# HEALTH STATISTICS FROM THE U. S. NATIONÁL HEALTH SURVEY 

# Proportion of Hospital Bill Paid by Insurance 

patients discharged from short-stay hospitals

United States<br>July 1958 - June 1960

Statistics for short-stay hospitals on the proportion of the hospital bill that was paid for by a hospital insurance plan, selected characteristics of the patients, length of stay, and hospital ownership. Based on data collected in household interviews during July 1958 -June 1960.

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

## CO-OPERATION OF THE BUREAU OF THE CENSUS

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

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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## SYMBOLS AND NOTES

Data not available (three dashes)
Category not applicable (three dots)-------- ...
Magnitude less than one-half of the unit used

0 or 0.0
Magnitude of the sampling error precludes showing separate estimates---------------

NOTE: Due to rounding detailed figures within tables may not add to totals

# PROPORTION OF HOSPITAL BILL PAID BY INSURANCE 

## INTRODUCTION

The data in this report, based on health interviews conducted during the period July 1958-June 1960 in the National Health Survey, refer to persons discharged from short-stay hospitals who reported the proportion of their hospital bill that was paid for by some insurance plan.

The National Health Survey published in December 1960 a report entitled 'Interim Report on Health Insurance, " Health Statistics, Series $\bar{B}$. No. 26. In it were presented estimates of the number of persons in the population who had hospital insurance, surgical insurance, and doctor visit insurance of any kind. The data in that report were based on interviews conducted during the period July-December 1959.

The earlier report dealt with the estimated numbers of persons who had hospital insurance coverage of any kind. This report presents statistics on the number of hospitalized persons who, in fact, had all or some portion of their hospital bill paid for by insurance.

These two types of data present two different aspects of the general topic of health insurance. For various reasons the estimates can be expected to differ. One reason why these statistics and those in the earlier report are likely to differ is that persons with insurance coveragehave ahigher rate of hospital utilization than persons without insurance coverage. On page 10 of the earlier report a table based on survey data shows that 10.2 percent of the persons who reported they had hospital insurance coverage were admitted to shortstay hospitals at least once during the year, while only 7.7 percent of those without coverage were admitted during the year. Thus it appears that persons with hospital insurance coverage utilize hospitals at a rate that is about 33 percent higher than for those without coverage. On the basis of these data it might be expected that the propor-

[^0]tion of persons discharged from short-stay hospitals who had some insurance payment for the hospital bill would be much higher than the proportion of persons in the population with insurance coverage. However, it will be seen that this higher rate for the hospitalized population does not occur, according to the estimates presented in this report. For example, the over-all rate of hospital insurance coverage in the earlier report was 67 per 100 persons in the general population, and the present reports shows that there was some portion of the hospital bill paid by insurance for about 68 out of each 100 hospital discharges.

A likely reason that this expected higher rate for the hospitalized population does not occur is a factor which operates to reduce the proportion of discharges for which a part of the cost was paid by insurance: persons who have some hospital insurance coverage may be hospitalized for a condition or under certain circumstances for which the insurance policy does not provide payment. Afew examples will illustrate this point. Some hospital insurance policies exclude entirely coverage for deliveries or provide coverage for deliveries only after the policy has been in effect for a stipulated period of time.

Thus, if the proportion of females in the population ages $15-24$ who were said to have hospital insurance coverage ( 63 percent in the earlier report) is compared with hospitalized females in the same age group who indicated that some part of the bill was paid for by insurance ( 52 percent in the present report), there is a significant difference. However, when deliveries are excluded, the proportion of discharges for which some or all of the hospital bill was paid by insurance is 60 percent, an estimate which is not too different from that given for hospital insurance coverage (table A).

Some other instances in which a person with hospital insurance may not be covered for a specific episode of hospitalization are as follows: A veteran may be covered by a hospital insurance policy which provides protection for himself and his family, but under certain conditions he may

Table A. Percent of females reporting hospital insurance coverage; percent of hospitalized females who had some portion of the hospital bill paid by insurance; and proportion of total hospitalizations for deliveries, by selected age groups. Percentages for hospitalized females based ondischarges from short-stay hospitals: United States, July 1958-June 1960

| Age group | Females with hospital insurance coverage ${ }^{1}$ | Hospitalized females who had some portion of the hospital bill paid by insurance |  |  | Proportion of deliveries among total female hospitalizations |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | A11 discharges | Deliveries | Other than deliveries |  |
|  | Percent |  |  |  |  |
| 15-24 | 63.1 | 51.8 | 46.1 | 60.0 | 58.6 |
| 25-34- | 72.3 | 67.8 | 63.3 | 73.5 | 55.5 |
| 35-44-- | 73.2 | 77.1 | 65.9 | 79.8 | 19.6 |

[^1]elect to be hospitalized under the auspicies of the Veterans Administration. Since most hospital insurance policies will not pay for services rendered by Veterans or other Federal hospitals, such a case would appear in this report as having no part of the bill paid by insurance. A person with hospital insurance may be hospitalized for injuries or conditions that are due to the negligence of some other person. The hospital bill for such a person may be paid by the negligent party or paid by an insurance company under the terms of a liability policy held by the negligent party. Under these circumstances, for this report the hospital bill would not be considered as paid for by insurance. The extent to which persons with hospital insurance coverage have "limited' policies or are hospitalized under some of the special circumstances described above cannot be determined from Survey data.

In the text and tables that follow there are a few comparisons of the data from the two reports. Readers who make additional comparisons should bear in mind the conceptual differences noted above.

## SOURCE AND QUALIFICATIONS OF THE DATA

The data in this report are based on information obtained from household interviews during the period July 1958-June 1960. Using a continuous probability sample of the civilian non-
institutional population of the United States, interviews were conducted in approximately 75,000 households, comprising 245,000 persons, during the 2 -year period.

A description of the statistical design of the survey, the methods used in estimation, and general qualifications of the data obtained from surveys is found in Appendix 1. Since all estimates presented in this report are based on a sample of the population rather than the entire population, they are subject to sampling error. Therefore, particular attention should be paid to the section entitled "Reliability of Estimates" which includes a table of sampling errors and instructions for its use.

Definitions of certain terms used in this report are given in Appendix II. Since many of these terms have specialized meanings for the purposes of this survey, familiarity with these definitions will assist the reader in interpreting the data.

The questionnaire which was used to collect the data on which this report is based is reproduced as Appendix III. Only a small part of the information obtained by means of the questionnaire is included in this report. Other reports in this series give data on other topics covered by the questionnaire. However, the entire document is included so that the reader can understand the context in which the data for this report were gathered.

A general limitation to all data obtained by household interviews is that the data are no better than the respondent's knowledge of and ability
to recall the correct answers to specific questions. Although respondents were asked to report the hospitalization experience of all members of the household for the 12 months prior to the interview week, in order to reduce the bias due to faulty memory, only those discharges which occurred during the 6 -month period prior to the interview were used as a basis for the estimates in this report. The procedure by which these data were adjusted to represent annual estimates is described in more detail in Appendix I .

The data in this report are based on responses to the basic question 'Was any of the hospital bill paid for by any kind of insurance? ". Respondents reported that they did not know the answer to this question for only 1.5 percent of the total hospital discharges. To compute the percentages shown in this report only those discharges for which a "yes" or "no" answer was obtained to the basic question were included. This procedure in effect distributed the discharges for which no information was obtained in the same manner as the discharges for which information was obtained.

For 2.2 percent of the total discharges respondents knew that some portion of the bill had been paid for by insurance but they did not know how much. These "unknowns" were prorated among the discharges for which a definite fraction of the bill was reported as having been paid by insurance.

The survey design did not include procedures for checking records to ascertain whether respondents reported accurately the fact of insurance or the fraction of the bill paid by insurance. However, when all the relevant factors are considered, the proportion of persons who reported some insurance payment for the hospital bill is not inconsistent with estimates based on hospital insurance coverage in the general population.

For approximately 32 percent of the hospital discharges it was reported that there was not any insurance payment for the hospital bill. It should be noted that this does not mean that for almost one third of the hospital discharges these individuals had to pay for the entire hospital bill out of their own or their family's funds. Sources other than insurance are used to help finance the cost of hospital care. In addition to the hospital care provided for veterans by the Veterans Administration, which was mentioned earlier, the Federal government provides care for other groups such as dependents of members of the Armed Forces, merchant seamen, and American Indians. State and local governments, health agencies, and charitable organizations spend large sums to help finance
the cost of hospital services. And, finally, friends; neighbors, relatives, and employers on many occasions help to share the burden of a large hospital bill.

It is also necessary to emphasize that there are some factors in the survey method which tend to produce substantial differences in the estimates of the number of hospital discharges as contrasted with statistics based on hospital records. Of particular importance is the fact that the survey data refer only to persons who were alive at the time of interview. Thus, the hospital experience of persons who died during the reference period is not counted. Also excluded from the data is the short-stay hospital experience during the period of reference of persons who became inmates of institutions prior to the time of household interview. For the older age groups the differences between survey data and record data due to these factors are quite high. Another factor that undoubtedly reduced the volume of discharges in comparison with hospital records is that the survey excludes an unknown number of inpatients who were not hospitalized overnight. This omission probably has a negligible effect upon the estimates of hospital days since each instance contributes only one day to the sample total. Furthermore, although direct transfers from one hospital to another are usually considered as a discharge and an admission in hospital records, survey respondents may regard such a continuous period of hospitalization as a single episode and, therefore, erroneously report the event as having occurred in a single hospital. The effect of this particular error on the statistics is not known but is believed to be small.

While these factors would tend to reduce the estimates of the number of hospital discharges, it is believed that they would not materially affect estimates of the proportion of discharges for which some fraction of the hospital bill was paid by insurance.

## PROPORTION OF HOSPITAL BILL PAID BY INSURANCE

An examination of the detailed tables shows in general, that hospitalized population groups which have a low percentage of discharges for which there was some insurance contribution toward paying the bill also have smaller portions of the hospital bill paid by insurance.

