# Home Care for Persons 55 Years and Over United States - July 1966 - June 1968

Statistics on persons 55 years and over receiving care at home by selected demographic characteristics, type of care received, type of condition, duration of care, and providers of care. Based on data collected in household interviews during the period July 1966-June 1968.

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# HOME CARE FOR PERSONS 55 YEARS AND OVER

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## INTRODUCTION

Based on data collected in the Health Interview Survey during July 1966-June 1968, an annual estimate of 1,747,000 persons 55 years and over received health related home care. Care received at home is defined as any personal assistance or personal services received at home as a result of illness, injury, impairment, or advanced age. The person providing the care may have received a fee for his service or the service may have been free, such as that provided by related household members. Care provided by a physician is excluded from this definition of home care. Care by all other persons, however, is included whether or not they are professional health workers. Data on all types of medical care provided by physicians are collected in the Health Interview Survey and are also published in Series 10 of the Vital and Health Statistics reports. The amount of home care received by the persons discussed varied from partial or intermittent care to full-time care for those who are bedridden. Types of care received are classified as personal, medically related, and other.

Persons receiving care in these categories represent 4.9 percent of the civilian, noninstitutional population who were 55 years or over during the interview period. Proportionately twice as many persons in this age group received care at home during this period than when home care data were first collected for the Health Interview Survey. The first report primarily compared the amount of home care received during July 1958 to June 1959 by all age groups for related demographic and health characteristics. Since

it was indicated that only 0.2 percent of the population under 55 received home care, it was decided to restrict the data collection for this survey to persons 55 years and over.

Care provided by physical therapists, social workers, etc., was excluded from the previous report. Data from that report are not comparable to the data included in this publication since care provided by these professional health personnel has been included in the concept of providing home care.

About 86.1 percent of the persons receiving home care reported receiving personal care such as help in moving about, dressing, bathing, and eating. Approximately 26.6 percent received medically related care which includes changing bandages, injections, and other medical treatments. Any types of health related home care not included in the two general categories were classified as "other care" and accounted for about 64.4 percent of the persons reporting home care.

The proportion of the population with home care increased as the population became older. This ranged from 2.1 percent of persons 55-64 years of age to 13.4 percent of persons 75 years and over. Proportionately more females received care than did males. More persons with annual family incomes of less than \$5,000 received home care than did persons with more income. Relatively fewer white persons received home care than did persons in other color groups.

The main condition for which personal care was provided was arthritis and rheumatism. Diabetes was the main condition for which medical treatment was received.

The majority of care was provided by family members residing in the household (79.8 percent). Registered nurses provided care to 7.0 percent of the home care recipients. Other types of persons provided care at home to one-third of the population receiving care.

During the period of collection of data shown in this report Medicare legislation was enacted which provided some payment for home nursing care. Data collected in both years were affected by this legislation, but in different ways. Approximately 5.1 percent of the population 55 years and over received home care in fiscal year 1967 compared to 4.8 percent of the same age population for fiscal year 1968. The extended care feature of medical coverage was initiated January 1, 1967, which means that only half of fiscal year 1967 was affected by the advent of Medicare whereas all of fiscal year 1968 included some care financed by Medicare. The proportion of persons using Medicare was greater at the beginning of the coverage than at any other time. During calendar year 1967, 45 percent <sup>2</sup> of the Medicare enrollees were eligible to receive Medicare benefits under either or both parts of the program compared to 33 percent<sup>3</sup> in calendar year 1968. This use of Medicare during each of these 2 years may be sufficient to explain the proportional decrease in home care for each of the two age groups during the 2 years of collection shown below:

> July 1966- July 1967-June 1967 June 1968

Percent receiving home care

65-74 years 4.6 4.1 75 years and over 13.5 13.4

Further comparison of the data for each of these years will not be included in the report because the size of the estimates by the individual years is generally not statistically reliable.

The age group 55-64 years was included in the collection of home care data to provide some indication of persons requiring care at home who would shortly become eligible for Medicare coverage.

## SOURCE AND LIMITATIONS OF DATA

The information presented in this publication is derived from data collected in household interviews in the nationwide Health Interview Survey, a continuing program of the National Center for Health Statistics. These interviews were conducted in a probability sample of the civilian, non-institutional population of the United States. The sample is so designed that interviews are conducted each week in a representative sample of the Nation's households by trained personal of the U.S. Bureau of the Census. During the 24 months from July 1966-June 1968, the cumulative weekly samples included some 84,000 households containing about 268,000 persons living at the time of the interview.

Because the survey excludes the institutionalized population and many persons aged 55 years and older are residents of nursing homes and other long-term institutions, statistics for elderly persons who require home care are considerably underestimated for the total population in this age group. Thus other sources of data must be used to supplement Health Interview Survey data. For example, the records maintained in resident institutions are used in the Division of Health Resources Statistics to obtain sample data which will describe the health and health-care status of institutionalized persons. 4 Certain types of estimates are also reduced by the exclusion of information for persons who died prior to the household interview.

A brief description of the design of the survey, the methods of estimation, and the general qualifications of data obtained from surveys is presented in appendix I. The estimates shown in this report are based on a sample of the population and are subject to sampling error. The sampling error may be high where an estimated number or the numerator or denominator of a rate or percentage is small. For this reason, particular 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 shown in appendix I.

Certain terms used in this report are defined in appendix II. Since many of the terms have specialized meanings, this appendix is important. The probe questions used to determine which persons in the household had received home care are in appendix III. Also included in appendix III is the supplement used by the interviewer to obtain specific information about the care received at home.

## DESCRIPTION OF THE POPULATION BY SELECTED CHARACTERISTICS

Characteristics used to describe the 4.9 percent of the population 55 years and over who received home care during July 1966-June 1968 are age, sex, family income, color, place of residence, geographic region, living arrangement, usual activity, and chronic limitation of activity. The number of persons receiving home care by these characteristics is shown in the first column of tables 1-8. Figure 1 shows that the percentage of the population 55 years and over receiving home care is related to the aging process; it ranges from 2.1 percent of persons 55-64 years of age to 13.4 percent of those who are 75 years and over. Proportionately more females (5.5 percent) received health related care at home than

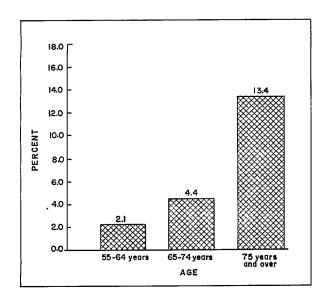


Figure 1. Percent of persons receiving home care, by age.

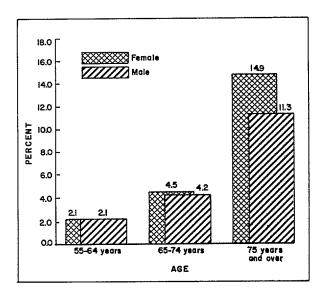


Figure 2 Percent of persons receiving home care, by age and sex.

did males (4.3 percent). This difference becomes more pronounced with advancing age (figure 2).

More persons with an annual family income of less than \$5,000 received home care (6.0 percent) than did persons with an annual family income of \$5,000 or more (3.8 percent). The proportion of the population 55 years and over who received home care in July 1966-June 1968 increased with age within the two income groups shown in figure 3, although among persons over 74 years of age the relationship between income and the receipt of home care is reversed.

Comparison of the proportion of white persons and that of all other persons receiving home care is shown in figure 4. Relatively fewer white persons received home care than did persons in other color groups. About 4.7 percent of the white population 55 years and over reported receiving home care during the interview period compared to 7.2 percent of all other persons in the same age group. Residence in nursing homes and other institutions for the aged and chronically ill removes a proportion of the people requiring care from the noninstitutional population. About 96 percent of the people in those institutions are white.5 The white population with higher median incomes are more likely to be inpatients in institutions where care for the elderly is provided.

