost every day 03 <input type="checkbox"/> Several times a week 04 <input type="checkbox"/> About once a week 05 <input type="checkbox"/> Two or three times a month 06 <input type="checkbox"/> About once a month 07 <input type="checkbox"/> Several times a year 08 <input type="checkbox"/> Once a year or less 09 <input type="checkbox"/> Never 99 <input type="checkbox"/> DK	51-52
16. In what month and year did (sample child) move to this address or has — lived here since birth?		0000 <input type="checkbox"/> Lived here since birth (Check item 12) _____ / 19_____ Month                      Year 9999 <input type="checkbox"/> DK	53-58
17. About how far from here is the home (sample child) lived in before — moved to this home — less than a mile, 1 to 50 miles, or more than 50 miles?		1 <input type="checkbox"/> Less than 1 mile 2 <input type="checkbox"/> 1-50 miles 3 <input type="checkbox"/> 50+ miles 9 <input type="checkbox"/> DK	57
18. Altogether, how many times has — ever moved?		_____ Times 99 <input type="checkbox"/> DK	58-59
<b>CHECK ITEM 12</b>		1 <input type="checkbox"/> Respondent is biological mother or biological father (Section P4) 8 <input type="checkbox"/> Other (19)	60
19. In what month and year did — begin living with you?		0000 <input type="checkbox"/> Since birth _____ / 19_____ Month                      Year 8888 <input type="checkbox"/> Does not live with respondent 9888 <input type="checkbox"/> DK	61-64
Notes			







**Section P5 — CHILDHOOD CONDITIONS**

RT 93  
3-4  
5-6  
7

**1 a. During the past 12 months, did — have an accident, injury, or poisoning that required medical attention?**

1a.

- 1  Yes
- 2  No } (2)
- 9  DK }

**b. How many accidents, injuries, or poisonings did — have in the last 12 months that required medical attention?**

b.

\_\_\_\_\_ Number

**c. (Beginning with the most recent,) what caused the accident, injury, or poisoning? For example, was — hit by a car while riding a bike, or burned by hot liquid or did — swallow an object or pills?**  
*Enter each in a separate column.*

c.

Group A (Brief description)

(1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Hand Card P3, read list if telephone interview.*

**d. Which of the conditions on this list OR ANY OTHER CONDITIONS resulted from the (entry in 1c)?**  
*Mark all that apply and ask 1e.*

d.

- 01  Broken or dislocated bones
- 02  Sprain, strain, or pulled muscle
- 03  Cuts, scrapes, or puncture wounds
- 04  Head injury, concussion
- 05  Bruise, contusion, or internal bleeding
- 06  Burn, scald
- 07  Poisoning from chemicals, medicines, drugs
- 08  Respiratory problem such as breathing, cough, pneumonia
- 88  Other
- 99  Don't know type of condition } (1f)
- 00  None

15-16  
17-18  
19-20  
21-22  
23-24  
25-26  
27-28  
29-30  
31-32  
33-34  
35-36

**e. Were there ANY other conditions that resulted from this accident, injury or poisoning?**  
*Mark any additional conditions*

e.

- Yes (Reask 1d, THEN 1f)
- No

**f. Where did this accident or injury or poisoning happen?**  
*DO NOT READ CATEGORIES*  
*Mark only one box.*

f.

- 1  Home (not necessarily child's)
- 2  Day care location (preschool/nursery)
- 3  School (including grounds and athletic areas)
- 4  Street or highway
- 5  Public building or space (other than street or school)
- 6  Farm or agricultural area, except farm home
- 7  Place of recreation or sports, except at school
- 8  Other
- 9  Don't know

**g. In what month and year did the accident, injury, or poisoning occur?**  
*List each accident, injury, or poisoning which resulted in at least one condition (Codes 01-88) on a condition page as group A and a short name for the accident, injury, or poisoning from 1c. Then go to 1c in next column or question 2.*

g.

\_\_\_\_\_/ 19\_\_\_\_\_  
Month Year  
9999  DK

**2. Does — now have —**

2.

**a. a missing finger, hand, arm, toe, foot, or leg?**  
*If "Yes," ask: Which is it?*  
**Is — missing [1 or both/more than one] (body part)?**  
*(Enter on a Condition page, Group J)*

a.

- 1  Yes (Ask probe questions)
- 2  No
- 9  DK

**b. permanent impairment, stiffness or any deformity of the back, foot, or leg?**  
*If "Yes," ask: Which is it?*  
**Is [1 or both/more than one] (body part) affected?**  
*(Enter on a Condition page, Group J)*

b.

- 1  Yes (Ask probe questions)
- 2  No
- 9  DK

**c. permanent impairment, stiffness or any deformity of the fingers, hand, or arm?**  
*If "Yes," ask: Which is it?*  
**Is [1 or both/more than one] (body part) affected?**  
*(Enter on a Condition page, Group J)*

c.

