#### VITAL and HEALTH STATISTICS

DATA FROM THE NATIONAL HEALTH SURVEY

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characteristics of

# Persons With Diabetes

United States - July 1964 - June 1965

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

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

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

#### **FOREWORD**

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

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

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

Robert R. Fuchsberg Chief, Survey Methods Branch Division of Health Interview Statistics

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

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

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

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# CHARACTERISTICS OF PERSONS WITH DIABETES

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#### INTRODUCTION

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

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

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

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

#### SELECTED FINDINGS

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

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

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

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

# SOURCE AND LIMITATIONS OF DATA

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

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

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

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

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

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

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

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

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

#### PREVALENCE OF DIABETES

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

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

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

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

Region and area	Prevalence per 1,000 population
All regions	12,2
Northeast	13.2 12.1 12.1 11.1
All areas	12.2
SMSAOutside SMSA:	12.0
NonfarmFarm	12.9 10.5

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

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

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

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

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

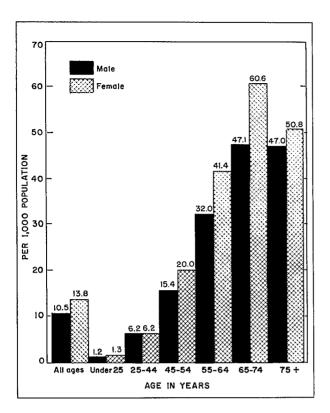


Figure I. Number of diabetics per 1,000 population, by sex and age.

#### THE DIABETIC POPULATION

#### Socioeconomic Characteristics

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

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

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

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

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

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

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

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

#### Family History of Diabetes

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

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

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

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

Males and females had very similar family histories of diabetes.

#### Age at Diagnosis

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

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

Half of the diabetics were diagnosed between the ages of 45 and 64 (table D), about 21.8 percent between 25 and 44 years of age, and another 20.0 percent at ages 65 years or later. Only 7.7 percent of the diabetics were diagnosed before their 25th birthday and 4.1 percent before age 15.

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

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

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

#### HEALTH STATUS OF DIABETICS

#### Chronic Conditions of Diabetics

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

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

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

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

Number of chronic conditions1	Both sexes	Male	Female
	Percen	t distri	bution
All diabetics-	100.0	100.0	100.0
1 (diabetes only)- 2 3+	19.9 22.2 57.9	25.1 23.2 51.9	16.2 21.5 62.3
	Cumu1	ative pe	ercent
3+ 2+ 1+	57.9 80.1 100.0	51.9 74.9 100.0	62.3 83.8 100.0

<sup>&</sup>lt;sup>1</sup>Includes diabetes.

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

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

Chronic condition	Number of diabetics with chronic condition in thousands	Percent of total diabetics (N=2.3 million)	Percent of diabetics with chronic conditions who are female
Heart conditions	151 93 84	21.1 16.8 10.3 8.3 6.6 4.0 3.7 3.3 3.1 2.2 2.2 1.6 1.5	70.6 63.7 66.2 68.8 89.3 47.4 69.3 81.7 23.5 48.0 66.7

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

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

#### Disability Days From All Conditions

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

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

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

	Restricted activity Bed disability			
Sex and age	From all conditions	From diabetes	From all conditions	From diabetes
Both sexes	Disabilit	y days per	diabetic pe	r year
All ages	54.0	17.3	23.3	8.2
Under 45 years55-64 years65-74 years	33.4 40.4 67.9 56.9 63.9	9.7 13.0 24.4 16.7 19.8	15.9 19.4 28.4 23.3 27.6	3.3 7.8 11.1
<u>Male</u>				
All ages	48.1	15.8	17.8	6.0
Under 45 years	25.7 31.3 65.9 55.7 53.3	9.5 9.7 20.4 16.0 23.5	9.2 16.6 19.7 14.6 35.1	5.0 0.2 0.9 8.2 21.6
<u>Female</u>				
All ages	58.2	18.4	27.2	9.8
Under 45 years	40.6 47.2 69.3 57.7 71.1	9.9 15.4 27.2 17.1 17.3	22.1 21.4 34.5 28.9 22.6	5.4 5.5 12.7 12.9 7.8

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

#### Disability Days From Diabetes

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

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

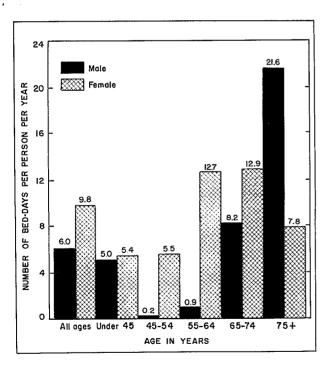


Figure 2. Number of bed-days due to diabetes per diabetic per year, by sex and age.

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

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

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

#### Disability of Diabetics and Total Population

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

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

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

#### Limitation of Activity and Mobility

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

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

	Both sexes		Male		Female	
Disability days	Diabetics	Total popu- lation	Diabetics	Total popu- lation	Diabetics	Total popu- lation
	Days per person per year					
Restricted activity Bed disability Work loss1 Hospital days	54.0 23.3 15.4 5.4	16.4 6.2 5.7 1.0	48.1 17.8 16.2 7.6	14.7 5.3 5.7 1.0	58.2 27.2 13.7 3.9	18.0 7.0 5.6 1.0

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

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

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

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

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

#### Diabetic Symptoms

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

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

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

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

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

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

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

#### **HEALTH CARE**

#### **Medical Care**

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

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

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

#### Medication

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

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

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

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

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

#### Home Care

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

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

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

Who injects insulin	Both sexes	Male	Female
	Percen	ibution	
Total diabetics-	100.0	100.0	100.0
Self	77.5	77.3	77.4
Spouse or relativeOther	20.0 2.5	20.3	19.7 2.6

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

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

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

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

#### Diet

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

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

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

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

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

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

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

	G	iven di	.et	Follow diet		
Age	Both sexes	Male	Female	Both sexes	Male	Female
			Perc	ent		
All ages	77.1	72.8	80.3	52.7	48.5	55.9
Under 25 years	70.3 78.3 76.9 82.8 77.9 66.0	61.1 77.0 71.4 78.0 72.2 64.5	78.9 78.2 81.2 86.0 81.5 67.0		38.9 49.6 53.4 53.1 45.6 41.3	

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

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

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

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

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

#### **REFERENCES**

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<sup>2</sup>Root, H. F.: Prognosis in idiopathic diabetes mellitus, in R. H. Williams, ed., *Diabetes*, New York, Hoeber Medical Division, Harper and Row, 1965. pp. 642-654.

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

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

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

#### DETAILED TABLES

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

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

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female	
	Number in thousands			Percent distribution			
All diabetics	2,300	962	1,337	100.0	100.0	100.0	
Age							
Under 25 years	111	54	57	4.8	5.6	4.3	
25-44 years	281	135	147	12.2	14.0	11.0	
45-54 years	385	161	223	16.7	16.7	16.7	
55-64 years	612	254	358	26.6	26.4	26.8	
65-74 years	610	237	373	26.5	24.6	27.9	
75 years and over	300	121	179	13.0	12.6	13.4	
75 years and over	300	121	1//	13.0	12.0	13.4	
<u>Color</u>							
White	2,002	873	1,129	87.0	90.7	84.4	
Nonwhite	297	89	208	12.9	9.3	15.6	
NORWILL COLUMN TO THE PARTY OF							
Marital status							
Married	1,493	771	722	64.9	80.1	54.0	
Widowed, divorced, separated	619	106	513	26.9	11.0	38.4	
Never married	188	86	102	8.2	8.9	7.6	
Family income						1	
Under \$3,000	778	261	517	33.8	27.1	38.7	
\$3,000-\$3,999	260	111	148	11.3	11.5	11.1	
\$4,000-\$6,999	463	208	256	20.1	21.6	19.1	
\$7,000-\$9,999	346	158	188	15.0	16.4	14.1	
\$10,000 and over	299	167	132	13.0	17.4	9.9	
Unknown	154	57	97	6.7	5.9	7.3	
	}						
Education of family head							
Under 5 years	302	105	198	13.1	10.9	14.8	
5-8 years	803	327	476	34.9	34.0	35.6	
9-12 years	853	382	471	37.1	39.7	35,2	
13 years and over	272	130	141	11.8	13.5	10.5	
Unknown	70	*18	51	3.0	*1.9	3.8	
Education of individual							
Under 5 years	334	110	224	14.5	11.4	16.8	
5-8 years	81.5	332	482	35.4	34.5	36.1	
9-12 years	821	350	471	35.7	36.4	35.2	
13 years and over	215	117	97	9.3	12.2	7.3	
Unknown	116	53		5.0	5.5	4.7	
UIINIUWII	110			1	<u> </u>	7.7	

