

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

characteristics of  
**Persons With**  
**Diabetes**

**United States - July 1964 - June 1965**

Statistics on the prevalence of diabetes as reported in interviews, the socioeconomic and health characteristics of diabetics, their disability from diabetes and from all chronic conditions, and type of medical and home care. Based on data collected in household interviews during the period July 1964-June 1965.

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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 Health Survey, the Bureau of the Census, under a contractual arrangement, participates in most aspects of survey planning, selects the sample, collects the data, and carries out certain parts of the statistical processing.

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# FOREWORD

A special supplement to the health interview was administered to persons reporting diabetes in the basic interview during the period July 1964-June 1965 in order to obtain specific information about the health and characteristics of the diabetic population. In the development of this supplement, extensive explorations were conducted by staff members of the Diabetes and Arthritis Control Program and the Division of Health Interview Statistics to determine the feasibility of collecting the data and to determine the appropriateness of items for inclusion in the supplement.

This report is a product of very close collaboration of the two agencies over a period of several years, and hopefully it provides a set of valuable data for those working in the varied diabetes programs at many levels.

Special credit for the initial suggestions and for the extensive staff work for this project—reaching into all phases of data collection, processing, and review—should be extended to Dr. Glen W. McDonald, Chief of the Diabetes and Arthritis Control Program, and his staff members Mrs. Gail Fisher and Miss Mildred Kaufman.

Robert R. Fuchsberg  
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*IN THIS REPORT statistics are presented on the prevalence of diabetes as reported in household interviews during the period July 1964-June 1965, the socioeconomic characteristics of the diabetic population, and their health status in terms of number of chronic conditions, disability days, and limitation of activity.*

*The purpose of the report is to provide supplemental information about the health of diabetics in addition to the information regularly collected on all chronic conditions; for example, data on medical and home care, medication, and diet.*

*An estimated 1.3 percent of the civilian, noninstitutional population of the United States was reported to be diabetic. The prevalence of diabetes increased with age. The majority of diabetics had at least one chronic condition in addition to diabetes, and the rates of disability from all conditions were higher than those of the total population.*

#### SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
Figure does not meet standards of reliability or precision-----	*

# CHARACTERISTICS OF PERSONS WITH DIABETES

Mary Lou Bauer, *Division of Health Interview Statistics*

## INTRODUCTION

Diabetes ranks eighth among the leading causes of death, accounting for over 32,000 deaths annually. Despite significant advances in the treatment of the disease, it continues to be a major health problem. In addition to the 2.4 million known diabetics,<sup>a</sup> there are estimated to be over 1.6 million persons who have diabetes but are not aware that they have the condition.<sup>1</sup>

Although there is no known cure for diabetes, prognosis for diagnosed diabetics is much improved, and life expectancy for these persons is steadily increasing. Since the introduction of insulin in 1922, the duration of life after diagnosis of diabetes has increased threefold. In addition to the influence of insulin, the better understanding of diabetic dietary treatment as well as advances in treatment of infections and surgical complications have been important factors. When age at onset is considered, the progress is even more impressive as evidenced by the tenfold increase in the duration of life of persons who develop diabetes as children.<sup>2</sup>

This report will present information on the prevalence of diabetes, the socioeconomic characteristics of the diabetic population, and their health status in terms of number of chronic conditions, disability days, and limitation of activity from diabetes and from all chronic conditions.

It will also describe their medical and home care, medication, and diet.

## SELECTED FINDINGS

During the period July 1964-June 1965, an estimated 1.3 percent of the civilian, noninstitutional population of the United States were reported to be diabetic. About 58 percent of these persons were female. The prevalence of diabetes did not differ by region or residence. For both males and females the prevalence increased with age, with a peak in the age group 65-74 years. The majority of diabetics reported that the condition had been diagnosed after they had reached age 45.

Persons with diabetes were older than the general population—their median age being more than twice as high. The majority of diabetics had at least one other chronic condition. The rates of disability for diabetics were roughly three times those for the total population, but much of the disability was attributed to conditions other than diabetes.

Most of the diabetics had seen a doctor in the past year for treatment of their diabetes. About three-fourths of them were taking medication, either insulin or oral drugs. About half of the diabetics followed a diet, and a similar proportion used more than one of the dietetic foods. Insulin injections and meal preparation were taken care of by the diabetics themselves or by a spouse or relative. Few persons reported other assistance.

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<sup>a</sup>See page 2, paragraph 3, for explanation of total estimates of known diabetics presented in this publication.

## SOURCE AND LIMITATIONS OF DATA

The data on which this report is based were collected as part of the 1964-65 Health Interview Survey (HIS), which is a continuous, nationwide survey conducted by household interview. Each week a representative sample of households is interviewed to obtain information relating to the health characteristics of each member of the household. During the period July 1964-June 1965, interviews were conducted in approximately 42,000 households comprising 134,000 persons. The data from these interviews were then weighted to make the sample representative of the total population by age, sex, color, and residence.

The HIS questionnaire provided data on personal and social characteristics, chronic and acute conditions, hospitalization, disability, and other health items. For those persons who reported diabetes, a detailed supplement was completed. This supplement investigated the diabetic history of the respondent, the family history of diabetes, diagnosis and medical treatment, and practice of self-care.

Data from the HIS questionnaire produced an estimate of 2,385,000 persons with diabetes for the period July 1964-June 1965. Supplemental questionnaires were obtained for 2,300,000 of these persons. This report is based on the 2.3 million diabetics with supplements.

For the HIS questionnaire, a household respondent often provided the information on the diabetic. For the supplement, however, 82 percent of the respondents were self-respondents. A proxy respondent was used only when a diabetic was not an eligible respondent, was unable to respond for himself because of disability or illness, or was not available for interview at any time during the interview week. Proxy respondents answered 14 percent of the supplements. No supplements were available for the remaining 4 percent of the persons who had been identified as having diabetes in the HIS questionnaire. Included in this number would be persons who reported "high blood sugar" or "sugar in blood." Such persons were not given supplements since the questions asked on the supplement would not be applicable to persons who did not know that they were diabetic.

The diabetics without supplements who were excluded from the report did not differ from the reporting group in any of the following characteristics: age, race, marital status, restricted activity, bed disability, geographic region, residence, or education of the head of the family. However, there were differences in family income and education of the individual. With respect to both income and education, the diabetics without supplements had a somewhat higher proportion of cases falling in the middle range of each variable and a higher proportion with unknown education or unknown income than did diabetics with supplements. However, the percentage variation was sufficiently small to indicate that both groups came from essentially the same population.

The Health Interview Survey is limited to the civilian, noninstitutional population of the United States. The universe sampled does not include members of the Armed Forces, U.S. nationals living in foreign countries, crews of vessels, or persons residing in institutions. These exclusions should not affect the data appreciably.

A description of the design of the survey, the methods of estimation, and the general qualifications of survey data is presented in Appendix I. The estimates shown in this report are based on a sample of the population and are therefore subject to sampling error. Although most of these errors are of relatively low magnitude, where an estimated number or the numerator or denominator of a rate or percentage is small, the sampling error may be high. For this reason attention should be directed to the section in Appendix I entitled "Reliability of Estimates." Charts of relative sampling errors and instructions for their use are also presented in Appendix I.

Although it is not general policy to publish figures which do not meet the usual standards of reliability, an exception is made in the case of reports based on supplements. In order to use these data to full advantage and to show trends which are considered logical and important, it is sometimes necessary to show smaller figures. Special attention is called to these figures by asterisks.

Certain terms used in the report are defined in Appendix II. The questionnaire used by the Health Interview Survey during the period July 1964-June 1965 is illustrated in Appendix IV.



## PREVALENCE OF DIABETES

During the period July 1964 to June 1965, the number of persons reported in the Health Interview Survey to be diabetic was 2,385,000, or 1.3 percent of the total U.S. population. This prevalence compares with other estimates of known diabetes based on interview data or medical histories. For example, the Health Examination Survey in 1960-62 on the basis of medical histories of examinees reported 1.8 percent of a nationwide probability sample of persons aged 18-79 years to be diabetic.<sup>3</sup>

Based on the supplement, the number of diabetics reported for the period July 1964-June 1965 was 12.2 per 1,000 population. The prevalence of diabetes is essentially the same in all regions and residential areas (table A). In addition, the percent distribution of diabetics by region and by residence parallels the distribution of the total U.S. population (table B).

The prevalence of diabetes in both males and females increases with age (table C) as does the ratio of females to males. The highest prevalence for both sexes occurs in the age group 65-74 years (fig. 1). For females, there is a substantial decrease after age 75, but for males

Table A. Prevalence of diabetes, by geographic region and area: United States, July 1964-June 1965

Region and area	Prevalence per 1,000 population
All regions-----	12.2
Northeast-----	13.2
North Central-----	12.1
South-----	12.1
West-----	11.1
All areas-----	12.2
SMSA-----	12.0
Outside SMSA:	
Nonfarm-----	12.9
Farm-----	10.5

Table B. Percent distribution of diabetics and of the total population, by geographic region and area: United States, July 1964-June 1965

Region and area	Diabetics	Total population
Percent distribution		
All regions-----	100.0	100.0
Northeast-----	26.7	24.8
North Central-----	28.2	28.6
South-----	30.2	30.3
West-----	14.9	16.3
All areas---	100.0	100.0
SMSA-----	63.3	64.1
Outside SMSA:		
Nonfarm-----	31.5	29.8
Farm-----	5.3	6.1

the prevalence shows no change. Females not only have higher prevalence than males in each age group after 45 years but the differences between adjacent age groups are greater.

Table C. Prevalence of diabetes, by sex, age, and ratio of females to males: United States, July 1964-June 1965

Age in years	Both sexes	Male	Female	Ratio of females to males
Prevalence per 1,000 population				
All ages-	12.2	10.5	13.8	1.4
Under 25--	1.3	1.2	1.3	1.1
25-44-----	6.2	6.2	6.2	1.1
45-54-----	17.8	15.4	20.0	1.4
55-64-----	36.9	32.0	41.4	1.4
65-74-----	54.5	47.1	60.6	1.6
75+-----	49.2	47.0	50.8	1.5

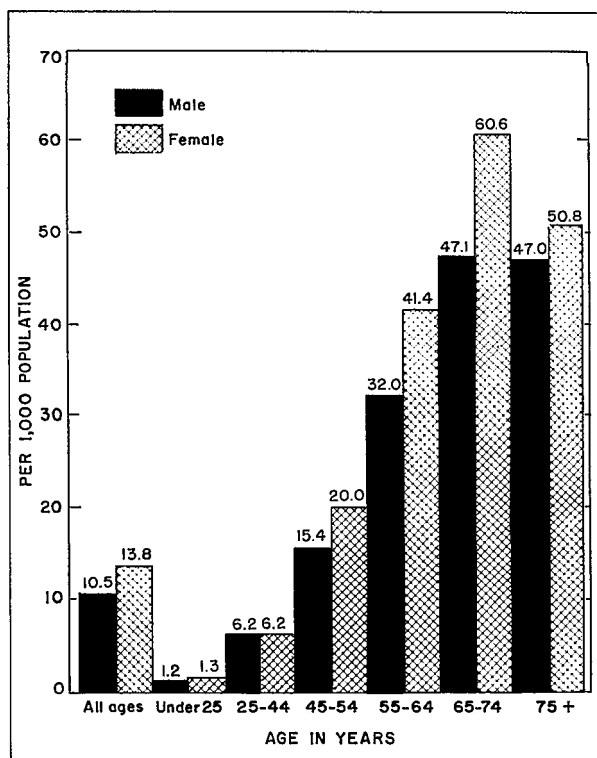


Figure 1. Number of diabetics per 1,000 population, by sex and age.

## THE DIABETIC POPULATION

### Socioeconomic Characteristics

Of the 2,300,000 persons with diabetes, 58 percent were female. Males and females differed in all socioeconomic characteristics shown in table 1 except age.

Two-thirds of the diabetics were over 55 years of age. There were relatively few juvenile diabetics; only 5 percent of the diabetic population was under age 25.

The diabetics as a group were considerably older than the general population. The median age for male diabetics was 60.2, for females, 61.8. For each sex the median age of diabetics was more than twice that of the general population.

Sex	Total population	Diabetics
	Median age	
Male	26.8	60.2
Female	28.9	61.8

The majority of diabetics were white (87 percent), which approximates the color composition of the total population. A higher proportion of females than males were nonwhite.

With respect to marital status, both sexes differed from the total population of which approximately two-thirds of each sex were married. Among diabetics approximately 80 percent of the males were married as were about 54 percent of the females. Comparing male and female diabetics, relatively more males were married, whereas relatively more females were widowed, divorced, or separated. A higher proportion of married persons might be expected among diabetics because of the higher median age. However, one would not expect the differential by sex.

The family income of male diabetics was substantially higher than that of females, the median being \$5,572 and \$4,035, respectively. The difference probably reflects the higher proportion of females who were widowed, divorced, or separated, as well as the higher proportion who were nonwhite. The usual income differential by sex was minimized since the income reported was family rather than individual income. Neither was age a factor. As noted earlier, males and females were similarly distributed by age.

The median education of male diabetics was higher than that of females, 9.4 years compared with 8.7 years. The median education of the head of the family was essentially the same as that of individuals: 9.5 years for males and 8.9 years for females.

### Family History of Diabetes

The inherited predisposition to diabetes has been well established as shown by the higher prevalence among blood relatives of diabetics,

by the almost simultaneous development of diabetes in identical twins, and by the incidence of diabetes according to Mendelian patterns.<sup>4</sup> Studies of diabetics and nondiabetic controls have shown that diabetics had family histories of diabetes 2 to 10 times as often as the nondiabetic controls.<sup>5</sup>

The majority of diabetics reporting in the survey were first- or second-generation diabetics. Approximately 17 percent of diabetics had diabetic mothers, and about 8 percent had diabetic fathers. About one-fourth of those with siblings reported diabetic siblings, and 7 percent of parents reported diabetic children. Only 1 percent of the study population represented three generations of diabetics.

The proportion of persons with diabetic siblings and diabetic children increased with age. Persons aged 25-54 had the highest proportion of diabetic parents.

Males and females had very similar family histories of diabetes.

#### Age at Diagnosis

Age at onset of diabetes is an important factor in the severity of the disease, the natural course which it follows, and the treatment required. In general, persons who develop diabetes in childhood are the most severely affected, not only by the diabetes itself but by other conditions which may develop concomitantly. They usually require insulin for treatment and their diabetes is more difficult to control than that of persons who develop diabetes later in life. On the other hand, persons who develop diabetes as adults generally have milder cases than those who have had diabetes since childhood, and some can be treated by diet alone.