This point is illustrated in table B for sex and age groups. For males 65 years of age or older insurance payments for some part of the hospital bill were reported ior only 53 percent of the total discharges and of those with insurance

Table B. Percent of persons discharged from short-stay hospitals who had any insurance payment for the hospital bill; percent who had $3 / 4$ or more of their bill paid by insurance; and percent of those with any insurance payment who had $3 / 4$ or more of the bill paid by insurance by sex and age: United States, July 1958-June 1960

| Sex and age | Total discharges |  | Percent of discharges with any insurance payment who had $3 / 4$ or more of the bill paid by insurance |
| :---: | :---: | :---: | :---: |
|  | Percent with any insurance payment for the bill | Percent with $3 / 4$ or more of bill paid by insurance |  |
| Both sexes |  |  |  |
| All ages- | 68.0 | 51.3 | 75.4 |
| Under 15- | 72.1 | 58.3 | 80.9 |
| 15-44- | 66.9 | 50.6 | 75.6 |
| 45-64- | 76.0 | 58.0 | 76.3 |
| 65+- | 51.2 | 30.3 | 59.2 |
| Male |  |  |  |
| All ages- | 70.6 | 55.7 | 78.9 |
| Under 15- | 70.7 | 57.0 | 80.6 |
| 15-44-- | 74.7 | 62.2 | 83.3 |
| 45-64-- | 75.5 | 59.1 | 78.3 |
| 65+- | 53.1 | 33.4 | 62.9 |
| Female |  |  |  |
| All ages | 66.4 | 48.7 | 73.3 |
| Under 15- | 73.9 | 59.9 | 81.1 |
| 15-44--- | 64.5 | 47.1 | 73.0 |
| 45-64- | 76.4 | 56.9 | 74.5 |
| 65+ | 49.3 | 27.3 | 55.4 |

63 percent reported that $3 / 4$ or more of the bill was paid for by insurance. On the other hand, for males under 65 years of age, the percent of total discharges with any insurance payment for the bill ranges from 71 percent to 76 percent, and among those who had any insurance about 80 percentreported that $3 / 4$ or more of the bill was paid by insurance.

A similar pattern is evident for females in table B. Moreover, the detailed tables show this same pattern for other population groups that have a low percentage of discharges for which there was some insurance payment for the bill, for example, persons who live in farm areas (tables 7-9) and persons with low family incomes (tables 16-18).

Table 1 shows that among the total discharged patients 68 percent had some portion of the bill paid by insurance, 51 percent reported that $3 / 4$ or more of the bill was paid, about 11 percent reported $1 / 2-3 / 4$ coverage of the bill, and 5 percent reported that less than $1 / 2$ of the bill was paid for by insurance. It is well to note here that the heading 'Under $1 / 2^{\prime \prime}$ that appears in the detailed tables does not include cases for which no part of bill was paid by insurance. The heading refers to cases for which some insurance payment was made, but such payment amounted to less than $1 / 2$ of the total hospital bill.

The proportion of the bill covered for male hospital discharges and for female hospital dis-
charges, including and excluding deliveries, is shown in table $C$. When deliveries are included females have a smaller percentage of discharges with more than $3 / 4$ of the bill paid by insurance than males. However, when deliveries are excluded, the percentages in each of the 'fraction of the bill paid" categories, are similar for males and females.

Table C. Percent of discharges from shortstay hospitals by sex and fraction of bill paid by Insurance: United States, July 1958-June 1960

| Fraction of bill paid by insurance | Males | $\begin{aligned} & \text { Fe- } \\ & \text { males } \end{aligned}$ | Females (excluding deliveries) |
| :---: | :---: | :---: | :---: |
|  | Percent . |  |  |
| Any part------- | 70.6 | 66.4 | 70.8 |
| Under 1/2------ | 4.1 | 6.1 | 4.9 |
| 1/2-3/4------- | 10.7 | 11.7 | 11.7 |
| 3/4 or more---- | 55.7 | 48.7 | 54.1 |

## PERCENT OF DISCHARGES WITH SOME INSURANCE PAYMENT OF THE HOSPITAL BILL

## Age and Sex

The discussion that follows deals chiefly with the percentage of hospital discharges that had any part of the hospital bill paid by insurance rather that the proportion of the insurance payment.

Detailed tables 1-6 show the rate of 'insurance payment" (percent of discharges with any part of bill paid by insurance), and the fraction of the bill paid by sex and age, for total discharges, for hospital days, and length-of-hos-pital-stay intervals. As indicated in tables 1,2 , and D and figure 1 , the age-specific rates for both males and females are at about the same level (the differences are within the limits of sampling error) except for the childbearing ages. When deliveries are excluded (table 2) the rates for ages 15-44 for both males and females are also at about the same level.

From the "insurance payment" rates for the detailed age groups shown in table 1 , it is apparent that up to age 65 for each of the sexes, the rates range from 70 percent to almost 80 percent with the exception of the age group 15-24.

Table D. Percent of hospital discharges with some insurance payment for the hospital bill by sex and age: based ondischarges from short-stay hospitals, United States, July 1958-June 1960

| Age | Males | $\begin{gathered} \text { Fe- } \\ \text { males } \end{gathered}$ | Females (excluding deliveries) |
| :---: | :---: | :---: | :---: |
|  | Percent |  |  |
| All ages- | 70.6 | 66.4 | 70.8 |
| Under 15--.---- | 70.7 | 73.9 | 73.9 |
| 15-44---------- | 74.7 | 64.5 | 72.1 |
| 45-64---------- | 75.5 | 76.4 | 76.5 |
| 65+------------ | 53.1 | 49.3 | 49.3 |



Figure 1. Percent of hospital discharges with some insurance payment for the hospital bill by sex and age.

This age group has a rate of 66 percent for males and 52 percent for females. When deliveries are excluded the rate for this age group for females rises to 60 percent. There is some implication in this that when boys and girls reach the age of 18 , the age at which many family-type policies cease to provide protection

Table E. Percent of kospital days for discharges with some insurance payment for the hospital bill by sex and age: based on discharges from short-stay hospitals, United States, June 1958July 1960

| Age | Both sexes | Male | Female |
| :---: | :---: | :---: | :---: |
|  | Percent |  |  |
| All ages--.-- | 63.3 | 59.8 | 66.3 |
| Under 15----------- | 61.7 | 61.1 | 62.4 |
| 15-44 | 64.7 | 62.5 | 66.0 |
| 45-64 | 72.3 | 65.1 | 79.3 |
| 65+---------------- | 47.8 | 48.1 | 47.5 |

for dependent children, they do not obtain hospital insurance for a period of time.

After 65 years of age the rates begin to drop sharply for both males and females, from a rate of about 63 percent for both males and females at ages 65-69, down to 39 percent for males and 36 percent for females at 75 years of age and over.

When the number of hospital days involved in hospital discharges is considered (tables 3 and $E$ ), the data show that for males the proportion of days covered by insurance is about 60 percent compared with an "insurance payment" rate of about 71 percent for discharged cases. For females the proportion of days covered ( 66.3 percent) is about the same as the proportion of discharges with 'insurance payment'" ( 66.4 percent). Thus, although males have a higher "insurance payment" rate than females
in terms of discharges ( 71 percent to 66 percent), females have a higher rate in terms of the number of hospital days involved in these discharges ( 66 percent to 60 percent). The reason for this becomes apparent when the average length of stay is compared for male and female hospital discharges with and without some "insurance payment" for the bill (table F). For females there is no difference in average length of stay for discharges with or without "insurance payment." However, for males the length of stay for discharges with no 'insurance payment" is 60 percent greater than the average stay for the cases with some "insurance payment."

## Length-of-Stay Interval

Another aspect of the relationship of the length of stay in the hospital to the rate of "insurance payment" is shown in tables 4-6. The length-of-stay interval that has the highest rate varies from one age-sex group to another. However, the lowest rate regardless of sex, for ages under 65, is for discharges which involve 31 or more days of stay in a hospital. For persons 65 years and over, the lowest rate is for the 1 -day cases for both males and females. It should be noted, that the size of the base estimate ( 90,000 cases for both sexes) for 1-day stays of older persons is quite small, and subject to high sampling error. Perhaps it is more important to note that for persons 65 and older, the rate of "insurance payment" is lower than that of younger persons, regardless of sex or length-of-stay interval.

## Urban-Rural Residence

The proportions of discharges for which some fraction of the bill was paid for by insurance by

Table F. Percent distribution of discharges and average length of hospital stay for discharges with and without insurance payment for the bill by sex: based on discharges from short-stay hospitals, United States, July 1958-June 1960

| Discharges | Percent distribution |  | Average length of stay in days |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Male | Female | Male | Female |
| All discharges--------------------- | 100.0 | 100.0 | 10.5 | 7.2 |
| With some insurance payment for the bill- | 70.6 | 66.4 | 8.9 | 7.2 |
| Without any insurance payment for the bill: | 29.4 | 33.6 | 14.3 | 7.2 |

sex, age, and urban-rural residence groups are given in tables 7-9.

The over-all 'insurance payment" rates, as well as those for each of the sexes, are about the same for urban and rural-nonfarm areas. For all persons the rate in both these areas is about 69 percent; for males the rate is about 72 percent; and for females, 68 percent. However, in rural-farm areas there is a sharp drop to 'about 55 percent for all persons, 59 percent for males, and 51 percent for females (fig. 2). When specific age-sex groups are examined there is some indication that the rates for persons under 45 years of age are slightly higher in the rural-nonfarm areas than in the urban areas, particularly for females. For ages over 45 there is more substantial evidence that the rates in rural-nonfarm areas are lower than the rates in urban areas for both males and females. The 'insurance payment" rate in rural-farm areas is the lowest in all age-sex groups; and the rates for females are a little lower than the rates for males.

## Geographic Region

The proportion of discharges for which some part of the bill was paid by insurance was highest in the Northeast and North Central regions (about 74 percent), while the proportion in the South was 64 percent and in the West, only 56 percent. This pattern was also true for each of the sexes, and with a few exceptions for each of the age-sex groups shown (tables 10-12).

For two of the regions, the South and the West; the "insurance payment" rates for hospitalized patients were at some variance with the


Figure 2. Percent of hospital discharges with some in surance payment for the hospital bill by sex and residence
rates on hospital insurance coverage in the general population shown in the report from the National Health Survey cited earlier (table G).

There are no survey data available at the present time which can account for the difference for the West region.