- 1  Yes (Ask probe questions)
- 2  No
- 9  DK

**Section P5 — CHILDHOOD CONDITIONS — Continued**

<p>The next questions are about other health conditions — may have EVER had.</p> <p><b>3. Did — ever have —</b></p> <p><b>GROUP B</b></p>		<p>ASK if Yes in 3.</p> <p><b>4a. Did — have (condition) in the last 12 months?</b></p>	<p><b>4b. Has — had (condition) for at least 3 months in — lifetime?</b></p>	<p>Mark without asking</p> <p><b>4c. Is it an obviously permanent condition that began less than 3 months ago?</b></p>
<p>Repeated tonsillitis or enlargement of the tonsils or adenoids? .....</p>	<p>1 <input type="checkbox"/> Yes <b>8</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Frequent or repeated ear infections? .....</p>	<p>1 <input type="checkbox"/> Yes <b>9</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Any kind of food or digestive allergy? .....</p>	<p>1 <input type="checkbox"/> Yes <b>10</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (4b)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>	
<p><b>FREQUENT or REPEATED</b> diarrhea or colitis? .....</p>	<p>1 <input type="checkbox"/> Yes <b>11</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Any other persistent bowel trouble? .....</p> <p>Specify <math>\nabla</math></p>	<p>1 <input type="checkbox"/> Yes <b>12</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (4b)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>	
<p>Diabetes? .....</p>	<p>1 <input type="checkbox"/> Yes <b>13</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (4b)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (4c)</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>
<p>Sickle cell anemia? .....</p>	<p>1 <input type="checkbox"/> Yes <b>14</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Anemia? .....</p>	<p>1 <input type="checkbox"/> Yes <b>15</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Asthma? .....</p>	<p>1 <input type="checkbox"/> Yes <b>16</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p><b>GROUP C</b></p> <p>Mononucleosis? .....</p>	<p>1 <input type="checkbox"/> Yes <b>17</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Hepatitis? .....</p>	<p>1 <input type="checkbox"/> Yes <b>18</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Meningitis or spinal meningitis? .....</p>	<p>1 <input type="checkbox"/> Yes <b>19</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Bladder infection or urinary tract infection?</p>	<p>1 <input type="checkbox"/> Yes <b>20</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Rheumatic fever? .....</p>	<p>1 <input type="checkbox"/> Yes <b>21</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Pneumonia? .....</p>	<p>1 <input type="checkbox"/> Yes <b>22</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p><b>GROUP D</b></p> <p>Hay fever? .....</p>	<p>1 <input type="checkbox"/> Yes <b>23</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Any (other) kind of respiratory allergy? .....</p>	<p>1 <input type="checkbox"/> Yes <b>24</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p><b>GROUP E</b></p> <p>Deafness or trouble hearing with one or both ears?</p> <p>If "Yes," ask: Is it one or both ears? .....</p>	<p>1 <input type="checkbox"/> Yes, one ear</p> <p>2 <input type="checkbox"/> Yes, both ears</p> <p>9 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (4b)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (4c)</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>
<p>Blindness in one or both eyes?</p> <p>If "Yes," ask: Is it one or both eyes? .....</p>	<p>1 <input type="checkbox"/> Yes, one eye <b>25</b></p> <p>2 <input type="checkbox"/> Yes, both eyes</p> <p>9 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Crossed eyes? .....</p>	<p>1 <input type="checkbox"/> Yes <b>26</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>		
<p>Any other trouble seeing with one or both eyes, even when wearing glasses? .....</p> <p>Specify <math>\nabla</math></p>	<p>1 <input type="checkbox"/> Yes <b>27</b></p> <p>2 <input type="checkbox"/> No/DK</p>	<p><input type="checkbox"/> Yes (4b)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (4c)</p>	<p><input type="checkbox"/> Yes (Enter on Cond. Page)</p> <p><input type="checkbox"/> No/DK (Next Yes)</p>

**Section P5 — CHILDHOOD CONDITIONS — Continued**

3. Did — ever have —		ASK if Yes in 3. 4a. Did — have (condition) in the last 12 months?	4b. Has — had (condition) for at least 3 months in — lifetime?	Mark without asking 4c. Is it an obviously permanent condition that began less than 3 months ago?
<b>GROUP F</b> <b>Eczema or any kind of skin allergy?</b> .....	1 <input type="checkbox"/> Yes <b>29</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No/DK (Next Yes)	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)	
<b>GROUP G</b> <b>Epilepsy or repeated convulsions or seizures not associated with fever?</b> .....	1 <input type="checkbox"/> Yes <b>30</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		
<b>Seizures associated with fever?</b> .....	1 <input type="checkbox"/> Yes <b>31</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		
<b>Frequent or severe headaches, including migraines?</b> .....	1 <input type="checkbox"/> Yes <b>32</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No/DK (Next Yes)	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)	
<i>Child under 3, go to Group I</i>				
<b>GROUP H</b> <b>Stammering or stuttering?</b> .....	1 <input type="checkbox"/> Yes <b>33</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		
<b>Any other speech defect?</b> ..... Specify ↴	1 <input type="checkbox"/> Yes <b>34</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No/DK (Next Yes)	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (4c)	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)
<i>Child under 6, go to Group I</i>				
<b>Enuresis or bedwetting problem?</b> .....	1 <input type="checkbox"/> Yes <b>35</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		
<b>GROUP I</b> <b>Arthritis or any other joint disease or joint problem?</b> ..... Specify ↴	1 <input type="checkbox"/> Yes <b>36</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No/DK (Next Yes)	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (4c)	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)
<b>Any other condition affecting the bone, cartilage, muscle, or tendon?</b> ..... Specify ↴	1 <input type="checkbox"/> Yes <b>37</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No/DK (Next Yes)	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (4c)	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)
<b>Cerebral palsy?</b> .....	1 <input type="checkbox"/> Yes <b>38</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		
<b>Congenital heart disease?</b> .....	1 <input type="checkbox"/> Yes <b>39</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		
<b>Any other heart disease or condition? —</b> Specify ↴	1 <input type="checkbox"/> Yes <b>40</b> 2 <input type="checkbox"/> No/DK	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		
<b>Any other condition that required surgery in past 12 months?</b> ..... Specify ↴	<b>41</b> <input type="checkbox"/> Yes (Enter on Cond. Page) 9 <input type="checkbox"/> No/DK			
<b>Any other condition that lasted three months or more?</b> ..... List below and reask.	<input type="checkbox"/> Yes 9 <input type="checkbox"/> No/DK			
a. _____	<b>42</b>	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		
b. _____	<b>43</b>	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		
c. _____	<b>44</b>	<input type="checkbox"/> Yes (Enter on Cond. Page) <input type="checkbox"/> No/DK (Next Yes)		