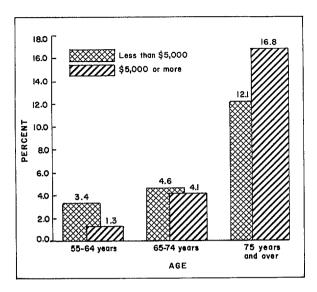


Figure 3. Percent of persons receiving home care, by age and family income.

Proportionately more persons living outside standard metropolitan statistical areas (SMSA's) had home care for health related reasons than did persons living in the metropolitan areas. Approximately 5.9 percent of the population 55 years and over with residence outside an SMSA received care compared with 4.4 percent residing in an SMSA. Figure 5 shows again the increase in proportion of persons with home care as age increases for both residential groups.

The South Region had the largest proportion of its population reporting receipt of home care (6.5 percent), while the West Region had the smallest proportion (3.7 percent). The large proportion of home care recipients in the South Region is probably due to the disproportionate number of Negro and other racial groups residing in this region, many of whom are not institutonalized for the type care they are receiving at home. There is almost no difference in the population groups receiving home care in the Northeast (4.5 percent) and the North Central (4.4 percent) Regions. Figure 6 shows the affect of aging on receipt of home care by region.

Table A shows the proportion of the population receiving home care for the remaining three demographic characteristics used in this

report. Relatively more persons received home care when living with relatives. About 86.9 percent of home care is provided by relatives living in the household. A later section of this report discusses providers of home care.

As expected proportionately more retirees and persons whose usual activity did not include work or housekeeping required home care than did persons who reported keeping house or working as the activity they usually did.

About 90.7 percent of all home care recipients reported limitation in their major activity, i.e., they were unable to work or keep house or were limited in the amount or kind of work which they could do as a result of a chronic condition. Questions on activity limitation and usual activity are asked independently of the home care questions in the Health Interview Survev. A person who reported that he is retired or doing something other than working or keeping house is asked about his limitation of activity in terms of ability to work or limitation in the kind or amount of work he can perform. Therefore any comparisons between these two characteristics should be interpreted with this restriction in mind.

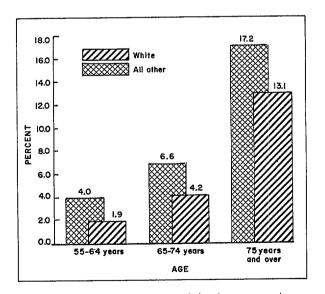
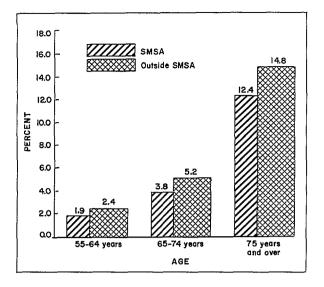


Figure 4. Percent of persons receiving home care, by age and color.



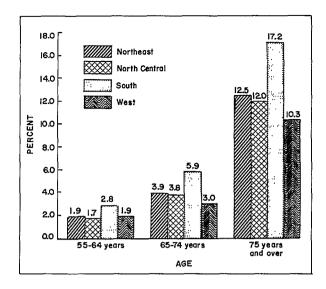


Figure 5. Percent of persons receiving home care, by age and place of residence.

Figure 6. Percent of persons receiving home care, by age and geographic region.

Table A. Total population 55 years and over, persons 55 years and over receiving care at home, and percent of total population receiving care, by selected characteristics: United States, July 1966-June 1968

Selected characteristics	Total population	II *******************************	
Living arrangement	Number in	Percent	
Living alone or with nonrelatives Living with relatives	7,227 28,112	228 1,519	3.2 5.4
Usual Activity			
Usually working	12,885 13,549 7,797 1,108	85 465 893 305	0.7 3.4 11.5 27.5
Limitation of Activity			
Major activity Other activity Not limited in activity	10,475 1,898 22,965	1,585 62 101	15.1 3.3 0.4

## CHARACTERISTICS OF CARE RECEIVED AT HOME

Types of health related home care for the demographic characteristics previously discussed are shown in tables 1-8. These types of care have been classified into three general categories; personal, medically related, and other. Personal care includes any help or assistance in moving about, dressing, bathing, or eating. Medically related care includes any help or assistance in changing bandages, injections, or any other medical treatment. The remaining category includes any type of care received but not specifically mentioned in the first two categories.

The conditions for which persons received care are shown in table 9. It was not practical to collect detailed information about the conditions, and therefore the categories used are not identical to the categories of the International Classification of Diseases. Each condition group is described according to the type of care provided for the condition.

Tables 10 and 11 show the duration of time for which care was provided by age of person receiving care and by the type of care provided. The latter is shown in table 12 by one further aspect, whether the care is on a constant or parttime basis.

Types of persons who provide the care are shown in tables 13 and 14 by type of care provided and annual family income of the persons receiving care.

The remaining table, table 15, contains the population data used in computing rates shown in this publication.

## Type of Care Provided

About 86.1 percent of persons 55 years and over who received home care reported receiving personal care (table 1). Medically related care was received by 26.6 percent of the population 55 years and over, while other types of care were received by 65.4 percent of the persons in the same category. Relatively more persons 75 years and over received personal care and other types of care not medically related than did persons in the younger age groups. However, proportionately more persons in the younger age groups

received medically related care than did the persons 75 years and over. More males proportionately received personal and nonmedical care than did females.

Table B shows the percent of the specific types of care provided by age and sex. The majority of home care recipients had help in bathing and in cutting toenails.

Proportionately more persons with annual family income of \$5,000 or more received medically related care in the home than did persons with less family income (table 2). There is little difference between income groups for other types of care received.

Relatively more white persons received care that was medically related than did persons of other color groups (table 3). The pattern of other types of care is the reverse of this. This is probably due to the financial ability of white persons to purchase medically related care since the median family income of this group is higher than it is for other color groups.

There is relatively little difference between population groups by place of residence and type of care provided (table 4). However, in the Northeast Region proportionately fewer persons reported use of personal care and other nonmedical care than was reported by the population groups in the other geographic regions shown in table 5.

Approximately 86.9 percent of the persons 55 years and over receiving health related care in the home lived with relatives (table 6). About 87.9 percent of these persons received personal care compared to 74.6 percent of those persons living alone or with nonrelatives.

Proportionately more persons who reported retirement or something else as their usual activity received personal care than did persons who usually worked or kept house (table 7). Financial support necessary for the purchase of medical care may explain the slightly higher figure for medically related care among working persons. Persons 55 years and over who are not working generally have lower family incomes and therefore are less able to afford medical care. The pattern for other types of care received is similar to that of personal care.

Proportionately more persons who were limited in their major activity received personal care at home than did persons with minor or no

Table B. Number of persons 55 years and over receiving care at home and percent of total by age and sex, according to specific care provided: United States, July 1966-June 1968

	<del></del>				·	
	i care ii		Age		S	ex
Specific care provided		55-64 years	65-74 years	75 years and over	Male	Female
,	Number in thousands					
All care provided	1,747	363	499	886	694	1,053
i		Pe:	rcent o	f total		
Moving about	44.8 53.5 60.7 18.8 6.6 14.1 10.4 13.2 10.5 59.3 9.4	41.0 56.2 52.1 15.2 * 16.0 8.8 11.3 11.0 50.4 9.1	41.1 53.3 55.1 16.8 7.0 17.4 11.6 14.2 12.2 56.3 9.8	6.5	67.9 18.0 8.1 12.7	48.4

NOTE: The sum of percent of persons receiving care may be greater than 100 percent since a person may have received more than one type of care. Care received from a physician is excluded.

limitations (table 8). A higher percentage of persons who had no activity limitation received medical care at home than did persons with some degree of limitation. The pattern for persons with other types of care by activity limitation classification are approximately that of those persons receiving personal care.

## Condition for Which Care Was Provided

The condition for which home care was provided is shown in table 9. Although all conditions for which the care was provided were collected in the survey, it was not practical to code all of them. Only the first condition reported by the respondent is shown in the table. It is reasonable to assume that the first condition reported is the main condition or the one which has the most im-

pact for receiving home care. Arthritis and rheumatism was the most common condition for which personal care was received; it was followed by senility and orthopedic impairments. Diabetes was the major condition for which medical treatment was received by the person at home. Again, the pattern for other types of care received for specific conditions is similar to that provided by personal care.