In the South, however, it is believed that the higher "insurance payment" rate among the

Table G. Percent of persons with hospital insurance coverage, and percent of hospital discharges with some portion of bill paid by insurance by geographic regions: percentages for hospitalizations based on discharges from short-stay hospitals, United States, July 1958-June 1960


[^2]hospitalized population may to a large extent be due to differences in insurance coverage and hospital utilization rates between the white and nonwhite populations. Among the hospitalized group the rate was about 71 percent for the white population and about 42 percent for the nonwhite (table 13). Based on interviews conducted during the period July 1957-June 1958, the National Health Survey reported an annual rate of hospital discharges of 103.3 per 1,000 white persons in the population and a rate of 68.2 per 1,000 nonwhite persons in the United States. ${ }^{1}$ More recent hospitalization rates for the white and nonwhite population in the South were not available when this report was being prepared. However; there is no reason to believe that the differential in the South would be less than that for the United States as a whole. In the other three regions the proportion of nonwhite persons ranges from 3-7 percent, while in the South nonwhite persons constitute about 30 percent of the population. Hence, racial differences in hospital utilization rates would have little effect on the other three regions. Thus, the higher 'insurance payment" rate among the hospitalized persons in the South, compared with hospital insurance coverage among the general population in the South appears to be due to the fact that relatively speaking hospitalizations occur more frequently among the white population for whom the rate of hospital insurance coverage is substantially greater.

## Race

Hospital insurance payment rates of white and nonwhite hospital patients are given in tables 13-15. These tables and figure 3 clearly indicate that there is a wide difference in the 'insurance payment" rates of white and nonwhite hospitalized persons. Even though the volume of the estimated discharges for the nonwhite persons in each of the age-sex groups is small, and subject to high sampling errors, it is nevertheless quite apparent that regardless of age or sex, nonwhite persons have less of their hospitalization paid for by insurance than white persons.

## Income

The fraction of the hospital bill paid by insurance by family income is shown in detailed tables $16-18$ and is summarized in text table $H$. As may be seen in table $H$, for both males and

[^3]

Figure 3. Percent of hospital discharges with some insurance payment for the hospital bill by age and race.
females, the higher the family income, the larger the proportion of discharges that had some part of the hospital bill paid for by insurance. The 'insurance payment" rate for males ranged from 41 percent in the under $\$ 2,000$ income group to 83 percent for the $\$ 7,000$ and over group; for females the range was from 39 percent in the lowest income group to 80 percent in the highest income group. There was little difference in the rates for the two highest income groups shown. However, the differences between the first and the second and between the second and the third income groups were substantial.

The pattern described above for all ages is generally true for each of the age-sex groups with one notable exception. For both males and females over 65, there is a sharp drop in the rates for the $\$ 7,000$ and over income group. Although the number of discharges on which this proportion is based is small and subject to a large sampling error, the difference is great enough to suggest that this break in the pattern of higher "insurance payment" rates with higher income may be real. This change also is different from the pattern shown in the report on health insurance coverage cited earlier. In that report a dropoff in coverage is not evident. Since the statistics on insurance coverage also indicate that older people with coverage use considerably more hospitalization than those with-

Table H. Percent of discharges with some insurance payment for the hospital bill by annual family income, according to sex and age: based on discharges from short-stay hospitals, United States, July 1958-June 1960

| Sex and age | Family income |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} \text { A11 } \\ \text { incomes } \end{gathered}$ | $\begin{aligned} & \text { Under } \\ & \$ 2,000 \end{aligned}$ | $\begin{gathered} \$ 2,000- \\ 3,999 \end{gathered}$ | $\begin{gathered} \$ 4,000- \\ 6,999 \end{gathered}$ | \$7,000+ | Unknown |
|  | Percent |  |  |  |  |  |
| All ages- | 68.0 | 39.6 | 59.2 | 79.0 | 81.0 | 58.8 |
| Under 15--. | 72.1 | 32.9 | 59.4 | 81.1 | 80.4 | 71.9 |
| 15-44- | 66.9 | 33.0 | 54.7 | 78.0 | 81.3 | 51.2 |
| 45-64- | 76.0 | 50.1 | 71.7 | 83.8 | 89.0 | 69.4 |
| 65+---- | 51.2 | 42.7 | 59.8 | 63.5 | 51.1 | 45.6 |
| Male |  |  |  |  |  |  |
| All ages- | 70.6 | 41.2 | 62.8 | 81.7 | 83.3 | 64.1 |
| Under 15- | 70.7 | 31.1 | 56.4 | 79.3 | 83.6 | 68.5 |
| 15-44- | 74.7 | 45.2 | 63.0 | 85.0 | 85.7 | 63.8 |
| 45-64- | 75.5 | 45.8 | 69.6 | 84.5 | 87.6 | 66.5 |
| 65+- | 53.1 | 39.5 | 62.2 | 65.7 | 58.0 | 54.1 |
| Female |  |  |  |  |  |  |
| All ages- | 66.4 | 38.6 | 57.1 | 77.5 | 79.5 | 56.1 |
| Under 15- | 73.9 | 35.5 | 63.3 | 83.2 | 77.0 | 75.5 |
| 15-44-- | 64.5 | 29.3 | 52.0 | 75.9 | 79.8 | 47.4 |
| 45-64- | 76.4 | 53.4 | 73.7 | 83.2 | 90.7 | 71.0 |
|  | 49.3 | 45.8 | 56.8 | 61.0 | 42.5 | 40.1 |

out, this finding for those in the higher income group is puzzling.

In most of the tables of this report, persons 65 years of age or older show a smaller proportion of discharges with some insurance payment than younger persons with the same social or economic characteristic. An exception to this pattern is indicated in the rates for the two lowest income groups. For the $\$ 2,000-3,999$ income group, persons 65 years and over have about the same rate as persons under 45 years of age and for the lowest income group persons 65 and over have a higher rate than persons under 45.

## Major Activity

The sex, age, and major activity of hospitalized persons according to the proportion of discharges for which some fraction of the
hospital bill was paid for by insurance are shown in tables 19-21.

Among males, "usually working"' persons have a higher "insurance payment" rate than the other major activity groups in all of the age groups. Another exception to the general pattern of lower rates for persons over 65 may be noted here. 'Usually working" males 65 and over have about the same proportion of discharges with some insurance payment of the hospital bill as 'usually working' males in the 17-44 and 45-64 age groups.

As is the case for males, 'usually working' females show a higher rate than females in the other major activity categories. 'Usually working" females 45 years or older have a higher rate than those 17-44 years of age. No doubt this is due to the low 'insurance payment" rate for deliveries mentioned earlier.

In summary, 'usually working" persons have about the same 'insurance payment" rate (79 per-
cent), regardless of age or sex and they have a higher rate than persons in the other major activity groups.

## Surgical Operations

According to the data shown in tables 22-24 for persons over 45 years of age, the fact of whether or not an operation was performed makes little difference in the proportion of discharges that had some insurance payment for the hospital bill. For both boys and girls under 15 , those who had an operation performed during the hospital stay had a higher rate than those who were not surgically treated. This was also true, to a lesser degree, for males 15-44. However, for females in the childbearing ages, 15-44 years, there was a higher rate among those who did not have an operation. This is probably due to the lower insurance payment rate for deliveries, which are defined as operations by the survey (table A).

## Hospital Ownership

Persons discharged from nonprofit and proprietary hospitals have a higher rate of insurance payment for their hospital bills ( 74 percent and 70 percent), than persons hospitalized in Governmental-non-Federal hospitals (56 percent). As might be expected there is very little insurance payment of the bills for patients in Federal hospitals (6 percent).

The detailed distributions of the proportion of discharges with some insurance payment for hospital bills by sex, age, and type of hospital ownership are given in tables 25-27.

## Veterans Status

Since about 36 percent of the males over 15 years of age in the United States are veterans, they constitute an important segment of the population numerically as well as historically. Many veterans are eligible for hospital care under the auspices of the Veterans Administration. It is, therefore, of some interest to examine the insurance payment status of hospitalized veterans. Table I shows the percent distribution of males 25 years of age or over discharged from short-stay hospitals who had insurance coverage according

Table I. Percent of males, 25 years and older, discharged from short-stay hospitals with some insurance payment for the hospital bill by age, veterans status, and type of hospital: United States, July 1958-June 1960

| Age, veteran status, and type of hospital | Percent of discharges with some insurance payment for hospital bill |
| :---: | :---: |
| Ages 25-64 |  |
| All males------ | 76.9 |
| Nonveterans---------- | 82.0 |
| Veterans------------- | 70.4 |
| Discharged from Federal hospitalsDischarged from non-Federal hospitals | 5.5 |
|  | 79.8 |
| Ages 65+ |  |
| All males------ | 53.1 |
| Nonveterans---------- | 56.9 |
| Veterans------------- <br> Discharged from Federal hospitalsDischarged from non-Federal hos-pitals- | 39.1 |
|  | 2.7 |
|  | 58.6 |

to veteran status and whether or not the veterans were hospitalized in Federal hospitals. It will be seen that the proportion of discharges for which there was some insurance payment for the hospital bill is about the same for nonveterans and veterans discharged from nonFederal hospitals for each of the two age groups shown. As was indicated earlier, insurance payments for the hospital bills for veterans hospitalized in Federal hospitals occurred in only a small proportion of the discharges.

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## SURGICAL CASES AND TYPE OF HOSPITAL OWNERSHIP

22. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and whether or not an operation was performed: discharges from short-stay hos-

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 .

## SURGIGAL GASES AND TYPE OF HOSPITAL OWNERSHIP-Continued

Table 25. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and type of hospital ownership: discharges from short-stay hospitals, United States, July 1958-June 1960
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27. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for females, according to age and type of hospital ownership: discharges from short-stay hospitals, United


Table 1. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance according to sex and age: discharges from short-stay hospitals, United States, July 1958-June 1960