**Section P6 – SUPPLEMENTAL CONDITION PAGE – Continued**

<p><b>9a. Did the <u>(condition)</u> result from an accident, injury or poisoning?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (NC)</p> <p align="right"><b>Condition 1</b> <span style="border: 1px solid black; padding: 2px;">36</span></p>
<p><b>b. Did this occur within the last 12 months?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p> <p align="right"><span style="border: 1px solid black; padding: 2px;">37</span></p>
<p><b>c. Did you already tell me about this accident, injury or poisoning?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (9e)</p> <p align="right"><span style="border: 1px solid black; padding: 2px;">38</span></p>
<p><b>d. Which accident, injury, or poisoning was it?</b></p>	<p>Condition Nc _____ (NC)</p> <p align="right"><span style="border: 1px solid black; padding: 2px;">39-40</span></p>
<p><b>e. What kind of accident or injury or poisoning was it?</b></p>	<p>Brief description</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p align="right"><span style="border: 1px solid black; padding: 2px;">41-45</span></p>
<p><i>Hand Card P3, read list if telephone interview.</i></p> <p><b>f. Which of the conditions on this list OR ANY OTHER CONDITIONS resulted from the <u>(entry in 9e)</u>.</b></p> <p><i>Mark all that apply in chart and ask 9g.</i></p>	<p>01 <input type="checkbox"/> Broken or dislocated bones <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">46-47</span></span></p> <p>02 <input type="checkbox"/> Sprain, strain, or pulled muscle <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">48-49</span></span></p> <p>03 <input type="checkbox"/> Cuts, scrapes, or puncture wounds <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">50-51</span></span></p> <p>04 <input type="checkbox"/> Head injury, concussion <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">52-53</span></span></p> <p>05 <input type="checkbox"/> Bruise, contusion, or internal bleeding <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">54-55</span></span></p> <p>06 <input type="checkbox"/> Burn, scald <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">56-57</span></span></p> <p>07 <input type="checkbox"/> Poisoning from chemicals, medicines, drugs <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">58-59</span></span></p> <p>08 <input type="checkbox"/> Respiratory problem, such as breathing, cough, pneumonia <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">60-61</span></span></p> <p>88 <input type="checkbox"/> Other <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">62-63</span></span></p> <p>99 <input type="checkbox"/> Don't know type of condition } (9h) <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">64-65</span></span></p> <p>00 <input type="checkbox"/> None <span style="float: right;"><span style="border: 1px solid black; padding: 2px;">66-67</span></span></p>
<p><b>g. Were there ANY other conditions that resulted from this accident, injury or poisoning?</b></p> <p><i>Mark any additional conditions.</i></p>	<p><input type="checkbox"/> Yes (Reask 9f, THEN 9h)  <input type="checkbox"/> No</p>
<p><b>h. Where did this accident or injury or poisoning happen?</b></p> <p><b>DO NOT READ CATEGORIES</b></p> <p><i>Mark only one box.</i></p>	<p>1 <input type="checkbox"/> Home (not necessarily child's)                  2 <input type="checkbox"/> Day care location (preschool/nursery)                  3 <input type="checkbox"/> School (including grounds and athletic areas)                  4 <input type="checkbox"/> Street or highway                  5 <input type="checkbox"/> Public building or space (other than street or school)                  6 <input type="checkbox"/> Farm or agricultural area, except farm home                  7 <input type="checkbox"/> Place of recreation or sports, except at school                  8 <input type="checkbox"/> Other                  9 <input type="checkbox"/> Don't know</p> <p align="right"><span style="border: 1px solid black; padding: 2px;">68</span></p>
<p><b>i. In what month and year did the accident, injury, or poisoning happen?</b></p>	<p>_____/ 19 ____</p> <p align="center">Month                      Year</p> <p>9999 <input type="checkbox"/> DK</p> <p align="right"><span style="border: 1px solid black; padding: 2px;">69-72</span></p>

Notes

**Section P7 — GENERAL HEALTH STATUS**

**CHECK ITEM 18**

*Refer to age of sample child.*

- 1  3+ years old (1)  
2  Under 3 years old (3)

5

1. Does — wear glasses or contact lenses?

- 1  Yes  
2  No

6

2. About how long has it been since — LAST saw someone for dental care?

- 1  6 months ago or less  
2  Over 6 months to 12 months  
3  Over 12 months to 2 years  
4  Over 2 years to 5 years  
5  More than 5 years  
0  Never  
9  DK

7

3. When riding in a car, does — wear a seat belt or restraint all or most of the time, some of the time, once in a while, or never?