#### Duration of Care

Table C shows the percent distribution of duration of the home care by age. When each age group is compared by the duration of time home care had been received, there is a decline in the percent of persons with care 6-12 months in duration and an increase for those with care

for more than 1 year. The initial decline is indicative of the severity of the illness for which the care is received. Short-term care which is severe probably results in institutionalization or death for the individual, thereby decreasing the proportion of the population receiving care at home. The other decrease in percentage of the population with home care is for those persons receiving care for longer than 5 years. This is most noticeable for persons 65 years and over. which indicates that senility or other conditions associated with the aging process forces these persons to be moved to places of residence where care can be provided on a full-time basis. Data from the Social Security Administration indicates that during the period of the survey there was a definite increase in the utilization of nursing home facilities by persons 65 vears and over. 6

Each duration of care category is distributed according to age in table 10. The impact of aging on receipt of home care is evident for each duration of time shown in the table.

Duration of care by type of care provided is shown in tables D and 11. The majority of persons receiving home care had the care for over a year regardless of the type of care.

Approximately 31.4 percent of all persons 55 years and over receiving home care receive constant care compared to 67.4 percent receiving

part-time care (table E). This ratio is generally the same for all types of care provided although care neither medically related nor personal in nature had proportionately more constant care. However, persons receiving constant care are more likely to receive more kinds of care than persons receiving part-time care (table 11). This is indicative of the necessity for constant care.

## Person Providing Care

Approximately 79.8 percent of the population receiving home care had all or part of the care provided by a relative living in the household (table F). Approximately 7.0 percent reported that a registered nurse provided care, while onethird also received care from some other type of provider. Although the majority of medically related care was provided by household members, registered nurses provided more of this kind of care than personal or other care. Approximately 17.8 percent of medically related care was provided by registered nurses compared to 5.3 percent of personal care and 6.6 percent of other care. However, approximately two-thirds of the care provided by registered nurses was medically related. A similar proportion of personal and other care was also provided by registered nurses.

Table C. Percent distribution of persons 55 years and over receiving care at home by duration of care, according to age: United States, July 1966-June 1968

	Total	Age			
Duration of care	persons receiving care	55-64 years	65 <b>-</b> 74 years	75 years and over	
		Perce	nt distrib	ution	
All durations <sup>1</sup>	100.0	100.0	100.0	100.0	
Less than 6 months 6-12 months Over 1 to 5 years Over 5 years	15.7 10.6 45.2 27.4	16.0 9.9 38.0 34.2	15.6 10.2 45.5 27.5	15.6 10.9 48.0 24.6	

<sup>&</sup>lt;sup>1</sup>Includes unknown duration.

Table D. Percent distribution of persons 55 years and over receiving care at home by duration of care, according to type of care provided: United States, July 1966-June 1968

	Total		Type of care provided		
Duration of care	persons receiving care	Personal	Medically related	Other	
	Percent distribution				
All durations <sup>1</sup>	100.0	100.0	100.0	100.0	
Less than 6 months 6-12 months Over 1 to 5 years Over 5 years	15.7 10.6 45.2 27.4	14.9 10.8 45.6 27.5	16.8 10.3 42.4 29.7	12.9 10.2 46.3 30.0	

<sup>&</sup>lt;sup>1</sup>Includes unknown duration.

Proportionately more home care recipients in families with annual income of \$5,000 or more received care from related household members than did persons in families with less income (table G). However, related household members providing care are more likely to be in low

income families (table 14). Relatively more persons in the lower income families received care from other providers. Generally, the size of families in the lower income group is smaller for the older ages, and therefore fewer persons are in the household to provide care. Thus any

Table E. Percent distribution of persons 55 years and over receiving care at home by extent of care, according to type of care provided: United States, July 1966-June 1968

	Total	Type of care provided			
Extent of care	persons receiving care	Personal	Medically related	Other	
	Percent distribution				
All care provided	100.0	100.0	100.0	100.0	
Constant care Partial or intermittent care	31.4 67.4	35.5 63.2	35.7 62.8	41.2 58.1	

<sup>&</sup>lt;sup>1</sup>Includes unknown extent of care.

Table F. Percent of persons 55 years and over receiving care at home by provider of care, according to type of care provided: United States, July 1966-June 1968

	Total	Type of care provided			
Provider of care	persons receiving care	Personal	Medically related	Other	
	Percent				
All providers	100.0	100.0	100.0	100.0	
Related household member Registered nurse Other persons	79.8 7.0 34.2	83.6 5.3 33.6	72.5 17.8 39.8	81.8 6.6 38.5	

<sup>&</sup>lt;sup>1</sup>Unduplicated count of type of providers.

Table G. Percent of persons 55 years and over receiving care at home by age and provider of care, according to family income: United States, July 1966-June 1968

<del></del>					
	Total <sup>1</sup> persons	Family income			
Age and provider of care	receiving care	Less than \$5,000	\$5,000 or more		
		Percent			
All providers	100.0	100.0	100.0		
Related household member Registered nurse Other persons	79.8 7.0 34.2	76.6 7.0 37.1	88.4 6.6 27.4		
55-64 years	20.8	19.3	23.3		
Related household member Registered nurse Other persons	17.7 6.3	16.2 * 6.7	20.7 * 5.7		
65 years and over	79.3	80.7	76.7		
Related household member Registered nurse Other persons	62.0 6.0 27.9	60.6 6.2 30.4	67.8 5.2 21.6		

<sup>&</sup>lt;sup>1</sup>Includes unknown income.

care required would of necessity be provided by persons outside the household, whereas persons in higher income groups can rely on household members.

Approximately 10.1 percent of all home care recipients had some care provided by a nurse during the 12 months prior to the interview period. Persons who had received home care for more than 1 year and received care from a nurse reported an average of 108.3 nurse visits in the past year. Nurse visits included visits from all

types of nurses (i.e., registered nurse, practical nurse, etc.).

The source of payment for home care was asked for only those persons receiving carefrom providers other than related household members. Approximately 6.5 percent of the care received from these persons was paid by family members living outside the household. Data on other sources of payment are of small magnitude and therefore are statistically unreliable for presentation in this report.

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Table 1. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by sex and age: United States, July 1966-June 1968

[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]

nrovi dod			
Type of care provided			
Personal	Medically related	Other	
Percent of total			
86.1	26.6	65.4	
84.8 82.6 88.6	27.5 30.7 23.9	58.4 62.9 69.6	
87.2	26.2	67.0	
86.2 86.7	28.2 29.4	63.8 66.4	
88.0	23.0	69.3	
85.4	26,9	64.4	
83.6	27.0	53.4	
79.5 88.7	31.3 24.4	60.8 69.7	
P	86.1 84.8 82.6 88.6 87.2 86.2 86.7 88.0	Percent of total  86.1   26.6    84.8   27.5   82.6   30.7   88.6   23.9    87.2   26.2    86.2   28.2   86.7   29.4   88.0   23.0    85.4   26.9    83.6   27.0   79.5   31.3	

Table 2. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by family income and age: United States, July 1966-June 1968

[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]

	The state of the s				given in append		
	Total		Type of care provided				
Family income and age	persons receiving care	Personal	Medically related	Other	Personal	Medically related	Other
All incomes <sup>1</sup>	Number	of persons	in thousan	ıds	Perc	ent of tota	1
All ages 55 years and over	1,747	1,505	465	1,142	86.1	26.6	65.4
55-64 years65-74 years	363 499	308 412	100	212	84.8	27.5	58.4
75 years and over	886	785	153 212	314 617	82.6 88.6	30.7 23.9	62.9 69.6
Less than \$5,000							
All ages 55 years and over	1,052	912	263	690	86.7	25.0	65.6
55-64 years	203	179	52	118	88.2	25.6	58.1
65-74 years75 years and over	322 527	274 459	90 121	201 372	85.1 87.1	28.0 23.0	62.4 70.6
\$5,000 or more							
All ages 55 years and over	580	494	175	381	85.2	30.2	65.7
55-64 years	135	110	43	77	81.5	31.9	57.0
75 years and over	147 298	114 270	55 77	95 209	77.6 90.6	37.4 25.8	64.6 70.1

<sup>&</sup>lt;sup>1</sup>Including unknown income.