Wata 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 teme are given in Appendix II]

| Sex and age | Total ${ }^{1}$ discharges (number in thousands) | Discharges for which some fraction of bill was paid by insurance |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Fraction of bill paid by insurance |  |  |  |
|  |  | Any part | Under 1/2 | 1/2-3/4 | 3/4+ |
|  |  | Percent of total discharges |  |  |  |
| All ages--------------------- | 19,875 | $68.0$ | 5.4 | 11.3 | 51.3 |
| ```Under 15 15-24 25-34``` | 3,445 | 72.1 | 3.1 | 10.7 | 58.3 |
|  | 3,456 | 54.7 | 4.8 | 8.5 | 41.4 |
|  | 3,823 | 69.9 | 6.6 | 11.1 | 52.2 |
| 35-44-------------------------------- | 2,872 | 77.6 | 4.8 | 13.1 | 59.762.4 |
|  | 2,246 | 79.5 | 5.5 | 11.6 |  |
|  | 1,851 | 71.8 | 4.7 | 14.5 | 62.4 52.6 |
|  | -766 | 63.3 | 8.9 | 14.6 | 39.831.6 |
|  | 627 | 53.9 | 9.8 | 12.5 |  |
|  | 790 | 37.5 | 8.5 | 8.8 | 31.6 20.2 |
| Male |  |  |  |  |  |
| All ages------------------------ | 7,365 | 70.6 | 4.1 | 10.7 | 55.7 |
|  | 1,867 | 70.7 | 2.8 | 10.9 | 57.0 |
|  | 721 | 65.6 | 4.1 | 6.9 | 54.7 |
|  | 777 | 78.4 | 2.6 | 9.8 | 66.0 |
| $\begin{aligned} & 35-44 \\ & 45-54 \\ & 55-64 \end{aligned}$ | $\begin{array}{r} 943 \\ 1,045 \\ 893 \end{array}$ | $\begin{aligned} & 78.5 \\ & 79.2 \end{aligned}$ | $\begin{aligned} & 2.6 \\ & 5.8 \end{aligned}$ |  | 64.7 |
|  |  |  |  | 10.4 | 63.0 |
|  |  | 71.3 | 3.8 | 12.8 | 54.7 |
|  | 410 | $\begin{aligned} & 63.1 \\ & 56.8 \\ & 39.3 \end{aligned}$ | $\begin{aligned} & 6.4 \\ & 9.5 \\ & 7.8 \end{aligned}$ | $\begin{array}{r} 14.8 \\ 11.1 \\ 9.6 \end{array}$ | $\begin{aligned} & 41.9 \\ & 36.3 \\ & 21.8 \end{aligned}$ |
|  | 325 |  |  |  |  |
|  | 385 |  |  |  |  |
| Female |  |  |  |  |  |
| All ages---------------------- | 12,509 | 66.4 | 6.1 | 11.7 | 48.7 |
|  | $\begin{aligned} & 1,578 \\ & 2,735 \\ & 3,046 \end{aligned}$ | $\begin{aligned} & 73.9 \\ & 51.8 \\ & 67.8 \end{aligned}$ | 3.4 | 10.6 | 59.9 |
|  |  |  | 5.0 | 8.911.4 | 37.948.8 |
| 25-34--------------------------------- |  |  | 7.6 |  |  |
| 35-44-------------------------------- | $\begin{array}{r} 1,929 \\ 1,200 \\ 958 \end{array}$ | $\begin{aligned} & 77.1 \\ & 79.8 \\ & 72.2 \end{aligned}$ | 5.85.25.6 | $\begin{aligned} & 14.1 \\ & 12.6 \\ & 16.1 \end{aligned}$ | 57.261.950.5 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | $\begin{aligned} & 356 \\ & 302 \\ & 405 \end{aligned}$ | $\begin{aligned} & 63.4 \\ & 50.9 \\ & 35.9 \end{aligned}$ | $\begin{array}{r} 11.7 \\ 10.0 \\ 9.2 \end{array}$ | $\begin{array}{r} 14.3 \\ 14.0 \\ 8.0 \end{array}$ | 37.426.918.8 |
|  |  |  |  |  |  |
| 75+------------------------------------- |  |  |  |  |  |

[^4]Table 2. Average annual number of hospital discharges, excluding deliveries, and percent distribution by fraction of hospital bill paid for by insurance according to sex and age: discharges from short-stay hospitals, United States, July 1958-June 1960
[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 ${ }^{1}$ discharges (number in thousands) | Discharges for which some fraction of bill was paid by insurance |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Fraction of bill paid by insurance |  |  |  |
|  |  | Any part | Under 1/2 | 1/2-3/4 | 3/4+ |
| Both sexes |  | Percent of total discharges |  |  |  |
| All ages | 16,193 | $70.7$ | $4.6$ | 11.3 | 54.9 |
| Under 15- | 3,443 | 72.2 | 3.1 | 10.8 | 58.4 |
| 15-24--- | 1,852 | 62.2 | 3.4 | 7.4 | 51.3 |
| 25-34 | 2,132 | 75.3 | 3.8 | 9.4 | 62.1 |
| 35-44 | 2,493 | 79.4 | 3.6 | 13.3 | 62.5 |
| 45-54- | 2,240 | 79.6 | 5.5 | 11.6 | 62.5 |
| 55-64- | 1,851 | 71.8 | 4.7 | 14.5 | 52.6 |
|  | 766 | 63.3 | 8.9 | 14.6 | 39.8 |
| 70-74- | 627 | 53.9 | 9.8 | 12.5 | 31.6 |
| 75+ | 790 | 37.5 | 8.5 | 8.8 | 20.2 |
| Male |  |  |  |  |  |
| All ages | 7,365 | 70.6 | 4.1 | 10.7 | 55.7 |
| Under 15- | 1,867 | 70.7 | 2.8 | 10.9 | 57.0 |
| 15-24- | 721 | 65.6 | 4.1 | 6.9 | 54.7 |
| 25-34- | 777 | 78.4 | 2.6 | 9.8 | 66.0 |
| 35-44-------- | 943 | 78.5 | 2.6 | - 11.2 | 64.7 |
| 45-54 | 1,045 | 79.2 | 5.8 | 10.4 | 63.0 |
| 55-64 | 893 | 71.3 | - 3.8 | 12.8 | 54.7 |
| 65-69 | 410 | 63.1 | 6.4 | 14.8 | 41.9 |
| 70-74- | 325 | 56.8 | 9.5 | 11.1 | 36.3 |
| 75+ | 385 | 39.3 | 7.8 | 9.6 | 21.8 |
| All ages-- | 8,828 | 70.8 | 4.9 | 11.7 | 54.1 |
| Under 15- | 1,577 | 73.9 | 3.4 | - 10.6 | 59.9 |
| 15-24- | 1,130 | 60.0 | 3.0 | 7.8 | 49.2 |
| 25-34- | 1,355 | 73.5 | 4.4 | 9.2 | - 59.9 |
| 35-44 | 1,550 | 79.8 | 4.2 | 14.6 | 61.0 |
| 45-54- | 1,195 | 79.9 | 5.1 | 12.7 | 62.1 |
| 55-64- | 958 | 72.2 | 5.6 | 16.1 | 50.5 |
| 65-69 | 356 | 63.4 | 11.7 | 14.3 | 37.4 |
| 70-74- | 302 | 50.9 | 10.0 | 14.0 | 26.9 |
| 75+- | 405 | 35.9 | 9.2 | 8.0 | 18.8 |

[^5]Table 3. Average annual number of hospital days and percent distribution by fraction of the bill paid for by insurance according to sex and age: discharges from short-stay hospitals, United States, July 1958-June 1960
[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 ${ }^{1}$ days for discharges (number in thousands) | Days for which some fraction of bill was paid by insurance |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Fraction of bill paid by insurance |  |  |  |
|  |  | Any part | Under 1/2 | 1/2-3/4 | 3/4+ |
|  |  | Percent of total days |  |  |  |
| All ages | 166,935 | 63.3 | 6.2 | 10.6 | 46.5 |
| Under 15- | 20,560 | 61.7 | 4.0 | 11.2 | 46.5 |
| 15-24---- | 18,322 | 55.7 | 6.9 | 7.2 | 41.6 |
| 25-34 | 22,954 | 66.4 | 6.3 | 9.6 | 50.5 |
| 35-44 | 24,074 | 70.1 | 3.9 | 12.1 | 54.2 |
| 45-54 | 25,876 | 78.0 | 5.9 | 9.0 | 63.0 |
| 55-64- | 22,525 | 65.9 | 6.0 | 13.2 | 46.7 |
| 65-69- | 10,779 | 53.3 | 7.5 | 12.5 | 33.4 |
| 70-74- | 9,333 | 52.7 | 10.0 | 14.8 | 27.9 |
| 75+- | 12,511 | 39.5 | 9.4 | 8.4 | 21.7 |
| Male |  |  |  |  |  |
|  | 77,018 | 59.8 | 5.7 | 9.3 | 44.7 |
| Under 15- | 11,353 | 61.1 | 4.2 | 12.1 | 44.8 |
| 15-24- | 5,881 | 58.7 | 9.3 | 4.3 | 45.1 |
| 25-34- | 7,252 | 62.3 | 2.1 | 4.6 | 55.7 |
| 35-44 | 11,091 | 64.9 | 2.2 | 9.0 | 53.7 |
| 45-54 | 11,826 | 71.7 | 8.0 | 8.4 | 55.3 |
| 55-64- | 11,854 | 58.6 | 3.6 | 10.8 | 44.3 |
| 65-69- | 6,513 | 49.2 | 4.3 | 12.3 | 32.6 |
| 70-74- | 5,106 | 52.2 | 12.4 | - 10.7 | 29.1 |
| 75+- | 6,143 | 43.5 | 10.9 | 10.5 | 22.1 |
| Female |  |  |  |  |  |
| A11 ages:----------------------- | 89,916 | 66.3 | 6.5 | 11.7 | 48.1 |
| Under 15 | 9,207 | 62.4 | 3.7 | 10.0 | 48.7 |
| 15-24- | 12,441 | 54.3 | 5.8 | 8.6 | 40.0 |
| 25-34- | 15,703 | 68.2 | 8.2 | 11.8 | 48.2 |
| 35-44- | 12,984 | 74.4 | 5.0 | 14.2 | 55.2 |
| 45-54- | 14,050 | 83.2 | 4.2 | 9.5 | 69.4 |
| 55-64- | 10,671 | 74.1 | 8.8 | 16.0 | 49.3 |
| 65-69- | - 4,266 | 59.3 | 12.0 | 12.8 | 34.6 |
| 70-74 | 4,227 | 53.2 | -. 7.0 | 19.9 | 26.4 |
| 75+- | 6,368 | 35.7 | 8.1 | 6.4 | 21.2 |

[^6]Table 4. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and length of hospital stay: discharges from short-stay hospitals, United States, July 1958-June 1960
[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 1. Definitions of terms are given in Appendix II].

| Sex, age, and length-of-stay intervals | Total ${ }^{1}$ discharges (number in thousands) | Discharges for which some fraction of bill was paid by insurance |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Fraction of bill paid by insurance |  |  |  |
|  |  | Any part | Under 1/2 | 1/2-3/4 | 3/4+ |
| BOTH SEXES All ages |  | Percent of total discharges |  |  |  |



[^7]Table 5. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for males, according to age and length of hospital stay: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^8]Table 6. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for females, according to age and length of hospital stay: discharges from short-stay hospitals, United States, July 1958-June 1960
[Data are based on household interviews or 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]