- 1  All /most of time  
2  Some of the time  
3  Once in a while  
0  Never  
9  DK

8

**CHECK ITEM 19**

*Refer to age of sample child.*

- 1  Under 6 years old and biological mother is respondent (4)  
8  Other (6)

9

4a. Did you smoke cigarettes at all during the year before — was born?

- 1  Yes  
2  No (4e)

10

b. Did you continue to smoke during the entire pregnancy?

- 1  Yes (4d)  
2  No

11

c. Did you stop during the first three months of the pregnancy or later?

- 1  Before pregnancy  
2  1st three months  
3  Later  
9  DK

12

d. About how many cigarettes a day did you usually smoke?

\_\_\_\_\_ Number  
99  DK

13-14

e. Do you now smoke?

- 1  Yes (5)  
2  No

15

f. How long ago did you stop?

\_\_\_\_\_ Number { 1  Days  
2  Months  
3  Years  
000  Never smoked

16-18

5. During most of your pregnancy, would you say you were in contact with persons who smoked cigarettes such as friends, co-workers or family members — occasionally, often, always or never?

- 1  Occasionally  
2  Often  
3  Always  
0  Never  
9  DK

19

6a. Has anyone in your household smoked regularly since — was born?

- 1  Yes  
2  No  
9  DK } (7)

20

b. Is anyone in the household currently smoking cigarettes?

- 1  Yes (7)  
2  No (6c)  
9  DK (7)

21

c. How long has it been since anyone in the household smoked cigarettes?

- 1  During the last 12 months  
2  More than 12 months ago

22



**Section P7 — GENERAL HEALTH STATUS — Continued**

**7. Please tell me whether each of the following statements about — health is mostly true or mostly false. The first statement is: "sample child health is excellent." Has this been mostly true or mostly false? (Record response and continue with statement b.)**

	Mostly true (1)	Mostly false (2)
<b>a. — health is excellent</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> <b>23</b>
<b>b. — seems to resist illness very well</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> <b>24</b>
<b>c. — seems less healthy than other children I know</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> <b>25</b>
<b>d. When there is something going around, — usually catches it</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> <b>26</b>
<b>e. — is somewhat clumsy</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> <b>27</b>
<b>f. — seems accident-prone</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> <b>28</b>
<b>g. When — is sick or injured, — usually recovers quickly</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> <b>28</b>

**8a. Has — EVER been seriously ill?** 30  
 1  Yes  
 2  No  
 9  DK } (Check Item 20)

**b. Was — EVER so sick that you thought — might die?** 31  
 1  Yes  
 2  No  
 9  DK

**CHECK ITEM 20** *Refer to age of sample child.* 32  
 1  Under 1 year (10)  
 2  1 + years old (9)

**9a. On weeknights (if 4+ : during the school year), does — usually go to bed at about the same time each night, or does — bedtime vary a lot from night to night?** 33  
 1  Has usual bedtime  
 2  Bedtime varies (9c)

**b. About what time does — usually go to bed?** 34-38  
*Round time to nearest quarter hour.*  
 \_\_\_\_\_ : \_\_\_\_\_ 1  a.m. } (10)  
 \_\_\_\_\_ : \_\_\_\_\_ 2  p.m.  
 99999  DK

**c. What is the latest time that — goes to bed on weekdays?** 39-43  
*Round time to nearest quarter hour.*  
 \_\_\_\_\_ : \_\_\_\_\_ 1  a.m.  
 \_\_\_\_\_ : \_\_\_\_\_ 2  p.m.  
 99999  DK

**10a. Does — usually sleep in one room or in different rooms?** 44  
 1  One room  
 2  Different rooms

**b. Does — usually sleep alone in a room or share a room?** 45  
 1  Alone (Section P8)  
 2  Shares

**c. Who usually sleeps in the room with —?** 46  
*Mark all that apply.*  
**Anyone else?**  
 1  Brother(s) 47  
 2  Sister(s) 48  
 3  Other child(ren) 49  
 4  Father 50  
 5  Mother 51  
 8  Other adult(s) 52  
 9  DK