It is difficult to determine onset of diabetes since it is not possible to ascertain how long diabetes has been present before the diagnosis is made. However, the diagnosis is most often made in the fifth and sixth decades.<sup>5</sup>

Half of the diabetics were diagnosed between the ages of 45 and 64 (table D), about 21.8 percent between 25 and 44 years of age, and another 20.0 percent at ages 65 years or later. Only

7.7 percent of the diabetics were diagnosed before their 25th birthday and 4.1 percent before age 15.

Although the small number of nonwhite diabetics precludes detailed analysis by color, the trends indicate that diabetes among nonwhite persons of both sexes was more often diagnosed in middle age (table 2). Consequently, relatively fewer nonwhite diabetics reported diagnosis before age 25 or after age 65 (table D). Two factors may account for this difference. First, in the population surveyed, the age distribution by color was different—a higher proportion of nonwhite persons being 25-64 years of age. Since these ages included the years of peak incidence, a higher proportion of the nonwhite population was at risk. Second, there is in general less medical care among the nonwhite population than among the white. Therefore, the less frequent diagnosis before age 25 may well reflect not differential incidence but delayed medical attention, which would result in more severe diabetes, a larger number of associated conditions, and a higher mortality rate. Evidence of delayed diagnosis is shown by the substantially higher proportion of nonwhite persons in all age groups through age 54 who reported diagnosis in the past 10 years.

Table D. Percent distribution of diabetics, by age at diagnosis of diabetes according to color: United States, July 1964-June 1965

Age at diagnosis	Total	White	Non-white
	Percent distribution		
All ages--	100.0	100.0	100.0
Under 25 years--	7.7	8.3	*3.4
25-44 years-----	21.8	21.1	26.9
45-64 years-----	49.8	49.3	53.5
65 years and over-----	20.0	20.6	15.8
Unknown-----	*0.7	*0.7	*0.3

# HEALTH STATUS OF DIABETICS

## Chronic Conditions of Diabetics

The majority of diabetics (80.1 percent) had two or more chronic conditions, i.e., at least one chronic condition in addition to diabetes. Over half of them (57.9 percent) reported three or more chronic conditions (table E).

Females had more chronic conditions than males. About 62.3 percent of female diabetics reported three or more chronic conditions contrasted with 51.9 percent of males.

From all chronic conditions reported in the survey, 17 conditions were selected for detailed analysis because of their frequent occurrence among diabetics. These conditions are listed in table F according to frequency of reporting. (For a complete description of the conditions, including ICD numbers, see Appendix III.) Those reported most often were heart conditions (21.1 percent), hypertension (16.8 percent), and impaired vision (10.3 percent). However, if the two condition groups, impaired vision and blind in both eyes, were combined to represent all visual impairments, this category would then have the second highest frequency of reporting (16.9 percent).

Table E. Percent distribution and cumulative percent of diabetics, by number of chronic conditions according to sex: United States, July 1964-June 1965

Number of chronic conditions <sup>1</sup>	Both sexes	Male	Female
Percent distribution			
All diabetics-	100.0	100.0	100.0
1 (diabetes only)-	19.9	25.1	16.2
2-----	22.2	23.2	21.5
3+-----	57.9	51.9	62.3
Cumulative percent			
3+-----	57.9	51.9	62.3
2+-----	80.1	74.9	83.8
1+-----	100.0	100.0	100.0

<sup>1</sup>Includes diabetes.

Most of the conditions were overrepresented among females, in most cases by a ratio of at least two to one. Three of the conditions, however, were clearly characteristic of male diabetics. the absence of fingers or toes, the absence of major extremities, and tuberculosis.

Table F. Number and percent of diabetics with selected chronic conditions and percent of diabetics with chronic conditions who are female, by condition: United States, July 1964-June 1965

Chronic condition	Number of diabetics with chronic condition in thousands	Percent of total diabetics (N=2.3 million)	Percent of diabetics with chronic conditions who are female
Heart conditions-----	485	21.1	61.9
Hypertension without heart involvement-----	387	16.8	73.9
Impaired vision-----	238	10.3	70.6
Genitourinary disorders-----	190	8.3	63.7
Blind, both eyes-----	151	6.6	66.2
Cataracts-----	93	4.0	68.8
Gallbladder-----	84	3.7	89.3
Vascular lesions, CNS-----	76	3.3	47.4
Skin disorders-----	75	3.3	69.3
Goiter and thyroid-----	71	3.1	81.7
Absence of fingers, toes-----	51	2.2	23.5
Paralysis, complete or partial-----	50	2.2	48.0
Glaucoma-----	36	1.6	66.7
Gout, tuberculosis, or senility-----	35	1.5	54.3
Absence of major extremities-----	33	1.4	36.4

The percent of diabetics reporting these conditions who were male were, respectively, 76.5, 63.6, and 72.7 percent. Two other conditions, paralysis and vascular lesions of the central nervous system, were reported about equally by each sex (part of the apparent variation was due to rounding).

It should be pointed out that there are more female than male diabetics, but this does not account for the differential. If the conditions were not to some extent sex-related, the distribution of each condition could be expected to approximate the sex distribution of 58 percent female and 42 percent male.

### Disability Days From All Conditions

The diabetics averaged 54.0 days of restricted activity per person per year from all reported chronic conditions and 23.3 days of bed disability (table G). Females had substantially more days of disability per person than did males, approximately 10 more days of disability per year. Females reported 58.2 days of restricted activity contrasted with 48.1 days for males, and 27.2 days of bed disability versus 17.8 days for males.

The higher level of disability among females occurred at all ages except 75 years and over.

Table G. Number of disability days per diabetic per year from all conditions and from diabetes, by sex and age: United States, July 1964-June 1965

Sex and age	Restricted activity		Bed disability	
	From all conditions	From diabetes	From all conditions	From diabetes
<u>Both sexes</u>				
Disability days per diabetic per year				
All ages-----	54.0	17.3	23.3	8.2
Under 45 years-----	33.4	9.7	15.9	5.2
45-54 years-----	40.4	13.0	19.4	3.3
55-64 years-----	67.9	24.4	28.4	7.8
65-74 years-----	56.9	16.7	23.3	11.1
75 years and over-----	63.9	19.8	27.6	13.3
<u>Male</u>				
All ages-----	48.1	15.8	17.8	6.0
Under 45 years-----	25.7	9.5	9.2	5.0
45-54 years-----	31.3	9.7	16.6	0.2
55-64 years-----	65.9	20.4	19.7	0.9
65-74 years-----	55.7	16.0	14.6	8.2
75 years and over-----	53.3	23.5	35.1	21.6
<u>Female</u>				
All ages-----	58.2	18.4	27.2	9.8
Under 45 years-----	40.6	9.9	22.1	5.4
45-54 years-----	47.2	15.4	21.4	5.5
55-64 years-----	69.3	27.2	34.5	12.7
65-74 years-----	57.7	17.1	28.9	12.9
75 years and over-----	71.1	17.3	22.6	7.8

Male diabetics in this age group averaged more days of bed disability than did females, although days of restricted activity remained lower than the female level.

### Disability Days From Diabetes

The rate of disability days from diabetes was approximately one-third that from all conditions, or an average of 17.3 days of restricted activity and 8.2 days of bed disability per diabetic per year. Females reported more disability days per person than did males: 18.4 days of restricted activity contrasted with 15.8 days for males and 9.8 days of bed disability contrasted with 6.0 days for males. The difference between males and females was considerably greater in number of days of bed disability than in number of days of restricted activity. The higher rates of bed disability as well as restricted activity for females occurred at all ages except 75 years and over (fig. 2).

It should be noted that the majority of diabetics (83.7 percent) reported no bed disability due to diabetes (table H). A higher proportion of males than of females had no bed-days: 86.7 percent contrasted with 81.6 percent.

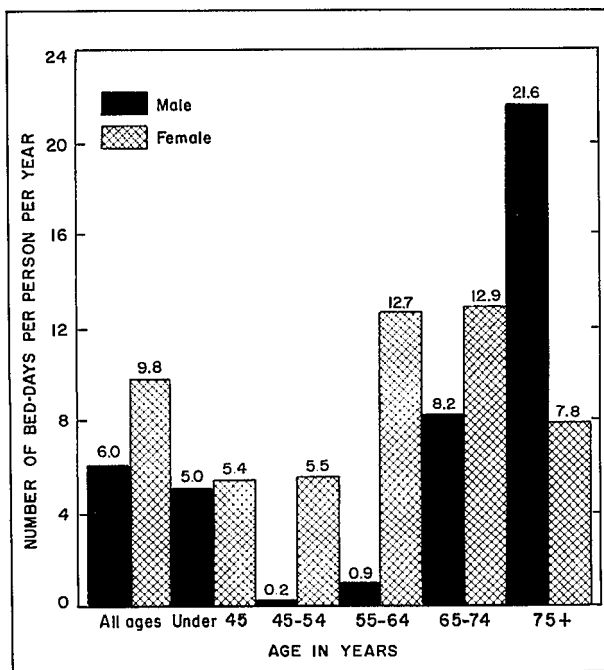


Figure 2. Number of bed-days due to diabetes per diabetic per year, by sex and age.

Table H. Percent of diabetics in each age group who have no bed-days due to diabetes, by sex: United States, July 1964-June 1965

Age	Both sexes	Male	Female
	Percent		
All ages-----	83.7	86.7	81.6
Under 25 years-----	73.2	74.1	75.0
25-44 years-----	81.9	85.9	76.9
45-54 years-----	83.6	90.7	78.9
55-64 years-----	84.6	86.6	83.2
65 years and over--	84.9	86.9	83.5

The older the diabetics, the more often they reported no bed-days due to diabetes, possibly because older diabetics would be more likely to have other chronic conditions to which bed-days could be attributed. However, among those who did report bed disability, the number of bed-days per person increased with age.

### Disability of Diabetics and Total Population

The rates of restricted activity, bed disability, and work loss from all conditions among diabetics were roughly three times those of the total civilian, noninstitutional population (table J).

However, it should be remembered that diabetics more often than the total population had multiple chronic conditions and that the majority of disability days of diabetics were attributed to conditions other than diabetes. In addition, the diabetics were older than the general population, but the difference in age is considered less a factor with respect to disability days than is the number of conditions. The age-specific rates of disability for diabetics 45 years and older remain two to three times those of the general population.

Diabetics also had higher rates of hospitalization than the general population, though relatively little of it was attributed to diabetes.

### Limitation of Activity and Mobility

About 53.0 percent of diabetics reported limitation of activity from all conditions and 15.7 percent limitation of mobility (table K). Limi-

Table J. Number of disability days from all conditions per person per year for diabetics and for the total population, by sex: United States, July 1964-June 1965

Disability days	Both sexes		Male		Female	
	Diabetics	Total population	Diabetics	Total population	Diabetics	Total population
	Days per person per year					
Restricted activity-----	54.0	16.4	48.1	14.7	58.2	18.0
Bed disability-----	23.3	6.2	17.8	5.3	27.2	7.0
Work loss <sup>1</sup> -----	15.4	5.7	16.2	5.7	13.7	5.6
Hospital days-----	5.4	1.0	7.6	1.0	3.9	1.0

<sup>1</sup>Number of work-loss days are based on the number of currently employed persons.

tation of activity from diabetes was reported by 24.9 percent of the diabetics and limitation of mobility by 5.0 percent. Females more often than males reported limitation of each type.

Relatively more of the total limitation of activity than of the total limitation of mobility was due to diabetes. Limitation of activity from diabetes accounted for about half of the limitation of activity from all conditions, whereas limitation of mobility from diabetes accounted for only about one-third of the total limitation of mobility.

Table K. Percent of diabetics with limitation of activity and limitation of mobility from all conditions and from diabetes, by sex: United States, July 1964-June 1965

Condition and sex	Limitation of--	
	Activity	Mobility
<u>All conditions</u>	Percent	
Both sexes-----	53.0	15.7
Male-----	49.9	11.6
Female-----	55.3	18.6
<u>Diabetes</u>	Percent	
Both sexes-----	24.9	5.0
Male-----	24.2	*3.8
Female-----	25.4	5.8

### Diabetic Symptoms

About half of the diabetics reported having had diabetic symptoms during the month prior to interview. The proportion of diabetics reporting symptoms was higher among females (55.7 percent) than males (46.3 percent) and increased with age.

The most frequently reported symptoms, as shown in table L, were extreme tiredness (26.5 percent), leg pain (22.5 percent), and eye trouble (20.1 percent). Females more often than males reported each of the diabetic symptoms. For both sexes, reporting individual symptoms increased with age (table 3). Females also more often than males reported multiple symp-

Table L. Percent of diabetics who had selected diabetic symptoms in the month preceding interview, by sex: United States, July 1964-June 1965

Diabetic symptom	Both sexes	Male	Female
	Percent		
Extreme tiredness--	26.5	21.7	29.8
Leg pain-----	22.5	18.2	25.6
Eye trouble-----	20.1	15.6	23.3
Sudden weakness----	18.6	14.1	21.8
Frequent urination--	18.0	16.2	19.4
Thirst-----	14.3	11.5	16.2
Itching-----	14.0	9.7	17.1
Loss of weight----	9.0	6.9	10.5
Larger appetite----	8.9	7.4	10.0
Smaller appetite----	7.4	5.7	8.6

Table M. Percent distribution of diabetics, by number of diabetic symptoms during month preceding interview according to sex: United States, July 1964-June 1965

Number of symptoms	Both sexes	Male	Female
	Percent distribution		
All diabetics-	100.0	100.0	100.0
None-----	48.2	53.7	44.3
1 symptom-----	14.6	17.0	12.9
2-3 symptoms-----	18.4	14.4	21.3
4-5 symptoms-----	11.2	9.5	12.4
6 symptoms or more-----	7.5	5.4	9.1

toms (table M). The reporting of multiple symptoms increased with age for both sexes.

## HEALTH CARE

### Medical Care

Virtually all of the diabetics (99.8 percent) had at some time seen a doctor about their diabetes, and most of them (84.6 percent) had seen a doctor in the past year for treatment (table 4). About three-fourths of the diabetics (72.5 percent) went to a doctor's office for treatment, rather than to a clinic or some other place.

Seeing a doctor for treatment was not consistently related to either sex or age. Although a slightly higher proportion of females than males had seen a doctor in the past year, the differential occurred only for ages under 25 and over 65 years. Males between 45 and 64 somewhat more often than those of other ages had seen a doctor. The female pattern by age was erratic.

About 10.6 percent of the diabetics had visited a foot doctor in the past year and about 57.4 percent had had their eyes examined during the past 2 years. Relatively more females than males visited the foot doctor (12.2 percent and 8.4 percent, respectively), but the sexes equally often had their eyes examined.

### Medication

About three-fourths of the diabetics reported that at the time of the survey they were taking some medication for diabetes. The largest proportion, 48.4 percent, were taking oral drugs; 25.7 percent were taking insulin (table N). Another 2.0 percent were taking both oral drugs and insulin. The remaining 24.0 percent took neither.