[^9]Table 7. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and residence: discharges from short-stay hospitals, United States, July 1958-June 1960
[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, age, and residence | Total ${ }^{1}$ discharges (number in thousands) | Discharges from which some fraction of bill was paid by insurance |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Fraction of bill paid by insurance |  |  |  |
|  |  | Any part | Under 1/2 | 1/2-3/4 | 3/4+ |
| BOTH SEXES |  | Percent of total discharges |  |  |  |
| All areas--------------------- | 19,875 |  | 5.4 |  | 51.3 |
| Urban <br> Rural nonfarm <br> Rural farm- <br> Under 15 <br>  | 11,939 | 69.5 | 5.2 | 12.3 | 52.1 |
|  | 5,984 | 69.3 | 5.8 | 9.6 | 53.8 |
|  | 1,952 | 54.6 | 5.0 | 10.7 | 38.9 |
|  | 3,445 | 72.1 | 3.1 | 10.7 | 58.3 |
| Urban <br> Rural nonfarm <br> Rural farm- $15-44$ <br> All areas | 1,884 | 73.0 | 1.9 | 11.8 | 59.3 |
|  | 1,224 | 73.5 | 4.4 | 9.2 | 59.9 |
|  | 337 | 62.4 | 5.0 | 10.5 | 46.9 |
|  | 10,151 | 66.9 | 5.5 | 10.8 | 50.6 |
| Urban <br> Rural nonfarm <br> Rural farm- $45-64$ <br> All areas- | 6,080 | 67.1 | 5.5 | 11.4 | 50.1 |
|  | 3,181 | 70.0 | 5.8 | 9.7 | 54.5 |
|  | 890 | 54.9 | 3.9 | 10.3 | 40.7 |
|  | 4,096 | 76.0 | 5.1 | 12.9 | 58.0 |
| Urban <br> Rural nonfarm <br> Rural farm- $65-74$ <br> All areas | 2,600 | 79.2 | 4.5 | 13.9 | 60.7 |
|  | 1,041 | 74.9 | 6.0 | 10.5 | 58.3 |
|  | 455 | 60.6 | 6.6 | 12.4 | 41.6 |
|  | 1,393 | 59.0 | 9.3 | 13.6 | 36.1 |
| Urban <br>  <br> Rural farm- $\qquad$ <br> $75+$ <br> All areas $\qquad$ | 892 | 64.5 | 9.0 | 15.4 | 40.1 |
|  | 330 | 54.2 | 10.5 | 9.7 | 34.0 |
|  | 170 | 38.7 | 8.2 | 11.8 | 18.7 |
|  | 790 | 37.5 | 8.5 | 8.8 | 20.2 |
| Urban <br> Rural nonfarm <br> Rural farm- | 483 | 43.6 | 9.8 | 10.4 | 23.4 |
|  | 208 | 29.4 | 8.1 | 6.6 | 14.7 |
|  | 100 | 24.9 | 3.1 | 5.5 | 16.3 |

[^10]Table 8. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for males, according to age and residence: discharges from short-stay hospitals, United States, July 1958-June 1960
[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 1. Definitions of terms are given in Appendix II]

| Sex, age, and residence | Total ${ }^{1}$ discharges (number in thousands) | Discharges for which some fraction of bill was paid by insurance |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Fraction of bill paid by insurance |  |  |  |
|  |  | Any part | Under 1/2 | 1/2-3/4 | 3/4+ |
| MALE |  | Percent of total discharges |  |  |  |
| Al1 areas--------------------- | 7,365 |  | 4.1 | 10.7 | 55.7 |
| Urban------------------------------- | 4,371 | 72.4 | 3.7 | 11.8 | 56.9 |
|  | 2,178 | 71.4 | 4.5 | 8.1 | 58.8 |
|  | 817 | 59.2 | 5.5 | 11.9 | 41.8 |
| All areas--------------------- | 1,867 | 70.7 | 2.8 | 10.9 | 57.0 |
| Urban------------------------------ | 1,040 | 72.6 | 1.8 | 12.6 | 58.2 |
|  | 639 | 70.5 | 4.0 | 8.1 | 58.4 |
|  | 188 | 60.4 | 4.3 | 11.0 | 45.0 |
| All areas-------------------- | 2,441 | 74.7 | 3.0 | 9.5 | 62.2 |
|  | 1,431 | 75.2 | 2.9 | 10.1 | 62.2 |
| Rural nonfarm---------------------- | 748 | 76.7 | 2.3 | 6.9 | 67.4 |
|  | 262 | 66.0 | 5.9 | 13.2 | 46.9 |
| All areas---------------------- | 1,938 | 75.5 | 4.9 | 11.5 | 59.1 |
|  | 1,195 | 78.0 | 4.5 | 12.6 | 60.9 |
| Rural nonfarm------------------------ | 518 | 76.0 | 5.9 | 9.3 | 60.8 |
| Rural farm--m---------------------- | 225 | 61.7 | 4.6 | 10.8 | 46.3 |
| All areas--------------------- | 735 | 60.3 | 7.7 | 13.1 | 39.4 |
| Urban------------------------------ | 461 | 64.2 | 6.4 | 14.1 | 43.7 |
|  | 175 | 57.6 | 10.0 | 10.5 | 37.1 |
| Rural farm------------------------- | 99 | 45.9 | 9.9 | 13.2 | 22.8 |
| All areas-------------------- | 385 | 39.3 | 7.8 | 9.6 | 21.8 |
| Urban------------------------------ | 244 | 42.6 | 8.9 | 10.4 | 23.3 |
| Rural nonfarm--------------------- | 97 | 35.4 | 7.2 | 7.6 | 20.7 |
| Rural farm------------------------- | 43 | 28.9 | 3.3 | 9.9 | 15.8 |

[^11]Table 9. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for females, according to age and residence: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^12]Table 10. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and region: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^13]Table 11. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for males, according to age and region: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^14]Table 12. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for females, according to age and region: discharges from short-stay hospitals, United States, July 1958-June 1960
[Data are based on household intervjews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the iestimates are given in Appendix I. Definitions of terms are given in Appendix II]


[^15]Table 13. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and race: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^16]Table 14. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for males, according to age and race: discharges from short-stay hospitals, United States, July 1958-June 1960
[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 ]


[^17]Table 15. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for females, according to age and race: discharges from short-stay hospitals: United States, July 1958-June 1960
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 1. Definitions of terms are given in Appendix II]


[^18]Table 16. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and family income: discharges from short-stay hospitals, United States, July 1958-June 1960
[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, age, and family income | Total ${ }^{1}$ discharges (number in thousands) | Discharges for which some fraction of bill was paid by insurance |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Fraction of bill paid by insurance |  |  |  |
|  |  | Any part | Under 1/2 | 1/2-3/4 | 3/4+ |
| BOTH SEXES <br> All ages |  | Percent of total discharges |  |  |  |
| A11 incomes------------------ | 19,875 | 68.0 | 5.4 | 11.3 | 51.3 |
| Under \$2,000----------------------- | 2,816 | 39.6 | 5.2 | 7.7 | 26.7 |
|  | 4,322 | 59.2 | 5.6 | 9.9 | 43.7 |
| \$4,000-6,999----------------------- | 6,916 | 79.0 | 5.2 | 12.2 | 61.7 |
|  | 4,273 | 81.0 | 5.4 | 14.3 | 61.2 |
| Unknown------------------------------- | 1,548 | 58.8 | 5.9 | 9.7 | 43.2 |
| Under 15 |  |  |  |  |  |
| A11 incomes------------------ | 3,445 | 72.1 | 3.1 | 10.7 | 58.3 |
| Under \$2,000------------------------ | 265 | 32.9 | 2.9 | 4.8 | 25.2 |
| \$2,000-3,999------------------------- | 720 | 59.4 | 3.0 | 9.4 | 46.9 |
|  | 1,444 | 81.1 | 4.3 | 12.0 | 64.8 |
| \$7,000+------------------------------- | 814 | 80.4 | 1.6 | 11.0 | 67.8 |
| Unknown-------------------------------- | 202 | 71.9 . | 0.7 | 13.6 | 57.6 |
| 15-44 |  |  |  |  |  |
| All incomes------------------- | 10,151 | 66.9 | 5.5 | 10.8 | 50.6 |
| Under \$2,000----------------------- | 1,109 | 33.0 | 2.8 | 6.2 | 24.0 |
|  | 2,27.3 | 54.7 | 4.7 | 8.6 | 41.4 |
|  | 3,958 | 78.0 | 5.6 | 11.5 | 60.9 |
|  | 2,171 | 81.3 | 7.0 | 15.2 | 59.1 |
| Unknown----------------------------- | 641 | 51.2 | 6.6 | 7.0 | 37.5 |
| - 45-64 |  |  |  |  |  |
| All incomes----------------- | 4,096 | 76.0 | 5.1 | 12.9 | 58.0 |
|  | 612 | 50.1 | 4.3 | 10.3 | 35.5 |
|  | 801 | 71.7 | 7.4 | 11.2 | 53.1 |
| \$4,000-6,999------------------------ | 1,194 | 83.8 | 4.1 | 13.7 | 66.0 |
| \$7,000+- | 1,004 | 89.0 | 5.2 | 15.0 | 68.8 |
| Unknown------------------------------ | 485 | 69.4 | 5.3 | 12.3 | 51.7 |
| $65+$ |  |  |  |  |  |
| A11 incomes------------------ | 2,183 | 51.2 | 9.0 | 11.9 | 30.3 |
| Under \$2,000----------------------- | 831 | 42.7 | 9.7 | 8.7 | 24.3 |
|  | 527 | 59.8 | 10.6 | 14.5 | 34.7 |
|  | 321 | 63.5 | 7.4 | 15.8 | 40.2 |
|  | 284 | 51.1 | 5.5 | 14.3 | 31.3 |
| Unknown------------------------------- | 220 | 45.6 | 9.9 | 8.5 | 27.2 |

[^19]Table 17. Average annual number of hospital discharges and percent distribution by fraction of hospical bill paid for by insurance, for males, according to age and family income: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^20]Table 18 Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for females, according to age and family income: discharges from short-stay hospitals, United States, July 1958-June 1960
[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


[^21]Table 19. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and major activity: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^22]Table 20. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for males, according to age and major activity: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^23]Table 21. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for females, according to age and major activity: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^24]Table 22. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and whether or not an operation was performed: discharges from short-stay hospitals, United States, July 1958-June 1960
[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 11]


