Data from the
NATIONAL HEALTH SURVEY

Series 10
Number 129

Medical Care of Acute Conditions

United States, 1973-1974

Statistics on medical attention status, advice from nonphysicians (such as relatives and friends) about the condition, time interval before consulting doctor and reason for waiting to consult one, site of medical attention, objective and perceived access to the doctor, satisfaction with treatment for the condition, and compliance with doctor's advice, by social and demographic characteristics (sex, age, color, own education, family income, and residence), perceived seriousness of condition, and other selected variables. Based on data collected in supplements to the Health Interview Survey in calendar years 1973 and 1974.

DHEW Publication No. (PHS) 79-1557

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Office of Health Research, Statistics, and Technology
National Center for Health Statistics
Hyattsville, Md. February 1979

Library of Congress Cataloging in Publication Data

Verbrugge, Lois M.

Medical care of acute conditions, United States, 1973-1974.

(Vital and health statistics : Series 10, Data from the National Health Survey ; no. 129) (DHEW publication ; no. (PHS) 79-1577)

1. Physician services utilization—United States—Statistics. 2. United States—Statistics, Medical. 3. Health surveys—United States. I. Title. II. Series: United States. National Center for Health Statistics. Vital and health statistics : Series 10, Data from the National Health Survey, Data from the health interview survey ; no. 129. III. Series: United States. Dept. of Health, Education, and Welfare. DHEW publication ; no. (PHS) 79-1557.

RA407.3.A346 no. 129 [RA410.7] 312'.0973s
[362.1'04'25] 78-31956

NATIONAL CENTER FOR HEALTH STATISTICS

DIVISION OF HEALTH INTERVIEW STATISTICS

COOPERATION OF THE U.S. BUREAU OF THE CENSUS

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

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

Vital and Health Statistics-Series 10-No. 129

DHEW Publication No. (PHS) 79-1557
Library of Congress Catalog Card Number 78-31956

ACKNOWLEDGMENTS

The author thanks the following people for their assistance in preparing this report: Dr. Jan Hankin, The Johns Hopkins University, for helping to design the tables and report; Dr. Peter Ries, Division of Health Interview Statistics, National Center for Health Statistics, for reviewing the manuscript and supervising NCHS staff in tabulations and editing; Mike Cummings, student at The University of Michigan, for a reference search and review; Tom Drury and Abbie Moss, both of the Division of Health Interview Statistics, National Center for Health Statistics, for help in tabulations and editing; Michael DePriest, Ross Gibson, Carol Hanau, John Lane, and Ricky Takai, all students at The Johns Hopkins University, for computations and table summaries.

CONTENTS

LIST OF FIGURES

SYMBOLS

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

MEDICAL CARE OF ACUTE CONDITIONS

Lois M. Verbrugge,[a] The University of Michigan, Ann Arbor

INTRODUCTION

Despite contemporary emphasis on chronic conditions in the United States, acute conditions remain frequent causes of disability and they account for a large share of primary care services. In 1973, an acute incidence rate of 175 conditions per 100 persons, or an average of 1.8 acute conditions per person per year, was estimated in the Health Interview Survey (HIS). Acute conditions caused an average of 9.1 restricted activity days and 4.0 bed disability days per person in 1973. Under age 45, data from the Health Interview Survey showed that acute conditions were the principal cause of restricted activity and bed disability. At ages 45 and over, chronic conditions were the principal cause, but acute conditions still accounted for about one-third of all restricted activity and bed disability days. In the Health Interview Survey, acute conditions are counted only if they cause restricted activity or receive medical attention. Acute discomforts that are untreated or self-treated are common and would increase the Health Interview Survey incidence rates if included.

Little systematic information has been available at the national level about why some acute conditions are medically attended and others are not, how soon and where medical care is first sought, problems people encounter in getting care for acute conditions, satisfaction with the care, and compliance with medical advice.[b] This report presents relevant data from the 1973-74 Health Interview Survey for the civilian noninstitutionalized population of the United States.