Table N. Percent of diabetics in each age group, by medication at the time of the survey: United States, July 1964-June 1965

Age	Insulin only	Oral drugs only	Neither
	Percent		
All ages--	25.7	48.4	24.0
Under 25 years--	67.6	7.2	23.4
25-44 years----	30.2	31.3	35.9
45-54 years----	24.9	48.8	23.9
55-64 years----	21.1	55.7	21.2
65-74 years----	23.4	53.1	21.6
75 years and over-----	20.7	54.7	23.0

There was considerable variation by age in type of medication taken, reflecting the known differences in treatment of adult and juvenile diabetics. (Insulin is prescribed for the majority of juvenile diabetics, whereas oral drugs are prescribed primarily for adults.) A very high proportion of persons under 25 years of age (67.6 percent) took insulin—two to three times the proportion in any other age group. Persons 45 years and older most often took oral drugs. Diabetics between 25 and 44 years of age equally often took oral drugs and insulin. They were somewhat overly represented among those taking neither.

There were no substantial differences between males and females with respect to medication.

### Home Care

The responsibility for major items of home care, such as injecting insulin and preparing meals, was taken by the diabetics themselves



or by a spouse or relative (tables O and P). Few persons reported outside assistance such as the aid of a visiting nurse. Only 3.3 percent of the diabetics had ever been visited by a visiting nurse. Less than half of these persons reported having been visited in the past 12 months.

Table O. Percent distribution of diabetics who take insulin, by who injects insulin according to sex: United States, July 1964-June 1965

Who injects insulin	Both sexes	Male	Female
Percent distribution			
Total diabetics-	100.0	100.0	100.0
Self-----	77.5	77.3	77.4
Spouse or relative-----	20.0	20.3	19.7
Other-----	2.5	2.0	2.6

There was no variation by sex with respect to insulin injection. About 77.5 percent of diabetics reported that they injected the insulin themselves, while another 20.0 percent reported that a spouse or relative injected the insulin. There was variation, as one would expect, in preparation of meals. The majority of women (79.0 percent) reported that they prepared the meals themselves whereas most men (83.2 per-

Table P. Percent distribution of diabetics, by who prepares meals according to sex: United States, July 1964-June 1965

Who prepares meals	Both sexes	Male	Female
Percent distribution			
Total diabetics-	100.0	100.0	100.0
Self-----	50.2	10.2	79.0
Spouse or relative-----	45.0	83.2	17.7
Other-----	4.6	6.4	3.2

cent) reported that a spouse or relative prepared the meals.

## Diet

Diet therapy is considered important for all diabetics in order to maintain normal weight and the proper insulin balance<sup>4</sup> as well as to delay or prevent development of other conditions such as nephropathy and retinitis which are more likely to result when the diabetes is not adequately controlled.<sup>2</sup>

Approximately 77.1 percent of diabetics reported that they had been given a diet for diabetes, but only 52.7 percent said that they followed one (table Q). In all age groups, females more often than males were given diets and more often followed them. The greatest attention to diet was reported by persons between 55 and 64 years of age.

About 82.1 percent of the diabetics reported having used at least one of the dietetic foods in the week prior to interview. Over half of them (55.7 percent) reported using more than one, and about one-third (35.3 percent) used special recipes (table R). On the other hand, over half of the diabetics (53.7 percent) reported that in the past 30 days they had eaten pastry, a third (34.7 percent) had eaten candy, and a fourth (26.9 percent) had eaten both pastry and candy.

Food usage did not differ by sex. About the same proportion of males and females appeared in each category.

However, when the food habits were analyzed according to who prepared most of the meals, several patterns emerged. Males were most likely to use special recipes and dietetic foods if their meals were prepared by a spouse or relative. Females most often followed these practices when some other person than a spouse or relative prepared their meals. They were least likely to use special recipes or dietetic foods when the spouse prepared meals. For both sexes the second highest overall usage was reported by those who prepared their own meals.

Comparison of the differential usage by sex of each of the diet items according to who prepared meals showed that, with the exception of the spouse as the preparer, females in all

Table Q. Percent of diabetics in each age group who were given a diet and who follow diet, by sex: United States, July 1964-June 1965

Age	Given diet			Follow diet		
	Both sexes	Male	Female	Both sexes	Male	Female
	Percent					
All ages-----	77.1	72.8	80.3	52.7	48.5	55.9
Under 25 years-----	70.3	61.1	78.9	47.7	38.9	56.1
25-44 years-----	78.3	77.0	78.2	51.6	49.6	53.1
45-54 years-----	76.9	71.4	81.2	52.5	53.4	51.6
55-64 years-----	82.8	78.0	86.0	58.8	53.1	62.8
65-74 years-----	77.9	72.2	81.5	52.5	45.6	56.8
75 years and over-----	66.0	64.5	67.0	44.7	41.3	46.9

other preparation groups more often than males used special recipes or dietetic foods.

Within each food preparation category, there was differential usage of the diet and food items by sex. When the spouse prepared meals, rela-

tively more males than females used special diets and dietetic foods as well as pastries and candies. For all other preparation groups, females generally exceeded males in proportions using each of the diet items.

Table R. Percent of diabetics who use selected diet items: United States, July 1964-June 1965

Diet item	Percent of diabetics who use diet items
Special recipes-----	35.3
Dietetic foods:	
Soft drinks only-----	5.7
Canned fruits only-----	2.0
Artificial sweeteners only-----	18.7
More than one-----	55.7
No special recipes or dietetic foods-----	14.1
Pastry-----	53.7
Candy-----	34.7
Pastry and candy-----	26.9

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<sup>3</sup>National Center for Health Statistics: Glucose tolerance of adults. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 11-No. 2. Public Health Service. Washington. U.S. Government Printing Office, May 1964.

<sup>4</sup>Duncan, G. G.: *Diseases of Metabolism*. Philadelphia, W. B. Saunders, 1964.

<sup>5</sup>Knowles, H. C., Jr.: The incidence and development of diabetes mellitus, in R. H. Williams, ed., *Diabetes*, New York, Hoeber Medical Division, Harper and Row, 1965. pp. 360-369.



## DETAILED TABLES

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Table 1. Number and percent distribution of diabetics, by sex and socioeconomic characteristics: United States, July 1964-June 1965

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

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number in thousands			Percent distribution		
All diabetics-----	2,300	962	1,337	100.0	100.0	100.0
<u>Age</u>						
Under 25 years-----	111	54	57	4.8	5.6	4.3
25-44 years-----	281	135	147	12.2	14.0	11.0
45-54 years-----	385	161	223	16.7	16.7	16.7
55-64 years-----	612	254	358	26.6	26.4	26.8
65-74 years-----	610	237	373	26.5	24.6	27.9
75 years and over-----	300	121	179	13.0	12.6	13.4
<u>Color</u>						
White-----	2,002	873	1,129	87.0	90.7	84.4
Nonwhite-----	297	89	208	12.9	9.3	15.6
<u>Marital status</u>						
Married-----	1,493	771	722	64.9	80.1	54.0
Widowed, divorced, separated-----	619	106	513	26.9	11.0	38.4
Never married-----	188	86	102	8.2	8.9	7.6
<u>Family income</u>						
Under \$3,000-----	778	261	517	33.8	27.1	38.7
\$3,000-\$3,999-----	260	111	148	11.3	11.5	11.1
\$4,000-\$6,999-----	463	208	256	20.1	21.6	19.1
\$7,000-\$9,999-----	346	158	188	15.0	16.4	14.1
\$10,000 and over-----	299	167	132	13.0	17.4	9.9
Unknown-----	154	57	97	6.7	5.9	7.3
<u>Education of family head</u>						
Under 5 years-----	302	105	198	13.1	10.9	14.8
5-8 years-----	803	327	476	34.9	34.0	35.6
9-12 years-----	853	382	471	37.1	39.7	35.2
13 years and over-----	272	130	141	11.8	13.5	10.5
Unknown-----	70	*18	51	3.0	*1.9	3.8
<u>Education of individual</u>						
Under 5 years-----	334	110	224	14.5	11.4	16.8
5-8 years-----	815	332	482	35.4	34.5	36.1
9-12 years-----	821	350	471	35.7	36.4	35.2
13 years and over-----	215	117	97	9.3	12.2	7.3
Unknown-----	116	53	63	5.0	5.5	4.7

Table 2. Percent distribution of diabetics, by age at diagnosis of diabetes according to sex and color: United States, July 1964-June 1965

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

Color and age at diagnosis	Both sexes	Male	Female
<u>Total</u>	Percent distribution		
All ages-----	100.0	100.0	100.0
Under 15 years-----	4.1	*5.1	*3.4
Under 25 years-----	7.7	9.1	6.5
25-44 years-----	21.8	23.0	21.0
45-64 years-----	49.8	48.6	50.6
65 years and over-----	20.0	18.6	21.1
Unknown-----	*0.7	*0.7	*0.7
<u>White</u>			
Under 15 years-----	4.6	*5.6	*3.9
Under 25 years-----	8.3	9.4	7.4
25-44 years-----	21.1	22.6	20.0
45-64 years-----	49.3	48.3	50.0
65 years and over-----	20.6	18.9	22.0
Unknown-----	*0.7	*0.8	*0.7
<u>Nonwhite</u>			
Under 15 years-----	*0.3	*	*0.5
Under 25 years-----	*3.4	*5.6	*2.4
25-44 years-----	26.9	*28.1	26.4
45-64 years-----	53.5	51.7	54.3
65 years and over-----	15.8	*15.7	*15.9
Unknown-----	*0.3	*	*0.5

Table 3. Percent of diabetics in each age group who had selected diabetic symptoms in month preceding interview, by sex: United States, July 1964-June 1965

(See headnote on table 2)

Sex and age	Extreme tiredness	Leg pain	Eye trouble	Sudden weakness	Frequent urination	Thirst	Itching	Loss of weight	Larger appetite	Smaller appetite
<u>Both sexes</u>	Percent									
All ages----	26.5	22.5	20.1	18.6	18.0	14.3	14.0	9.0	8.9	7.4
Under 45 years----	23.7	11.2	14.8	17.6	11.5	13.7	11.2	5.3	8.1	3.3
45-64 years-----	26.1	22.7	19.1	18.6	17.1	14.5	14.6	7.8	9.3	6.5
65 years and over-	28.1	27.1	23.5	19.0	22.1	14.1	14.6	11.9	8.8	10.2
<u>Male</u>										
All ages----	21.7	18.2	15.6	14.1	16.2	11.5	9.7	6.9	7.4	5.7
Under 45 years----	17.5	8.5	10.6	12.7	*7.4	11.6	*4.2	*2.6	*6.9	*4.2
45-64 years-----	23.1	19.0	15.7	15.7	15.7	10.6	11.1	5.8	7.0	5.8
65 years and over-	22.3	22.1	18.2	13.4	21.5	12.6	10.9	10.3	8.1	6.4
<u>Female</u>										
All ages----	29.8	25.6	23.3	21.8	19.4	16.2	17.1	10.5	10.0	8.6
Under 45 years----	29.4	13.7	18.1	22.5	15.2	15.7	17.2	7.4	9.3	*2.5
45-64 years-----	28.0	25.3	21.5	20.6	18.0	17.5	17.2	9.3	10.8	6.9
65 years and over-	31.9	30.3	27.0	22.8	22.5	15.0	17.0	12.9	9.4	12.7

Table 4. Percent of diabetics reporting selected items of medical care, by sex and age:  
United States, July 1964-June 1965

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

Sex and age	Total diabetics in thousands	Treatment of diabetes		Have had eyes examined in last 2 years
		Have seen doctor in past year	Usually go to doctor's office for treatment	
<u>Both sexes</u>		Percent		
All ages-----	2,300	84.6	72.5	57.4
Under 25 years-----	111	89.2	73.9	61.3
25-44 years-----	281	81.9	70.5	54.8
45-54 years-----	385	85.2	74.0	64.9
55-64 years-----	612	84.6	74.3	56.0
65-74 years-----	610	86.7	74.3	59.5
75 years and over-----	300	81.0	64.7	47.3
<u>Male</u>				
All ages-----	962	83.6	72.5	57.3
Under 25 years-----	54	83.3	70.4	55.6
25-44 years-----	135	84.4	75.6	50.4
45-54 years-----	161	85.7	71.4	70.8
55-64 years-----	254	86.2	78.7	61.0
65-74 years-----	237	81.9	68.8	58.2
75 years and over-----	121	78.5	64.5	38.0
<u>Female</u>				
All ages-----	1,337	85.4	72.6	57.5
Under 25 years-----	57	94.7	77.2	66.7
25-44 years-----	147	78.2	65.3	59.2
45-54 years-----	223	85.2	76.2	61.0
55-64 years-----	358	83.5	71.2	52.5
65-74 years-----	373	90.1	77.5	60.3
75 years and over-----	179	82.7	64.8	53.6

Table 5. Population used in computing rates shown in this publication, by sex and age:  
United States, July 1964-June 1965

(See headnote on table 4)

Age	Both sexes		Male		Female	
	Total	Diabetics	Total	Diabetics	Total	Diabetics
Population in thousands						
All ages-----	188,430	2,300	91,311	962	97,119	1,337
Under 25 years-----	87,643	111	43,688	54	43,955	57
25-44 years-----	45,299	281	21,613	135	23,686	147
45-54 years-----	21,602	385	10,464	161	11,138	223
55-64 years-----	16,593	612	7,936	254	8,657	358
65-74 years-----	11,191	610	5,032	237	6,158	373
75 years and over-----	6,102	300	2,577	121	3,525	179

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, and P-60.

## APPENDIX I

### TECHNICAL NOTES ON METHODS

#### Background of This Report

This report is one of a series of statistical reports prepared by the National Health Survey. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, a major part of the program.

The Health Interview Survey utilizes a questionnaire which, in addition to personal and demographic characteristics, obtains information on illnesses, injuries, chronic conditions and impairments, and other health topics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics. The present report is based on the consolidated sample for 52 weeks of interviewing ending June 1965.

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

#### Statistical Design of the Health Interview Survey

*General plan.*—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of drawing a sample of 357 from about 1,900 geographically defined primary sampling units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a standard metropolitan statistical area.

With no loss in general understanding, the remaining stages can be combined and treated in this discussion as an ultimate stage. Within PSU's, then, ultimate stage units called segments are defined in such a manner that each segment contains an expected nine households. A segment consists of a cluster of neighboring households or addresses. Two general types of seg-

ments are used: (1) area segments which are defined geographically, and (2) B segments which are defined from a list of addresses from the Decennial Census and Survey of Construction. Each week a random sample of about 90 segments is drawn. In the approximately 800 households in these segments, household members are interviewed concerning factors related to health.

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

*Sample size and geographic detail.*—The national sample plan for the 12-month period ending in June included about 134,000 persons from 42,000 households in about 4,700 segments.

The overall sample was designed in such a fashion that tabulations can be provided for each of the major geographic regions of the United States.