Table 3. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by color and age: United States, July 1966-June 1968

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.

on the remaining of the estimates are given in appoint in some or come are given in appoint in									
	Total	Type of care provided							
Color and age	persons receiving care	Personal	Medically related	Other	Personal	Medically related	Other		
<u>Total</u>	Number	of persons	in thousan	ds	Perc	ent of tota	1		
. All ages 55 years and over	1,747 1,505 465 1,142 86.1 26.6								
55-64 years	363 499	308 412	100 153	21.2 314	84.8 82.6	27.5 30.7	58.4 62.9		
75 years and over	886	785	212	617	88.6	23.9	69.6		
<u>White</u>							<u> </u> 		
All ages 55 years and over	1,532	1,308	432	995	85.4	28.2	64.9		
55-64 years	300 440	251 361	91 144	173 275	83.7 82.0	30.3 32.7	57.7 62.5		
75 years and over	792	695	197	547	87.8	24.9	69.1		
All other									
All ages 55 years and over	21.5	197	33	147	91.6	15.3	68.4		
55-64 years	62	56	*	38	90.3	*	61.3		
65-74 years	58	51	*	39	87.9	*	67.2		
75 years and over	94	90	*	70	95.7	*	74.5		

Table 4. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by place of residence and age: United States, July 1966-June 1968

[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]

	· · · · · · · · · · · · · · · · · · ·									
	Total persons		Type of care provided							
Place of residence and age	receiving care	Personal	Medically related	Other	Personal	Medically related	Other			
All residences	N. 1	~		_						
All lesidences	Number	or persons	in thousan	ab	Perc	ent of tota	.1			
All ages 55 years and										
over	1,747	1,505	465	1,142	86.1	26.6	65.4			
55-64 years	363	308	100	212	84.8	27.5	58.4			
65-74 years	499	412	153	314	82.6	30.7	62.9			
75 years and over	886	785	212	617	88.6	23.9	69.6			
SMSA										
All coop EE weeks and					,					
All ages 55 years and over	958	817	260	630	85.3	27.1	65.8			
•										
55-64 years	209	174	53	121	83.3	25.4	57.9			
65-74 years	270	225	· 89	175	83.3	33.0	64.8			
75 years and over	479	418	· 117	335	87.3	24.4	69.9			
Outside SMSA										
<del>-</del>						1				
All ages 55 years and over	789	688	206	512	87.2	26.1	64.0			
0002	,39	000	200	21.2	07.2	26.1	64.9			
55-64 years	153	133	47	91	86.9	30.7	59.5			
65-74 years	229	188	63	140	82.1	27.5	61.1			
75 years and over	407	367	95	282	90.2	23.3	69.3			
<u> </u>										

Table 5. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by geographic region and age: United States, July 1966-June 1968

[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]

				<u>::</u>		-		
Cooperation worker and ago	Total		Type	or care	provided	<u> </u>	<del></del>	
Geographic region and age	persons receiving care	Personal	Medically related	Other	Personal	Medically related	Other	
All regions	Number	umber of persons in thousands Percent of total						
All ages 55 years and over	1,747	1,505	465	1,142	86.1	26.6	65,4	
55-64 years	363 499 886	308 412 785	100 153 212	212 314 617	84.8 82.6 88.6	27.5 30.7 23.9	58.4 62.9 69.6	
Northeast				:				
All ages 55 years and over	425.	351	116	265	82.6	27.3	62.4	
55-64 years65-74 years and over	87 122 216	73 99 179	* 38 55	48 75 143	82.9 81.1 82.9	31.1 25.5	55.2 61.5 66.2	
North Central					•			
All ages 55 years and over	444	391	115	298	88.1	25.9	67.1	
55-64 years65-74 years and over	82 123 240	69 103 219	* 38 54	48 79 171	84.1 83.7 91.3	* 30.9 22.5	58.5 64.2 71.3	
South								
All ages 55 years and over	681	588	183	449	86.3	26.9	65.9	
55-64 years	144 205 333	121 169 298	43 59 81	90 127 232	84.0 82.4 89.5	29.9 28.8 24.3	62.5 62.0 69.7	
West								
All ages 55 years and over	197	176	51	131	89.3	25.9	66,5	
55-64 years	50 49 98	45 42 89	* * *	* 33 71	90.0 85.7 90.8	* *	67.3 72.4	

Table 6. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by living arrangement: United States, July 1966-June 1968

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]

	Total	Total Type of care provided								
Living arrangement	persons receiving care	Personal	Medically related	Other	Personal	Medically related	Other			
	Number of persons in thousands Percent of total									
All living arrange- ments	1,747	1,505	465	1,142	86.1	26.6	65.4			
Living alone or with non- relatives Living with relatives	228 1,519	170 1,335	67 399	143 1,000	74.6 87.9	29.4 26.3	62.7 65.8			

NOTE: The sum of persons by type of care received may be greater than the total persons receiving one since a person may have received more than one type of care. Care received from a physician is excluded.

Table 7. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by sex and usual activity: United States, July 1966-June 1968

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]

	Total	Type of care provided							
Sex and usual activity	ppersons receiving care	Personal	Medically related	Other	Personal	Medically related	Other		
Both sexes	Number	Number of persons in thousands Percent of to							
All activities	1,747	1,505	465	1,142	86.1	26.6	65.4		
Usually working Usually keeping house Retired Other activity 1	85 465 893 305	62 356 800 286	31 126 229 79	39 235 636 233	72.9 76.6 89.6 93.8		45.9 50.5 71.2 76.4		
<u>Male</u>									
All activity groups	694	605	182	465	87.2	26.2	67.0		
Usually working Retired Other activity <sup>1</sup>	67 563 64	51 495 60	* 143 *	34 389 43	76.1 87.9 93.8	25.4 *	50.7 69.1 67.2		
<u>Female</u>									
All activity groups	1,053	899	283	678	85.4	26.9	64.4		
Usually working	* 465 330 241	* 356 306 225	* 126 86 64	235 248 190	. 76.6 92.7 93.4	27.1 26.1 26.6	50.5 75.2 78.8		

<sup>&</sup>lt;sup>1</sup>Includes unknown activity. See NOTE above.

Table 8. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by sex and chronic activity limitation: United States, July 1966-June 1968

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]

on the residence of the continuous are given in appearance of the property of the property of										
am and done	Total									
Sex and chronic activity limitation	persons receiving care	Personal	Medically related	Other	Personal	Medically related	Other			
Both sexes	Number	Number of persons in thousands Percent of tota								
All activity groups	1,747	1,505	465	1,142	86.1	26.6	65.4			
Major activity Other activity Not limited in activity	1,585 62 101	1,393 45 67	412 * 37	1,074 * 44	87.9 72.6 66.3	26.0 * 36.6	67.8 * 43.6			
<u>Male</u>										
All activity groups	694	605	182	465	87.2	26.2	67.0			
Major activity Other activity Not limited in activity	652 * *	577 * *	167 * *	447 * *	88.5 * *	25.6 * *	68.6 * *			
<u>Female</u>				-						
All activity groups	1,053	899	283	678	85.4	26.9	64.4			
Major activityOther activityNot limited in activity	933 47 73	816 34 49	246 * *	628 * 32	87.5 72.3 67.1	26.4 * *	67.3 * 43.8			

Table 9. Average number of conditions first reported as reason for receiving home care and percent distribution by condition group, according to type of care: United States, July 1966-June 1968

[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]