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

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

Color and age at diagnosis	Both sexes	Male	Female
<u>Total</u>	Perce	ent distribu	ition
All ages	100.0	100.0	100.0
Under 15 years	4.1 7.7 21.8 49.8 20.0 *0.7	48.6 18.6	*3.4 6.5 21.0 50.6 21.1 *0.7
Under 15 years	8.3 21.1 49.3 20.6 *0.7	9.4 22.6	7.4 20.0 50.0 22.0 *0.7
Under 15 years	*0.3 *3.4 26.9 53.5 15.8 *0.3	*5.6 *28.1 51.7 *15.7	*0.5 *2.4 26.4 54.3 *15.9 *0.5

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

(See headnote on table 2)

(See headnote on table 2)										
Sex and age	Extreme tiredness	Leg pain	Eye trouble	Sudden weakness	Frequent urination	Thirst	Itching	Loss of weight	Larger appetite	Smaller appetite
Both sexes		Percent								
All ages	26.5	22.5	20.1	18.6	18.0	14.3	14.0	9.0	8.9	7.4
Under 45 years 45-64 years 65 years and over-	23.7 26.1 28.1	11.2 22.7 27.1	14.8 19.1 23.5	17.6 18.6 19.0	11.5 17.1 22.1	13.7 14.5 14.1	11.2 14.6 14.6	5.3 7.8 11.9	8.1 9.3 8.8	3.3 6.5 10.2
All ages	21.7	18.2	15.6	14.1	16.2	11.5	9.7	6.9	7.4	5.7
Under 45 years 45-64 years 65 years and over-	17.5 23.1 22.3	8.5 19.0 22.1	10.6 15.7 18.2	12.7 15.7 13.4	*7.4 15.7 21.5	11.6 10.6 12.6	*4.2 11.1 10.9	*2.6 5.8 10.3	*6.9 7.0 8.1	*4.2 5.8 6.4
Female All ages	29.8	25.6	23.3	21.8	19.4	16.2	17.1	10.5	10.0	8.6
Under 45 years 45-64 years 65 years and over-	29.4 28.0 31.9	13.7 25.3 30.3	18.1 21.5 27.0	22.5 20.6 22.8	15.2 18.0 22.5	15.7 17.5 15.0	17.2 17.2 17.0	7.4 9.3 12.9	9.3 10.8 9.4	*2.5 6.9 12.7

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

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

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

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

(See headnote on table 4)

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

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

#### APPENDIX 1

#### TECHNICAL NOTES ON METHODS

#### Background of This Report

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

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

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

#### Statistical Design of the Health Interview Survey

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

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

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

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

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

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

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

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

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

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

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

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

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

#### General Qualifications

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

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

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

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

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

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

#### Reliability of Estimates

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

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

standard error and about 99 out of 100 that it would be less than  $2\frac{1}{2}$  times as large.

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

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

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

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

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

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

- Type A.—Statistics on prevalence and incidence data for which the period of reference in the questionnaire is 12 months.
- Type B.—Incidence-type statistics for which the period of reference in the questionnaire is 2 weeks.
- Type C.—Statistics for which the reference period is 6 months.

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

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

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

- reau of the Census figures and is not subject to sampling error.
- Rule 2. Estimates of percentages in a percent distribution: Relative standard errors for percentages in a percent distribution of a total are obtained from appropriate curves on pages 22 and 23. For values which do not fall on one of the curves presented in the chart, visual interpolation will provide a satisfactory approximation.
- Rule 3. Estimates of rates where the numerator is a subclass of the denominator: This rule applies for prevalence rates or where a unit of the numerator occurs, with few exceptions, only once in the year for any one unit in the denominator. For example, in computing the prevalence of diabetes per 1,000 population, the numerator consisting of persons with diabetes is a subclass of the denominator which includes all persons in the population. Such rates if converted to rates per 100 may be treated as though they were percentages. and the relative standard errors obtained from the chart onpage 22. Rates per 1,000. or on any other base, must first be converted to rates per 100; then the percentage chart will provide the relative standard error per 100.
- Rule 4. Estimates of rates where the numerator is not a subclass of the denominator: This rule applies where a unit of the numerator often occurs more than once for any one unit in the denominator. For example, in the computation of the number of disability days per person per year, it is possible that a person in the denominator could have had more than 1 of the days included in the numerator. Approximate relative standard errors for rates of this kind may be computed as follows:
  - (a) Where the denominator is the total U.S. population or includes all persons in one or more of the age-sex groups of the total population, the relative error of the rate is equivalent to the relative error of the numerator which can be obtained directly from the appropriate chart.
  - (b) In other cases, obtain the relative standard error of the numerator and of the denominator from the appropriate curve. Square each of these relative errors, add the resulting values, and extract the square root of the sum. This procedure will result in an upper bound and often will overstate the error.

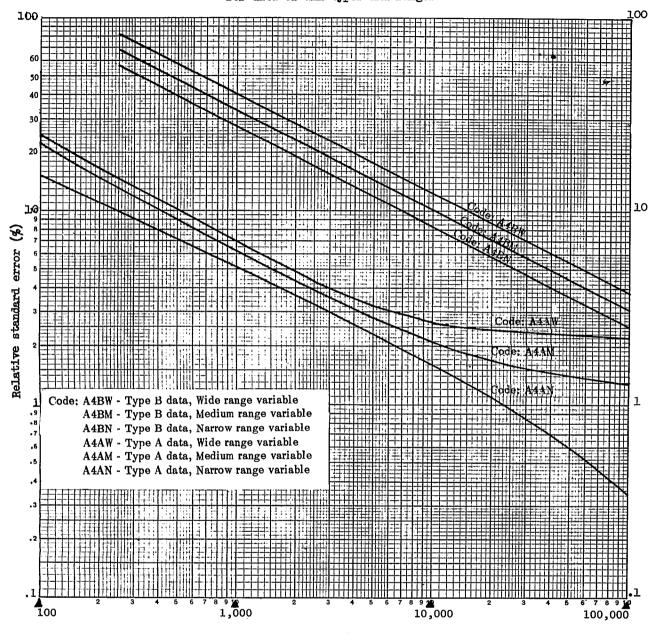
#### Guide to Use of Relative Standard Error Charts