*Collection of data.*—Field operations for the household survey are performed by the Bureau of the Census under specifications established by the National Center for Health Statistics. In accordance with these specifications the Bureau of the Census selects the sample, conducts the field interviewing as an agent of the Center, and performs a manual editing and coding of the questionnaires. The Health Interview Survey, using Center electronic computers, carries out further editing and tabulates the edited data.

*Estimating methods.*—Each statistic produced by the survey—for example, the number of bed-disability days occurring in a specified period—is the result of two stages of ratio estimation. In the first of these, the control factor is the ratio of the 1960 decennial population count to the 1960 estimated population in the National Health Survey's first-stage sample of PSU's.

These factors are applied for some 25 color-residence classes.

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

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

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

For statistics measuring the number of occurrences during a specified time period, such as the number of bed-disability days, a similar computational procedure is used, but the statistics are interpreted differently. For these items, the questionnaire asks for the respondent's experience over the 2 calendar weeks prior to the week of interview. In such instances the estimated quarterly total for the statistic is simply 6.5 times the average 2-week estimate produced by the 13 successive samples taken during the period. The annual total is the sum of the four quarters. Thus, the experience of persons *interviewed during a year*—experience which actually occurred for each person in a 2-calendar-week interval prior to week of interview—is treated as though it measured the total of such experience *during the year*. Such interpretation leads to no significant bias.

### General Qualifications

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

*The interview process.*—The statistics presented are based on replies secured in interviews of persons in the sampled households. Each person 19 years of age and over, available at the time of interview, responded for himself. Proxy respondents within the household were employed for children and for adults not available at the time of the interview, provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews.

For diagnostic information, the household respondent can, at best, pass on to the interviewer only the information the physician has given the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other facts, such as the number of disability days caused by the condition, can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report this information.

*Rounding of numbers.*—The original tabulations on which the data in this report are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables the figures are rounded to the nearest thousand, although these are not necessarily accurate to that detail. Devised statistics, such as rates and percent distributions, are computed after the estimates on which they are based have been rounded to the nearest thousand.

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

### Reliability of Estimates

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

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



standard error and about 99 out of 100 that it would be less than 2½ times as large.

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

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

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

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

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

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

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

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

*Type C.*—Statistics for which the reference period is 6 months.

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

*General rules for determining relative sampling errors.*—The "guide" on page 20, together with the following rules, will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report.

Rule 1. *Estimates of aggregates:* Approximate relative standard errors for estimates of aggregates such as the number of persons with a given characteristic are obtained from appropriate curves on page 21. The number of persons in the total U.S. population or in an age-sex class of the total population is adjusted to official Bu-

reau of the Census figures and is not subject to sampling error.

Rule 2. *Estimates of percentages in a percent distribution:* Relative standard errors for percentages in a percent distribution of a total are obtained from appropriate curves on pages 22 and 23. For values which do not fall on one of the curves presented in the chart, visual interpolation will provide a satisfactory approximation.

Rule 3. *Estimates of rates where the numerator is a subclass of the denominator:* This rule applies for prevalence rates or where a unit of the numerator occurs, with few exceptions, only once in the year for any one unit in the denominator. For example, in computing the prevalence of diabetes per 1,000 population, the numerator consisting of persons with diabetes is a subclass of the denominator which includes all persons in the population. Such rates if converted to rates per 100 may be treated as though they were percentages, and the relative standard errors obtained from the chart on page 22. Rates per 1,000, or on any other base, must first be converted to rates per 100; then the percentage chart will provide the relative standard error per 100.

Rule 4. *Estimates of rates where the numerator is not a subclass of the denominator:* This rule applies where a unit of the numerator often occurs more than once for any one unit in the denominator. For example, in the computation of the number of disability days per person per year, it is possible that a person in the denominator could have had more than 1 of the days included in the numerator. Approximate relative standard errors for rates of this kind may be computed as follows:

(a) Where the denominator is the total U.S. population or includes all persons in one or more of the age-sex groups of the total population, the relative error of the rate is equivalent to the relative error of the numerator which can be obtained directly from the appropriate chart.

(b) In other cases, obtain the relative standard error of the numerator and of the denominator from the appropriate curve. Square each of these relative errors, add the resulting values, and extract the square root of the sum. This procedure will result in an upper bound and often will overstate the error.

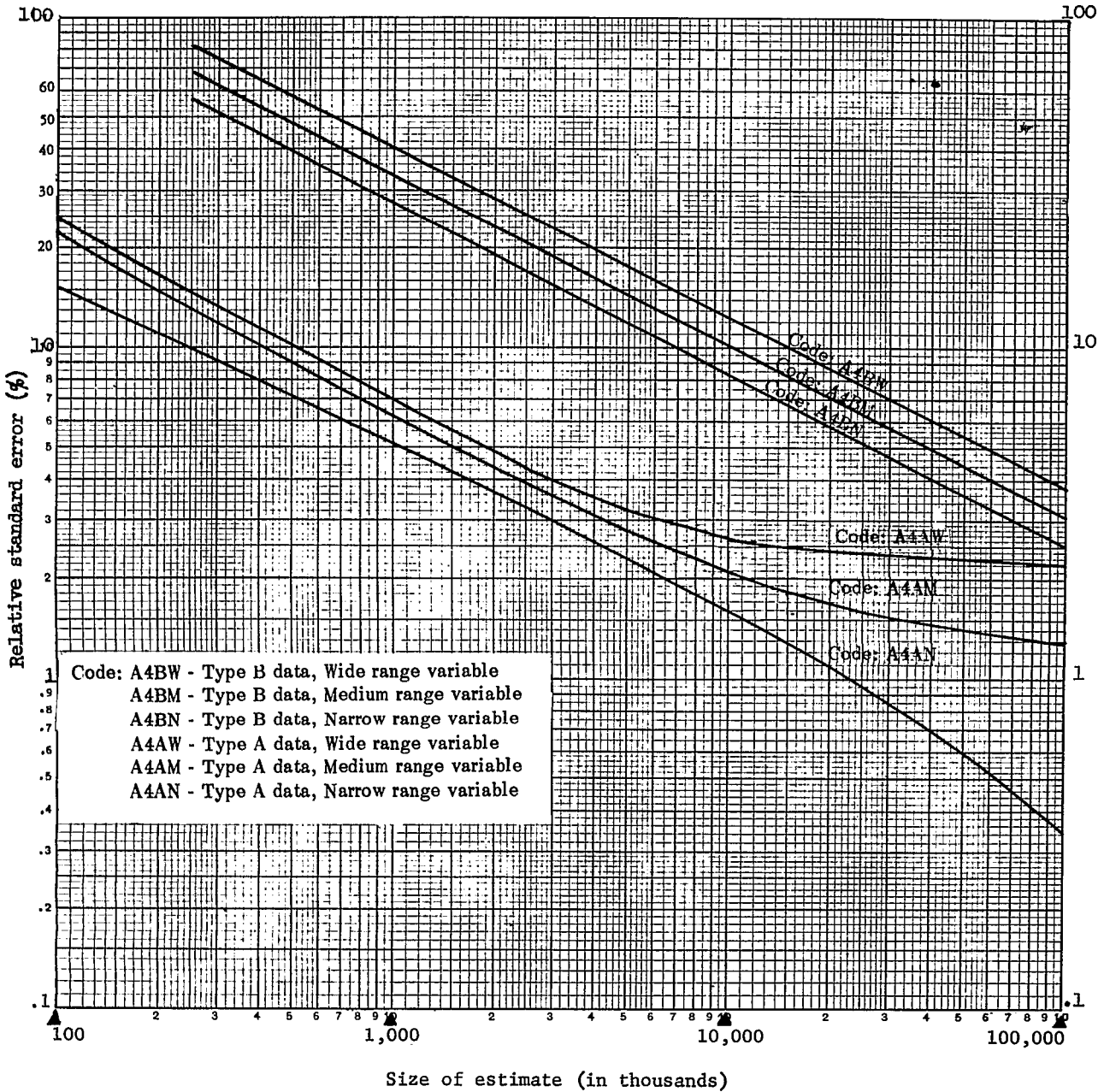
## Guide to Use of Relative Standard Error Charts

The code shown below identifies the appropriate curve to be used in estimating the relative standard error of the statistic described. The four components of each code describe the statistic as follows: (1)

A= aggregate, P= percentage; (2) the number of calendar quarters of data collection; (3) the type of the statistic as described on page 19; and (4) the range of the statistic as described on page 19.

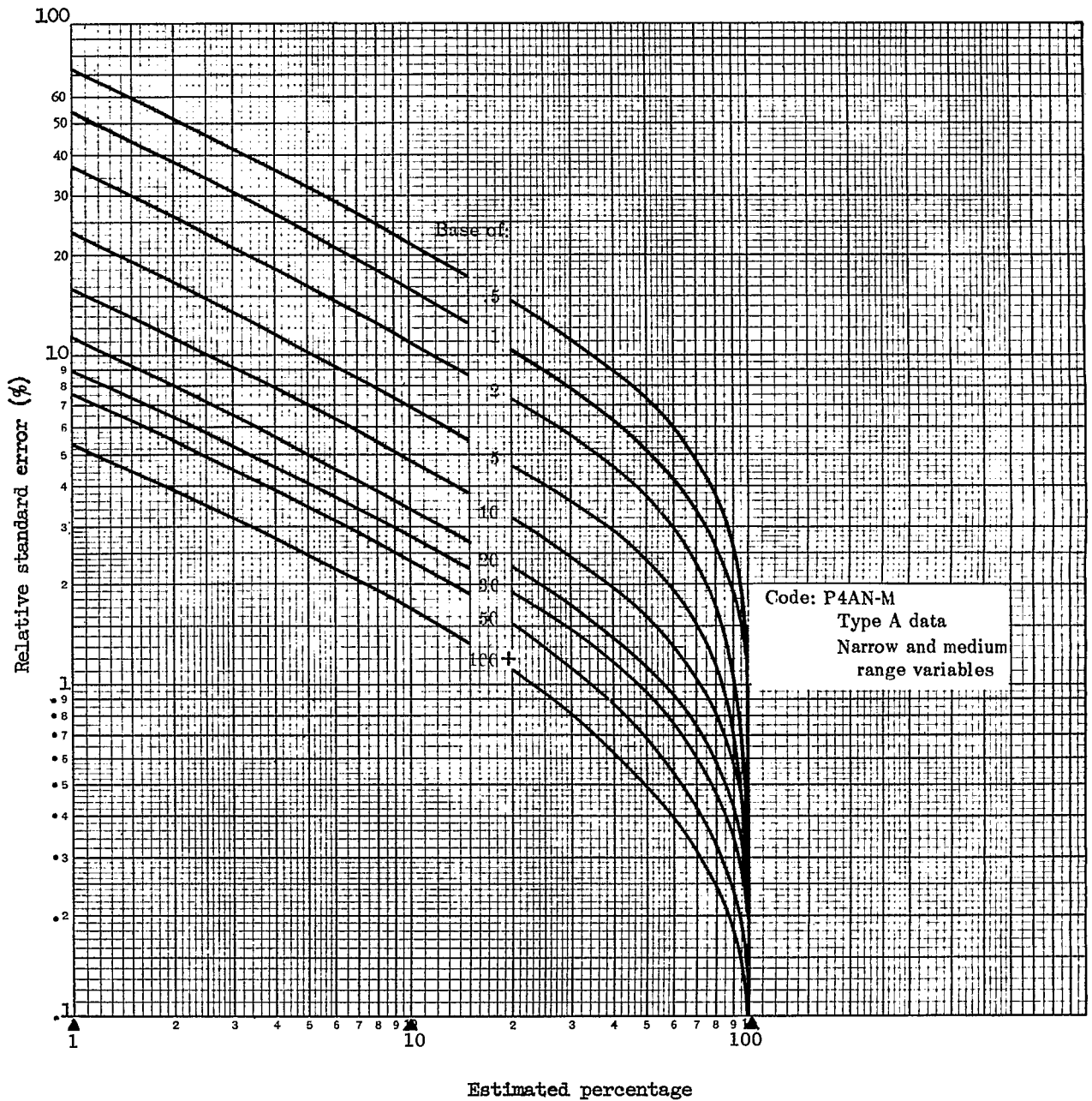
Statistic	Use:		
	Rule	Code	on page
Persons:			
Number of persons in the U.S. population; or total number in any age-sex category-----	Not subject to sampling error 1	A4AN	21 21
Number of persons in any other population group-----			
Disability days:			
Number of disability days per year-----	1	A4BW	21
Number of disability days per person in the total U.S. population or in any age-sex group of the total U.S. population per year-----	4(a)	A4BW	21
Number of disability days per person in any other population group per year-----	4(b)	Numer.:} A4BW Denom.:} A4AN	21 21
Percentage distribution of:			
Persons-----	2	P4AN-M	22
Disability days in a year-----	2	P4BW	23
Prevalence rates per 1,000 persons in any population group-----	3	P4AN-M	22