	Total	Type of	care provi	ded	Total persons	Type of	care provi	ded		
Condition group	persons receiving care	Personal	Medically related	Other	receiving care	Personal	Medically related	Other		
	Number o	of conditions in thousands Percent distribution						stribution		
All conditions	1,747	1,505	465	1,142	100.0	100.0	100.0	100.0		
Arthritis and rheumatism	297	279	51	192	17.0	18.5	11.0	16.8		
Diabetes	96	38	79	46	5.5	2.5	17.0	4.0		
Diseases of nervous system and sense organs	189	181	37	154	10.8	12.0	8.0	13.5		
Stroke	219	127	*	107	7.4	8.4	*	9.4		
Other	60	54	*	47	3.4	3.6	*	4.1		
Diseases of cirulatory system	214	189	59	139	12.2	12.6	12.7	12.2		
Heart	118	104	32	77	6.8	6.9	6.9	6.7		
Arteriosclerosis	51	50	*	40	2.9	3.3	*	3.5		
Other	45	34	*	*	2.6	2.3	*	*		
Senility	154	140	*	112	8.8	9.3	**	9.8		
Orthopedic impair- ments	155	141	ric	102	8.9	9.4	*	8.9		
Other impairments	214	197	33	155	12.2	13.1	7.1	13.6		
Vision	86	76	*	63	4.9	5.0	*	5.5		
Paralysis	90	87	*	72	5.2	5.8	*	6.3		
Other	37	35	*	*	2.1	2.3	*	*		
Accidents and injuries	40	38	*	*	2.3	2.5	*	*		
All other conditions $^1$ -	388	302	153	214	22.2	20.1	32.9	18.7		

<sup>&</sup>lt;sup>1</sup>Includes unknown and no conditions reported.

NOTE: Care received from a physician is excluded.

Table 10. Average number of persons 55 years and over receiving care at home and percent distribution by age, according to duration of care: United States, July 1966-June 1968

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

	Total	Age							
Duration of care	persons receiving care	55-64 years	65-74 years	75 years and over	55-64 years	65-74 years	75 years and over		
	Number of	person	Perce	cent distribution					
All durations <sup>1</sup>	1,747	363	499	886	20.8	28.6	50.7		
Less than 6 months 6-12 months Over 1 to 5 years Over 5 years	274 185 789 478	58 36 138 124	78 51 227 137	138 97 425 218	21.2 19.5 17.5 25.9	28.5 27.6 28.8 28.7	50.4 52.4 53.9 45.6		

<sup>&</sup>lt;sup>1</sup>Includes unknown duration.

NOTE: Care received from a physician is excluded.

Table 11. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by duration of care: United States, July 1966-June 1968

[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 II

						·· <u>-</u>			
	Total	Type of care provided							
Duration of care	persons receiving care	Personal	Medically Other		Personal	Medically related	Other		
	Number	of persons	in thousar	Percent of total					
All durations <sup>1</sup>	1,747	1,505	465	1,142	86.1	26.6	65.4		
Less than 6 months 6-12 months Over 1 to 5 years Over 5 years	274 185 789 478	224 162 687 414	78 48 197 138	147 116 529 343	81.8 87.6 87.1 86.6	28.5 25.9 25.0 28.9	53.6 62.7 67.0 71.8		

<sup>&</sup>lt;sup>1</sup>Includes unknown duration.

Table 12. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by length of time someone must be in house with recipient: United States, July 1966-June 1968

[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]

Extent of care	Total	Type of care provided							
	persons receiving care	Personal	Medically related	Other	Personal	Medically related	Other		
	Number of persons in thousands Percent of total								
All care provided 1	1,747	1,505	465	1,142	86.1	26,6	65.4		
Constant care	549 1,177	535 951	166 292	470 663	·97.4 80.8	30,2 24.8	85.6 56.3		

<sup>&</sup>lt;sup>1</sup>Includes unknown extent.

NOTE: The sum of persons by type of care received may be greater than the total person receiving care since a person may have received more than one type of care. Care received from a physician is excluded.

Table 13. Average number of persons 55 years and over receiving care at home and percent of total receiving each type of care provided, by provider of care: United States, July 1966-June 1968

[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]

	Total	Type of care provided							
Provider of care	persons receiving care	Personal	Personal Medically Other		Personal	Medically related	Other		
	Number	of persons	Perce	Percent of total					
All providers1	1,747	1,505	465	1,142	86.1	26.6	65.4		
Related household member Registered nurse Other persons	1,394 123 598	1,258 80 505	337 83 185	934 75 440	90.2 65.0 84.4	24.2 67.5 30.9	67.0 61.0 73.6		

<sup>1</sup> Unduplicated count of types of providers.

Table 14. Average number of persons 55 years and over receiving care at home and percent distribution by family income, according to age and provider of care: United States, July 1966-June 1968

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

				·	
	Total		Family	income	
Age and provider of care	persons receiving care <sup>1</sup>	Less than \$5,000	\$5,000 or more	Less than \$5,000	\$5,000 or more
	Numb		Percent stribution		
All ages 55 years and over	1,747	1,052	580	60.2	33.2
Related household member	1,394	806	513	57.8	36.8
Registered nurse	123	74	38	60.2	30.9
Other persons	598	390	159	65.2	26.6
55-64 years	363	203	135	55.9	37.2
Related household member	310	170	120	54.8	38.7
Registered nurse	*	*	*	**	*
Other persons	110	70	33	63.6	30.0
65 years and over	1,385	849	445	61.3	32.1
Related household member	1,084	637	393	58.8	36.3
Registered nurse	105	65	30	61.9	28.6
Other persons	487	320	125	65.7	25.7

<sup>&</sup>lt;sup>1</sup>Includes unknown income.

NOTE: Care received from a physician is excluded.

Table 15. Population 55 years and over used in obtaining rates shown in this publication, by age and selected characteristic: United States, July 1966-June 1968

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications,

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

	Total	Age			
Selected characteristic	persons 55 years and over	55-64 years	65-74 years	75 years and over	
	Number (	of persons in thousands			
Both sexes <sup>1</sup>	35,338	17,312	11,414	6,613	
MaleFemale	16,027 19,311	8,219 9,093	5,071 6,343	2,737 3,875	
Color				!	
WhiteAll other	32,343 2,996	15,745 1,567	10,530 883	6,067 545	
Region					
Northeast North Central South West	9,506 10,011 10,555 5,266	4,662 4,794 5,163 2,693		1,724 1,998 1,940 952	
Place of residence					
SMSAOutside SMSA	21,929 13,409	11,052	7,019 4,394	3,857 2,755	
Family income					
Less than \$5,000\$5,000 or more	17,403 15,344	6,053 10,026	7,013 3,548	4,338 1,770	

<sup>&</sup>lt;sup>1</sup>Includes unknown income.

## APPENDIX 1

## TECHNICAL NOTES ON METHODS

## Background of This Report

This report is one of a series of statistical reports prepared by the National Center for Health Statistics (NCHS). It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey (HIS).

The Health Interview Survey utilizes a questionnaire which obtains information on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, 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 data collected in household interviews during July 1966-June 1968.

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 or U.S. nationals living in foreign countries. It should also be noted that the estimates shown do not represent a complete measure of any given topic during the specified calendar period since data are not collected in the interview for persons who died during the reference period. For many types of statistics collected in the survey, the reference period covers the 2 weeks prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (e.g., 1 year) might be sizable, especially for older persons.

## Statistical Design of the Health Interview Survey

General Plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian, noninstitutional population of the United States. The sample is designed in such a way that the sample of households interviewed each week is representative of the target population and that weekly samples are additive over time. This feature

of the design permits both continuous measurement of characteristics of samples and more detailed analysis of less common characteristics and smaller categories of health-related items. 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.

The overall sample was designed so that tabulations can be provided for each of the four major geographic regions and for urban and rural sectors of the United States.

The first stage of the sample design consists of drawing a sample of 357 primary sampling units (PSU's) from approximately 1,900 geographically defined PSU's. A PSU consists of a county, a small group of contiguous counties, or a standard metropolitan statistical area. The PSU's collectively cover the 50 States and the District of Columbia.