**Section P8 — SCHOOL**

<b>CHECK ITEM 21</b>	<i>Refer to age of sample child.</i>	0 <input type="checkbox"/> Under 5 years old (Section P9) 1 <input type="checkbox"/> 5+ years old	53
1. Has --- ever attended school?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section P9)	54
2. Is --- NOW either going to school or on vacation from school?		1 <input type="checkbox"/> Going to school 2 <input type="checkbox"/> On vacation from school 0 <input type="checkbox"/> Neither (5)	55
3. What grade [ is --- in now? ] [ will --- be in? ] <i>If child is between grades, enter grade promoted to.</i>		21 <input type="checkbox"/> Nursery school or preschool } (Section P9) 22 <input type="checkbox"/> Kindergarten } _____ Grade	56-57
4. Overall what kind of student would you say --- is now? Is --- one of the best in the class, above the middle, in the middle, below the middle, or near the bottom of the class?		1 <input type="checkbox"/> One of the best 2 <input type="checkbox"/> Above the middle 3 <input type="checkbox"/> In the middle 4 <input type="checkbox"/> Below the middle 5 <input type="checkbox"/> Near the bottom	58
5a. Why did --- stop going to school?  <i>Mark first applicable box.</i>		0 <input type="checkbox"/> Never went — health reasons } (Section P9) 1 <input type="checkbox"/> Never went — other reasons } 2 <input type="checkbox"/> Graduated 3 <input type="checkbox"/> Health problem 4 <input type="checkbox"/> Dropped out 8 <input type="checkbox"/> Other — Specify ↴ _____ _____	59
b. How long ago did --- stop going to school?		1 <input type="checkbox"/> Less than 12 months 2 <input type="checkbox"/> 12 months — less than 2 years (7) 3 <input type="checkbox"/> 2+ years (7)	60
6. During the past 12 months, that is, since (12 month date) a year ago, about how many days was --- absent from school because of illness?		00 <input type="checkbox"/> None _____ Days	61-62
7a. Has --- repeated any grades for any reasons?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8)	63
b. What grade or grades did --- repeat?		_____ Grade(s)	64-65 66-67
c. Why did --- repeat the (grades in 7b) grade(s)?  <i>Mark all that apply.</i>		1 <input type="checkbox"/> Academic failure 2 <input type="checkbox"/> Immature/acted too young 3 <input type="checkbox"/> Frequently absent 4 <input type="checkbox"/> Moved into more difficult school 8 <input type="checkbox"/> Other — Specify ↴ _____ _____	68 69 70 71 72
d. Any other reasons?		9 <input type="checkbox"/> DK <input type="checkbox"/> Yes (Reask 7c and d) <input type="checkbox"/> No	73
8a. Has --- ever been suspended, excluded, or expelled from school?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)	74
b. How many times has this happened?		_____ Number	75-76
c. How long ago was the last time?		_____ Number { <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Days</li> <li>2 <input type="checkbox"/> Weeks</li> <li>3 <input type="checkbox"/> Months</li> <li>4 <input type="checkbox"/> Years</li> </ul>	77-79
d. Was it for health or behavior reasons?		1 <input type="checkbox"/> Health 2 <input type="checkbox"/> Behavior 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	80
9a. Not counting routine conferences, has anyone from --- school ever asked someone to come in to talk about problems --- was having?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section P9)	81
b. How long ago was the last time?		_____ Number { <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Days</li> <li>2 <input type="checkbox"/> Weeks</li> <li>3 <input type="checkbox"/> Months</li> <li>4 <input type="checkbox"/> Years</li> </ul>	82-84

**Section P9 – DEVELOPMENT, LEARNING, BEHAVIOR**

<b>1. Has --- EVER had --</b> <b>a. a delay in --- growth or development?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6
Mark box or ask: <b>b. a learning disability?</b>	0 <input type="checkbox"/> Child under 3 (Check Item 22) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6
<b>c. an emotional or behavioral problem that lasted 3 months or more?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7

**CHECK ITEM 22**

Refer to 1.

- 1  1 or more "Yes" in 1 a-c (2)  
 8  All other (Check Item 23)

8

	Delay in growth/ Development (1)	Learning Disability (2)	Emotional/Behavioral Problem (3)
Ask 2a-h for each "Yes" in 1a-c.	9-11	23-26	37-39
<b>2a. How old was --- when the (condition) was first noticed?</b>	000 <input type="checkbox"/> Since birth Age { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years	000 <input type="checkbox"/> Since birth Age { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years	000 <input type="checkbox"/> Since birth Age { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years
<b>b. Has --- ever received treatment or counseling for the (condition)?</b>	1 <input type="checkbox"/> Yes     12 2 <input type="checkbox"/> No (2e)	1 <input type="checkbox"/> Yes     26 2 <input type="checkbox"/> No (2e)	1 <input type="checkbox"/> Yes     40 2 <input type="checkbox"/> No (2e)
<b>c. Has --- received any such treatment or counseling during the past 12 months?</b>	1 <input type="checkbox"/> Yes     13 2 <input type="checkbox"/> No (2e)	1 <input type="checkbox"/> Yes     27 2 <input type="checkbox"/> No (2e)	1 <input type="checkbox"/> Yes     41 2 <input type="checkbox"/> No (2e)
<b>d. During the past 12 months, about how many times did anyone see or talk to a doctor, psychologist, or counselor about this problem?</b>	14-18 Times 999 <input type="checkbox"/> DK	28-30 Times 999 <input type="checkbox"/> DK	42-44 Times 999 <input type="checkbox"/> DK
Mark box or ask: <b>e. During the past 12 months, did the (condition) cause --- to miss any time from school?</b>	0 <input type="checkbox"/> Not in school (2h) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2g)	0 <input type="checkbox"/> Not in school (2h) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2g)	0 <input type="checkbox"/> Not in school (2h) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2g)
<b>f. On how many days in the past 12 months did --- miss part or all of the school day because of this problem?</b>	18-20 Days 999 <input type="checkbox"/> DK	32-34 Days 999 <input type="checkbox"/> DK	46-48 Days 999 <input type="checkbox"/> DK
<b>g. During the past 12 months, did the (condition) make it necessary for --- to attend special classes, or a special school, or get special help at school?</b>	1 <input type="checkbox"/> Yes     21 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes     35 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes     49 2 <input type="checkbox"/> No
<b>h. During the past 12 months, has --- been taking any medicine for the (condition)?</b>	1 <input type="checkbox"/> Yes     22 2 <input type="checkbox"/> No (Col. (2) or Section P10)	1 <input type="checkbox"/> Yes     36 2 <input type="checkbox"/> No (Col. (3) or Section P10)	1 <input type="checkbox"/> Yes     50 2 <input type="checkbox"/> No (Section P10)