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

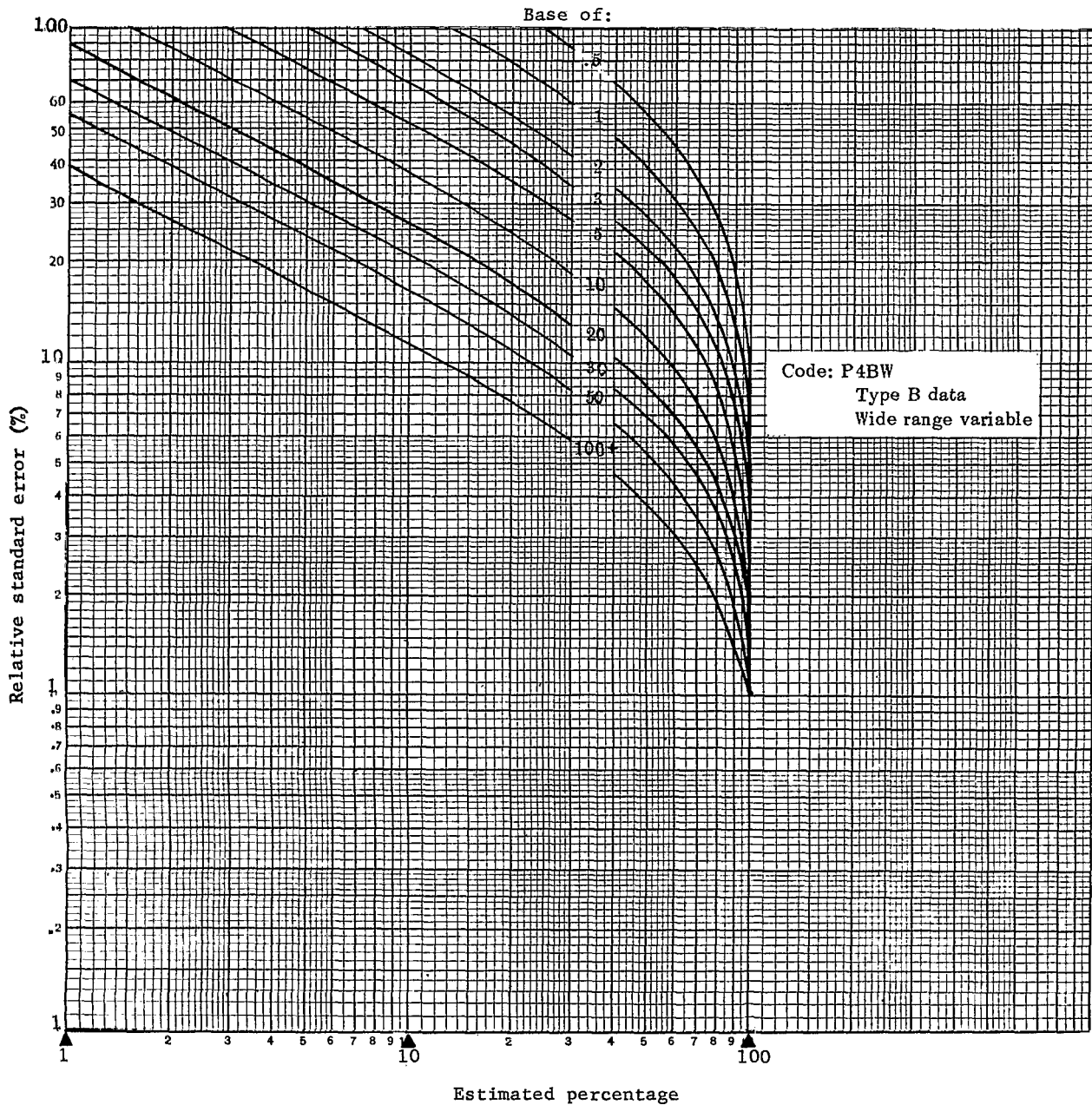


Example of use of chart: An aggregate of 2,000,000 (on scale at bottom of chart) for a Narrow range Type A statistic (code: A4AN) has a relative standard error of 3.6 percent, (read from scale at left side of chart), or a standard error of 72,000 (3.6 percent of 2,000,000). For a Wide range Type B statistic (code: A4BW), an aggregate of 6,000,000 has a relative error of 16.0 percent or a standard error of 960,000 (16 percent of 6,000,000).

Relative standard errors for percentages based on four quarters of data collection  
 for type A data, Narrow and Medium range  
 (Base of percentage shown on curves in millions)



Relative standard errors for percentages based on four quarters of data collection  
for type B data, Wide range  
(Base of percentage shown on curves in millions)



Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 24.5 percent (read from scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 24.5 percent or 4.9 percentage points.

## APPENDIX II

### DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

#### Terms Relating to Diabetes

*Diabetes.*—Diabetes as used in this report refers to diabetes mellitus which is classified in the International Classification of Diseases, 1955 Revision, as category number 260.

*Diabetes mellitus.*—A metabolic disorder in which there is inadequate secretion or utilization of insulin for normal metabolism.

*Insulin.*—Insulin is a protein pancreatic hormone, normally secreted by the islets of Langerhans, which is used in the treatment and control of diabetes mellitus.

*Control of diabetes.*—Control of diabetes refers to efforts to maintain chemical and metabolic elements in a physiologic balance, i.e., to maintain the normal status which existed before diabetes developed.

*Diabetic coma.*—Diabetic coma is an extreme degree of uncontrolled diabetes which is characterized by an accumulation of glucose in the blood and an overproduction of acidic substances. The marked acidity of the blood causes unconsciousness.

#### Terms Relating to Chronic Conditions

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

Conditions, except impairments, are coded by type according to the International Classification of Diseases

with certain modifications adopted to make the code more suitable for a household interview survey.

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

#### Chronic Conditions

Asthma	Stomach ulcer
Hay fever	Any other chronic stomach trouble
Tuberculosis	Kidney stones or chronic kidney trouble
Chronic bronchitis	Arthritis or rheumatism
Repeated attacks of sinus trouble	Mental illness
Rheumatic fever	Diabetes
Hardening of the arteries	Thyroid trouble or goiter
High blood pressure	Any allergy
Heart trouble	Epilepsy
Stroke	Chronic nervous trouble
Trouble with varicose veins	Cancer
Hemorrhoids or piles	Chronic skin trouble
Tumor, cyst, or growth	Hernia or rupture
Chronic gallbladder or liver trouble	Prostate trouble

#### Impairments

Deafness or serious trouble with hearing	Paralysis of any kind
Serious trouble with seeing, even when wearing glasses	Repeated trouble with back or spine
Cleft palate	Club foot
Any speech defect	Permanent stiffness or deformity of the foot, leg, fingers, arm, or back
Missing fingers, hand, or arm—toes, foot, or leg	Condition present since birth
Palsy	

*Impairments.*—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments. Hence, code numbers for impairments in the International Classification of Diseases are not used. In the Supplementary Code, impairments are grouped according to type of functional impairment and etiology.

*Persons with chronic conditions.*—The estimated number of persons with chronic conditions is based on the number of persons who at the time of the interview were reported to have one or more chronic conditions.

*Prevalence of conditions.*—In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a specified time or the average number existing during a specified interval of time. The prevalence of chronic conditions is defined as the number of chronic cases reported to be present or assumed to be present at the time of the interview; those assumed to be present at the time of the interview are cases described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" and reported to have been present at some time during the 12-month period prior to the interview.

*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 when the person or his family was first told by a physician that he had a condition of which he was previously unaware.

*Incidence of conditions.*—The incidence of conditions is the estimated number of conditions having their onset in a specified time period.

*Medically attended condition.*—A condition is considered medically attended if a physician has been consulted about it either at its onset or at any time thereafter. Medical attention includes consultation either in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as well as visits to physicians in clinics or hospitals. If during the course of a single visit the physician is consulted about more than one condition for each of several patients, each condition of each patient is counted as medically attended.

Discussions of a child's condition by the physician and a responsible member of the household are considered as medical attention even if the child was not seen at that time.

For the purpose of this definition, the term "physician" includes doctors of medicine and osteopathic physicians.

## Terms Relating to Disability

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

Disability days are classified according to whether they are days of restricted activity, bed-days, hospital days, work-loss days, or school-loss days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are also days of restricted activity for the working and school-age populations. Hence, restricted activity is the most inclusive term used in describing disability days.

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

*Restricted-activity day.*—A day of restricted activity is one on which a person substantially reduces the amount of activity normal for that day because of a specific illness or injury. The type of reduction varies with the age and occupation of the individual as well as with the day of the week or season of the year. Restricted activity covers the range from substantial reduction to complete inactivity for the entire day.

*Bed-disability day.*—A day of bed disability is one on which a person stays in bed for all or most of the day because of a specific illness or injury. It is considered to be a day only if the period of bed disability includes more than half of the daylight hours. All hospital days for inpatients are considered to be days of bed disability even if the patient was not actually in bed at the hospital.

*Work-loss day.*—A day lost from work is a normal working day on which a person did not work at his job or business because of a specific illness or injury. If the person's regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. The number of days lost from work is determined only for persons 17 years of age or 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 (see "Currently employed persons").

*School-loss day.*—A day lost from school is a normal school day on which a child did not attend school because of a specific illness or injury. The number of days lost from school is determined only for children 6-16 years of age.

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

*Hospital day.*—A hospital day is a day on which a person is confined to a hospital as an inpatient for 1 night or more, except the period of stay of a well, newborn infant. For purposes of this report, hospital days reported during the 2-week period prior to interview have been used as the basis for estimate.

*Hospital.*—For this survey a hospital is defined as any institution meeting one of the following criteria: (1) named in the listing of hospitals in the current Guide Issue of *Hospitals*, the Journal of the American Hospital Association; (2) named in the listing of hospitals in the Directories of the American Osteopathic Hospital Association; or (3) named in the annual inventory of hospitals and related facilities submitted by the States to the Division of Hospital and Medical Facilities of the U.S. Public Health Service in conjunction with the Hill-Burton program.

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

## Demographic Terms

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

*Color.*—In this report, the population has been subdivided into two groups according to "white" and "non-white." "Nonwhite" includes Negro, American Indian, Chinese, Japanese, and so forth. Mexican persons are included with "white" unless definitely known to be Indian or of another nonwhite race.

*Marital status.*—Marital status is recorded only for persons 17 years of age or older. The marital status categories in this report are as follows:

*Under 17* includes all persons aged 0-16, regardless of their marital status.

*Married* includes all married persons not separated from their spouses. Persons with common-law marriages are considered to be married.

*Never married* includes persons who were never married and persons whose only marriage was annulled.

*Separated* includes married persons who have legally separated or who have parted because of other reasons. This does not include persons separated from their spouses because of circumstances of employment or because of service in

the Armed Forces; these persons are considered married.

*Widowed* and *divorced* include, respectively, all persons who reported that they were either widowed or legally divorced.

*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 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 income.

The income recorded is the total of all income received by members of the family in the 12-month period preceding the week of interview. Income from all sources is included, e.g., wages, salaries, rents from property, pensions, and help from relatives.

*Currently employed persons.*—Currently employed persons are all persons 17 years of age or 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. 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 their 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 their absence no longer existed.

Free-lance workers are considered as currently employed if they had a definite arrangement with one or more employers to work for pay according to a weekly or monthly schedule, either full time or part time. Excluded from the currently employed are such 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 in whose operation they did not participate, (2) persons doing housework or charity work for which they receive no pay, and (3) seasonal workers during the portion of the year in which they were not working.

The number of currently employed persons estimated by the National Health Survey (NHS) will differ from the estimates prepared by the Current Population Survey (CPS), Bureau of the Census, for several reasons. In addition to sampling variability there are three primary conceptual differences, namely: (1) NHS estimates are for persons 17 years of age or over and CPS estimates are for persons 14 years of age or over; (2) NHS uses a 2-week-reference period, while CPS uses a 1-week-reference period; (3) NHS is a continuing survey with separate samples taken weekly, while CPS is a monthly sample taken for the survey week which includes the 12th of the month.



*Education.*—The categories of educational status show the highest grade of school completed. Only grades completed in regular schools, where persons are given a formal education, are included. A "regular" school is one which advances a person toward an elementary or high school diploma or a college, university, or professional school degree. Thus, education in vocational, trade, or business schools outside the regular school system is not counted in determining the highest grade of school completed.

*Residence.*—The place of residence of a member of the civilian, noninstitutional population is classified as being inside a standard metropolitan statistical area (SMSA) or outside an SMSA, according to farm or non-farm residence.

*Standard metropolitan statistical areas.*—The definitions and titles of SMSA's are established by the U.S. Bureau of the Budget with the advice of the Federal Committee on Standard Metropolitan Statistical Areas. There were 212 SMSA's defined for the 1960 Decennial Census for which data may be provided by place of residence in the Health Interview Survey.

The definition of an individual SMSA involves two considerations: first, a city or cities of specified population which constitute the central city and identify the county in which it is located as the central county; and, second, economic and social relationships with contiguous counties (except in New England) which are metropolitan in character, so that the periphery of the specific metropolitan area may be determined. SMSA's are not limited by State boundaries.

*Farm and nonfarm residence.*—The population residing outside SMSA's is subdivided into the farm population, which comprises all non-SMSA residents living on farms, and the nonfarm population, which comprises the remaining non-SMSA population. The farm population includes persons living on places of 10 acres or more from which sales of farm products amounted to \$50 or more during the previous 12 months or on places

of less than 10 acres from which sales of farm products amounted to \$250 or more during the preceding 12 months. Other persons living in non-SMSA territory were classified as nonfarm if their household paid rent for the house but their rent did not include any land used for farming.

Sales of farm products refer to the gross receipts from the sale of field crops, vegetables, fruits, nuts, livestock and livestock products (milk, wool, etc.), poultry and poultry products, and nursery and forest products produced on the place and sold at any time during the preceding 12 months.

*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 Bureau of the Census, are as follows:

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



## APPENDIX III

### SELECTED CHRONIC CONDITIONS AND IMPAIRMENTS

The following conditions and impairments, which appear in table F, were classified according to the International Classification of Diseases (ICD), 1955 Revision, with certain modifications adopted to make the code more suitable for a household interview survey. The full detail of all modifications of the ICD is shown in Appendix III of the *Medical Coding Manual*. The modifications which directly affect the conditions used in this report are as follows:

1. The letter "S" following a number indicates a special number devised for survey purposes which is not to be found in the ICD.

2. Certain ICD numbers are recoded to other locations; these recoded ICD numbers are shown in parentheses.

3. The abbreviations "NOS" and "NEC" represent, respectively, "not otherwise specified" and "not elsewhere classified."

Impairments and their causes as reported by the household members are coded directly to the X-codes according to a system that differs considerably from the ICD method. A complete description of the Classification of Impairments (X-Code) is given in Appendix I of the *Medical Coding Manual*.