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

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

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

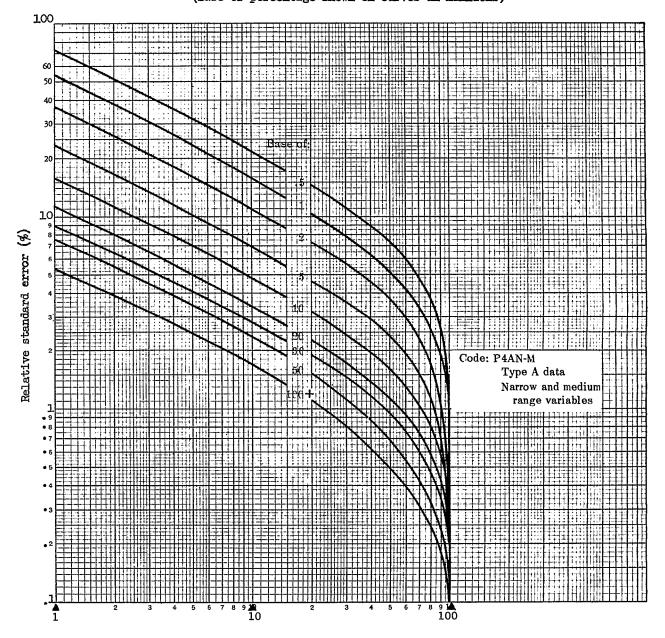
### Relative standard errors for aggregates based on four quarters of data collection for data of all types and ranges



Size of estimate (in thousands)

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

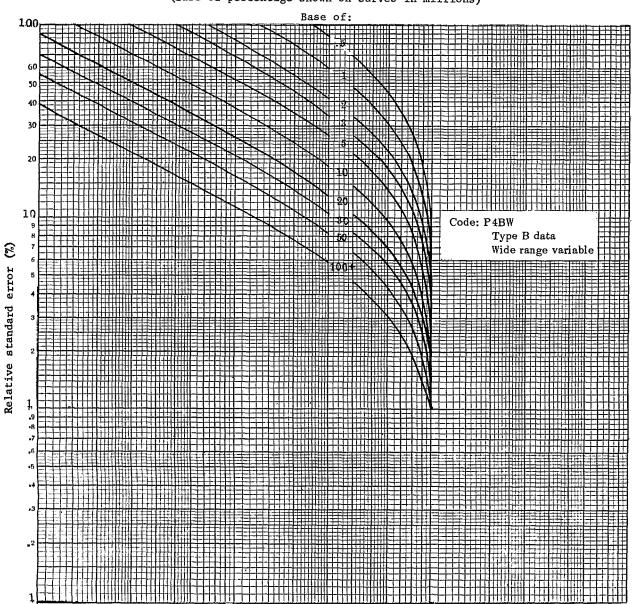
(Base of percentage shown on curves in millions)



Estimated percentage

Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 3.2 percent (read from the scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 3.2 percent or 0.64 percentage points.

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



Estimated percentage

100

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

#### APPENDIX II

#### DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

#### Terms Relating to Diabetes

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

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

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

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

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

#### Terms Relating to Chronic Conditions

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

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

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

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

#### Chronic Conditions

Asthma Hav fever Tuberculosis Chronic bronchitis Repeated attacks of sinus trouble Rheumatic fever Hardening of the arteries High blood pressure Heart trouble Stroke Trouble with varicose veins Hemorrhoids or piles Tumor, cyst, or growth Chronic gallbladder or liver trouble

Any other chronic stomach trouble Kidney stones or chronic kidney trouble Arthritis or rheumatism Mental illness Diabetes Thyroid trouble or goiter Any allergy Epilepsy Chronic nervous trouble Cancer Chronic skin trouble Hernia or rupture

Stomach ulcer

#### Impairments

Deafness or serious trouble with hearing Serious trouble with seeing, even when wearing glasses Cleft palate Any speech defect Missing fingers, hand, or arm—toes, foot, or leg Palsy

Paralysis of any kind Repeated trouble with back or spine Club foot Permanent stiffness or deformity of the foot, leg, fingers, arm, or back Condition present since

Prostate trouble

birth

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

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

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

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

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

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

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

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

#### Terms Relating to Disability

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

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

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

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

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

Work-loss day.—A day lost from work is a normal working day on which a person did not work at his job or business because of a specific illness or injury. If the person's regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. The number of days lost from work is determined only for persons 17 years of age or over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business (see "Currently employed persons").

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

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

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

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

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

#### Demographic Terms

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

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

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

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

Married includes all married persons not separated from their spouses, Persons with commonlaw marriages are considered to be married.

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

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

the Armed Forces; these persons are considered married.

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

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

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

Currently employed persons.—Currently employed persons are all persons 17 years of age or over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business. Current employment includes paid work as an employee of someone else, self-employment in business, farming, or professional practice, and unpaid work in a family business or farm. Persons who were temporarily absent from their job or business because of a temporary illness, vacation, strike, or bad weather are considered as currently employed if they expected to work as soon as the particular event causing their absence no longer existed.

Free-lance workers are considered as currently employed if they had a definite arrangement with one or more employers to work for pay according to a weekly or monthly schedule, either full time or part time. Excluded from the currently employed are such persons who have no definite employment schedule but work only when their services are needed.

Also excluded from the currently employed population are (1) persons receiving revenue from an enterprise in whose operation they did not participate, (2) persons doing housework or charity work for which they receive no pay, and (3) seasonal workers during the portion of the year in which they were not working.

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

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

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

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

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

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

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

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

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

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

#### APPENDIX III

#### SELECTED CHRONIC CONDITIONS AND IMPAIRMENTS

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

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

- Certain ICD numbers are recoded to other locations; these recoded ICD numbers are shown in parentheses.
- The abbreviations "NOS" and "NEC" represent, respectively, "not otherwise specified" and "not elsewhere classified."

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

Chronic conditions	Conditions included	ICD numbers, as modified by NHS, and impairment codes
Absence of fingers, toes	Absence, loss, fingers and/or thumbs only, one or both hands Absence, loss, toe(s) only, one or both feet Absence, loss, fingers and/or thumbs, and toe(s)	X25 X31 X34
Absence of major extremities	Absence, loss, arm NOS, NEC Absence, loss, arm, below elbow and above wrist Absence, loss, arms, both Absence, loss, hand, except fingers or thumbs only Absence, loss, hands, both, except fingers or thumbs only Absence, loss, leg, NOS, NEC Absence, loss, leg, below knee and above ankle Absence, loss, legs, both Absence, loss, foot, except toe(s) only Absence, loss, feet, both Absence, loss, one upper (arm or hand) with one lower (leg or foot), except digits only Absence, loss, three or more members (arm, hand, leg, foot) except digits only	X20 X21 X22 X23 X24 X26 X27 X28 X29 X30 X32
Blind both eyes	Visual impairment: Inability to read ordinary newspaper print with glasses, and impairment indicating no useful vision in either eye	x00
Cataract	Cataract, all forms	385 (753.0)
Gallbladder	Specified diseases of gallbladder Gallbladder trouble, NOS	584, 585, 586.1-S 586.0-S

Chronic conditions	Conditions included	ICD numbers, as modified by NHS, and impairment codes
Genitourinary disorders	Nephritis (acute) (chronic), NEC Calculi of kidney and ureter Calculi of other parts of urinary system Kidney trouble, NOS or ill-defined Other diseases of kidney and ureter, NEC Diseases of prostate Other diseases of male genital organs Diseases of male breast Diseases of female breast Diseases of ovary, fallopian tube and parametrium Diseases of uterus, NEC Other diseases of female genital organs, NEC Female trouble, NOS: vaginal bleeding, NOS Diseases of the urinary system, NEC Genitourinary symptoms; abnormal	590-594 602  604 603.3-S 600, 601, 603.0-S 603.1-S 610-612  613-617 620, 621 (males) 620, 621 (females) 622-626 630-633  636, 637.0, 637.1  637.2-S 605-609
	urinary constituents	786, 789
Glaucoma	Glaucoma, all forms	387
Goiter and thyroid	Goiter, all forms Thyroid trouble, NOS Other specified diseases of thyroid gland	250-252 254.0-8 253, 254.1-8
Gout	Gout	288
Heart conditions	Chronic rheumatic heart disease Arteriosclerotic heart disease, including coronary disease Heart murmur (functional), cause unspecified Heart trouble, NOS, or ill-defined Other specified diseases of heart, NEC Hypertensive heart disease, NEC	410-416 420 435-S 434.4 (782.4) 421, 422, 430-433, 434.0-434.3 (782.1, 782.2) 440-443
Hypertension without heart involvement	Other hypertensive disease, NEC	444-447
Impaired vision	Blind in one eye, with impairment as in X03 Blind in one eye, with impairment as in X05 Visual impairment: Inability to recognize a friend walking on the other side of the street and other visual difficulty, but not as in X00-X02 Impaired vision except as in X00 (blind both eyes) - X03	X01 X02 X03 X05
Paralysis, complete or partial	Upper extremity, one, except fingers only Upper extremities, both Finger(s) only Lower extremity, one, any part except toes only Lower extremities, both (paraplegia) Toes only Lower extremities, both, with bladder or anal sphincter involvement	X40 X41 X42 X43 X44 X45