**CHECK ITEM 23**

Refer to age of sample child.

- 0  Under 3 years old (Section P10)  
 1  3+ years old (3)

51

<b>3a. Has --- ever seen a psychiatrist, psychologist, doctor, or counselor about any emotional, mental, or behavior problem?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3c)	52
<b>b. When was the last time --- saw this person?</b>	1 <input type="checkbox"/> More than 12 months ago 2 <input type="checkbox"/> Within past 12 months (Section P10)	53
<b>c. During the past 12 months, have you felt, or has anyone suggested, that --- needed help for any emotional, mental, or behavioral problem?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	54

**Section P10 — HEALTH SERVICES**

<p>Now I will ask about ROUTINE care, including routine checkups and immunizations when nothing is wrong.</p> <p><b>1.</b> How long has it been since — last visit to a clinic, health center, hospital, doctor's office or other place for routine health care?</p>	<p>1 <input type="checkbox"/> Less than 6 months                  2 <input type="checkbox"/> 6 months, less than 1 year                  3 <input type="checkbox"/> 1 year, less than 2 years                  4 <input type="checkbox"/> 2 years, less than 5 years                  5 <input type="checkbox"/> 5 or more years                  9 <input type="checkbox"/> DK                  0 <input type="checkbox"/> Never (4)</p> <p align="right">65</p>
<p><b>2.</b> Is there a particular clinic, health center, hospital, doctor's office or other place that — usually goes to for routine health care?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (4)</p> <p align="right">66</p>
<p><b>3.</b> What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?</p> <p><i>PROBE IF CLINIC:</i>                  Is this a private clinic, a hospital outpatient clinic, a company or school clinic, a migrant clinic, or some other kind of clinic?</p> <p><i>PROBE IF HEALTH CENTER:</i>                  Is this a community health center, neighborhood health center, a family health center, a rural health center, or some other kind of health center?</p> <p><i>PROBE IF HOSPITAL:</i>                  Is this an outpatient clinic or emergency room?</p>	<p>01 <input type="checkbox"/> Home                  02 <input type="checkbox"/> Doctor's office or private clinic                  03 <input type="checkbox"/> Company or school clinic                  04 <input type="checkbox"/> Hospital outpatient clinic                  05 <input type="checkbox"/> Migrant clinic                  06 <input type="checkbox"/> Other clinic — <i>Specify</i> _____                  07 <input type="checkbox"/> Hospital emergency room                  08 <input type="checkbox"/> Community, neighborhood, or family health center                  09 <input type="checkbox"/> Walk-in/emergency care center                  10 <input type="checkbox"/> Rural health center                  11 <input type="checkbox"/> HMO/prepaid group                  98 <input type="checkbox"/> Other place — <i>Specify</i> _____</p> <p align="right">67-68</p>
<p>Now I will ask about — visits for health care when — is sick or injured.</p> <p><b>4.</b> Is there a particular clinic, health center, hospital, doctor's office or other place that — usually goes to when — is sick or injured?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (8)</p> <p align="right">69</p>
<p><b>5.</b> Is this the same (<i>place in 3</i>) or is it somewhere else?</p>	<p>1 <input type="checkbox"/> Same place                  2 <input type="checkbox"/> Somewhere else</p> <p align="right">70</p>
<p><i>IF "SAME PLACE" IN 5, REFER TO 3 AND MARK WITHOUT ASKING, OTHERWISE ASK:</i></p> <p><b>6.</b> What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?</p> <p><i>PROBE IF CLINIC:</i>                  Is this a private clinic, a hospital outpatient clinic, a company or school clinic, a migrant clinic, or some other kind of clinic?</p> <p><i>PROBE IF HEALTH CENTER:</i>                  Is this a community health center, neighborhood health center, a family health center, a rural health center, or some other kind of health center?</p> <p><i>PROBE IF HOSPITAL:</i>                  Is this an outpatient clinic or emergency room?</p>	<p>01 <input type="checkbox"/> Home                  02 <input type="checkbox"/> Doctor's office or private clinic (9)                  03 <input type="checkbox"/> Company or school clinic                  04 <input type="checkbox"/> Hospital outpatient clinic                  05 <input type="checkbox"/> Migrant clinic                  06 <input type="checkbox"/> Other clinic — <i>Specify</i> _____                  07 <input type="checkbox"/> Hospital emergency room                  08 <input type="checkbox"/> Community, neighborhood, or family health center                  09 <input type="checkbox"/> Walk-in/Emergency clinic                  10 <input type="checkbox"/> Rural health center                  11 <input type="checkbox"/> HMO/prepaid group                  98 <input type="checkbox"/> Other place — <i>Specify</i> _____</p> <p align="right">61-62</p>
<p><b>7a.</b> Is there a particular medical person — usually sees at the (<i>place in 6</i>) when — is sick?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (9)</p> <p align="right">63</p>
<p><b>b.</b> Is there someone at the (<i>place in 6</i>), that knows about — health history who will give you advice over the telephone?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (9)</p> <p align="right">64</p>
<p><i>Hand Card P4. Read categories if telephone interview.</i></p> <p><b>8.</b> Many people do not have a particular place they usually go when they are sick. (Could you please give me the number of the statement) which is the MAIN reason — does not have a particular place — usually goes?</p> <p>1. Has two or more usual doctors or places depending on what is wrong.                  2. Has not needed a doctor.                  3. Previous doctor no longer available.                  4. Have not been able to find the right doctor.                  5. Recently moved to area.                  8. Other reason (<i>Specify</i>).</p>	<p>1    2    3    4    5    8 <input checked="" type="checkbox"/></p> <p align="center">_____ <i>Specify</i> _____</p> <p align="right">65</p>