HIGHLIGHTS

During 1973-74 a slight majority (52.6 percent) of the estimated number of acute illnesses and injuries received medical care. They were brought to the attention of a physician directly (in person or by telephone) or indirectly (through the physician's nurse). The other 47.4 percent caused restricted activity but did not receive medical attention. Of the nonmedically attended acute conditions, a small proportion (6.1 percent) were likely to receive physician care, according to respondents.

Whether a condition is perceived as serious is an important factor in the decision to seek medical care for acute illnesses and injuries. Over four-fifths (84.7 percent) of the conditions viewed as "very serious" were medically attended. Just over three-fifths (63.8 percent) of conditions seen as "somewhat serious" were medically attended. Two-fifths (40.0 percent) of the conditions perceived as "not serious" were brought to the attention of a doctor. The importance of condition severity is reflected in the reasons given by persons with nonmedically attended conditions for not seeing a physician. Two reasons—"the condition was not serious enough" (47.3 percent) and "could treat the condition myself" (33.9 percent)—accounted for four-fifths of the reasons given for nonmedically attended conditions. Negative attitudes about doctors (5.9 percent), money or transportation problems (5.3 percent), and appointment problems (2.5 percent) were relatively less frequent reasons for not seeking medical care.

---

[a]Assistant Professor, Department of Biostatistics, The University of Michigan.

[b]Several national surveys of health services' use and expenditures have been conducted by the Center for Health Administration Studies (University of Chicago).[1,2]

For 19.3 percent of all conditions, respondents discussed their health problem with a nonphysician. The majority (67.9 percent) of these conditions were discussed with relatives and friends; 19.8 percent were discussed with a nurse; and 13.7 percent with some other type of nonphysician. Overall, 58.2 percent of the conditions discussed with someone were brought to a physician's attention.

Just over a third (34.2 percent) of the medically attended illnesses and injuries were brought to a physician's attention within 4 hours after they were first noticed. By the end of a 24-hour period, 43.6 percent of the conditions had received medical attention. For only 5.4 percent of medically attended conditions, people waited 1-2 weeks before receiving care.

Delays of 4 hours or longer in seeking care for an acute illness or injury usually occur because the respondent views the condition as not serious enough to merit a physician's care. In 38.0 percent of the cases, the reason given for waiting 4 hours or more was that the condition was not serious enough. For another fifth (21.7 percent) of the conditions, persons felt they could treat the condition themselves. Problems getting an appointment caused delays for 16.4 percent of the conditions; negative attitudes toward doctors and money or transportation problems accounted for 4.5 and 4.2 percent, respectively, of the conditions with delayed attention.

Half (49.6 percent) of the medically attended conditions were first seen at a doctor's office. A sizable number (22.3 percent) were first brought to medical attention by telephone consultation. Somewhat fewer (16.2 percent) were first attended in a hospital emergency room.

Getting to the site of care takes little time for most people. For about half of the medically attended conditions, travel time was less than 15 minutes. For over four-fifths (84.5 percent) of the attended conditions, people reached a place of care within a half hour. Only 4.8 percent of the conditions required journeys of 45 minutes or longer.

Waiting times at a doctor's office or clinic are somewhat longer than travel times to it. Half of the conditions entailed travel times of less than 15 minutes, but only two-fifths (41.4 percent) involved waiting times of the same duration. Moreover, although 4.8 percent of the conditions had travel times of 45 minutes or longer, 20.8 percent of the conditions entailed waiting times of 1 hour or longer. Waiting times of 2 hours or longer occurred for 8.2 percent of all medically attended conditions.

Respondents reported their problems in traveling, waiting, and getting an appointment for acute conditions. Of the three problems, waiting at the site of care was the most bothersome. For a fifth (22.1 percent) of the conditions, people said the wait was "much too long" or "somewhat too long." Respondents rarely reported transportation problems (7.3 percent of the conditions) or appointment problems (3.6 percent).