Chronic conditions	Conditions included	ICD numbers, as modified by NHS, and impairment codes
Paralysis, complete or partial—Con	Hemiplegia Three or more major members; quadriplegia Other sites of extremities or trunk; site unspecified Cerebral palsy Partial paralysis, arms or fingers Partial paralysis, leg(s), any part(s) Partial paralysis, one side of body (hemiparesis) Partial paralysis, other sites of extremities or trunk Partial paralysis, palsy, paresis, site unspecified Paralysis, complete or partial, face Paralysis, complete or partial, bladder or anal sphincter, extremities not mentioned Paralysis, complete or partial, sites not of extremities, trunk, nor affecting special senses or speech	x47 x48 x49 x50 x51 x52 x53 x54 x59 x60
Senility	Senility	794
Skin disorders	Boil and carbuncle, NEC Cellulitis (with lymphangitis) NEC Dermatitis due to plants (allergic) Other dermatitis, and eczema, nonallergic Other nonallergic diseases of skin, NEC	690 691-693 702.0, 703.0 700, 701, 702.1- 702.6, 703.1-703.7 694-698, 704-716
Tuberculosis	Tuberculosis, pulmonary or unspecified Other respiratory tuberculosis Tuberculosis, other specified sites Tuberculosis (pulmonary) arrested or inactive	002 (008) 001, 003-007 010-012, 014-019 009-s
Vascular lesions, CNS	Vascular lesions of the central nervous system	330-334

## APPENDIX IV. QUESTIONNAIRE

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

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En Record of return calls for individual respondent TYPE—  Reason—  18. Signar	RD OF  Col  Col  DN FOI	CALLS Item  . No	NTERVIE A Al (Describe e at home crarily abs	Date Time Date Time Time Date Time Date Time riwe	(Fi for	II Diable EACH  I  Va  Va  An	etes Susuch pe	B nonsease seasonal idence el ces se cetty)	umn nu	mbers o	Com.  Com.  Demolish in sample in sample Built after Other (Sp	C C C ceed in secr Apr	Leave "  3  3  iistake sub-sampii 1, 1960	been Thank	Com. Intervie	ew not	4	Con  Con  Z ed for:	5		8		
En Record of return calls for individual respondent TYPE—  Reason—  18. Signar	Colon Formure of I	Item usehold . No	NTERVIE A al (Describe e at home crarily abs (Specify) wer	Date Time Date Time Date Time Date Time Date Time Date Time Date	(Fig. 600)	Il Diable EACH	ccant — cant — cant — such per cont — cant — cant — cant — cant — such per cont — cant	B nonseas seasonal idence el ces cotty)	J J J J J J J J J J J J J J J J J J J	mbers oox.	Com.  Com.  Demolish in sample Eliminate Eliminate Grider (Sp.	C C ceed e by m	istake sub-sampii 1, 1960	been Thank	Com. Intervie	ew not	4 4 7 7 obtaine	Con Zed for:  FOR OB:	. 5 		8		
Record of return calls for individual respondent TYPE—  Reason — 18. Signar FOOTNOT	Colon Foliative of i	Refust No on calls Temporals Officer Commercials Commercial Commercials Commercial Commerci	NTERVIE A al (Describe e at home crarily abs (Specify) wer	Date Time Date Time Date Time Date Time Date Time Date Time Date	(Figure 1)	Il Diable EACH	etes Suy such per such per cant — cant — cant — cant — full resi	B nonsease sectify)  19. Co	Jumn nu	mbers oox.	Com.  Com.  Demolish in sample Eliminate Built afte Other (Sp.	C C ceed e by m	istake sub-sampil 1, 1960	le o	Intervie Cols. becaus	ew not	4 4 C obtained	Con Zed for:  FOR OB:	. 5 		8		
Record of return calls for return calls for return calls for return calls for respondent 17. REASC TYPE—  Reason—  18. Signar FOOTNOT	Colon For ure of I	CALLS Item usehold . No	NTERVIE al (Describe et home crarily abs (Specify) wer	Date Time Time Time Time Time Time Time Tim	(Fi (Fi for	Il Diabete EACH  I	cant — cant — cant — read for the cant — Cant — Cant — Cant — Cant — Cant — Read for the cant — Cant	B nonseas: seasonal idence elecces of try)  19. Co	onal sewher	mbers oox.	CLASS  CLASS  CLASS  Not a separate unit	C C ceed e by m	istake sub-sampii 1, 1960	le o	Intervie Cols. becaus	ew not	4 4 7 7 8 8 8 9 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Con  Con  Z  ed for:  FOR OB: (Sign  ASK: July 1960) the name	. 5 		8		
Record of return calls for individual respondent TYPE—  Reason—  18. Signar TYPE—  TABLE X  Question—  In question—  In a ques	Col DN FOI LIV Ute of I	CALLS Item usehold . No	NTERVIE A al (Describe e at home crarily abs (Specify) WERT	Date Time Time Time Time Time Time Time Tim	(Fi for	Il Diabate Il Diabate I Va V	ccant — cant — cant — cant — la	B nonseasesective  19. Co  RACTER ALL QUA  LL QUA  LL QUA  LL QUA  LL QUA  LL QUA  Coccess (Specify)	munn nu mone'' b mone	mbers o ox.	Com.  Demolistic in sample Eliminate Suilt afto Other (Sp. F. CLASS Not a separate unit (Add occur-	C C C C C C C C C C C C C C C C C C C	istake sub-sampil 1, 1960	le o	Intervie Cols. becaus	ew notes:	4  4  c obtained  3  GMENT  f before  the bounder of the bounder of the dead o	Con Z ed for:  FOR OB: (Sign TASK: July 1960) the name seehold	5 6 6 SERVED HOU	T (ISEHOLD evec)	8		
Record of return calls for individual respondent TYPE—  Reason —  18. Signar  TABLE X  Under the control of the	Coll DN FOI To LIVY  LIVY  LIVY  Are the (Specific Control of peo	CALLS Item usehold . No	NTERVIE A A AI (Describe e at home orarily abs (Specify) WER MENTS  ARTERS  LOCA OF U	Date Time Time Time Time Time Time Time Tim	(Fi for	Il Diabate Il Diabate I Control I Co	cant — cant — cant — unl resident form til side o	B nonseasseasonal idence el cces retty)  19. Co	mmn nu mone'' b mmn nu mone''	mbers o ox.	Com.  Com.	C C C C C C C C C C C C C C C C C C C	istake sub-sampil 1, 1960	le 00	Intervie Cols. becaus  IF HU IN hot year these ed? 159 or 1960s	ew not	4 4 7 7 obtained	Con Z ed for:  FOR OB: (Sign T ASK: Jule plane) ssehold sselese	5 6 6 SERVED HOU		8		
Record of return calls for interest of return calls of return	Col ON FOI ON FO	CALLS Item usehold . No	NTERVIE  A al (Describe at home crarily abs (Specify)  WER  MENTS  ARTERS  LOCA' OF U  (Exam	Date Time Time Time Time Time Time Time Tim	(Fi for	Il Diabate EACH  I Va Va Va Va Va Va Va USE OI UPIED of occur of (see occur of (see occur)	cant — cant — cant — unl resident form til side o	B nonseasseasonal idence el cces cctfy)  19. Co	munn nu mone'' b mone	mbers o ox.	Com.  Com.	C C c c c c c c c c c c c c c c c c c c	istake sub-sampil 1, 1960	le l	Intervie Cols. becaus	ew not	4  4  c obtained  3  GMENT  f before  the bounder of the bounder of the dead o	Con Z ed for:  FOR OB: (Sign T ASK: Jule plane) ssehold sselese	5 6 6 SERVED HOU	T (ISEHOLD evec)	8		
Record of return calls for interest of return calls of return	Col  Col  Col  Col  Col  Col  Col  Col	CALLS Item usehold . No	NTERVIE A A AI (Describe e at home orarily abs (Specify) WER MENTS  ARTERS  LOCA OF U	Date Time Time Time On In Footr repeat Cent TION INIT	(Fi for	Il Diabate EACH  I Va Va Va Va Va Va Va USE OI UPIED of occur of (see occur of (see occur)	cant — cant — cant — unl resident form til side o	B nonseasseasonal idence el cces retty)  19. Co	mmn nu mone'' b mmn nu mone''	mbers o ox.	Com.  Com.	C C c c c c c c c c c c c c c c c c c c	isstake sub-sampil 1, 1960	le l	Intervie Cols. becaus  If HUIN  If HUIN  If Hyer  If these  If these  If the	ew not	4 4 Cobtained  GMENT  For before the work of the work	Con Z ed for:  FOR OB: (Sign T ASK: Jule plane) ssehold sselese	5 6 6 SERVED HOU	T (ISEHOLD evec)	8		