**Section P10 — HEALTH SERVICES — Continued**

<b>9a. During the past 12 months, that is since (12 month date) a year ago, did — receive any health care which has been or will be paid for by Medicaid?</b>	1 <input type="checkbox"/> Yes (9c) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	66
<b>b. During the past 12 months, was — covered at any time by Medicaid?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	67
<b>c. During the past 12 months, did — receive assistance through the "Aid to Families with Dependent Children" program, sometimes called AFDC or ADC?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	68
<b>10. Is — now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeons bill?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	69
<b>11a. Has — EVER been enrolled in the "Head Start" program?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (P11)	70
<b>b. In which "Head Start" program was — enrolled, the Center based or the Home based program?</b>	1 <input type="checkbox"/> Center based 2 <input type="checkbox"/> Home based 9 <input type="checkbox"/> DK	71

Notes

**Section P11 — BEHAVIOR PROBLEMS INDEX**

**CHECK  
ITEM 24**

*Refer to age of sample child.*

- 1  Under 5 years old (Cover Page)  
2  5+ years old (Intro)

72

**INTRO**

Now I am going to read some statements that describe the behavior of many children. Please tell me whether each statement has been **OFTEN** true, **SOMETIMES** true, or **NOT** true of — during the past 3 months?

The first statement is: "Has sudden changes in mood or feelings." Has that been **OFTEN** true, **SOMETIMES** true, or **NOT** true of — in the past 3 months.

*Record response and continue with statement 2.*

*Read list repeating categories and/or time reference as needed.*

	Often true (a)	Sometimes true (b)	Not true (c)	
1. Has sudden changes in mood or feelings.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	73
2. Feels or complains that no one loves —.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	74
3. Is rather high strung, tense, or nervous.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	75
4. Cheats or tells lies.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	76
5. Is too fearful or anxious.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	77
6. Argues too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	78
7. Has difficulty concentrating, cannot pay attention for long.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	79
8. Is easily confused, seems to be in a fog.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	80
9. Bullies, or is cruel or mean to others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	81
10. Is disobedient at home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	82
11. Is disobedient at school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	83
12. Does not seem to feel sorry after — misbehaves.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	84
13. Has trouble getting along with other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	85
14. Has trouble getting along with teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	86
15. Is impulsive, or acts without thinking.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	87
16. Feels worthless or inferior.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	88
17. Is not liked by other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	89
18. Has a lot of difficulty getting — mind off certain thoughts, has obsessions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	90
19. Is restless or overly active, cannot sit still.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	91
20. Is stubborn, sullen, or irritable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	92
21. Has a very strong temper and loses it easily.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	93
22. Is unhappy, sad or depressed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	94
23. Is withdrawn, does not get involved with others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	95
<i>If child is 12+ years old, go to 29.</i>				96
24. Breaks things on purpose, deliberately destroys — own or others' things.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	96
25. Clings to adults.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97
26. Cries too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98
27. Demands a lot of attention.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	99
28. Is too dependent on others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	100
<i>If child is under 12 years, go to Cover Page</i>				101
29. Feels others are out to get —.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	101

**Section P11 – BEHAVIOR PROBLEMS INDEX – Continued**

	Often true (a)	Sometimes true (b)	Not true (c)	
<b>30. Hangs around with kids who get into trouble.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	102
<b>31. Is secretive, keeps things to [himself/herself].</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	103
<b>32. Worries too much.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	104

Notes

**CARD R**

**RACE**

- 1. Aleut, Eskimo, or American Indian
- 2. Asian or Pacific Islander
- 3. Black
- 4. White

HS-501 (1988) (10-30-87)

**CARD O**

**ORIGIN**

- 1. Puerto Rican
- 2. Cuban
- 3. Mexican/Mexicano
- 4. Mexican American
- 5. Chicano
- 6. Other Latin American
- 7. Other Spanish

Card R  
Card O

(Do not include here)