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. Three general types of segments are used:

Area segments which are defined geographically. List segments, using 1960 census registers as the frame.

Permit segments, using up-dated lists of building permits issued in sample PSU's since 1960.

Census address listings were used for all areas of the country where addresses were well defined and could be used to locate housing units. In general the list frame included the larger urban areas of the United States from which about two-thirds of the HIS sample was selected.

The total HIS sample of approximately 5,700 segments yields a probability sample of about 134,000 persons in 42,000 interviewed households in a year.

Descriptive material on data collection, field procedures, and questionnaire development in the HIS has been published as well as a detailed description of the sample design and a report on the estimation procedure and the method used to calculate sampling errors of estimates derived from the survey. $^{8-10}$ 

Collection of Data. — Field operations for the survey are performed by the U.S. Bureau of the Census under specifications established by the National Center for Health Statistics. In accordance with these specifications the Bureau of the Census participates in survey planning, selects the sample, and conducts the field interviewing as an agent of NCHS. The data are coded, edited, and tabulated by NCHS.

Estimating Procedures.—Since the design of the HIS is a complex multistage probability sample, it is necessary to use complex procedures in the derivation of estimates. Four basic operations are involved:

Inflation by the reciprocal of the probability of selection.—The probability of selection is the product of the probabilities of selection from each step of selection in the design (PSU, segment, and household).

Nonresponse adjustment. —The estimates are inflated by a multiplication factor which has as its numerator the number of sample households in a given segment and as its denominator the number of households interviewed in that segment.

First-stage ratio adjustment.—Sampling theory indicates that the use of auxiliary information which is highly correlated with the variables being estimated improves the reliability of the estimates. To reduce the variability between PSU's within a region, the estimates are ratio adjusted to 1960 population within six color-residence classes.

Poststratification by age-sex-color.— The estimates are ratio adjusted within each of 60 age-sex-color cells to an independent estimate of the population of each cell for the survey period. These independent estimates are prepared by the Bureau of the Census. Both the first-stage and poststratified ratio adjustments take the form of multiplication factors applied to the weight of each elementary unit (person, household, condition, and hospitalization).

The effect of the ratio-estimating process is to make the sample more closely representative of the civilian, nonstitutional population by age, sex, color, and residence, which thereby reduces sampling variance.

As noted, each week's sample represents the population living during that week and characteristics of that population. Consolidation of samples over a time period, e.g., a calendar quarter, produces estimates

NOTE: The list of references follows the text.

of average characteristics of the U.S. population for that calendar quarter. Similarly, population data for two years are averages of the eight quarterly figures.

For prevalence statistics, such as number of persons with speech impairments or number of persons classified by time interval since last physician visit, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in that quarter. Prevalence data for a year are then obtained by averaging the eight quarterly figures.

For other types of statistics-namely those measuring the number of occurrences during a specified time period-such as incidence of acute conditions, number of disability days, or number of visits to a doctor or dentist, 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 statistics is 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 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 about 5 percent—1 percent was refusal, and the remainder was primarily due to the failure to find an eligible respondent at home after repeated calls.

The interview process.—The statistics presented in this report are based on replies obtained in interviews with persons in the sample households. For children and for adults not present in the home at the time of the interview, the information was obtained from a related household member such as a spouse or the mother of a child.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can usually pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. 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 these 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, sex, and color, which are adjusted to independent estimates, these figures are based on the sample of households in the HIS. 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. With the exception of the overall totals by age, sex, and color 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 statistics presented in this report 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 reporting and processing errors and errors due to non-response. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures. Although it is very difficult to measure the extent of bias in the Health Interview Survey, a number of studies have been conducted to study this problem. The results have been published in several reports. 1-15

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

NOTE: The list of references follows the text.

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. For this report, asterisks are shown for any cell with more than a 30-percent relative standard error. 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 during the reference period used in data collection is usually either 0 or 1 or on occasion may take on the value 2 or very rarely 3.

Meduim range.—This class consists of other statistics for which the measure for a single individual during the reference period used in data collection will rarely lie outside the range 0 to 5.

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

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 question-naire 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 determing relative sampling errors. The "guide" on page 31, 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 per-

sons with a given characteristic are obtained from appropriate curves on page 32. The number of persons in the total U.S. population or in an age-sex-color class of the total population is adjusted to official Bureau of the Census figures and is not subject to sampling error.

- Rule 2. Estimates of percentage in a percent distribution: Relative standard errors for percentages in a percent distribution of a total are obtained from appropriate curves on page 33. 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 rate of visual impairments per 1,000 population, the numerator consisting of persons with the impairment 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 P8AN-M. Rates per 1.000. or on any other base, must first be converted to rates per 100; than 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 persons injured per 100 currently employed persons per year, it is possible that a person in the denominator could have sustained more than one of the injuries included in 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 agesex-color 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 the relative standard error of the numerator and of the denominator can be obtained 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 on the standard error and often will overstate the error.
- Rule 5. Estimates of difference between two statistics (mean, rate, total, etc.): The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. A formula for the standard error of a difference  $d = X_1 X_2$ , is

$$\sigma_d = \sqrt{(X_1 V_{x1})^2 + (X_2 V_{x2})^2}$$

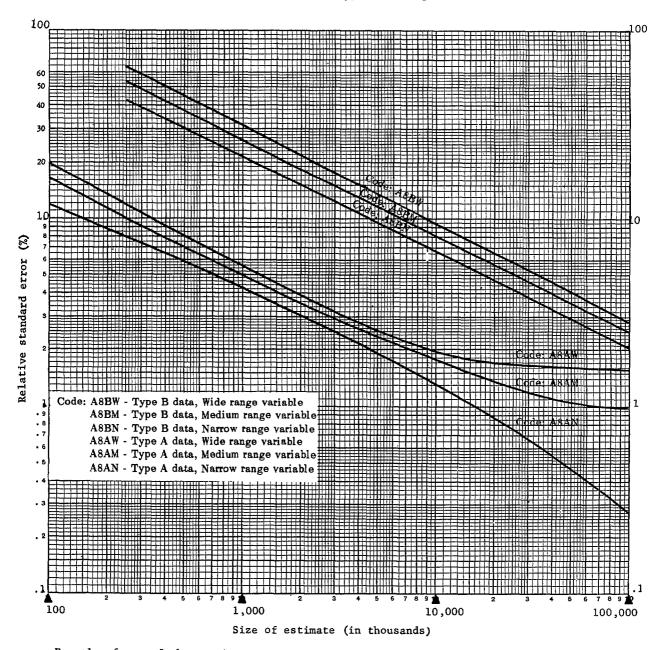
where  $X_1$  is the estimate for class 1,  $X_2$  is the estimate for class 2, and  $V_{\rm x1}$  and  $V_{\rm x2}$  are the relative errors of  $X_1$  and  $X_2$  respectively. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics although it is only a rough approximation in most other cases. The relative standard error of each estimate involved in such a difference can be determined by one of the four rules above, whichever is appropriate.

## 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 statistics as follows: (1)

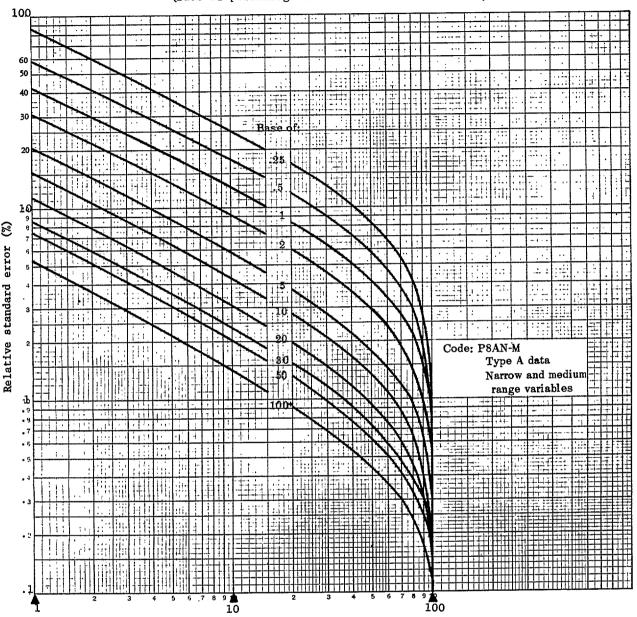
A= aggregate, P= percentage; (2) the number of calendar quarters of data collection; (3) the type of the statistic and; (4) the range of the statistic.