[^25]Table 23. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for males, according to age and whether or not an operation was performed: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^26]Table 24. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for females, according to age and whether or not an operation was performed: discharges from short-stay hospitals, United States, July 1958-June 1960
[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 givep in Appendix .II]

| Sex, age, and operation | Total ${ }^{1}$ discharges (number in thousands) | Discharges for which some fraction of bill was paid by insurance |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Fraction of bill paid by insurance |  |  |  |
|  |  | Any part | Under 1/2 | 1/2-3/4 | 3/4+ |
| FEMALE <br> All ages |  | Percent of total discharges |  |  |  |
| Total | 12,509. | 66.4 | $6.1$ | $11.7$ | 48.7 |
| With operation- <br> Without operation- <br> Under 15 <br> Total | 8,124 4,385 | $\begin{aligned} & 66.5 \\ & 66.4 \end{aligned}$ | $\begin{aligned} & 6.9 \\ & 4.6 \end{aligned}$ | $\begin{aligned} & 12.0 \\ & 11.1 \end{aligned}$ | $\begin{aligned} & 47.7 \\ & 50.7 \end{aligned}$ |
|  | 1,578 | 73.9 | 3.4 | 10.6 | 59.9 |
| With operation- <br> Without operation- $15-44$ <br> Total | $\begin{array}{r} 808 \\ 770 \end{array}$ | $\begin{aligned} & 81.5 \\ & 65.9 \end{aligned}$ | $\begin{aligned} & 4.4 \\ & 2.3 \end{aligned}$ | $\begin{array}{r} 11.5 \\ 9.6 \end{array}$ | 65.6 54.0 |
|  | 7,710 | 64.5 | 6.2 | 11.2 | 47.1 |
| With operation <br> Without operation | $\begin{aligned} & 5,858 \\ & 1,852 \end{aligned}$ | $\begin{aligned} & 63.6 \\ & 67.1 \end{aligned}$ | $\begin{aligned} & 6.9 \\ & 3.9 \end{aligned}$ | $\begin{aligned} & 11.6 \\ & 10.0 \end{aligned}$ | 45.1 53.2 |
| Total--------------------2-0-2,158 |  | 76.4 | 5.4 | 14.2 | 56.9 |
|  | $\begin{aligned} & 1,042 \\ & 1,117 \end{aligned}$ | $\begin{aligned} & 77.0 \\ & 75.9 \end{aligned}$ | $\begin{aligned} & 6.7 \\ & 4.1 \end{aligned}$ | $\begin{aligned} & 15.0 \\ & 13.4 \end{aligned}$ | $\begin{array}{r} 55.3 \\ \therefore 58.4 \end{array}$ |
|  |  |  |  |  |  |
| Total------------------------- | 658 | 57.7 | 10.9 | 14.2 | 32.6 |
| With operation- <br> Without operation | $\begin{aligned} & 274 \\ & 384 \end{aligned}$ | $\begin{aligned} & 58.0 \\ & 57.4 \end{aligned}$ | $\begin{array}{r} 12.8 \\ 9.6 \end{array}$ | $\begin{aligned} & 13.3 \\ & 14.8 \end{aligned}$ | $\begin{aligned} & 31.9 \\ & 33.0 \end{aligned}$ |
|  |  |  |  |  |  |
| Total------------------------- | 405 | 35.9 | 9.2 | 8.0 | 18.8 |
| With operation--------------------- | $\begin{aligned} & 143 \\ & 263 \end{aligned}$ | $\begin{aligned} & 35.9 \\ & 35.8 \end{aligned}$ | $\begin{array}{r} 6.6 \\ 10.5 \end{array}$ | $\begin{aligned} & 6.2 \\ & 8.9 \end{aligned}$ | $\begin{aligned} & 23.1 \\ & 16.4 \end{aligned}$ |
| Without operation------------------- |  |  |  |  |  |

[^27]Table 25. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for both sexes, according to age and type of hospital ownership: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^28]Table 26. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for males, according to age and type of hospital ownership: discharges from short-stay hospitals, United States, July 1958-June 1960
[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 Adoendix I. Definitions of terms are given in Appendix II]


[^29]Table 27. Average annual number of hospital discharges and percent distribution by fraction of hospital bill paid for by insurance, for females, according to age and type of hospital ownership: discharges from short-stay hospitals, United States, July 1958-June 1960
[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]


[^30]
## APPENDIX I <br> TECHNICAL NOTES ON METHODS

## Background of This Report

This report on hospital insurance is one of a series of statistical reports prepared by the U.S. National Health Survey which cover separate health-related topics. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, which is one of the major projects of the U.S. National Health Survey.

The Health Interview Survey utilizes a questionnaire which elicits information on illnesses, injuries, chronic conditions, disability, medical care, and other health topics in addition to personal and demographic characteristics. 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 population covered by the sample for the Health Interview Survey is the civilian noninstitutional population of the United States living at the time of interview. The sample does not include members of the Armed Forces, U. S. nationals living in foreign countries, or crews of vessels. It should also be noted that the estimates shown do not represent a complete count of discharges from short-stay hospitals during the two years. Since no adjustment has been made for household members who were hospitalized during the 6 -month recall period but who died prior to the time the household was interviewed.

## 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 noninstitutional population of the United States. The first stage of this design consists of drawing a sample of 500 from the 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 Merropolitan Statistical Area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSU's then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households. Each week a random sample of about 120 segments is drawn. In the approximately 700 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 in-
cidence or prevalence in the population and, through the larger consolidated samples, more detailed analysis of less common characteristics and smaller categories. The continuous collection has administrative and operational advantages as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail. - The national sample plan over the two-year period ending June 26, 1960 includes approximately 245,000 persons from 75,000 households in 12,600 segments, with representation from every State. The sample was designed in such a fashion that tabulations can be provided for the four main regions and for urban and rural sectors of the United States.

Collection of data. - The field operations for the household survey are performed by the Bureau of the Census under specifications established by the National Health Survey. In accordance with these specifications the Bureau of the Census designs and selects the sample, conducts the field interviewing, carries out quality control procedures, and reviews and codes the questionnaires.

Processing of data. - The coded data are processed on electronic computers by the National Health Survey staff. Included in this processing are assignment of weights, ratio adjustments, and related procedures necessary to project the data to national estimates. Another phase of this processing procedure involves carrying out internal edits and consistency checks to insure that the data are not incorrect due to errors in recording responses, coding, or processing. No editing can, of course, be expected to remove error or bias in reporting by respondents. Finally, the weekly data are combined to provide quarterly and annual data and tabulations are prepared which give estimates of aggregates, rates, and other statistical measures.

Estimating methods.- Each statistic produced by the survey-for example, the number of discharges from short-stay hospitals for persons age 65 and overis the result of two stages of ratio estimation.

The first stage ratio factor is: the 1950 decennial census population of the United States divided by the estimated 1950 population in the sample of 500 PSU's selected for the U.S. National Health Survey.

This factor is applied for some 50 color-residence classes.

The second stage ratio factors are: official Bureau of the Census estimates of the current population divided by estimates produced by the U.S. National Health Survey sample. These factors are computed for about 60 age-sex-color classes.

The effect of the ratio estimating process is to make the sample closely representative of the U.S. 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 the population. Consolidation of the weekly samples over any longer time period, such as two years, produces an estimate of the average population and its characteristics during the period covered by the consolidated samples. Thus, prevalence figures based on consolidated samples are estimates of the average prevalence and incidence figures are estimates of the average incidence during the period covered.

Since incidence is a measure of the number of times a given event occurred during a specified period of time, it is necessary to make a further adjustment for incidence estimates where the recall period and the period of incidence are not the same. For a number of events the Health Interview Survey uses a recall period of two weeks. Therefore, the reported data must be multiplied by 26 to convert incidence during a two-week period to estimated annual incidence. In the case of hospitalization items, the Survey questionnaire uses a 12 -month recall period. However, present knowledge indicates that annual estimates based on information reported for the most recent 6 months of a 12 month recall period more truly reflect the actual annual incidence. Therefore, only discharges that occurred within 6 months of the interview were tabulated and data for the 6 -month reporting period were doubled to produce estimates of the volume of discharges in a year. Subsequently, the estimates for the two 1 -year periods, July 1958-June 1959 and July 1959-June 1960, were added together and divided by two to provide an average annual incidence figure.

## General Qualifications

Nonresponse. - Data are adjusted for nonresponse by a procedure which imputes to persons in a household which was not interviewed the characteristics of persons in households which were interviewed in the same segment. The total noninterview rate was 5 percent; 1 percent was refusal, and the other 4 percent was primarily due to the failure to find any eligible household respondent after repeated trials.

The interview process.-The statistics presented in this report are based on replies secured in interviews in the sampled households. Each person 18 years of age and over, available at the time of interview, was interviewed individually. Proxy respondents within the household were employed for adults not available at the time of the interview and for children, provided the respondent was closely related to the person about whom information was being obtained.

Population figures.-Some of the published tables include population figures for specified categories. Except for certain over-all totals which are adjusted to independent estimates, these figures are based on the sample of households in the U.S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation and populations for sampling errors, and for this purpose are more appropriate for use with the accompanying measurements of health characteristics than other population data which may be available. In some instances they will permit users to recombine published data into classes more suitable to their specific needs. The population figures 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 $\mathrm{P}-20, \mathrm{P}-25, \mathrm{P}-50, \mathrm{P}-57$, and $\mathrm{P}-60$ series.

## Reliability of Estimates

Since the estimates are based on a sample, they 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 differs from the value obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than $21 /$ times as large.

In order to derive standard errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the

Table I. Standard errors of estimates of aggregates
(All numbers shown in thousands)

| Size of estimate | Hospital discharges | $\begin{aligned} & \text { Hospital } \\ & \text { days } \end{aligned}$ |
| :---: | :---: | :---: |
| 100---------- | 24 | 44 |
| 200 | 35 | 58 |
| 500------- | 52 | 87 |
| 1,000---------- | 80 | 112 |
| 2,000--....---..- | 112 | 160 |
| 3,000----------- | 135 | 192 |
| 5,000- | 176 | 256 |
| 10,000--------- | 256 | 384 |
| 20,000 $\ldots$--...... | 352 | 592 |
| 30,000---------- | 417 | 777 |
| 50,000------...- | 505 | 1,150 |
| 100,000- | 560 | 2,080 |
| 200,000--------.-. | 640 | 3,840 |

Illustration of use of table I.- There were $19,875,000$ discharges from short-stay hospitals. Since the standard error for this estimate is not shown in table I, it is necessary to interpolate between the standard error for $10,000,000$ discharges which is 256,000 and the standard error for $20,000,000$ discharges which is 352,000 . Such interpolation gives 351,000 as the standard error for $19,875,000$ dischärges:
tables of standard errors shown in this Appendix should be interpreted as providing estimates of ap= proximate standard erroris, rather than as the precise standard errors for any specific statistic.