HS-501 (1988) (10-30-87)

**CARD I**

**INCOME**

- U .... \$20,000 — \$24,999
- V .... \$25,000 — \$29,999
- W ... \$30,000 — \$34,999
- X .... \$35,000 — \$39,999
- Y .... \$40,000 — \$44,999
- Z .... \$45,000 — \$49,999
- ZZ... \$50,000 and over

HS-501 (1988) (10-30-87)

**CARD J**

**INCOME**

- A ..... Less than \$1,000 (including loss)
- B ..... \$1,000 — \$1,999
- C ..... \$2,000 — \$2,999
- D ..... \$3,000 — \$3,999
- E ..... \$4,000 — \$4,999
- F ..... \$5,000 — \$5,999
- G ..... \$6,000 — \$6,999
- H ..... \$7,000 — \$7,999
- I ..... \$8,000 — \$8,999
- J ..... \$9,000 — \$9,999
- K ..... \$10,000 — \$10,999
- L ..... \$11,000 — \$11,999
- M ..... \$12,000 — \$12,999
- N ..... \$13,000 — \$13,999
- O ..... \$14,000 — \$14,999
- P ..... \$15,000 — \$15,999
- Q ..... \$16,000 — \$16,999
- R ..... \$17,000 — \$17,999
- S ..... \$18,000 — \$18,999
- T ..... \$19,000 — \$19,999

Card I  
Card J

(Do not include here)

HS-501 (1988) (10-30-87)



**CARD N1**

- 1 Stopped working because of own illness, injury, disability or health problem that was **JOB-RELATED**
- 2 Stopped working because of own illness, injury, disability or other health problem that was **NOT JOB-RELATED**
- 3 Retired
- 4 Child/family care
- 5 On layoff from a job
- 8 Some other reason *(Specify)*

HIS-501 (1988) (10-30-87)

**CARD N2**

- 0 Less than one month
- 1 1 month, less than 3 months
- 2 3 months, less than 6 months
- 3 6 months, less than 12 months
- 4 1 year, less than 5 years
- 5 5 or more years

Card N1

Card N2

(Cut along broken line.)

HIS-501 (1988) (10-30-87)

**CARD N3**

TO GET MEDICAL ATTENTION OR TREATMENT  
OTHER THAN FIRST AID FOR MINOR INJURIES

OR

TO BE UNABLE TO DO SOME WORK ACTIVITIES

OR

TO LOSE CONSCIOUSNESS

OR

TO TRANSFER TO ANOTHER JOB

HIS-501 (1988) (10-30-87)

**CARD O1**

- 01 Don't socialize very much
- 02 Don't care for it or dislike it
- 03 Am an alcoholic
- 04 Thought I might become an alcoholic
- 05 Had problems with my drinking
- 06 Have a responsibility to my family
- 07 Family member an alcoholic or problem drinker
- 08 Medical or health reasons
- 09 Religious or moral reasons
- 10 Brought up not to drink
- 11 Makes me sick
- 12 Can't control my drinking
- 13 Costs too much or can't afford it
- 14 Dieting or too fattening
- 88 Other

Card N3

Card O1

(Cut along broken line.)

HIS-501 (1988) (10-30-87)

**CARD O2**

- 1 Heavy**
- 2 Moderate**
- 3 Light**
- 4 Very light or occasional**
- 5 Quit drinking**
- 6 Never drank**

HS 501 (11/88) (10-20-82)

**CARD P1**

- 01 Day care center**
- 02 Babysitter in child's home**
- 03 In babysitter's home**
- 04 Father cares for child**
- 05 Mother cares for child while working at home**
- 06 Mother cares for child while working outside of home**
- 07 Child cares for self**
- 08 Other relative cares for child**
- 09 Day camp**
- 88 Other (Specify)**

HS 401 (11/88) (10-20-87)

Card O2

Card P1

(Cut along broken line)

**CARD P2**

- 01 Nursery school or preschool**
- 02 Nursery school or preschool with day care**
- 03 Day care center**
- 04 Babysitter in child's home**
- 05 In babysitter's home**
- 06 Father cares for child**
- 07 Mother cares for child while working at home**
- 08 Mother cares for child while working outside of home**
- 09 Summer day camp**
- 10 Child cares for self**
- 11 Other relative cares for child**
- 88 Other (Specify)**

PHM RESACT (1286) (7-30-87)

**CARD P3**

- 01 Broken or dislocated bones**
- 02 Sprain, strain or pulled muscle**
- 03 Cuts, scrapes, or puncture wounds**
- 04 Head injury, concussion**
- 05 Bruise, contusion, or internal bleeding**
- 06 Burn, scald**
- 07 Poisoning from chemicals, medicines, drugs**
- 08 Respiratory problem, such as breathing, cough, pneumonia**
- 88 Other**
- 99 Don't know type of condition**
- 00 None**

HS 501 (11/88) (10-20-87)

Card P2

Card P3

(Cut along broken line)

**CARD P4**

- 1 Has two or more usual doctors or places depending on what is wrong**
- 2 Has not needed a doctor**
- 3 Previous doctor no longer available**
- 4 Have not been able to find the right doctor**
- 5 Recently moved to area**
- 8 Other reason *(Specify)***

HE 801 (1988) (15-20-87)

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