•	Use:					
Statistic	Rule	Code	on	page		
Number of:						
Persons in the U.S. population or any age-sex-color category thereof	Not subject to sampling error					
Persons in the other population groups	1	A8AN		32		
Persons with home care	1	ASAN		32		
Percent distribution of:						
Persons with home care by characteristic	2	P8AN-M		33		
Type of conditions by characteristic	1	A8AN		32		
Percent distribution of:						
Conditions by characteristic	3	P8AN-M		33		



Example of use of chart: An aggregate of 5,000,000 (on scale at bottom of chart) for a Narrow range type A statistic (code: A8AN) has a relative standard error of 1.9 percent, read from scale at left side of chart, or a standard error of 95,000 (1.9 percent of 5,000,000). For a Wide range type B statistic (code: A8BW), an aggregate of 10,000,000 has a relative error of 9.3 percent or a standard error of 930,000 (9.3 percent of 10,000,000).

Relative standard errors for percentages based on eight quarters of data collection for type A data, Narrow and Medium range



(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 2.8 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 2.8 percent or 0.56 percentage points.

\_\_\_\_\_000\_\_\_\_

## APPENDIX II

## DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

## Terms Relating to Home Care

Home Care.—Care received at home is defined as any personal assistance or personal services received by the person at home as a result of illness, injury, impairment, or advanced age. The person providing the care may have received a fee for his service or the service may have been provided free. Excluded from the definition of home care is any care provided by a physician. However, care by all other persons whether the latter are professional health workers or not is included. The amount of care varied from constant care for bedridden persons to only partial or intermittent care.

Type of Care Provided.—Type of care provided has been classified into three general categories. These categories with the specific inclusions are as follows:

#### Personal care:

Walking up stairs or getting from room to room includes assistance either in walking from one room to another or in going up and down stairs. This would include cases where someone must watch or stand behind the person as he walks up the steps in case he falls or stumbles. If the person in bedridden or never attempts to walk from one room to another or to walk up and down stairs, this type care is excluded since this kind of service is not rendered by anyone.

Dressing or putting on shoes includes any care the person receives in dressing and the like because he is unable to dress himself without the help of another person because of some health problem. Not included is help in dressing that is not health related such as the wife who ties her husband's ties because he never learned how to do it properly or the husband who hooks the back of his wife's dress because it is difficult for her to reach.

Bathing (shaving) or other toilet activities includes any assistance the person needs in washing or shaving himself or in using a bedpan and so forth. Eating or having meals served in bed includes help if the person is unable to eat without assistance or has to have his meals served to him in bed. Not included in this definition is help in preparation of meals.

## Medically related care:

Changing bandages includes assistance in changing dressings or bandages.

Receiving injections includes injections received at home from someone other than a doctor. Other treatments includes all other treatments received from some other person at home such as the application of salves or ointments, wetpacks, etc.

## Other types of care:

## Changing bed positions

Assistance of another person in order to sit up or turn over in bed is included as other care. Exercising or physical therapy

Receipt of physical therapy at home or in any exercise performed because of some illness, injury, or impairment is included in this definition. Cutting toenails

## Any other not specified above

Specifically excluded in types of care were (1) any care received by the person *outside* his home, e.g., physical therapy at an outpatient clinic, (2) any care received from a *physicain* either at the person's home or at the doctor's office, a clinic, a hospital, etc., and (3) maid service for cleaning, laundry, or preparation of meals.

**Duration of care.**—The duration of care is the length of time prior to the week of interview that the person received home care.

Extent of Care.—Two major categories used to describe the extent of care received are constant care and partial or intermittent care.

Constant care was provided when the person was never left unattended or alone in the house even for short intervals or during the night, Although

the person providing the care was immediately available at all times, the care did not have to be provided at all times.

Part-time care included any care on a part-time basis. This included care for persons who required constant care during intermittent episodes of a condition.

Provider of care. Three categories are used to classify provider of home care.

Related household member included any medical or paramedical personnel who were related to the individual requiring care, However, related physicians were excluded from this categroy as well as the remaining ones.

The second category was that of registered nurse who came to the home to provide care.

The final category included all other persons providing care such as practical nurses, physical therapists, social workers, etc.

Nurse visits.--Home visits by nurses includes visits from nurses in the past 12 months by any kind of nurse, registered or otherwise.

## Terms Relating to Morbidity Conditions

Condition. -- A morbidity condition, or simply a condition, is any entry on the supplement which describes a departure from a state of physical or mental wellbeing. It results from a positive response to "For what condition did you .receive this help or care?" It was not practical to collect detailed information about those conditions which would be necessary for International Classification of Disease (ICD) classification, Therefore, the categories used are not identical to ICD categories.

Impairment.-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 nerve regions. All impairments were classified in the same manner as conditions were. The codes used are not found in the International Classification of Disease and are not comparable to other impairment classifications shown in reports in Series 10 of Vital and Health Statistics publications.

## Terms Relating to Disability

Chronic activity limitation .- Persons are classified into four categories according to the extent to which their activities are limited at present as a result of chronic conditions. Since the usual activities of preschool children, school-age children, housewives, and workers and other persons differ, a different set of criteria is used for each group. There

is a general similarity between them, however, as will be seen in the following descriptions of the four categories:

1. Persons unable to carry on major activity for their group (major activity refers to ability to work, keep house, or go to school)

Preschool children: inability to take part in

ordinary play with other

children.

School-age children: inability to go to school.

inability to do Housewives:

housework.

Workers and all

inability to work at a job other persons:

or business.

2. Persons limited in the amount or kind of major activity performed (major activity refers to ability to work, keep house, or go to school)

Preschool children: limited in amount or

kind of play with other children, e.g., need special rest periods, cannot play strenuous games, or cannot play for long

periods at a time.

School-age children: limited to certain types

of schools or in school attendance, e.g., need special schools or special teaching or cannot go to school full time or for long periods at a

time.

Housewives: limited in amount or

kind of housework, i.e., cannot lift children, wash or iron, or do housework for long per-

iods at a time.

Workers and all

limited in amount or other persons:

kind of work, e.g., need special working aids or special rest periods at work, cannot work full time or for long periods at a time, or cannot do

strenuous work.

3. Persons not limited in major activity but otherwise limited (major activity refers to ability to work, keep house, or go to school)

Preschool children: not classified in this cate-

gory.

School-age children: not limited in going to

school but limited in participation in athletics or other extracurricular

activities.

Housewives: not limited in housework

but limited in other activities such as church, clubs, hobbies, civic projects, or shopping.

Workers and all

other persons: not limited in regular work activities but

limited in other activites such as church, clubs, hobbies, civic projects,

sports, or games.

## 4. Persons not limited in activities

Includes persons with chronic conditions whose activities are not limited in any of the ways described above.

## Demographic, Social, and Economic Terms

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

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

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12-month period prior to the week of interview. Income from all sources is included, e.g., wages, salaries, rents from property, pensions, and help from relatives.

Color.—The population is divided into two color groups, "white" and "all other." The "all other" group includes such persons as Negro, American Indian, Chinese, and Japanese and any other race. Mexican persons are included with white unless difinitely known to be Indian or of another race.