<ol> <li>a. What is the name of the head of this houb. What are the names of all other persons c. I have listed (Read names). Is there on d. Hove I missed anyone who USUALLY lie. Do any of the people in this household I ff any adult maics listed, ask:</li> </ol>	who live here? (List all person: yone else staying here now, such ves here but is now away from h	s who live here h as friends, re ome?	latives, or roomer	s? Yes* No Yes* No Yes* No Yes* No	Last name	•	
f. Are any of the persons in this household United States?	i now on full-time active duty wi	th the Armed F	orces of the	Yes (Delete) No			
2. Enter relationship to head: for example, w	ife, daughter, grandson, mother-i	n-law, pattner,	roomer, roomer's	wife, etc.	Relationshi	HEAD	
3. How old were you on your last birthday? (A	Also, check Race and Sex for ea	ch person)			Age R	ace   White   Negro   Other	Sex Male Female
If 17 years old or over, ask:  4. Are you now married, widowed, divorced, s (Check one box for each person)	eparated, or never married?	married (c		nder 17 are or have been d) check the "Under 17 yrs." in a footnote.)	Und. 17	Dí	ver married vorced parated
For all persons 17 years old or over, ask: 5. o. Did you work of any time last week or th 16 "No," ask BOTH Q. 55 and 5c: b. Even though you did not work during the c. Were you looking for work or on layoff fi 16 "Yes," to Q. 5c, ask: d. Which — looking for work or on layoff fi 16 male 45 years old or over and all "No's," e. Are you retired?	past 2 weeks, do you have a jo om a job? om a job?		ing work around th	e house? a b c d	Yes Yes Yes Looking		d. 17 yrs.  No  No  No  Both
If related persons 19 years old We would like to have all adults If other eligible respondents ar Would you please ask	At home (Interview for self)		der 19 years t at home				
This survey covers all kinds of illnesses. outlined in red on this calendar. (Hand ca 6. a. Were you sick or any time LAST WEEK b. What was the matter? c. Did you have anything else during that 7. a. LAST WEEK OR THE WEEK BEFORE,	Yes	0	□ No				
b. For what condition? c. Did you take any medicine for any other 8. a. LAST WEEK OR THE WEEK BEFORE,	condition?				Yes		
b. What were they? c. Did you have any other accidents or inj 9. a. Did you EVER have an (any other) acci	urles during that 2 week period?		ou in any way?		Yes		
b. In what way does it bother you? (Recon	rd present effects)	· · · · · · · · · · · · · · · · · · ·			Yes	0	∏ No
11. Do you, your — –, etc., have any of THESE	n by condition; record in his col E conditions? by condition; record in his colu				Yes		□ No
12. a. Do you have any other allments, condition. What is the condition? (Record condition. Any other problems with your health?)			sent effects.)		☐ Yes		□ No
13. a. Have you been in a hospital at any time If "Yes," ask: b. How many times were you in the hospit		year ago?	Include stays in rest homes, or s	nursing homes, imilar places.	Yes	① No. of ti	□ No
(For responded for self, show whether	er, show who responded for (or w er entirely or partly. For person d not respond for self, enter the	s under 19 shov	w who responded f			ded for self - e ded for self - p	
INTERVIEWER: Check Table I for eye con or over. For each such pe 14, a. Can you see well enough to read ord! If "Yes" to a, ask: b. Can you see well enough to recogniz If "No" to b, ask: c. How much trouble would you say that	rson ask: Indry newspaper print with glass e a friend walking on the other s	es? ide of the stree	et?	ecting persons 6 years old	under Yes (	TOP)	No (STOP) No (Aske) Some
INTERVIEWER: Examine ages in question	3 for children one year old or un	der, then check	the appropriate b	ox in question 15 a.			
15. u. Baby (babies) one year or b.			:- al- b:a-12	I 1011 1 9			
under listed. (Go to Q. 15 b)  No baby (babies) one year or under listed. (Go to Q. 16)	Are birth(s) for baby (babies) and delivery for mother shown in Table II?  Yes (Go to Q. 16)  No (Go to Q. 15 c)	c. Wasborn Yes (Ga	o to Q. 15 d)	d. When wasborn? (Enterme Month Day	ahown in qu	Year	one line of
under listed. (Go to Q. 15 b)  No baby (babies) one year or under listed. (Go to Q. 16)	and delivery for mother shown in Table III  Yes (Go to Q. 16) No (Go to Q. 15 c)  Isses of medicine. First, I want t  He did anyone in the family buy c No (Go to Q. 17)  Inter name of medicine in column	Yes (Go No (Go o ask you abou or obtain any kii (a) ot Table P.	o to Q. 15 d) to Q. 16) t medicines presc nd of medicine pre	Month Day (If birthdate is on or after dat Table II for mother and one is ribed by a doctor — scribed by a doctor?	e shown in qu ne for child.	Year	me line of
under listed. (Go to Q. 15 b)  No baby (babies) one year or under listed. (Go to Q. 16)  Now I have some questions about purcha 16. a. LAST WEEK OR THE WEEK BEFORE If "Yes," ask:  b. What is the name of the medicine? (E	and delivery for mother shown in Table III  Yes (Go to Q. 16) No (Go to Q. 15 c)  Isses of medicine. First, I want to the family buy compared in the family	Yes (Gr. No (Go  a ask you abou br obtain any kir  (a) of Table P.	o to Q. 15 th to Q. 16)  t medicines presc nd of medicine pre  . If name is unknown	Month Day (If birthdate is on or after date Table II for mother and one is ribed by a doctor — secribed by a doctor?	e shown in qu ne for child.	Year	me line al