How satisfied are people with medical attention they receive for an acute illness or injury? Respondents were asked if the doctor spent enough time during the consultation and if they were satisfied in general with care received for the condition. In most cases (93.7 percent of the conditions), people felt the doctor spent enough time with them. People were very satisfied with their medical care for over four-fifths (83.4 percent) of the medically attended conditions. For 10.2 percent of the conditions, people were somewhat satisfied; for 3.1 percent, somewhat dissatisfied; and for 3.2 percent, very dissatisfied.

In treating acute conditions, doctors often give prescriptions, advise patients to return for another check, or refer them to another doctor. For two-thirds (66.8 percent) of the conditions, physicians wrote a prescription. Virtually all of these were obtained by the patients (97.5 percent of conditions with prescriptions). For more than one-third (36.8 percent) of the conditions, the physician recommended a return visit. In about three-fourths (76.9 percent) of these cases, a return visit had been made by the time of interview, or was going to be in the immediate future. Although few conditions (7.9 percent) were referred to another physician, compliance with referral was high: By the time of interview 82.4 percent of the referred conditions had been seen by the second doctor or were scheduled to be seen.

SOURCE AND LIMITATIONS OF THE DATA

The information presented in this report was obtained from supplemental forms on acute conditions added to the Health Interview Survey during calendar years 1973 and 1974. Over this 2-year period, the total Health Interview Survey annual sample of approximately 12,000 segments yielded a probability sample of about 237,000 persons in 81,000 interviewed households. The broad objectives of the questions were to describe factors associated with medical attention of acute conditions. Acute conditions are defined as conditions first noticed in the 3-month period preceding the interview week that caused restricted activity, received medical attention, or both. The annual incidence of acute conditions is calculated on the basis of only those conditions whose onset occurred in the 2 weeks preceding the week of interview.

Two supplemental questionnaires were developed, one for acute conditions that got no medical attention and the other for medically attended conditions. The former had items on the perceived seriousness of the condition, intention to see a doctor about it in the future, reasons for not seeking medical care, and consultation with relatives and friends about the condition. The latter contained similar items, plus additional questions on the speed and place of first-contact care, problems in getting that care, satisfaction with care, and compliance with treatment regimens.

These data on medically and nonmedically attended acute conditions were obtained from persons who responded for themselves or for a household member under 17 years of age in 1973 and under 19 years of age in 1974. Whenever possible, the condition supplements were completed at the time of the regular HIS interview. Callbacks were used to complete condition supplements for sample persons not at home at the time of the regular HIS interview. When necessary, telephone interviews were used to complete condition supplements with persons responding for a household member under 17 years of age.

The survey was conducted during two calendar years (1973 and 1974) to provide a reliable data base for the kinds of detailed descriptions presented in this report. Nonetheless, because the estimates shown in this report are based on a sample of the population rather than on the entire population, they are subject to sampling error. Therefore, particular attention should be paid to the section in appendix I entitled "Reliability of Estimates." Sampling errors for most of the estimates are of relatively low magnitude. However, where an estimated total or estimated numerator or denominator of a percentage is small, the sampling error may be high. This latter caveat is particularly important to keep in mind when making inferences about differences between categories of acute conditions based on visual inspection of percentage differences. An example of the need for caution is in detailed table 1 (last column), which shows intention to receive care among people with nonmedically attended conditions. At first glance it would appear that conditions among persons aged 65 years and over are more likely to be cared for in the future than are conditions of people aged 45-64 years (14.4 percent and 9.9 percent, respectively). Due to large sampling variances associated with these percentages, however, there is actually no statistical difference (0.05 confidence level) between these two older age categories.