Living arrangement.—The three categories of living arrangements shown in this report are as follows:

Living alone or with nonrelatives.—Living alone is defined as living in a one-member household. Living with nonrelatives is defined as living in a household with another person or persons none of whom are

related to the person by blood, marriage, or adop-

Living with relatives—married.—This category includes married persons who are living in a household with another person or persons one or more of whom are related to them by blood, marriage or adoption. Persons with commom-law marriage are considered to be married. For purposes of this category "married" excludes widowed, divorced, or separated. Persons whose only marriage was annulled are counted as "never married."

Living with relatives—other.—This category includes children living with parents or relatives; it also includes persons who are widowed, divorced, separated, or never married who are living in a household with another person or persons one or more of whom are related to them by blood, marriage, or adoption. Persons whose only marriage was annulled are counted as "never married." "Separated" refers to married persons who have a legal separation or who have parted because of marital discord.

Usual activity.—All persons in the population are classified according to their usual activity during the 12-month period prior to the week of interview. The "usual" activity, in case more than one is reported, is the one at which the person spent the most time during the 12-month period. Children under 6 years of age are classified as "preschool." All persons aged 6-16 years are classified as "school age."

The categories of usual activity used in this report for persons aged 17 years and over are usually working, usually keeping house, retired, and other activity. For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. First, the responses concerning usual activity are accepted without detailed questioning since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify crudely certain population groups which may have differing health problems. Second, the figures represent the usual activity status over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually 1 week. Third, the minimum age for usually working persons is 17 in the Health Interview Survey, and the official labor force categories include all persons aged 14 or older. Finally, in the definitions of specific categories which follow, certain marginal groups are classified differently to simplify procedures.

Usually working includes persons 17 years of age or older who are paid employees; self-employed in their own business, profession, or in farming; or unpaid employees in a family business or farm. Work around the house or volunteer or unpaid work such as for a church is not counted as working. Usually keeping house includes female persons 17 years of age or older whose major activity is

described as "keeping house" and who cannot be classified as "working."

Retired includes persons 45 years old or over who consider themselves to be retired. In case of doubt, a person 45 years of age or older is counted as retired if he or she has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be unable to work.

Other activity includes males 17 years of age or older not classified as "working" or "retired" and females 17 years of age or older not classified as "working," "keeping house," or "retired," Persons aged 17 years and over who are going to school are included in this group.

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

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

Oregon, California, Hawaii

Place of residence.—The place of residence of a member of the civilian, noninstitutional population is classified as inside a standard metropolitan statistical area (SMSA) or outside an SMSA and either farm or nonfarm.

Standard metropolitan statistical areas.—The definitions and titles of SMSA's are established by the U.S. Office of Management and Budget with the advice of the Federal Committee on Standard Metropolitan Statistical Areas. There were 212 SMSA's defined for the 1960 decennial census.

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; 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 outside SMSA population. The farm population includes persons living on places of 10 acres or more from which sales of farm products amounted to \$50 or more during the previous 12 months or on places of less than 10 acres from which sales of farm products amounted to \$250 or more during the preceding 12 months. Other persons living outside an SMSA 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.

# APPENDIX III HOME CARE PROBE QUESTIONS AND RECORDING FORM

## **Probe Questions**

If person is 55 years old or over, ask: The following questions refer to different kinds of personal care some people need at home:		Under 55 (Item C) 55 or over (29a)
29a. Does — need any help at home with injections, shots or other treatments?	29a.	Yes No (Item C)
b. Does — need any help in bathing, dressing or putting on his shoes?	Ь.	Yes No (Item C)
c. Does — need anyone's help at home when walking up stairs or getting from room to room?	c.	Yes No
d. Does need any help at all in caring for himself?	d.	Yes No (Item C)
e. During the past 12 months, has —— received any care at home from a nurse?	٠.	Yes No (291 & g) (Item C)
f. During this 12-month period, about how many visits did a nurse make to care for?	f.	Times
g. Were any of these visits during the past 2 weeks?	g.	Yes No (Item C)

## Recording Form

			-	•							
Earlier in the	interview you mentioned that	d help of	No	Yes			For each "Yes	," answer to la,	Ask:		
Earlier in the interview you mentioned that——needed help o some kind here at home. I am going to read a list of differen kinds of personal care some people need in the home. Pleas		different	Ľ			1b. Who hel	ps?	Does	anyone else h	elp?	
	needs help in any of the following way:		Γ								
	nava naip — in walking up stairs or getting from roor	n to room?									
	in dressing or putting on shoes?				<u> </u>						
	need help in bathing (shaving) or other toilet activ	itias?									
	in eating or having weals served in bed		$\vdash$	П				<del>                                     </del>			
Does	need help			П				1			
	with changing bandages?		H	Н				<del>                                     </del>			
	= =			H	<u>-</u>						
	with other treatments?	?	-	┟╌┨	<del></del>			į			
Specify	need help —		_	Н				<del> </del>			
	in changing bed positions?		_	H	<del></del>			_		· · · · · ·	
	in exercising or physical therapy?		_	H	<del></del> _						
	in cutting toenaits?				<del></del>						
D001	get any OTHER help or core here at hom if "Yas," ask: What kinds of other help	or care?									
Specify _				П				į			
	S NOT RECEIVING CARE (All "No's"	to questio	n la	), rec	oncile di	fferences betv	veen answers in	Q. 22 or 23c and	Q. la above or	describe	
	the situation	on the Iro	nt of	tnis	torm.						
. Fer what a	condition(s) does —— receive this help o	or care?		إح	ipecify c	ondition(s),					
. How long	has —— received help or care at home?	Mark one b	ox:			month or less	Over I	to 6 months	Over 6 to	12 months	
					<u></u>	ver 1 to 3 year	s 🔲 Over 3	to 5 years	Over 5 yes	rs	
. Because o	of ——'s health, must someone be in the	house with	him				All of the time				
all of the	time, part of the time, or only when prov ip or care?	iding the					Part of the time Only when provid	ing the needed he	lp or care		
For each t	person, other than a nurse, listed in 1b,		_								
	urse, a physical therapist, or some other	r kind of he	alth	work	er?		( providin	e the type(s) of the care in ques	tion 5		
	" reported in Q. 1b or 5a, ask: se that cares for a registered nurse,	a practical	ลยก	s <b>e</b> , o	r some et	her kind of nu		appropriate box !) of Table H.	In		
				Ŧ	ABLE				<del></del>		
		During the	1 201			T	env hours a day	does — – receive	Is (relative,	W.S.O.	
en about hor did — - rece				out how many days  - receive help or core (relative, nurse,			from (relative, n	nurse, etc.)? etc.) paid for these services?			
• • • • • • • • • • • • • • • • • • • •	,	etc.)?	(2				(3)		ĺ.,	(4)	
	(1)	Days	Ť	<u> </u>	't know	Hours	Less than I ho	ur Don't know	Yes	No	
ON-HEALTH											
ORKERS	B. Related persons not in	-							<b></b>		
	household	<del> </del>				<del></del>					
	C. Friend or neighbor	<u> </u>				<u> </u>			<u> </u>		
	D. Other	]							l		
EALTH	Specify	<del>                                     </del>	_			<del> </del>		<del> </del>	<del>                                     </del>		
ORKERS	E. Nurse - Registered	<u> </u>				<del> </del>	ļ		ļ		
	F. Nurse - Practical or other					ļ					
	G. Physical therapist										
	H. COther - Str _/fv	1									
	Specify	<u> </u>									
NTERVIEWE	R: Mark the Person 65 + as										
ppropriate bo Q's 6–8.	x before going Person 55–64							Skip to question	8.		
Are any of	these services paid for by Medicare?			- 1	☐ Yes		□ No		Doi	't know	
. Who pays (	the remainder of the bill) for these servi	ices?		Į	Self c	r family		Agency or or	ganization		
b. Anyone else?		Other relative or friend				(Visiting Nurses Association, etc.)					
				Ĺ	Healt	h insurance		☐ Welfare ☐ Other — Spec	ify		
							·	_			
s. During the	past 12 months, has received any c	are at home	fror		urse?			Yes – Ask 8	o □ No	STOP	
								Number of visits			
	past 12 months, ABOUT how many visit			-L- 4	fa						

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