	Turn to Card J, and ask:							
17.	a. LAST WEEK OR THE WEEK BEFORE, prescribed by a doctor? This (Show Car	did anyone in the fam	ily buy or obta of the items i	in any medicine NOT				
	_ Yes  f 'Yes,'' ask;	☐ No (Go to Q. 1						INTERVIEWER: "Impairments" or
	b. What is the name of the medicine? (Enti	er name or kind of me	dicine in colum	ın (a) of Table NP.)				"conditions" on Card A reported in question 16
	c. LAST WEEK OR THE WEEK BEFORE,				loctor?			or 17, should be carried back to Table I if they
	Yes (Re-mak Q. 17b)			f Table NP for each medicine rep				do not already appear there.
								<del></del>
7-1	ole P PRESCRIBED MEDICINES							
2	Name of medicine	What condition is	the for?	Who was it prescribed for?	Which week			
Line	(If name is unknown enter "DK" in col. (a) and ask col. (b).)	(b)	1116 1011	(Enter column number of person) (c)	LAST WEE BEFORE L			Dollars   Cents
1	· · · · · · · · · · · · · · · · · · ·				Last week			Week before
Tal	IN NP - NONPRESCRIBED MEDICINES					veeks (3		
NG.	Name of medicine   use	at is the generally ed for by this	Which mem- bers of the family use	Which week was the — - bought LAST WEEK — or the WEEK	, How m			Where was it bought?
Line 3	(If name is unknown, enter the kind of medicine)	nily?	(Enter col. nos.	BEFORE LAST?	(e)			- [
버	(a)	(b)	of persons) (c)	(d)  Last week Week befor	Dollars	Cents		(f) Orug store Other (Specify)
1				Before 2 weeks (STOP)	-			rocery store fail order house
	Now I have a few questions about smoking		<del></del>			<del> </del>		0
	For each person 17 years old or over, ask:	_						Under 17 years
18.	a. Have you smoked at least one hundred of It "Yes," ask:	Igarettes during your (	entire life?				٥.	Yes No (Go to 21)
	b. During the period when you were smoking	g the most, how many	cigarettes a da	y did you usually smoke?			ь.	per day OR per week
19.	a. Do you smoke cigarettes now?						a.	Yes No (Go to 20)
	If "Yes," ask questions 19b AND 19c. If b. On the average, about how many cigarett						ъ.	per day OR per week
	c. Twelve months ago, how many cigarette						-	Same Didn't smoke
	• • • • • • • • • • • • • • • • • • • •	,					c.	per day OR per week
								Go to question 21
	If "No" to question 19a, ask BOTH questi			_				☐ None
20.	a. On the average, about how many cigaret			ns ago?			α.	per day OR per week
	b. How long has it been since you smoked	cigarettes tairly regul	ariyr				,	months OR years
	For each male 17 years old or over ask que			····			7	Fem. or under 17
	<ul> <li>a. Have you smoked at least 10 cigars during</li> <li>b. Do you smoke cigars now?</li> </ul>	ng your entire life?					а. Ь.	Yes No (Go to 22)  Yes (Ask c) No (Ask d)
	If "Yes" to 21b, ask: c. About how many cigars a day do you usus	ally smoke?					c.	per per day OR week
	If "No" to 21b, ask: d. About how long has it been since you sm		a week?				. ا	months OR years NEVER smoked 3 or more a week
	a. Have you smoked at least 3 packages of			,			a.	Yes No (STOP)
	b. Do you smoke a pipe now? If "Yes" to 22b, ask;						ь.	☐ Yes (Ask c) ☐ No (Ask d)
	e. About how many pipefuls of tabacco a da	y do you usually smol	ke?				c	per OR per day
	If "No" to 22b, ask: d. About how long has it been since you sm	oked 3 or more pipefu	is a week?				d.	months OR years NEVER smoked 3 or more a week
23.	For each male 17 years old or over, ask:  a. Did you ever serve in the Armed Forces		- "-				$\dashv$	Fem. or under 17
	If "Yes," ask:	or me office stores.					-	Yes   No   No (Ask d)
	b. Was any of your service during a war?  If "Yes," ask:						t	□ WWII □ Korean
	c. During which war did you serve? If "No" to 23 b, ask:							Other
	d. Was any of your service between June 2	7, 1950, and January	31, 1955?		···			Yes No Under 17
24.	If 17 years old or over, ask:  a. What is the highest grade you attended in	n school? (Circle hig	hest grade atte	nded or check ''None''.)			- 1	Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+
_	b. Did you finish the grade (year)?							Yes No
25.	Turn to Card K and ask: Which of these income groups represents yo (Show Card K). Include income from all so rents from property, and so forth.	our total combined fam urces, such as wages,	ily income for salaries, socia	the past 12 months, that is, your al security or retirement benefits,	s, your — -'s help from re	, etc? latives,		Group ①

_									Ta	ble I – ILL	NESSES, I	MP	IRMENTS, AI	ואטנאו מא	ES			<u> </u>		
	Col.	Ques-	Die		If con	dition i	s on Card C,	enter		CAUSE			KIND		PART	OF BODY	LAST		Did y	
	No. of per-	tion No.	ev:	er	colum	ıns (d-l	hout asking ) through (d-4 s (e)(f).	) and	If th	ne entry in co		For col. wor	any entry in co (d-2) that incl ds:	ol. (d-1) or udes the	Ask only for: IMPAIRMENTS, ' INJURIES, and I		OR TH WEEK BEFO		cut do	חשפ
	son		AN	1Y	For a	ll other	illnesses an	d	1	An IMPAIRM	ENT	All	ergy* Tumo	r	OF "OLD" INJU And for:	RIES	did yo	ur	much	
			tal	k	injuri	es —				or	ļ	Cys	t "Disc	dition" ease"	Abscess Ache (except	Inflammation Neuralgia	couse to cut	-	day?	
			to do:				alked to, ask: doctor say it					Stro	wth "Trou ke"	uble.	headache) Bleeding Blood clot	Neuritis Pain Sore	down things			ĺ
			gb:				t a medical n OT talked to			a SYMPTO	OM	ask	;		Boil Cancer	Soreness Tumor	usuali	y do?		
			١.	.?	origin	al entry as requ	y and ask (d-)	2) —			ļ	Who	it kind of i	s it?	Cyst Growth	Ulcer Weak				
					For a	II injuri	es which har	pened	cam	or e from Quest	ion 9 or	*Fo	or an ALLERGY ROKE, ask:	or	Hemorrhage Infection	Weakness				
					BEFC	ORE, as			11,	ask:		Hov	v does the alles		Show detail for:	body is affected?	(Checi	one)	(Chec	kon+)
l,			ĺ				of injury was it?						Eur or eye - (one Head - (skull, scal	p, face)	No (Go	Yes	No (Go	Yes		
qun					(For i	injuries ned bei							Back - (upper, mi Arm - (shoulder,	to col.		to col.				
Line number							the present		1	,,					wrist, hand Leg -(hip, upper, foot; one or	m)		m)		
7	(a)	(b)	(	c)			(d-1)		_	(d-2)			(d-3)			d-4)	(e)	(f)	(g)	(h.
6			I	Yes No							^			•		x				
H	_		_	Yes							x			×		x				
7			_	No																
8			ı	Yes No							×			x		×				
				1110			***************************************									~	<u> </u>			]
		T	T				· · · · · ·						LIZATIONS							
11	TER	VIEWE	₹.		Col. No.	Ques- tion	You said th	nt von v			SE YOUR C	ALE		entries in C	ols.(c) and (d);	For what condition hospital do you				name?
		OTAL			of per-	No.	hospital (or	ce, twi			nights were	e	or, if not clea							[
ho	nber spital order	ization	s		son		the past year When did yo		the h	aspital	you in the hospital?		How many of	How many o					er	
	estion			ਹੈ (the last time)?			(If exact number not			these — — nights were	these nights were			CAUSE, KIND, AND						
				numb			(Enter mont	h, day a not knov	and year; if known, account, obtain best estimated			ept	te.) 12 months? or the week night?			PART OF BODY in required in Table I		detail	as	l
<u> </u>			_	Line			estimate.)							before?		•				1
		mber)		F	(a)	(b)		(c)			(d)		(e)	(f)	(g)		(h)			
T	ble I	: line o I for ea l stay	ch	1			Month	Day		Year	Nights		Nights	Nights	_   No					1
re ho	spita	l. If no lization	ıs	Г											Yes					
th	orteo ''No	d, check one" bo	x.	<u> </u> 2			Month	Day		Year	Nights		Nights	Nights	— □ No					
				3											Yes No					
	Nor	10	_L	L	<u> </u>	<u></u>	Month	Day		Year	Nights		Nights	Nights						}
										Table A	- ACCIDE	NTS	AND INJURIES	<b>.</b>						]
	fre	e No.		1. Y	/hen c	lid the	accident hap	pen?	2. A1	t the time of	the acciden	t, wh	at part of the b	ody was hur	t? What kind of	injury was it? Anyti	hing el	se?		
	Tal	ble I	-	Yea	г						Part(s	) of 1	oody			Kind of injury (in	ijuries	)		
	ciden opene		ונ		1963, er moi		or 1965 also						*							
las or	t wee week	≥k		Мог	th															
	ore to Q	?. 3)						1												
3,	a. W	as a ca	r, tr	uck,	bus	or other	motor vehic	e invol	ved i	n the acciden	it in any wa	y? .			🔲 Yes		] No (	Go to	Q. 4)	
															🗀 Yes (M		] No			
_					_	_ <u></u> _									Yes		] No			
4.						• •	n — at home	or some	othe	•										
		At ome oth					,			2/.	nt nome (ad	ijace	nt premises)		Some o	rner prace				
		hat kind	-																	
	3	Str	eet	and	highv	way (inc	ludes roadw	ay)		6 🗀 :	School (incl	ludes	school premis	es)						
	4	☐ Fa	ırm							7 🔲	Place of rec	creat	ion and sports,	except at s	chool					
	5	☐ Inc	dust	rial	place	(includ	les premises	)		8 🗀 '	Other (Spec	ity ti	ie place where	accident ha	ppened)					
5,	Were	you at	work	c at	your j	job or b	usiness when	the ac	ciden	t happened?										
		Yes					No No			_	While in Arn	ned S	ervices		4 Under 1	at time of accident				
	NTE	RVIEW	ER:	Re	tum to	o Table	I and compl	ete the .	rest c	of this line.										