Estimates of the incidence of acute conditions during 1973-74 based on data contained in this report will be generally lower than estimates for the same statistics presented in related reports in this series for these same time periods. The main reason for this is that a number of completed condition supplements could not be matched properly with the condition record from the regular HIS interview, and they were deleted from the data file used for this report. Since no adjustments have been made for these file deletions in this report, we refer the reader to other reports[3,4] for more accurate estimates of the annual incidence of acute conditions for 1973 and 1974, from which biannual estimates for the time period covered in this report can be readily computed. Readers should also be alerted that inclusion of the supplements on medically attended and nonattended acute conditions in the 1973-74 Health Interview Survey lowered estimates of acute condition rates during those years. This may reflect interviewer

effects, because the supplement required that more effort be expended and time be spent with respondents. Data describing the magnitude of these supplement-effects have been presented.[4-6]

A description of the survey design, the methods used in estimation, and general qualifications of the data contained in the survey are presented in appendix I. Detailed definitions of terms used in this report are in appendix II. The questionnaires used to obtain supplemental information on medically and nonmedically attended acute conditions are shown in appendix III. Copies of the basic questionnaires used in the regular HIS interviews conducted during 1973 and 1974 will be found, respectively, in Series 10, Nos. 95[3] and 100.[4]

A condition supplement was completed for every acute condition reported for the 2-week reference period. Throughout this report, statements are made about conditions rather than about persons (with conditions). Person characteristics (such as sex, age, color, education, family income, and residence) are used to show group differentials. The central unit of analysis, however, remains conditions.

FACTORS ASSOCIATED WITH MEDICAL ATTENTION OF ACUTE CONDITIONS

Major objectives of the 1973-74 special survey of acute conditions were to explore the influence of perceived severity of a condition, lay referral, and barriers to care on whether an acute condition is medically attended or not. These objectives were approached in two different but related ways. First, persons reporting either a medically attended or unattended condition were asked to provide supplementary information on their own perception of the severity of the condition, whether and with whom they discussed their condition, and whether they were advised to see a doctor. Second, persons with nonmedically attended conditions were asked a series of probe questions to determine why their condition had not been brought to the attention of a doctor. From their responses, it is possible to determine to what degree perceptions of low severity and problems of access to medical care account for not seeing a doctor.

Table 1 shows medical attention status of acute conditions by their perceived seriousness, and for various social and demographic groups of the U.S. population. Tables 2 through 5 show differences in lay referral and reasons for not obtaining care for social and demographic groups. Because of the small sample size, few of the differences examined between sociodemographic groups were statistically significant (at the 0.05 level) and because of this, these differences are not discussed in the text.[c] Highlights of the data are summarized in the material that follows.

Perceived Severity of Condition

Studies of health services have repeatedly demonstrated that the severity of a medical condition or problem is one of the most important determinants of physician use. Not surprisingly, conditions viewed as very severe were more likely to be brought to medical attention than those viewed as less severe. Of conditions considered to be "very serious," 84.7 percent received medical attention, compared with 63.8 percent of "somewhat serious" and 40.0 percent of "not serious" conditions (table 1 and figure 1).

Perceived severity also influences people's plans for care of nonmedically attended conditions. For 17.8 percent of "very serious" conditions, people still intended to seek medical care at the time of interview. Intentions to get medical care were less frequent for "somewhat serious" and "not serious" conditions (8.3 percent and 4.8 percent, respectively).

Lay Referral

When ill or injured, persons sometimes seek advice from acquaintances about their problem. These acquaintances may be family members, other relatives, friends, druggists, nurses, or others. These informal contacts may recommend medicines or treatments, suggest the sick person see a doctor, or simply offer sympathy. The extent to which these kinds of advisors route people into the medical care system is a topic of current interest. The term "lay referral" is used to describe informal conversations and advice about health problems.[8]

[c] For a full discussion of differences among sex, age, color, education, family income, and residence groups, see reference 7.