Chronic conditions	Conditions included	ICD numbers, as modified by NHS, and impairment codes
Absence of fingers, toes-----	Absence, loss, fingers and/or thumbs only, <u>one or both hands</u> Absence, loss, toe(s) only, <u>one or both feet</u>	X25 X31
Absence of major extremities----	Absence, loss, fingers and/or thumbs, and toe(s) Absence, loss, arm NOS, NEC and above wrist Absence, loss, arms, <u>both</u> Absence, loss, hand, except fingers or thumbs only Absence, loss, hands, <u>both</u> , except fingers or thumbs only Absence, loss, leg, NOS, NEC Absence, loss, leg, below knee and above ankle Absence, loss, legs, <u>both</u> Absence, loss, foot, except toe(s) only Absence, loss, feet, <u>both</u> Absence, loss, one upper (arm or hand) with one lower (leg or foot), except digits only Absence, loss, three or more members (arm, hand, leg, foot) except digits only	X34 X20 X21 X22 X23 X24 X26 X27 X28 X29 X30 X32 X33
Blind both eyes-----	Visual impairment: Inability to read ordinary newspaper print with glasses, and impairment indicating no useful vision in either eye	X00
Cataract-----	Cataract, all forms	385 (753.0)
Gallbladder-----	Specified diseases of gallbladder Gallbladder trouble, NOS	584, 585, 586.1-S 586.0-S

Chronic conditions	Conditions included	ICD numbers, as modified by NHS, and impairment codes
Genitourinary disorders-----	Nephritis (acute) (chronic), NEC Calculi of kidney and ureter Calculi of other parts of urinary system Kidney trouble, NOS or ill-defined Other diseases of kidney and ureter, NEC Diseases of prostate Other diseases of male genital organs Diseases of male breast Diseases of female breast Diseases of ovary, fallopian tube and parametrium Diseases of uterus, NEC Other diseases of female genital organs, NEC Female trouble, NOS: vaginal bleeding, NOS Diseases of the urinary system, NEC Genitourinary symptoms; abnormal urinary constituents	590-594 602 604 603.3-S 600, 601, 603.0-S 603.1-S 610-612 613-617 620, 621 (males) 620, 621 (females) 622-626 630-633 636, 637.0, 637.1 637.2-S 605-609
Glaucoma-----	Glaucoma, all forms	786, 789 387
Goiter and thyroid-----	Goiter, all forms Thyroid trouble, NOS Other specified diseases of thyroid gland	250-252 254.0-S 253, 254.1-S
Gout-----	Gout	288
Heart conditions-----	Chronic rheumatic heart disease Arteriosclerotic heart disease, including coronary disease Heart murmur (functional), cause unspecified Heart trouble, NOS, or ill-defined Other specified diseases of heart, NEC Hypertensive heart disease, NEC	410-416 420 435-S 434.4 (782.4) 421, 422, 430-433, 434.0-434.3 (782.1, 782.2) 440-443
Hypertension without heart involvement-----	Other hypertensive disease, NEC	444-447
Impaired vision-----	Blind in one eye, with impairment as in X03 Blind in one eye, with impairment as in X05 Visual impairment: Inability to recognize a friend walking on the other side of the street <u>and</u> other visual difficulty, but <u>not</u> as in X00-X02 Impaired vision except as in X00 (blind both eyes) - X03	X01 X02 X03 X05
Paralysis, complete or partial--	Upper extremity, <u>one</u> , except fingers only Upper extremities, <u>both</u> Finger(s) only Lower extremity, <u>one</u> , any part except toes only Lower extremities, <u>both</u> (paraplegia) Toes only Lower extremities, <u>both</u> , with bladder or anal sphincter involvement	X40 X41 X42 X43 X44 X45 X46

Chronic conditions	Conditions included	ICD numbers, as modified by NHS, and impairment codes
Paralysis, complete or partial—Con.-----	Hemiplegia Three or more major members; quadriplegia Other sites of extremities or trunk; site unspecified Cerebral palsy Partial paralysis, arms or fingers Partial paralysis, leg(s), any part(s) Partial paralysis, one side of body (hemiparesis) Partial paralysis, other sites of extremities or trunk Partial paralysis, palsy, paresis, site unspecified Paralysis, complete or partial, <u>face</u> Paralysis, complete or partial, bladder or anal sphincter, extremities not mentioned Paralysis, complete or partial, sites <u>not</u> of extremities, trunk, nor affecting special senses or speech	X47 X48 X49 X50 X51 X52 X53 X54 X59 X60 X61 X69
Senility-----	Senility	794
Skin disorders-----	Boil and carbuncle, NEC Cellulitis (with lymphangitis) NEC Dermatitis due to plants (allergic) Other dermatitis, and eczema, nonallergic Other nonallergic diseases of skin, NEC	690 691-693 702.0, 703.0 700, 701, 702.1-702.6, 703.1-703.7 694-698, 704-716
Tuberculosis-----	Tuberculosis, pulmonary or unspecified Other respiratory tuberculosis Tuberculosis, other specified sites Tuberculosis (pulmonary) arrested or inactive	002 (008) 001, 003-007 010-012, 014-019 009-S
Vascular lesions, CNS-----	Vascular lesions of the central nervous system	330-334

— O O O —

## APPENDIX IV. QUESTIONNAIRE

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

<b>CONFIDENTIAL</b> - The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat 489; 42 U.S.C. 242c). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).						BUDGET BUREAU NO. 68-R620.10 APPROVAL EXPIRES JULY 15, 1965																																																																																			
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE <b>NATIONAL HEALTH SURVEY</b> FISCAL YEAR -- 1965						1. Questionnaire _____ of _____ questionnaires																																																																																			
2. a. Address or description of location Address _____ City _____ State _____		3. Iden. code _____	4. Regional office code _____	5. Sample _____	6. PSU No. _____	7. a. Segment No. _____	8. Serial No. _____																																																																																		
b. Mailing address if not shown in 2 a Address _____ City _____ State _____		c. Name of special dwelling place _____ Code _____		If this questionnaire is for an "EXTRA" unit in a B or NTA segment, enter: Serial No. of original Sample Unit _____ Item No. by which found _____ If in NTA Segment, also enter for FIRST unit listed on property: SEGMENT LIST SHEET NO. _____ LINE NO. _____																																																																																					
9. Do you own or rent this place? <input type="checkbox"/> Own (Ask 10a) <input type="checkbox"/> Rent (Ask 10b) <input type="checkbox"/> Rent free (Ask 10c)		11. Type of living quarters (Check one box) <input type="checkbox"/> Housing Unit <input type="checkbox"/> Other unit ALL segments (ask if item 2 a address identifies a SINGLE-UNIT structure).																																																																																							
10. a. <input type="checkbox"/> Own or Rent free -- Does this place have 10 or more acres? b. <input type="checkbox"/> Rent -- Does the place you rent have 10 or more acres? <input type="checkbox"/> Yes <input type="checkbox"/> No c. During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more? 2 <input type="checkbox"/> Yes    4 <input type="checkbox"/> No d. During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$250 or more? 3 <input type="checkbox"/> Yes    5 <input type="checkbox"/> No		12. Are there any occupied or vacant living quarters BESIDES YOUR OWN -- -- in the basement? . . . . . <input type="checkbox"/> Yes--S_____L_____ <input type="checkbox"/> No -- on this floor? . . . . . <input type="checkbox"/> Yes--S_____L_____ <input type="checkbox"/> No -- on any other floor of this building? . . . . . <input type="checkbox"/> Yes--S_____L_____ <input type="checkbox"/> No (Fill Table X for each quarters NOT listed)																																																																																							
		13. Are there any occupied or vacant living quarters BESIDES YOUR OWN -- If item 2 a identifies entire floor -- on this floor? If item 2 a identifies part of floor, specify part -- in the -- of this floor? <input type="checkbox"/> Yes--S_____L_____ <input type="checkbox"/> No (Fill Table X for each quarters NOT listed)																																																																																							
		14. Is there any other building on this property for people to live in -- either occupied or vacant? <input type="checkbox"/> Yes--S_____L_____ <input type="checkbox"/> No (Fill Table X for each quarters NOT listed)																																																																																							
		15. What is the telephone number here? _____ <input type="checkbox"/> No telephone																																																																																							
<b>D</b> INTERVIEWER: Check Table 1 for diabetes. Enter the column numbers of all persons who have been reported as having diabetes. If no persons with diabetes, check the "None" box. Column numbers _____ (Fill Diabetes Supplement for EACH such person) <input type="checkbox"/> None (Leave "Thank You" letter and depart)																																																																																									
<b>16. RECORD OF CALLS AT HOUSEHOLD</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Item</th> <th>1</th> <th>Com.</th> <th>2</th> <th>Com.</th> <th>3</th> <th>Com.</th> <th>4</th> <th>Com.</th> <th>5</th> <th>Com.</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Entire household</td> <td>Date _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Record of return calls for individual respondents</td> <td>Col. No. _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Time _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Col. No. _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.	Entire household	Date _____											Time _____											Record of return calls for individual respondents	Col. No. _____											Date _____												Time _____												Col. No. _____										
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<p>1. a. What is the name of the head of this household? (Enter name in first column)  b. What are the names of all other persons who live here? (List all persons who live here)  c. I have listed (Read names). Is there anyone else staying here now, such as friends, relatives, or roomers? <input type="checkbox"/> Yes* <input type="checkbox"/> No  d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes* <input type="checkbox"/> No  e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes* <input type="checkbox"/> No  If any adult males listed, ask: *Apply household membership rules  f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes (Delete) <input type="checkbox"/> No</p>		<p>Last name ①</p> <hr/> <p>First name</p>
<p>2. Enter relationship to head: for example, wife, daughter, grandson, mother-in-law, partner, roomer, roomer's wife, etc.</p>		<p>Relationship</p> <p><b>HEAD</b></p>
<p>3. How old were you on your last birthday? (Also, check Race and Sex for each person)</p>		<p>Age</p> <p>Race <input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other</p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>If 17 years old or over, ask:  4. Are you now married, widowed, divorced, separated, or never married? (Check one box for each person)</p>		<p>(If you learn that persons under 17 are or have been married (other than annulled) check the "Under 17 yrs." box but give marital status in a footnote.)</p> <p><input type="checkbox"/> Und. 17 yrs. <input type="checkbox"/> Never married  <input type="checkbox"/> Married <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed <input type="checkbox"/> Separated</p>
<p>For all persons 17 years old or over, ask:  5. a. Did you work at any time last week or the week before? (For females add) — not counting work around the house?  If "No," ask BOTH Q. 5b and 5c:  b. Even though you did not work during the past 2 weeks, do you have a job or business?  c. Were you looking for work or on layoff from a job?  If "Yes," to Q. 5c, ask:  d. Which — looking for work or on layoff from a job?  If male 45 years old or over and all "No's," ask:  e. Are you retired?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> Und. 17 yrs. <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Looking <input type="checkbox"/> Layoff <input type="checkbox"/> Both  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>H</b> If related persons 19 years old or over are listed in addition to the respondent, say: We would like to have all adults who are at home take part in the interview. Is your —, your —, etc., at home now?  If other eligible respondents are at home, ask: Would you please ask —, —, etc., to join us?</p>		<p><input type="checkbox"/> At home (Interview for self) <input type="checkbox"/> Under 19 years <input type="checkbox"/> Not at home</p>
<p>This survey covers all kinds of illnesses. These first questions refer to LAST WEEK AND THE WEEK BEFORE, that is, the period outlined in red on this calendar. (Hand calendar)</p>		<p><input type="checkbox"/> Yes ① <input type="checkbox"/> No</p>
<p>6. a. Were you sick at any time LAST WEEK OR THE WEEK BEFORE — (the 2 weeks shown on that calendar)?  b. What was the matter?  c. Did you have anything else during that period?</p>		
<p>7. a. LAST WEEK OR THE WEEK BEFORE, did you take any medicine or treatment for any condition (besides . . . which you told me about)?  b. For what condition?  c. Did you take any medicine for any other condition?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. a. LAST WEEK OR THE WEEK BEFORE, did you have any accidents or injuries?  b. What were they?  c. Did you have any other accidents or injuries during that 2 week period?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. a. Did you EVER have on (any other) accident or injury that still bothers you or affects you in any way?  b. In what way does it bother you? (Record present effects)</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Now I am going to read a list of conditions.  10. Please tell me if you, your —, etc., have had any of these conditions DURING THE PAST 12 MONTHS?  (Read Card A, condition by condition; record in his column any conditions mentioned for the person)</p>		<p><input type="checkbox"/> Yes ① <input type="checkbox"/> No</p>
<p>11. Do you, your —, etc., have any of THESE conditions?  (Read Card B, condition by condition; record in his column any conditions mentioned for the person)</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. a. Do you have any other ailments, conditions, or problems with your health?  b. What is the condition? (Record condition itself if still present; otherwise record present effects.)  c. Any other problems with your health?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. a. Have you been in a hospital at any time since _____ a year ago?  If "Yes," ask:  b. How many times were you in the hospital during that period?</p>		<p><input type="checkbox"/> Yes ① <input type="checkbox"/> No</p> <p>No. of times _____</p> <p>Include stays in nursing homes, rest homes, or similar places.</p>
<p><b>R</b> (For Q. 6-13)  For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 6-13. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them. If eligible respondent is "at home" but did not respond for self, enter the reason in a footnote.</p>		<p><input type="checkbox"/> Responded for self — entirely  <input type="checkbox"/> Responded for self — partly  Col. _____ was respondent</p>
<p><b>INTERVIEWER:</b> Check Table I for eye conditions or vision problems (including cataracts and glaucoma) affecting persons 6 years old or over. For each such person ask:  14. a. Can you see well enough to read ordinary newspaper print with glasses?  If "Yes" to a, ask:  b. Can you see well enough to recognize a friend walking on the other side of the street?  If "No" to b, ask:  c. How much trouble would you say that you have in seeing — a great deal, some, or hardly any at all?</p>		<p><input type="checkbox"/> No eye condition or under 6 years  <input type="checkbox"/> Yes (Ask b) <input type="checkbox"/> No (STOP)  <input type="checkbox"/> Yes (STOP) <input type="checkbox"/> No (Ask c)  <input type="checkbox"/> Great deal <input type="checkbox"/> Some  <input type="checkbox"/> Hardly any or None</p>
<p><b>INTERVIEWER:</b> Examine ages in question 3 for children one year old or under, then check the appropriate box in question 15 a.</p>		
<p>15. a. <input type="checkbox"/> Baby (babies) one year or under listed. (Go to Q. 15 b)  <input type="checkbox"/> No baby (babies) one year or under listed. (Go to Q. 16)</p>		<p>b. Are birth(s) for baby (babies) and delivery for mother shown in Table II?  <input type="checkbox"/> Yes (Go to Q. 16)  <input type="checkbox"/> No (Go to Q. 15 c)</p>
<p>c. Was -- born in the hospital?  <input type="checkbox"/> Yes (Go to Q. 15 d)  <input type="checkbox"/> No (Go to Q. 16)</p>		<p>d. When was -- born? (Enter month, day and year)  Month _____ Day _____ Year _____  (If birthdate is on or after date shown in question 13, fill one line of Table II for mother and one line for child.)</p>
<p>Now I have some questions about purchases of medicine. First, I want to ask you about medicines prescribed by a doctor --</p>		
<p>16. a. LAST WEEK OR THE WEEK BEFORE, did anyone in the family buy or obtain any kind of medicine prescribed by a doctor?  <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Q. 17)  If "Yes," ask:  b. What is the name of the medicine? (Enter name of medicine in column (a) of Table P. If name is unknown, enter "DK" in column (a) and ask: What condition is it for? Then enter the condition in column (b).)  c. LAST WEEK OR THE WEEK BEFORE, did anyone buy or obtain any OTHER medicine prescribed by a doctor?  <input type="checkbox"/> Yes (Re-ask Q. 16b) <input type="checkbox"/> No (Fill remaining columns of Table P for each medicine reported)</p>		

Turn to Card J, and ask:

17. a. **LAST WEEK OR THE WEEK BEFORE**, did anyone in the family buy or obtain any medicine **NOT** prescribed by a doctor? This (Show Card J) is a list of **SOME** of the items in which we are interested.

Yes  No (Go to Q. 18)

If "Yes," ask:

b. What is the name of the medicine? (Enter name or kind of medicine in column (a) of Table NP.)

c. **LAST WEEK OR THE WEEK BEFORE**, did anyone buy or obtain any **OTHER** medicine **NOT** prescribed by a doctor?

Yes (Re-ask Q. 17b)  No (Fill remaining columns of Table NP for each medicine reported)

**INTERVIEWER:**

"Impairments" or "conditions" on Card A reported in question 16 or 17, should be carried back to Table I if they do not already appear there.