The following rules will enable the reader to determine the sampling errors for the data contained in this report:

1. Estimates of aggregates: Approximate standard errors of estimates of aggregates for the number of hospital discharges and the number
of hospital days are obtained from the appropriate columns of table I.
2. Estimates of percentages based on discharges: Approximate standard errors of the percentages shown in tables based on hospital discharges are given in the appropriate columns of tablell.
3. Estimates of percentages based on hospital days: Approximate standard errors of the percentages shown in tables based on hospital days aregiven in the appropriate columns of table III.

Table II. Standard errors of percentages based on hospital discharges

| When the base of the percentage is: (in thousands) | For estimated percentage of: |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2 or 98 | 5 or 95 | 10 or 90 | 25 or 75 | 50 |
|  | The approximate standard error (expressed in percentage points) is: |  |  |  |  |
|  | 2.3 | 3.4 | 4.8 | 7.0 | 8.5 |
|  | 1.4 | 2.2 | 3.0 | 4.5 | 5.5 |
| 1,000----------------------------- | 0.9 | 1.4 | 1.9 | 2.8 | 3.3 |
|  | 0.7 | 1.1 | 1.6 | 2.3 | 2.9 |
| 3,000---------------------------- | 0.6 | 1.0 | 1.3 | 2.0 | 2.3 |
|  | 0.5 | 0.7 | 0.9 | 1.5 | 1.7 |
|  | 0.3 | 0.5 | 0.7 | 1.0 | 1.2 |
|  | 0.3 | 0.4 | 0.5 | 0.8 | 0.9 |

Illustration of use of table II.-An estimated 70.2 percent of the $1,535,000$ discharges from proprietary hospitals had some hospital insurance (table 25). Since neither the base nor the percentage is shown in table II it is necessary to interpolate. By interpolating between 75 percent and 50 percent we obtain 2.9 as the standard error of 70.2 with a base of $1,000,000$ and 2.4 as the standard error of 70.2 percent with a base of $2,000,000$. A fiual interpolation between these results yields 2.6 as the standard error for a statistic of 70.2 percent with a base of $1,535,000$ discharges.

Table III. Standard errors of percentages based on hospital days

| When the base of the percentage is: (in thousands) | For estimated percentage of: |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2 or 98 | 5 or 95 | 10 or 90 | 25 or 75 | 50 |
|  | The approximate standard error (expressed in percentage points) is: |  |  |  |  |
| 200- | 4.2 | 6.5 | 9.0 | 13.3 | 16.5 |
|  | 2.3 | 3.6 | 5.0 | .. 7.4 | . 9.1 |
|  | 1.7 | 2.6 | 3.6 | 5.3 | 6.7 |
| 2,000--------------------------- | 1.0 | 1.6 | 2.2 | 3.2 | 3.9 |
|  | 0.9 | 1.4 | 2.0 | 2.9 | 3.2 |
|  | 0.6 | 1.0 | 1.3 | 2.0 | 2.4 |
|  | 0.5 | 0.7 | 0.9 | 1.4 | 1.7 |
|  | 0.3 | 0.5 | 0.7 | 1.0 | 1.2 |
|  | 0.3 | 0.4 | 0.6 | 0.9 | - 1.0 |
|  | 0.2 | 0.3 | - 0.4 | 0.6 | 0.7 |
| 100,000---------------------------- | 0.1 | 0.2 | 0.3 | 0.4 | 0.5 |
|  | 0.1 | 0.2 | 0.2 | 0.3 | 0.4 |

Illustration of use of table III.-Of the $6,143,000$ hospital days reported for males 75 years of age or over, 22.1 percent of these days were covered by hospital insurance that paid $3 / 4$ or more of the hospital bill (table 3). Since neither the base nor the percentage is shown in table III, it is necessary to interjolate. Intérpolating between 10 percent and 25 percent we obtain 1.9 as the standard errar for 22.1 percent with a base of 5,$000 ; 000$ and 1.3 as the standard error of 22.1 percent with a base of $10,000,000$. A final interpolation between these results yields 1.7 as the standard error of 22.1 with a base of $6,143,000$ days.

## APPENDIX II

## DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

## Terms Relating to Hospitalization

Hospital discharge.-A hospital discharge is the completion of any continuous period of stay of one or more nights in a hospital, as an inpatient, except the period of stay of a well newborn infant. A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12 -month period prior to the interview week. (For this report estimates were based on discharges which occurred during the 6 -month period prior to the interview. See Appendix l.)

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 1957-1959 Guide lssue of Hospitals, the Journal of the American Hospital Association; (2) named in the listing of hospitals in the 1957-1960 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 HillBurton program.

Hospital ownership.-Hospital ownership is a classification of hospitals according to the type of organization that controls and operates the hospital. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Type of hospital service. - Type of hospital service is a classification of hospitals according to the predominant type of cases for which they provide care. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

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.

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

Estimates of the total number of hospital days are derived by summing the days for all hospital discharges. (See definition of 'Hospital discharge.')

Length of hospital stay.-The length of hospital stay is the duration in days, exclusive of the day of discharge, of a hospital discharge. (See definition of 'Hospital discharge.')

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

Surgical operation.-A surgical operation includes any cutting or piercing of the skin or other tissue, stitching of cuts or wounds, and setting of fractures and dislocations. Deliveries are counted as operations. Injections and transfusions, however, are not included, nor are routine circumcisions.

Only operations performed in hospitals upon inpatients are included.

Hospital bill.-A hospital bill is defined as the bill submitted by the hospital to the patient for the care and services received during the period of hospitalization. Bills submitted to the patient by doctors, surgeons, anesthetists, or other individuals for services rendered during the period of hospitalization are not considered as part of the hospital bill.

The hospital bill will normally include the cost of the room, meals, regular nursing service, laboratory tests, X-rays, medicines, injections, use of the operating room, and other services that may be provided for the patient. When the charges for special nurses, anesthetists, ambulance service, etc., are included by the. hospital on the bill submitted to the patient, these are also considered as part of the hospital bill for purposes of the Survey.

Proportion of bill paid by insurance. -The proportion of the bill paid (also referred to as fraction of bill paid) by insurance was determined by the respondent's own estimate of the part of the total hospital bill that was paid for or was expected to be paid for by insurance. The response categories used are; (a) no part of the bill paid by insurance; (b) less than $1 / 2$; (c) $1 / 2$ up to, but not including, $3 / 4$; (d) $3 / 4$ or more.

Hospital insurance.-Hospital insurance is any insurance plan designed to pay all or part of the hospital bill (see definition of "Hospital bill"') of the insured individual. The insurance can be either agroup or an individual policy with the premiums paid by the individual, his employer, a third party such as a union, fraternal organization or family member, or a combination of these. Benefits received under the plan can be in the form of payment to the individual or to the hospital. However, the plan must be a formal one with defined membership and benefits rather than an informal one. For example, an employer simply paying the hospital bill for an employee would not constitute a health insurance plan. "Workmen's compensation," or employee's liability insurance, designed to pay all or part of the hospital bill of the employee, is considered as hospital insurance. The important ingredient in this definition is that the person receiving the benefit has been specifically named either as an individual or part of a specified group.

The insurance does not have to cover costs of hospitalization for all diseases and injuries, as long as it covers the particular condition for which the person was hospitalized.

The use of funds from other kinds of insurance benefits to pay hospital bills, such as Social Security benefits or disability insurance would not be counted as hospital insurance. Free hospital care is not considered hospital insurance. Examples of free care are public assistance or public welfare care, veteran's care given free of charge, care given to dependents of military personnel (Medicare Plan), care given children under the Crippled Children's program, and care of patients admitted free for research purposes. Also excluded as hospital insurance in this study is liability insurance that pays for hospital care, if it is carried by someone other than the person hospitalized, his family, his employer, or his union or fraternal organization. For example, a person hospitalized from an automobile accident in which the person other than the one hospitalized carried liability insurance that paid for the hospital care for the person injured.

## jDemographic, Social, and Economic 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.

Race.-Race is recorded as "White," or 'Nonwhite." "Nonwhite" includes Negro, American Indian, Chinese, Japanese, and so forth. Mexican persons are included with "White" unless definitely known to be Indian or other nonwhite race.

Income of family or of unrelatedindividuals.- 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 (or by an unrelated individual) in the 12 -month period ending with the week of interview. Income from all sources is included, e.g., wages, salaries, rents from property, pensions, help from relatives, and so forth.

Veteran status. - In order to establish veteran status, information is secured concerning service in the Armed Forces. The information is obtained only for males 17 years of age and over. The categories of service in the Armed Forces include the following: no military service, peacetime service only, Spanish-American War service, World War I service, World War II service, Korean conflict service, and military service, period unknown.

Service in the Armed Forces means active duty for any time at all in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard. Peacetime service in the Merchant Marine, in a National Guard unit, or in active reserve training is not considered to be service in the Armed Forces.

In cases of service in more than one war, the man is classified according to the latest war in which he served.

When males 17 years of age and over are grouped into two classes, veterans and nonveterans, men with peacetime service only are included with those having no military service as nonveterans.

Major activity. - All persons 6 years old or over are classified according to their major activity during the 12 -month period prior to the week of interview. The "major" activity, in case more than one is reported, is the one at which the person spent the most time during the 12 -month period.

The categories of major activity are: usually working, usually going to school, usually keeping house, retired, and other. For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. In the first place, the responses concerning major activity are accepted without detailed questioning, since the objective of the question is not to estimate the numbers of persons in. labor force categories but to identify crudely certain population groups which may have differing health problems. In the second place, the figures represent the major activity over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually one week. Finally, in the definitions of the specific categories which follow, certain marginal groups are classified in a different manner to simplify the procedures.

1. Usually working. - A term applied to an individual, 17 years of age or older, who was gainfully employed as a paid employee, a self-employed person, or as a worker in a family business for more than half of the 12 . months prior to the interview. A person who does only volunteer or unpaid work-such as work in his own home or work for the church or community-is not considered gainfully em-: ployed.
2. Usually going to school and preschool.-This group is defined by age. All persons under. 17 years of age fall into this category. Any person 17 years old or over who reports his major activity as usually going to school is classified as "Other."
3. Usually keeping house includes any activity described as "keeping house" which cannot be. classified as "working" or "going to school."
4. Retired includes persons 45 years old or over who consider themselves to be retired. In case of doubt, a person 45 years old or over is counted as retired if he, or she, has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be unable to work.
5. Other includes persons 17 years of age or over not classed in any of the other categories. Examples of inclusions are: a person who states that he spent most of the past 12 months looking for work or going to school, a person doing volunteer work only, a person under 45 years of age who describes himself as 'retired" or "taking it easy," a person under 45 years of age who is described as "unable to work," or a person 45 years of age or over
who describes himself as "unable to work" and is not "retired."