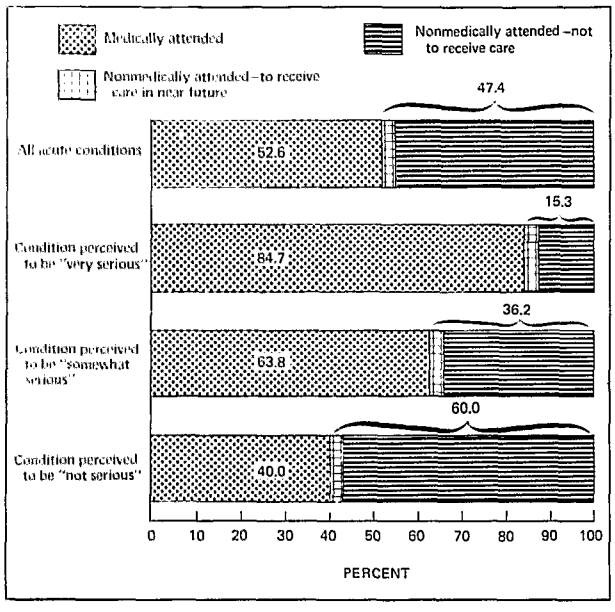


Figure 1. Percent distribution of acute conditions by medical attention status, according to the perceived severity of the condition

In both the 1973 and 1974 HIS condition supplements, respondents were asked if they had talked with nonphysicians about their acute condition before seeing a doctor and, if so, what advice they received. Of all acute conditions 19.3 percent were discussed with a nonphysician (table 2 and figure 2). Overall, 58.2 percent of all conditions that were discussed with a nonphysician actually received medical attention and 82.2 percent of the conditions thought by lay consultants to need medical care actually received care.

Friends and relatives were the most common sources of advice; 67.9 percent of the conditions for which advice was sought was brought to their attention (table 3 and figure 2). Conditions were discussed with nurses and other persons relatively less often (in 19.8 and 13.7 percent of the conditions, respectively). Conditions discussed with "other" persons include those talked over with a druggist, a health care provider (other than a nurse), a non-health care provider, or some other person. When viewed in relation to all conditions (including those for which advice was not sought or received), the corresponding percents are 12.7 for friends or relatives, 3.7 for nurses, and 2.6 for other persons.

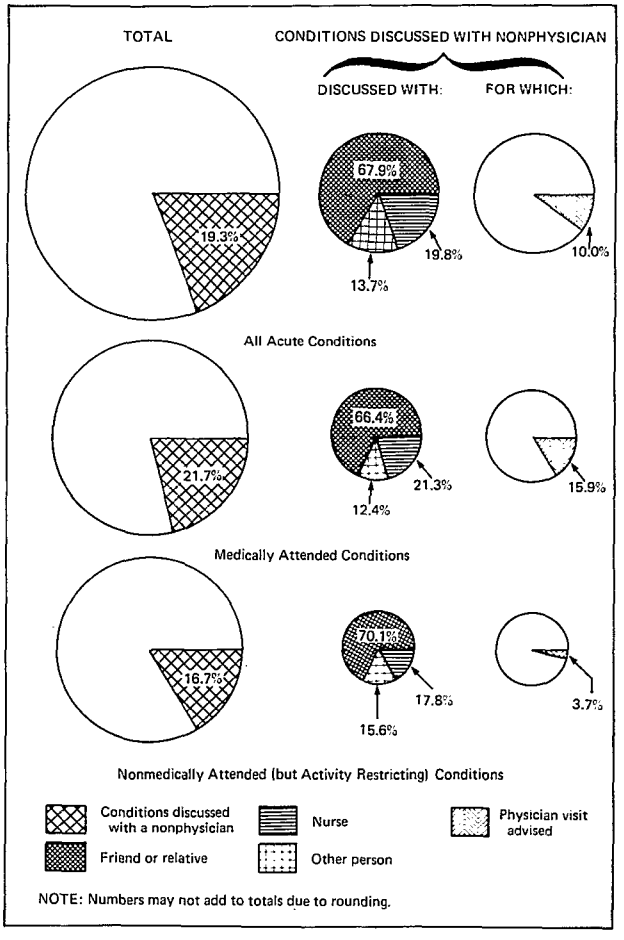


Figure 2. Percent distribution of acute conditions by whether condition was discussed with a nonphysician, main type of nonphysician consultant, and whether a doctor visit was recommended by consultant, according to medical attention status

Medically attended conditions were discussed relatively more often than were nonattended conditions—15.9 percent and 3.7 percent, respectively (table 4). Informal discussion often resulted in advice to see a doctor. Advice to see a doctor was given for about half of the acute conditions discussed with a nonphysician. People tended to comply with the advice.