					Т	able I – ILLNES	SES. IMPA	IRMENT	S. AND IN	JURIES -	Continued				· · · -		
dow nany lays did you save to sut lown luring hat we veek eriod?	During that two week period, how many days did your keep you in bed all or most of the day?	If 6-16 years old, ask: How many days did your keep you from school during that two week period?	If "Yes" in Q. 5 a or 5 b, ask: How many days did your keep you from work during that two week period?	(Checi Before 3 months	happeths or  k one)  During	notice your	If col. (m) If col. (m) is checked, ask: Did you first notice it during the past 12 months or before that time?	To inter- viewer	ABOUT how many days during the past 12 months has your kept you in bed all or most of the day?	If 1 or more days in col. (q) and col. (j) is	If "Yes" to col.(c), ask: ABOUT how many times during the past 12 months have you seen or talked to a doctor	Ask after operson.  Please look at each statement on this cord, Cord (Show Card E, F, G, or H as appropriate) Then tell me which statement fits you best, in terms of health. (If "4", go to col. (v))	If "1", or "3" col.(t),	in ask: of he ons	Please look at the ton card, Card I. Which one of those state-ments fits you best, in terms of health.	if "1"-"4 in col. (v) ask: Is this because of ony of the cond- itions you told me obour? If "Yes," ask: line for each condition named.)—	, ,
(i)	(j)	(k)	(1)	(m)	(n)	(0)	(p)	(a a)	(q)	(t)	(s)	(t)	(u)	¥	(v)	(w)	, I
Days	Days or □ None	Days or None	Days or None			Last week Week before Before 2 wks.	3-12 mos Before 12 mos.		Days or None	Days or None	Times or None		☐ Yes ☐ No	   		☐ Yes	6
Days	Days or None	Days or None	Days or None			Last week Week before Before 2 wks.	3-12 mos. Before 12 mos.		Days or None	Days or None	Times or None		☐ Yes ☐ No			☐ Yes	7
Days	Days or None	Days or None	Days or None			Last week Week before Before 2 wks.	3-12 mos. Before 12 mos.		Days or None	Days or None	Times or None		☐ Yes			☐ Yes	8
Week before   Before   Or   Or   Or   None   None   None   Before   Days   None   No											Line number	INTERVIE  After comp Table II fo persons, cr each condition in col. (h) col. (i) bac Table I if does not al appear the there are more nights col. (f) OR the entry in (h) or col. is an "lmp ment" OR condition Card A.	etin all irry ion or k to read e an l'' c in col (i)				
Street City and State  No Name of hospital Street City and State										3							

Card A		Card E	Card G	Card I
Check List of Chro	nic Conditions	For: Workers and other persons except Housewives and Children	For: Children from 6 through 16 years old	For: Mobility
1. Asthma 2. Tuberculosis 3. Chronic bronchitis 4. Repeated attacks of sinus trouble 5. Rheumatic fever 6. Hardening of the arteries 7. High blood pressure 8. Heart trouble 9. Stroke 10. Trouble with varicose veins 11. Hemorrhoids or piles 12. Hay fever 13. Tumor, cyst or growth 14. Chronic gallbladder or liver trouble 15. Stomach ulcer	<ol> <li>Any other chronic stomach trouble</li> <li>Kidney stones or chronic kidney trouble</li> <li>Mental illness</li> <li>Arthritis or rheumatism</li> <li>Diabetes</li> <li>Thyroid trouble or goiter</li> <li>Any allergy</li> <li>Epilepsy</li> <li>Chronic nervous trouble</li> <li>Chronic skin trouble</li> <li>Hernia or rupture</li> <li>Prostate trouble</li> </ol>	<ol> <li>Not able to work at all.</li> <li>Able to work but limited in amount of work or kind of work.</li> <li>Able to work but limited in kind or amount of other activities.</li> <li>Not limited in any of the above ways.</li> </ol>	<ol> <li>Not able to go to school at all.</li> <li>Able to go to school but limited to certain types of schools or in school attendance.</li> <li>Able to go to school but limited in other activities.</li> <li>Not limited in any of the above ways.</li> </ol>	1. Must stay in bed all or most of the time. 2. Must stay in the house all or most of the time. 3. Need the help of another person in getting around inside or outside the house. 4. Need the help of some special aid, such as a cane or wheelchair, in getting around inside or outside the house. 5. Not limited in any of the above ways
Card B		Card F	Card H	Card K
Check List of Select	ted Impairments	For: Housewife	For: Children under 6 years old	For: Total combined family income during past 12 months
<ol> <li>Deafness or serious trouble hearing</li> <li>Serious trouble seeing with one or both</li> <li>Cleft palate</li> <li>Any speech defect</li> <li>Missing fingers, hand, or arm toe.</li> <li>Palsy</li> <li>Paralysis of any kind</li> <li>Repeated trouble with back or spine</li> </ol>	oth eyes even when wearing glasses	<ol> <li>Not able to keep house at all.</li> <li>Able to keep house but limited in amount or kind of housework.</li> <li>Able to keep house but limited in kind or amount of other activities.</li> <li>Not limited in any of the above ways.</li> </ol>	1. Not able to take part at all in ordinary play with other children. 2. Able to play with other children but limited in amount or kind of play. 4. Not limited in any of the above ways.	Group A. Under \$500 (Including loss) Group B. \$500 - \$999 Group C. \$1,000 - \$1,999 Group D. \$2,000 - \$2,999 Group E. \$3,000 - \$3,999 Group F. \$4,000 - \$4,999 Group G. \$5,000 - \$6,999 Group H. \$7,000 - \$9,999 Group I. \$10,000 - \$14,999