**Table P -- PRESCRIBED MEDICINES**

Line No.	Name of medicine (If name is unknown enter "DK" in col. (a) and ask col. (b).) (a)	What condition is the -- for? (b)	Who was it prescribed for? (Enter column number of person) (c)	Which week was the -- bought, LAST WEEK -- or the WEEK BEFORE LAST? (d)	How much did it cost? (e)	
					Dollars	Cents
1				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$	

**Table NP -- NONPRESCRIBED MEDICINES**

Line No.	Name of medicine (If name is unknown, enter the kind of medicine) (a)	What is the -- generally used for by this family? (b)	Which mem- bers of the family use the --? (Enter col. nos. of persons) (c)	Which week was the -- bought, LAST WEEK -- or the WEEK BEFORE LAST? (d)	How much did it cost? (e)		Where was it bought? (f)
					Dollars	Cents	
1				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$		<input type="checkbox"/> Drug store <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Grocery store <input type="checkbox"/> Mail order house

Now I have a few questions about smoking --

For each person 17 years old or over, ask:

18. a. Have you smoked at least one hundred cigarettes during your entire life? If "Yes," ask:	a.	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 21)
b. During the period when you were smoking the most, how many cigarettes a day did you usually smoke?	b.	per day OR per week
19. a. Do you smoke cigarettes now? If "Yes," ask questions 19b AND 19c. If "No," go to question 20:	a.	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 20)
b. On the average, about how many cigarettes a day do you smoke?	b.	per day OR per week <input type="checkbox"/> Same <input type="checkbox"/> Didn't smoke
c. Twelve months ago, how many cigarettes a day were you smoking?	c.	per day OR per week Go to question 21
If "No" to question 19a, ask BOTH questions 20a AND 20b:		<input type="checkbox"/> None
20. a. On the average, about how many cigarettes a day were you smoking 12 months ago?	a.	per day OR per week
b. How long has it been since you smoked cigarettes fairly regularly?	b.	months OR years
For each male 17 years old or over ask questions 21 AND 22:		<input type="checkbox"/> Fem. or under 17
21. a. Have you smoked at least 10 cigars during your entire life?	a.	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 22)
b. Do you smoke cigars now? If "Yes" to 21b, ask:	b.	<input type="checkbox"/> Yes (Ask c) <input type="checkbox"/> No (Ask d)
c. About how many cigars a day do you usually smoke? If "No" to 21b, ask:	c.	per day OR per week
d. About how long has it been since you smoked 3 or more cigars a week?	d.	months OR years <input type="checkbox"/> NEVER smoked 3 or more a week
22. a. Have you smoked at least 3 packages of pipe tobacco during your entire life?	a.	<input type="checkbox"/> Yes <input type="checkbox"/> No (STOP)
b. Do you smoke a pipe now? If "Yes" to 22b, ask:	b.	<input type="checkbox"/> Yes (Ask c) <input type="checkbox"/> No (Ask d)
c. About how many pipefuls of tobacco a day do you usually smoke? If "No" to 22b, ask:	c.	per day OR per week
d. About how long has it been since you smoked 3 or more pipefuls a week?	d.	months OR years <input type="checkbox"/> NEVER smoked 3 or more a week
For each male 17 years old or over, ask:		<input type="checkbox"/> Fem. or under 17
23. a. Did you ever serve in the Armed Forces of the United States? If "Yes," ask:		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Was any of your service during a war? If "Yes," ask:		<input type="checkbox"/> Yes (Ask c) <input type="checkbox"/> No (Ask d)
c. During which war did you serve? If "No" to 23b, ask:		<input type="checkbox"/> WWII <input type="checkbox"/> Korean <input type="checkbox"/> Other
d. Was any of your service between June 27, 1950, and January 31, 1955?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 17 years old or over, ask:		<input type="checkbox"/> Under 17
24. a. What is the highest grade you attended in school? (Circle highest grade attended or check "None".)		Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ <input type="checkbox"/> None
b. Did you finish the -- grade (year)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Turn to Card K and ask:		<input type="checkbox"/> Group
25. Which of these income groups represents your total combined family income for the past 12 months, that is, your's, your --'s, etc? (Show Card K). Include income from all sources, such as wages, salaries, social security or retirement benefits, help from relatives, rents from property, and so forth.		<input type="checkbox"/> Group

Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES											
Line number	Col. No. of person	Question No.	Did you ever AT ANY TIME talk to a doctor about . . . ?	If condition is on Card C, enter condition without asking columns (d-1) through (d-4) and go to columns (e)-(f). For all other illnesses and present effects of "old" injuries - - If doctor talked to, ask: What did the doctor say it was - did he give it a medical name? - If doctor NOT talked to, record original entry and ask (d-2) - (d-4) as required. For all injuries which happened LAST WEEK OR THE WEEK BEFORE, ask: What part of the body was hurt? What kind of injury was it? (For injuries or accidents which happened before the past 2 weeks, enter the present effects.)	CAUSE		KIND		PART OF BODY	LAST WEEK OR THE WEEK BEFORE did your . . . cause you to cut down the things you usually do?	Did you have to cut down for as much as 1 day?
					If the entry in col. (d-1) is	An IMPAIRMENT or a SYMPTOM	For any entry in col. (d-1) or col. (d-2) that includes the words: Allergy* Tumor Asthma "Condition" Cyst "Disease" Growth "Trouble" Stroke*	Ask only for: IMPAIRMENTS, "CURRENT" INJURIES, and PRESENT EFFECTS OF "OLD" INJURIES And for: Abscess Inflammation Ache (except headache) Neuralgia Bleeding Pain Blood clot Sore Boil Soreness Cancer Tumor Cyst Ulcer Growth Weak Hemorrhage Weakness Infection What part of the body is affected? Show detail for: Ear or eye - (one or both) Head - (skull, scalp, face) Back - (upper, middle, lower) Arm - (shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (hip, upper, knee, lower, ankle, foot; one or both)			
(a)	(b)	(c)	(d-1)	(d-2)	(d-3)	(d-4)	(e)	(f)	(g)	(h)	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No									
7		<input type="checkbox"/> Yes <input type="checkbox"/> No									
8		<input type="checkbox"/> Yes <input type="checkbox"/> No									

Table II - HOSPITALIZATIONS														
INTERVIEWER: Enter TOTAL number of hospitalizations recorded in question 13.  (Number)  Fill one line of Table II for each hospital stay reported. If no hospitalizations reported, check the "None" box.  <input type="checkbox"/> None	Line number	Col. No. of person	Question No.	USE YOUR CALENDAR						For what condition did you enter the hospital - - do you know the medical name?  (If medical name not known, enter respondent's description.)  (Entry must show CAUSE, KIND, AND PART OF BODY in same detail as required in Table I)				
				You said that you were in the hospital (once, twice, etc.) during the past year - -  When did you enter the hospital (the last time)?  (Enter month, day and year; if exact date not known, obtain estimate.)	How many nights were you in the hospital?  (If exact number not known, accept best estimate.)	Complete from entries in cols. (c) and (d); or, if not clear ask the questions.  How many of these - - nights were in the past 12 months?	How many of these - - nights were last week or the week before?	Were you still in the hospital last Sunday night?	(a)		(b)	(c)	(d)	(e)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
	1			Month	Day	Year	Nights	Nights	Nights					
	2			Month	Day	Year	Nights	Nights	Nights					
	3			Month	Day	Year	Nights	Nights	Nights					

Table A - ACCIDENTS AND INJURIES										
Line No. from Table I	1. When did the accident happen?			2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else?						
	Year	Month		Part(s) of body			Kind of injury (injuries)			
<input type="checkbox"/>	(If 1963, 1964, or 1965 also enter month):									
3. a. Was a car, truck, bus or other motor vehicle involved in the accident in any way? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Q. 4)									
b. Was more than one motor vehicle involved? . . . . .	<input type="checkbox"/> Yes (More than one) <input type="checkbox"/> No									
c. Was it (either one) moving at the time? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No									
4. a. Where did the accident happen - at home or some other place?	1 <input type="checkbox"/> At home (inside house) 2 <input type="checkbox"/> At home (adjacent premises) <input type="checkbox"/> Some other place									
If "Some other place," ask:	b. What kind of place was it?									
	3 <input type="checkbox"/> Street and highway (includes roadway) 6 <input type="checkbox"/> School (includes school premises)									
	4 <input type="checkbox"/> Farm 7 <input type="checkbox"/> Place of recreation and sports, except at school									
	5 <input type="checkbox"/> Industrial place (includes premises) 8 <input type="checkbox"/> Other (Specify the place where accident happened)									
5. Were you at work at your job or business when the accident happened?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> While in Armed Services 4 <input type="checkbox"/> Under 17 at time of accident									
INTERVIEWER: Return to Table I and complete the rest of this line.										



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

How many days did you have to cut down during that two week period?	During that two week period, how many days did your . . . keep you in bad all or most of the day?	If 6-16 years old, ask: How many days did your . . . keep you from school during that two week period?	If "Yes" in Q. 5 a or 5 b, ask: How many days did your . . . keep you from work during that two week period?	Did you first notice your . . . (did it happen) during the past 3 months or before that time?		If col. (m) is checked, ask: Did you first notice it during the past 12 months or before that time?	To interviewer	ABOUT how many days during the past 12 months has your . . . kept you in bed all or most of the day?	If 1 or more days in col. (q) and col. (j) is blank or checked "None," ask: Were any of these . . . days during last week or the week before? If "Yes," ask: How many?	If "Yes" to col. (c), ask: ABOUT how many times during the past 12 months have you seen or talked to a doctor about your . . . ?	Ask after completing last condition for each person.				Line number
				(m)	(n)						(p)	(aa)	(q)	(r)	
(i)	(j)	(k)	(l)	Before 3 months (Go to col. (p))	During 3 mos. →	Did you first notice it (did it happen) during the past 2 weeks or before that time? If "During past 2 weeks," ask: Which week, last week or the week before?	CON-TINUE if col. (m) is checked, or the condition is on Card A or is an impairment; otherwise, STOP	___ Days or ___ None	___ Days or ___ None	___ Times or ___ None	___ Yes or ___ No	___ Yes or ___ No	___ Yes or ___ No	___ Yes or ___ No	6
Days	___ Days or ___ None	___ Days or ___ None	___ Days or ___ None			<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 wks.		___ Days or ___ None	___ Days or ___ None	___ Times or ___ None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	7
Days	___ Days or ___ None	___ Days or ___ None	___ Days or ___ None			<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 wks.		___ Days or ___ None	___ Days or ___ None	___ Times or ___ None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	8

**Table II - HOSPITALIZATIONS**

Were any operations performed on you during this stay at the hospital? If "Yes," ask: a. What was the name of the operation? b. Any other operations?	What is the name and address of the hospital you were in? <i>(Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.)</i>	Line number	INTERVIEWER: After completing Table II for all persons, carry each condition in col. (h) or col. (i) back to Table I if it does not already appear there and there are "1" or more nights in col. (f) OR the entry in col. (h) or col. (i) is an "Impairment" OR a condition on Card A.
<input type="checkbox"/> Yes <input type="checkbox"/> No	(i) _____ (j) _____ Name of hospital _____ Street _____ City and State _____	1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of hospital _____ Street _____ City and State _____	2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of hospital _____ Street _____ City and State _____	3	

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

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

**NATIONAL HEALTH SURVEY  
 DIABETES SUPPLEMENT**

PSU	Segment	Serial No.	Sample <b>B</b>
Name of person with diabetes			Age

**RESPONDENT RULES FOR DIABETES SUPPLEMENT**

If the person for whom the Diabetes Supplement is to be completed is an eligible respondent according to the regular eligible respondent rules, he is to respond for himself. If he is not at home or otherwise not available, make arrangements for a return call to interview him. (Two additional calls to contact him may be made.)

If the person is not an eligible respondent, or is unable to respond for himself because of disability or illness, complete the interview with the respondent who knows most about the person's diabetes.

If the person is not going to be available for interview at any time during interview week, complete the interview with the respondent who knows most about his condition. In either case, explain in a footnote the reason for the use of the proxy respondent.

Footnotes and comments

RECORD OF RETURN CALLS TO COMPLETE SUPPLEMENT	No return calls <input type="checkbox"/>	Returns	Date	Time	Completed
		1			
		2			
Name of interviewer	Code	<input type="checkbox"/> Responded for self <b>OR</b> Column number of respondent →			

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

QUESTIONS	DEFINITIONS																																																																
<p>In the interview you (your --, etc.) told me about your diabetes. This is a matter of continuing interest to the Public Health Service and I have some additional questions about it --</p>																																																																	
<p>1. About how old were you when a doctor first told you that you had diabetes? Age _____</p>	<p>Estimate is acceptable</p>																																																																
<p>2a. Before you were _____ (Age in question 1) had you ever been told by a doctor that you MIGHT HAVE, or MIGHT BE GETTING diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																	
<p>b. Have you ever had a glucose tolerance test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A glucose tolerance test is a sweet drink followed by one or more blood tests taken the same day.</p>																																																																
<p><i>Hand respondent Card NHS-HIS-1(c)</i></p> <p>3a. Please look at that card and tell me which of those symptoms you had at the time you first found out that you had diabetes.</p> <p>(Check "Yes" or "No" for each symptom listed under "At time of diagnosis")</p> <table border="1" data-bbox="779 741 1069 1248"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">At time of diagnosis</th> <th colspan="2">Present during past month</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Thirst.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Larger appetite than usual.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Smaller appetite than usual.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Leg pain.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extreme tiredness.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Eye trouble.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Itching.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sudden weakness (associated with trembling, shakiness, and cold sweats).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Loss of weight.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Frequent urination.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Boils or carbuncles.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>b. Please look at the card again. Did any of those symptoms bother you at any time during the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which symptoms did you have? (Check each "Yes" or "No" under "Present during past month")</p>		At time of diagnosis		Present during past month		Yes	No	Yes	No	Thirst.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Larger appetite than usual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smaller appetite than usual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leg pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extreme tiredness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Itching.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sudden weakness (associated with trembling, shakiness, and cold sweats).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of weight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent urination.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boils or carbuncles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>NOTE TO INTERVIEWER</b></p> <p>When the respondent mentions one or more symptoms, check the "Yes" box for each symptom mentioned and then ask "Any others?" Continue to ask until an answer of "No" is given. Either the "Yes" or "No" box must be checked for each symptom.</p>
		At time of diagnosis		Present during past month																																																													
	Yes	No	Yes	No																																																													
Thirst.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
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Boils or carbuncles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
<p>4a. Were you in the hospital at the time the doctor found out that you had diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 5)</p>	<p>As an inpatient</p>																																																																
<p>b. Were you there because you had symptoms of diabetes? <input type="checkbox"/> Yes (Go to question 6a) <input type="checkbox"/> No (Go to question 6a)</p>																																																																	