NONMEDICALLY ATTENDED CONDITIONS

Reasons for Not Consulting a Physician

For nonattended conditions, respondents were asked their main reason for not seeking

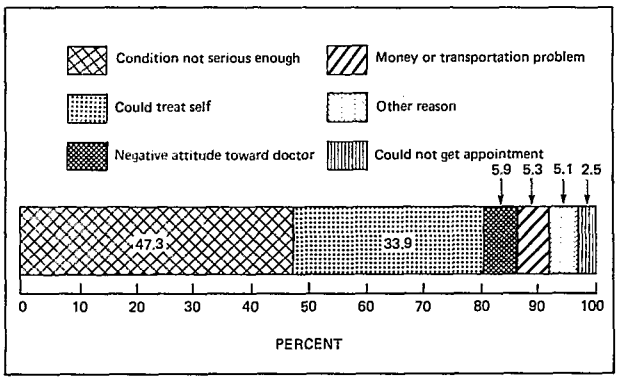


Figure 3. Percent distribution of nonmedically attended conditions, by main reason why a physician was not consulted

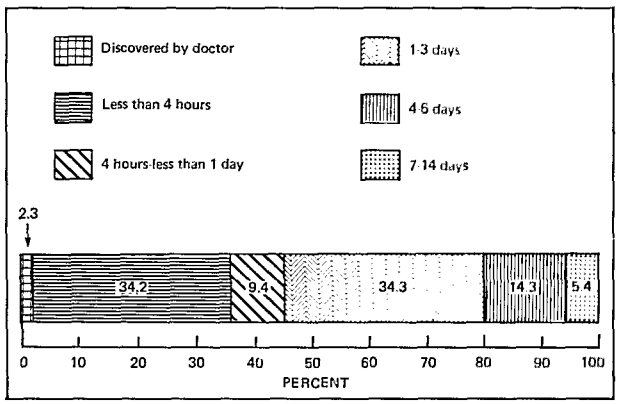


Figure 4. Percent distribution of medically attended conditions, by time interval before doctor was consulted

care. For 47.3 percent of the nonattended conditions, people considered them not serious enough to require medical care (table 5 and figure 3). For 33.9 percent, people felt they could treat themselves. Problems of access to the health care system were less frequent reasons for no medical care: Difficulty getting an appointment, money or transportation problems, and negative attitudes toward doctors were cited by respondents in 2.5, 5.3, and 5.9 percent of the cases, respectively.

MEDICALLY ATTENDED CONDITIONS: FEATURES OF THEIR CARE

Obtaining medical care for an acute condition involves time and planning. Some people visit a physician promptly after noticing their symptoms; others wait several days. Delays in obtaining care can occur because people begin treating the condition themselves, they feel the condition is not serious enough to warrant medical care, or they have problems of access to a physician. Ill people have a choice of sites for receiving care. The principal sites are private doctors' offices, hospital-based clinics (emergency room, outpatient clinic, inpatient services), and other clinics (e.g., at one's workplace).

Access to health care is a prominent concern of health planners. People who receive care for acute conditions may have problems scheduling an appointment, getting to the office or clinic, and waiting once they are there. Knowing how people feel about their travel and waiting times is as important as knowing the actual amount of time they spend traveling and waiting. Their overall satisfaction with care received is also of interest.

During their first contact for care for acute conditions, patients are often advised to follow a treatment. Frequently, the recommendations are to fill a prescription, make a return visit, or visit another doctor. Patients vary in their compliance with these recommendations.

In the 1973-74 Condition Supplements data were obtained on time interval before seeing a physician, reasons for delay, site of medical attention, travel and waiting times, attitudes about travel and waiting times, satisfaction with treatment, doctors' recommendations, and compliance with those recommmendations. Tables 6 to 13 show the responses of various social and demographic groups among the U.S. population. Few of the group differences examined were statistically significant (at the 0.05 level); these differences are, therefore, not discussed in the text.[d] Highlights of the data are summarized in the material that follows.