FORM NHS-HIS-1(d) (FY-1965)			BUDGET BUREAU NO. 68-R620.10 APPROVAL EXPIRES JULY 15, 1965							
U.S. DEPARTMENT OF COMME BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT F U.S. PUBLIC HEALTH SERVI	OR THE		PSU	Segment	Serial No.	Sample B				
NATIONAL HEALTH SUR DIABETES SUPPLEMEN			Name of pe	Age						
PESPON	DENT RIII	FS FOR	DIARETE	S SUPPLEME	·NT					
If the person for who respondent according himself. If he is not return call to intervi-	om the Diah to the regu at home or ew him. (1	petes Supp plar eligib otherwis Two addit	plement is le respond e not avail ional calls	to be comple lent rules, he able, make a to contact h	ted is an eligible is to respond for trangements for a im may be made.)					
If the person is not because of disability knows most about the	or illness	s, comple								
If the person is not go week, complete the condition. In either co respondent.	interview	with the	responde	nt who know	s most about his					
Footnotes and comments										
PECOND OF PETUDA CALLS TO	No	Returns	D	ate	Time	Completed				
RECORD OF RETURN CALLS TO COMPLETE SUPPLEMENT	calls	1								
Name of interviewer		2 Code		Пра	sponded for self					
					OR number of respondent-	<b>→</b>				
CONFIDENTIAL - This information is colle Congress (70 Stat. 489; 42 U.S.C. 305). A confidential, will be used only by persons en others for any other purposes (22 FR 1687).	ll information	on which v	ould permit	identification	of the individual will b	e held strictly				

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

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

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	· · · · · · · · · · · · · · · · · · ·	DEFINITIONS			
<u> </u>					***
IVa.	Have you ever taken insulin inject	ons?	Yes	No (Go to question 14)	
b.	How many years have you taken insulin injections?	Numl	ber	Less than one year	Round to nearest whole year. Estimate acceptable. If the respondent is not taking
c.	Have you been taking insulin injector most of the past 12 months?	tions daily	Yes	□ No	insulin at the present time ask: "How many years did you take It?"
d.	Are you NOW taking insulin injecti	ons?	Yes	No (Go to question 14)	
11a.	What kinds of insulin are you now using?	Regular, p Semi-lente Protamine zinc Other (Des	Ultra- lente	ne NPH Lente	NOTE TO INTERVIEWER How was information for 11a and 11b obtained? (Check all that apply) Respondent gave information Other family members gave information Information obtained from bottle or some other source
b.	What strength insulin are you now using?	U 40	U 80		
c.	Do you usually take your insulin in before meals?	jection	Yes	No (Go to question 11e	
d.	Which meals? (Check all that apply and go to question 11f)	Breakfast	Lunch (Noon)	Supper (Evening)	
	When do you usually take your inst (Enter time of day and go to questi	on 11f) Ti	me		
f. _	If you delay taking your insulin for an hour or more does it make you feel sick?	Yes	□ No	Never delay (Go to question 11h)	
g.	When was the last time you delayed taking your insulin for an hour or more?	Less than 30 days	30 days or more	Never delay	
h.	Do you inject the insulin yourself		Yes (Go to question 12)	No	
	Who injects the insulin? (Check all that apply and go to qu	Relative	Nurse	Other person	
12.	Who taught you how to inject the insulin? (Check appropriate box and ask question 13a)	Doctor Other person	Nurse	∏ Relative	
13a	During the past week, in what parts of the body have you been injecting the insulin? (Check all that apply) Anywhere else?	One arm Both legs	· <del></del>	<u>=</u>	The ''past week'' is the week ending last Sunday night.
Ь	. How are your syringes and needles cleaned and sterilized? (Check all that apply)	Alcohol Boil Other (Spe	Use dis	posable needle posable syringe	
14.	Do you usually carry candy or frui or similar items with you?	t or sugar	Yes	☐ No	

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

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	QUESTIONS			DEFINITIONS
20 c	How many times did you test your urine last week?  (If number is entered, go to question 20e)  **The state of the state of	1	None None	"Last week" is the week ending last Sunday night
d.	When was the last time you tested it? (Enter verbatim)			
e.	Do you write down any of the results of these tests?	Yes	No (Go to question 20g)	
f.	Do you show this to your doctor?	Yes	☐ No	This means the record or notes of the tesults of the tests
g	Did you test your urine for anything else besides sugar at any time during the past 12 months?  What did you test it for?	Yes	□ No	
<u> </u>				
21.	About how tall are you?	(Feet)	(Inches)	
22a.	About how much do you weigh?		(Pounds)	
ь	What is the most you have weighed during the past 12 months?		(Pounds)	Not counting pregnancies
c	What is the least you have weighed during the past 12 months?		(Pounds)	
(Asi	this question if person is 25 years old or over (if und	ler 25, go to ques	tion 24))	Youngster is a person 0 - 25 years Overweight is weighing more than
23a.	When you were a youngster were you ever overweight?	Yes	☐ No	the person himself or his doctor thinks that he should weigh.
Ъ.	What is the most you have weighed since you were 25 years old?		(Pounds)	Not counting pregnancies
c.	What is the least you have weighed since you were 25 years old?		(Pounds)	
24.	Were either of your parents overweight?	Yes	□ No	
25a.	Who prepares most of your meals? (Check one)	Spouse or other relative  Self	Other (Specify)	
ь.	Do you,or the person who fixes your meals use any special recipes prepared for persons with diabetes?	Yes	□ No	
26a.	Can you name some foods that can be substituted for meat? (Enter first two mentioned)			
b.	Can you name some drinks which have very few calories? (Enter first two mentioned)			Drinks mean non-alcoholic drinks.
c.	Can you name some vegetables which have very few calories?			*
	(Enter first two mentioned)			
27a.	During the past 30 days have you eaten any pastries?	☐ Yes	□ No	Pastry made with sugar
Ь.	During the past 30 days have you eaten any candy made with sugar?	Yes	□ No	

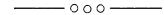
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	QUESTIONS	DEFINITIONS		
28.	During the past week did youdrink any dietetic soft drinks?eat any dietetic canned fruits?use any artifical sweeteners such as saccharin?eat any other dietetic foods? (If "Yes," specify below)	· Yes	□ No □ No □ No □ No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

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QUESTION	DEFINITIONS					
35a. Here are the covers of three pamphlets. (Sho						
Have you ever had a copy of any of these pamphlets?	Yes	□ No				
b. Which? (Check all that apply)	В	□c				
36a. Were you taught how to take care of your feet to avoid infection?	Yes	☐ No (Go to question 36c)				
b. How do you take care of your feet? (Enter ve	How do you take care of your feet? (Enter verbatim response)					
c. During the past 12 months have you visited a foot doctor?	Yes	□ No	Podiatrist or Chiropodist			
37a. Have you been to a doctor to have your eyes examined during the past two years?	☐ Yes	□ No				
b. Do you see better in the morning Morn or in the afternoon?	ning Afternoon	□ No difference				
38a. If you had a bad cold, would you talk to your doctor?	Yes	□ No				
b. If you had a skin infection, would you talk to your doctor?	Yes Yes	□ No				
c. If you had thrown-up, would you talk to your doctor?	Yes	□ No				
39á. Have you ever attended classes to learn abou diabetes? #	Yes Yes	No (Go to question 40a)				
b Who gave the classes?	oital Clinic (me	ans out-patient				
☐ Heal depa	th artment Other (Spec	cify)				
	etes ociation					
40a. Are you a member of a diabetes association or similar group?	Yes	No (Go to question 41)				
b. What is the name of this group?			•			
41. What are your most difficult problems in carin	41. What are your most difficult problems in caring for your diabetes?					
(Enter verbatim response)						
	<del>-</del> .					
1 PAVE	TUANE VOICE LETT	ED AND DEDARE				
LEAVE "THANK YOU" LETTER AND DEPART						

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## OUTLINE OF REPORT SERIES FOR VITAL AND HEALTH STATISTICS Public Health Service Publication No. 1000

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