## Location of Residence Terms

Urban and rural residence. -The definition of urban and rural areas used in the U. S. National Health Survey is the same as that used in the 1950 Census. According to this definition, the urban population comprises all persons living in (a) places of 2,500 inhabitants or more incorporated as cities, boroughs, and villages; (b) incorporated towns of 2,500 inhabitants or more except in New England, New York, and Wisconsin, where "Towns" are simply minor civil divisions of counties; (c) the densely settled urban fringe, including both incorporated and unincorporated areas, around cities of 50,000 or more; and (d) unincorporated places of 2,500 inhabitants or more outside any urban fringe. The remaining population is classified as rural.

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

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

Region. - The least detailed classification of the population by geographic area of residence is provided by the grouping of states into four major regions. These regions correspond to those used by the Bureau of the Census. They are as follows:

| Region | Geographic Divisions Included <br> Northeast |
| :--- | :--- |
| North Central | New England, Middle Atlantic <br> East North Central, West <br> North Central |
| South | South Atlantic, East South <br> Central, West South Central <br> Mest |
|  | Mountain, Pacific |

## APPENDIX III:

## QUESTIONNAIRE

The Items below show the exact content and wording of the basic questionnaire used in the nationwide household survey 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 reperitive spaces are omitred in this illustration.



|  onded lati Bumdap)? <br> (a) What was the mattor? <br> (b) Anything elas? | $\square \text { yes } \quad \square \text { No }$ |
| :---: | :---: |
| 12. Last waet er the weal betore did you thate any medicine or treorment for any condifion (batidas... Which pou rold mae about)? <br> (a) For that coodition a? <br> (b) Anjiting elses? | $\square \mathrm{Y}=3 \quad \square \mathrm{C}^{\text {No }}$ |
|  <br> (a) What weres thay? <br> (b) Anything oice? | $\square \mathrm{Y}=\mathrm{\square}$ |
| 14. Did you aver hawe (ong ather) accidant or infury that was etill botharing roo last weak or the meth betore? <br> (d) How did it bothty you? <br> (h) Anything alse? | $\square \mathrm{Yex} \square^{\mathrm{No}}$ |
| 15. AT THE PRESENT THE da pew heve any ollmente ar conditions thet hove lazted ben 0 liang fimen (If "No") Even though they den'v bother pou oll the ilwa? <br> (a) What are thar? <br> (b) Anything elre? | $\square \mathrm{Yer}$ |
| 16. Han anyone in the family - you, yaur $\cdot$. otc. . hod any of the ee conditiont DURING The PAST 12 MONTHS? <br> (Hend Card A, coodition by coodition; rectad any coodition: mertioned io the columa lon the perton) | $\square \mathrm{Ye⿻}$ |
| 17. Does myome in the tomilly hove ony af these cendiflong? <br> (Read Card B, condition by condition; record any coodition* meotioned io the columat for the perion) | $\square \mathrm{Ye*} \square^{\mathrm{No}}$ |
|  | $\begin{aligned} & \square \text { Re uponded for erlf-eintirely } \\ & \square \text { Responded for self-parily } \\ & \text { Col. No. } \end{aligned}$ |







| 7. Hew did the erexidow hempent <br> A. $1 \square$ my injury involoing e umeontrollad fira or Explation <br> 2. *ng injuer involving the alzenarge of a fircere <br> 3. my iajury fropenecident invaluing a non-motor vahtely in motion istratteer, rifirose train, eirplane, boat, bleycie, moresodrem -anicia) <br> -. 4 my injury infilitter by maninery tbalt or ator drivent antio in oparifion (specify tppe) $\qquad$ <br> 9. my injury inflictad by mape or point of knite, zehimort, nail as other cutting or piercing inpleme " <br> B. any injury inflitted by forcign body in aya, eindiplpef, or other orifices <br> 1. $\square$ my injury inflicted by miest or insest <br> B. $\square$ <br>  $\qquad$ <br> c. $9 . \square$ $\square$ Fell on italiry or ateps or froe an*ight <br> 16 . Alt other fall: <br> 11. <br>  ingluding atrikion, pumenting, kiekiong, etc.l <br> 22. <br>  other parmon, stso (itiding, tiging or throm oujectal <br> 13. <br>  splinters, Proben olati, etc.l <br> N. <br>  : acring and a stationary mojeet <br>  <br> 16. $\square$ Liftime or ather amertion <br> 11. rolstima, stumplime otc. <br> o. $\mathbf{m}$. $\square$ <br>  $\qquad$ |
| :---: |
|  <br> 1. $\square$ At bome (ianide boanc) $\square \mathrm{At}$ At bome (adjacear premiecs) $\square$ Some ofber place <br> II "Some arber place," aik: <br> (b) What hiled of place $=$ wen It <br> 3. $\square$ Strect and bigheay $\square$ Sehool, (incltoding echool premieca) <br> 4. <br> 4. $\square$ Ferm <br> 7. $\square$ Plece of recrestion and sparts, except at eebool <br> 5. $\square$ lodascrial place and premine: <br> B. $\square$ Other (3genif) $\qquad$ |
|  <br> I. $\square$ Ye: <br> 2. $\square$ No <br> 3. $\square$ While io Armed Serrice: <br> 4. $\square$ Under 17 time of necideat |
| FOOTNOTES AND COMMENTS |

## NATIONAL HEALTH SURVEY

## Check List of Chronic Conditions

1. Asthma
2. Hay fever
3. Tuberculosis
4. Chronic bronchitis
5. Repeated attacks of sinus trouble
. Rheumatic fever
6. Hardening of the arteries
a. High bloọd, pressure
7. Heart trouble
8. Stroke
9. Trouble with varicose veins
10. Hemorrholds or piles
11. Tumor, cyst or growth
12. Chronic galloladder or liver trouble
13. Stomach ulcer
14. An' ot her chronic stomach trouble
15. Xidney stones or chronic klaney trouble
16. Arthritis or rheumatism
17. Mental lliness
18. Olabetes
19. Thyrold trouble or goiter
20. Any allergy
21. Epilepsy
22. Chronic nervous trouble 25. cancer
23. Chronic shin trouble 27. Hernia or rupture 28. Prostate itrouble

## NATIONAL HEALTH SURVEY

 Check Llat of solected Impalrments1. Deafness or serious trouble with hearing
2. Serious trouble with seeing; even when wearing glasses
3. Cleft palate
4. Any speech defect
5. Missing fingers, hand, or arm - toes, foot, or leg
6. Cerebral palsy
7. Paralysis of any kind
8. Repeated trouble with back or spine
9. Club foot
10. Any permanent stiffness or deformity of the foot, leg. fingers, arm or back

## NATIONAL HEALTH SURVEY

 For:.
## Workers and other persons except

 Housewivas and Chlldren1. Not able to work at all at, present
2. Abie to work but limited in:amount of work or kind of work.
3. Able to work but limited in kind or amount of other activities.
4. Not limited in any of these ways.

## Card 0

## nATIONAL HEALTH SURVEY

For: Housewlfe

1. Not able to keep house at all at present.
2. Able to keep house but limited in amount or kind of housework.
3. Able to keep house but limited in kind or amount of other activities
4. Not limited in any of these wavs

## NATIONAL HEALTH SURVEY

For:
Children from 6 through 16 years old

1. Not able to go to school at alt at $p$-psent time.
2. Able to go to school but limited to certain types or schools or in school attendance.
3. Able to go to school but limited in other activities.
4. Not ilimited in any of these ways:

Card F
nATIONAL HEALTH SURVEY.
For: Chlldren under 6 years old

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children out limited in amount or kind of play.
3. Not limited in any of these ways.

NATIONAL HEALTH SURVEY

1. Confined to the house all the time, except in emergencies.
2. Able to go outside but need the help of another person in getting around outside.
3. Able to go outside alone but have trouble in getting around freely.
4. Not limited in any of these ways.

## Card H

## natIonal health survey

## Famlly Income during past 12 months

Group 1. Under $\$ 500$ (Including loss)
Group 2. 5500 - $\$ 999$
Group 3. \$1,000-\$1,999
Group 4. \$2,000-\$2,999
Group 5. \$3.000 - \$3,999
Group 6. $\$ 4,000-\$ 4,999$
Group 7. \$5.000-\$6.999
Group 8. \$7,000-\$9,999
Group 9. \$10,000 and over
11. Condition present since birth


[^0]:    This report was prepared by Augustine Gentile of the U. S. National Health Survey staff.

[^1]:    ${ }^{1}$ U. S. National Health Survey. Interim Report on Health Insurance, United States, July-December 1959. Health Statistics. Series B-26. PHS Publication No. 584-B26. Public Health Service. Washington, D. C. December 1960. p. 21.

[^2]:    ${ }^{1}$ U. S. National Health Survey. Interim Report on Health Insurance, United States, July-December 1959. Health Statistics. Series B-26. PHS Publication No. 584-B26. Public Health Service. Washington, D. C. December 1960. p. 21.

[^3]:    ${ }^{1}$ U. S. National Health Survey. Hospitalization, Patients Dis. charged From Short-Stay Hospitals, United States, July 1957-June 1958. Health Statistics. Series B-7. PHS Publication No. 584-B7. Public Health Service. Washington, D. C., December 1958. p. 11.

[^4]:    ${ }^{1}$ Estimates of discharges are based on the experience of members of the sampled housebolds who were alive at the time of the family interview.

[^5]:    . Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview.

[^6]:    ${ }^{1}$ Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview.

[^7]:    ${ }^{1}$ Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview.

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[^9]:    ${ }^{1}$ Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview.

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[^11]:    ${ }^{1}$ Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview.

[^12]:    ${ }^{1}$ Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview.

[^13]:    $\mathbf{1}^{\text {Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview. }}$

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[^22]:    ${ }^{1}$ Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview.

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[^26]:    ${ }^{1}$ Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview.

[^27]:    ${ }^{1}$ Estimates of discbarges are based on the experience of members of the sampled households who were alive at the time of the family interview.

[^28]:    ${ }^{1}$ Estimates of discharges are based on the experience of members of the sampled households who were alive at the time of the family interview.
    $2_{\text {Includes }}$ Osteopathic Hospitals (about 50 percent of the group); the remainder are institutions known to be hospitals, but for which the type of ownership could not be ascertained.

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