Delay in Seeking Medical Care

About a third (34.2 percent) of the conditions that received medical attention were seen by a doctor within 4 hours after they were first noticed (table 6 and figure 4). An additional 9.4 percent were cared for between 4 and 24 hours after being first noticed, and 34.3 percent were cared for on the second or third day. Few con-

[d]For a full discussion of group differences, see reference 7.

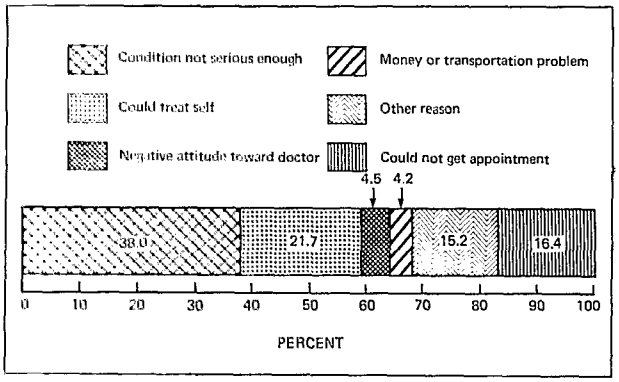


Figure 5. Percent distribution of medically attended conditions, by main reason person with the condition waited 4 hours or more before consulting doctor

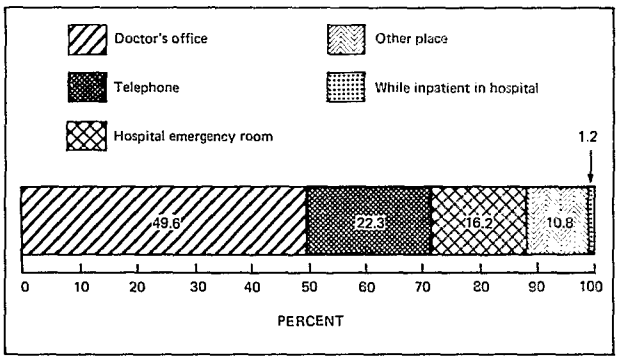


Figure 6. Percent distribution of medically attended conditions, by place of first contact

ditions (2.3 percent) were first discovered by a doctor.

People who consulted a doctor 4 or more hours after noticing their condition were asked why they had waited. In many cases, people said the condition was not serious enough for prompt attention (38.0 percent of the conditions) or that self-treatment seemed adequate (21.7 percent) (table 7 and figure 5). (The latter group includes conditions that people initially felt they could treat entirely by themselves, and conditions for which they planned medical care but felt it was not needed urgently.) Because of problems in getting an appointment, 16.4 percent of the conditions did not receive care within the first 4 hours. Money or transportation problems (4.2 percent) and attitudes toward doctors (4.5 percent) were seldom cited as reasons for delaying care. Factors such as weather and time constraints accounted for delays for 15.2 percent of the conditions.

Site of Medical Care

Where do people with acute conditions first see or talk with a doctor? In 1973-74, 49.6 percent of medically attended acute conditions were first seen at a doctor's office (table 8 and figure 6). A sizable proportion (22.3 percent) were first discussed with a doctor over the telephone. Hospital emergency rooms, inpatient facilities, and other sources of care were chosen for 16.2, 1.2, and 10.8 percent (respectively) of all medically attended conditions. "Other sources of care" include hospital outpatient clinics, home, company or industrial health centers, and other sites of ambulatory care not associated with a hospital.

Respondents with medically attended conditions were asked how they initially selected the place of primary (first-contact) care. Their responses indicate that the majority of medically attended conditions (56.4 percent) were seen in places that a relative or friend first recommended. Of the conditions treated, 18.9 percent were treated at a source of care initially recommended by another doctor, and 24.7 percent by someone other than a relative, friend, or doctor.