QUESTIONS	DEFINITIONS
<p><i>(Ask only if "No" in question 4a)</i></p> <p>5. At the time your diabetes was first discovered, were you sent to the hospital for regulation of your diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	As an inpatient
<p>6a. (Not counting that first time) Have you ever been hospitalized because of your diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Go to question 7a)</i></p> <hr/> <p>b. About how many times? Number _____</p> <hr/> <p>c. Have you ever been hospitalized -- <i>(Ask all 4 parts)</i></p> <p>-- for diabetic coma? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  -- for insulin reaction? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  -- for gangrene? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  -- for regulation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Estimate acceptable.</p> <p>Several reasons may be given for any single hospital stay.</p>
<p>7a. Have you ever had a nurse come to your home to help you in taking care of your diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Go to question 7c)</i></p>	
<p>b. About how many times has she visited you during the past 12 months? Number _____ <input type="checkbox"/> None</p>	
<p>c. Where do you usually go for care of your diabetes -- a clinic; a doctor's office; or some other place? <input type="checkbox"/> Clinic <input type="checkbox"/> Doctor's office <input type="checkbox"/> Some other place <i>(Specify)</i> _____</p>	
<p>d. Does the doctor you go to for your diabetes SPECIALIZE in the treatment of diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>e. How long have you been going to him for your diabetes? Years _____ <input type="checkbox"/> Less than one year</p>	
<p>8a. How many brothers and sisters have you had -- either living or dead? Number _____ <input type="checkbox"/> None <i>(Go to question 8c)</i></p>	
<p>b. Did any of these brothers or sisters have diabetes? Number _____ <input type="checkbox"/> None</p>	
<p>c. Did your mother have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>d. Did your father have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><i>(If "ever married," ask) --</i></p> <p>9a. How many children have you ever had? Number _____ <input type="checkbox"/> None <i>(Go to question 10a)</i></p>	Exclude stepchildren, adopted children, and foster children
<p><i>(If number entered in question 9a, ask) --</i></p> <p>b. How much did each of your children weigh at birth -- starting with the oldest?</p> <p>1. _____ 4. _____ 7. _____  2. _____ 5. _____ 8. _____  3. _____ 6. _____ 9. _____</p>	<p>Accept estimate, enter answer in pounds and ounces. If pounds only are given, this is acceptable</p>
<p><i>(If "1" or more in question 9a, ask) --</i></p> <p>c. Did any of your children have diabetes? Number _____ <input type="checkbox"/> None</p>	

QUESTIONS	DEFINITIONS
10a. Have you ever taken insulin injections? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 14)	
b. How many years have you taken insulin injections? Number _____ <input type="checkbox"/> Less than one year	Round to nearest whole year. Estimate acceptable.
c. Have you been taking insulin injections daily for most of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the respondent is not taking insulin at the present time ask: "How many years did you take it?"
d. Are you NOW taking insulin injections? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 14)	
11a. What kinds of insulin are you now using? <input type="checkbox"/> Regular, plain, or crystalline <input type="checkbox"/> Semi-lente <input type="checkbox"/> Globin <input type="checkbox"/> NPH <input type="checkbox"/> Protamine-zinc <input type="checkbox"/> Ultra-lente <input type="checkbox"/> Lente <input type="checkbox"/> Other (Describe) _____	<b>NOTE TO INTERVIEWER</b> How was information for 11a and 11b obtained? (Check all that apply) <input type="checkbox"/> Respondent gave information <input type="checkbox"/> Other family members gave information <input type="checkbox"/> Information obtained from bottle or some other source
b. What strength insulin are you now using? <input type="checkbox"/> U 40 <input type="checkbox"/> U 80 <input type="checkbox"/> Other (Specify strength) _____	
c. Do you usually take your insulin injection before meals? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 11e)	
d. Which meals? (Check all that apply and go to question 11f) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch (Noon) <input type="checkbox"/> Supper (Evening)	
e. When do you usually take your insulin? (Enter time of day and go to question 11f) Time _____	
f. If you delay taking your insulin for an hour or more does it make you feel sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never delay (Go to question 11h)	
g. When was the last time you delayed taking your insulin for an hour or more? <input type="checkbox"/> Less than 30 days <input type="checkbox"/> 30 days or more <input type="checkbox"/> Never delay	
h. Do you inject the insulin yourself? <input type="checkbox"/> Yes (Go to question 12) <input type="checkbox"/> No Who injects the insulin? <input type="checkbox"/> Relative <input type="checkbox"/> Nurse <input type="checkbox"/> Other person (Check all that apply and go to question 13a)	
12. Who taught you how to inject the insulin? (Check appropriate box and ask question 13a) <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Relative <input type="checkbox"/> Other person <input type="checkbox"/> Not taught	
13a. During the past week, in what parts of the body have you been injecting the insulin? (Check all that apply) Anywhere else? <input type="checkbox"/> One arm <input type="checkbox"/> Both arms <input type="checkbox"/> One leg <input type="checkbox"/> Both legs <input type="checkbox"/> Abdomen <input type="checkbox"/> Buttocks <input type="checkbox"/> Other (Describe) _____	The "past week" is the week ending last Sunday night.
b. How are your syringes and needles cleaned and sterilized? (Check all that apply) <input type="checkbox"/> Alcohol <input type="checkbox"/> Use disposable needle <input type="checkbox"/> Boil <input type="checkbox"/> Use disposable syringe <input type="checkbox"/> Other (Specify) _____	
14. Do you usually carry candy or fruit or sugar or similar items with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

QUESTIONS	DEFINITIONS
15a. Do you know what an insulin reaction is? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 17)	
b. Have you ever had an insulin reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 16a)	Sudden weakness, trembling, shakiness, cold sweats
c. How many insulin reactions have you had during the past 30 days? Number _____ <input type="checkbox"/> None	
d. About how many have you had during the past 12 months? Number _____ <input type="checkbox"/> None	
e. Have you ever used Glucagon? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know what it is	Glucagon: A drug sometimes used by persons with diabetes to counteract insulin shock.
16a. Can an insulin reaction be caused by too much food? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
b. Can an insulin reaction be caused by too much exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
c. Is an insulin reaction the same as a diabetic coma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
17. Can a person with diabetes exercise as much as other people? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
18a. Have you ever taken diabetes pills? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 20n)	
b. How many years have you been taking them? Number _____ <input type="checkbox"/> Less than 1 year	Round to the nearest whole year, estimate acceptable.
c. Have you taken them most of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If respondent is not taking pills at present time ask: "How many years did you take them?"
d. Are you now taking diabetes pills? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 20a)	
19a. How many pills do you take each day? Number _____	
b. Do you usually take your pills before meals? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 19d)	
c. Which meals? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch (Noon) <input type="checkbox"/> Supper (Evening)	
d. If you delay taking your pills for an hour or more does it make you feel sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never delay (Go to question 20a)	
e. When was the last time you delayed taking your pills for an hour or more? <input type="checkbox"/> Less than 30 days <input type="checkbox"/> 30 days or more <input type="checkbox"/> Never delay	
20a. Do you test your urine for sugar? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 21)	Testing by person himself or close relative not a physician, pharmacist, etc.
b. What test do you use? <input type="checkbox"/> Benedict's test <input type="checkbox"/> Clinitest  <input type="checkbox"/> Clinistix <input type="checkbox"/> Other (Specify) _____  <input type="checkbox"/> Testape _____	NOTE TO INTERVIEWER  How was information for 20b obtained? (Check all that apply) <input type="checkbox"/> Respondent gave information <input type="checkbox"/> Other family members gave information <input type="checkbox"/> Information obtained from bottle or some other source

QUESTIONS	DEFINITIONS
20c. How many times did you test your urine last week? (If number is entered, go to question 20e) Number _____ <input type="checkbox"/> None	"Last week" is the week ending last Sunday night
d. When was the last time you tested it? (Enter verbatim) _____	
e. Do you write down any of the results of these tests? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 20g)	
f. Do you show this to your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	This means the record or notes of the results of the tests
g. Did you test your urine for anything else besides sugar at any time during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No What did you test it for? _____	
21. About how tall are you? _____ (Feet) (Inches)	
22a. About how much do you weigh? _____ (Pounds)	
b. What is the most you have weighed during the past 12 months? _____ (Pounds)	Not counting pregnancies
c. What is the least you have weighed during the past 12 months? _____ (Pounds)	
(Ask this question if person is 25 years old or over (if under 25, go to question 24))	
23a. When you were a youngster were you ever overweight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Youngster is a person 0 - 25 years Overweight is weighing more than the person himself or his doctor thinks that he should weigh.
b. What is the most you have weighed since you were 25 years old? _____ (Pounds)	Not counting pregnancies
c. What is the least you have weighed since you were 25 years old? _____ (Pounds)	
24. Were either of your parents overweight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25a. Who prepares most of your meals? (Check one) <input type="checkbox"/> Spouse or other relative _____ <input type="checkbox"/> Self _____	
b. Do you, or the person who fixes your meals, use any special recipes prepared for persons with diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26a. Can you name some foods that can be substituted for meat? (Enter first two mentioned) _____	
b. Can you name some drinks which have very few calories? (Enter first two mentioned) _____	Drinks mean non-alcoholic drinks.
c. Can you name some vegetables which have very few calories? (Enter first two mentioned) _____	
27a. During the past 30 days have you eaten any pastries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pastry made with sugar
b. During the past 30 days have you eaten any candy made with sugar? <input type="checkbox"/> Yes <input type="checkbox"/> No	



QUESTIONS	DEFINITIONS												
<p>28. During the past week did you  --drink any dietetic soft drinks?..... <input type="checkbox"/> Yes <input type="checkbox"/> No  --eat any dietetic canned fruits? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  --use any artificial sweeteners such as saccharin?.. <input type="checkbox"/> Yes <input type="checkbox"/> No  --eat any other dietetic foods? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If "Yes," specify below)</i></p>	<p>The "past week" is the week ending last Sunday night</p> <p>"Dietetic" means food specially prepared with little or no sugar</p>												
<p>29. How many calories a day are you allowed? Number _____</p>													
<p>30a. Have you been given a diet for your diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Go to question 35a)</i></p>	<p>Written, typed, or printed instruction about food</p>												
<p>b. Who taught you how to use this diet? <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Parent  <input type="checkbox"/> Dietitian or nutritionist  <input type="checkbox"/> Not taught <input type="checkbox"/> Other <i>(Specify)</i> _____</p> <p>Who gave you the diet?  <i>(Enter person's occupation)</i> _____</p>													
<p>c. How long have you had this diet? <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to one year <input type="checkbox"/> Over one year</p>													
<p>d. Do you follow this diet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Why? _____ <i>(Go to question 35a)</i></p>	<p>"Yes" means usually or most of the time</p>												
<p>e. Is the diet list used as a guide in the preparation of your meals? <input type="checkbox"/> Yes <i>(Go to question 31a)</i> <input type="checkbox"/> No</p>													
<p>f. When did you last look at your diet list? <input type="checkbox"/> Under 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> Over 6 months</p>	<p>"You" means respondent or person preparing the meals</p>												
<p>31a. Does your diet give the size of food portions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Go to question 32)</i></p>													
<p>b. Do you measure, weigh, or estimate the portions? <input type="checkbox"/> Measure <input type="checkbox"/> Weigh <input type="checkbox"/> Estimate  <i>(Check all that apply)</i></p>													
<p>32. Do you have to follow your diet carefully in order to feel well? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>33a. Do you ever eat away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Go to question 34a)</i></p>													
<p>b. Do you have trouble following your diet when eating away from home? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No</p>													
<p>34a. Does your diet include a list of food exchanges? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Go to question 35a)</i></p>	<p>A food exchange list arranges foods in groups according to their food values permitting substitution within each group</p>												
<p>b. Without looking at the list can you tell me how many bread exchanges you are allowed each day?  <i>(If "No" or "DK," go to question 35. If number is given, enter it and ask about the remaining food exchanges listed below.)</i></p> <table border="1" data-bbox="615 1205 912 1440"> <tr> <td>Enter "No," "DK," or number in diet each day <i>(If one or more, ask)</i></td> <td>How many of these did you have yesterday?</td> </tr> <tr> <td>How many vegetable exchanges are in your diet?...</td> <td></td> </tr> <tr> <td>How many fruit exchanges are in your diet? .....</td> <td></td> </tr> <tr> <td>How many milk exchanges are in your diet? .....</td> <td></td> </tr> <tr> <td>How many meat exchanges are in your diet? .....</td> <td></td> </tr> <tr> <td>How many fat exchanges are in your diet?.....</td> <td></td> </tr> </table>	Enter "No," "DK," or number in diet each day <i>(If one or more, ask)</i>	How many of these did you have yesterday?	How many vegetable exchanges are in your diet?...		How many fruit exchanges are in your diet? .....		How many milk exchanges are in your diet? .....		How many meat exchanges are in your diet? .....		How many fat exchanges are in your diet?.....		
Enter "No," "DK," or number in diet each day <i>(If one or more, ask)</i>	How many of these did you have yesterday?												
How many vegetable exchanges are in your diet?...													
How many fruit exchanges are in your diet? .....													
How many milk exchanges are in your diet? .....													
How many meat exchanges are in your diet? .....													
How many fat exchanges are in your diet?.....													
<p>c. Do you have any problems in using your exchange list? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What are they? _____</p> <p><i>(Enter verbatim response)</i> _____</p>													

QUESTIONS	DEFINITIONS
<p>35a. Here are the covers of three pamphlets. (Show Special Diabetes pamphlets)</p> <p>Have you ever had a copy of any of these pamphlets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Which? (Check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p>	
<p>36a. Were you taught how to take care of your feet to avoid infection? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 36c)</p>	
<p>b. How do you take care of your feet? (Enter verbatim response)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>c. During the past 12 months have you visited a foot doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Podiatrist or Chiropodist
<p>37a. Have you been to a doctor to have your eyes examined during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Do you see better in the morning or in the afternoon? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> No difference</p>	
<p>38a. If you had a bad cold, would you talk to your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. If you had a skin infection, would you talk to your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c. If you had thrown-up, would you talk to your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>39a. Have you ever attended classes to learn about diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 40a)</p>	
<p>b. Who gave the classes?</p> <p><input type="checkbox"/> Hospital <input type="checkbox"/> Clinic (means out-patient clinic)</p> <p><input type="checkbox"/> Health department <input type="checkbox"/> Other (Specify) _____</p> <p><input type="checkbox"/> Diabetes association _____</p>	
<p>40a. Are you a member of a diabetes association or similar group? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 41)</p>	
<p>b. What is the name of this group?</p> <p>_____</p>	
<p>41. What are your most difficult problems in caring for your diabetes? (Enter verbatim response)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><b>LEAVE "THANK YOU" LETTER AND DEPART</b></p>	



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