These groups tended to recommend different places for primary care. Relatives and friends generally suggested a particular doctor, and people who relied on them for a suggestion were often cared for at a doctor's office (61.8 percent of conditions) or by telephone consultation with a doctor (28.4 percent). When public information sources were used to find a site, conditions were first treated at hospital emergency rooms (25.7 percent), and hospital outpatient departments relatively often. Referral from a doctor prompted people to consult the new doctor by telephone first (31.4 percent of the conditions), presumably before a visit to the physician was made.

Ease of Getting Medical Care

Seeing a doctor for care of an acute condition may be hampered by difficulties getting an appointment, traveling to the office or clinic, or waiting to see the doctor after arrival. Respondents were asked to estimate their travel time to the place of care and their waiting time before

seeing the doctor. These are measures of "objective" access to primary care. Respondents were also asked if they had trouble getting an appointment, had transportation problems, or felt the waiting time was too long. These are measures of "perceived" access to primary care.

Most (84.5 percent) medically attended conditions required travel times of less than a half hour to get to the place of care. About half (50.6 percent) required less than 15 minutes' travel time (table 9 and figure 7). Journeys of 45 minutes or longer occurred for only 4.8 percent of all medically attended acute conditions. Waiting times at the office or clinic tended to be longer: For 62.5 percent of the conditions, people waited less than a half hour; for 41.4 percent, less than 15 minutes (table 9 and figure 8). For about a fifth (20.8 percent) of the conditions, however, people had to wait at least an hour or more after arrival. A small but nontrivial proportion (8.2 percent) of all medically attended acute conditions entailed waiting times of 2 hours or more.

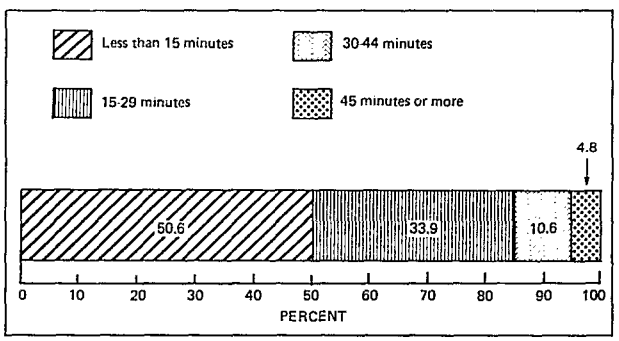


Figure 7. Percent distribution of medically attended conditions, by travel time to place of care

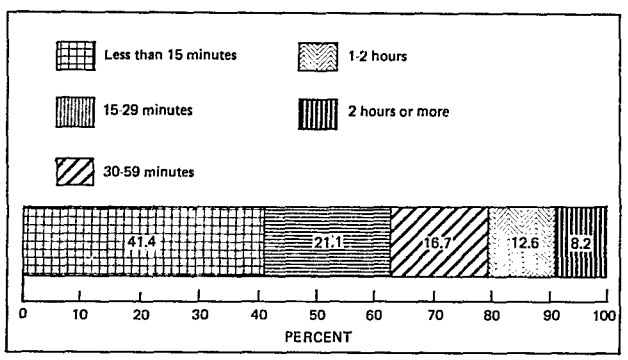


Figure 8. Percent distribution of medically attended conditions, by waiting times at places of care

People made appointments to see a doctor for about half (48.1 percent) of the medically attended conditions (table 10 and figure 9). Few people recalled problems getting an appointment (3.6 percent of the conditions). Similarly, transportation problems were cited for only 7.3 percent of the conditions (figure 10). But waiting times proved more bothersome (figure 11). For 22.1 percent of the medically attended conditions, people said waiting time was "somewhat too long" or "much too long."

Satisfaction With Treatment

Respondents were asked if the doctor had spent enough time with them during their consultation and how satisfied they were overall with treatment for their condition. For almost all (93.7 percent) conditions, people felt the doctor spent enough time during the visit or telephone call (table 11 and figure 12). This was more frequent for conditions treated at a doctor's office or by telephone than for those

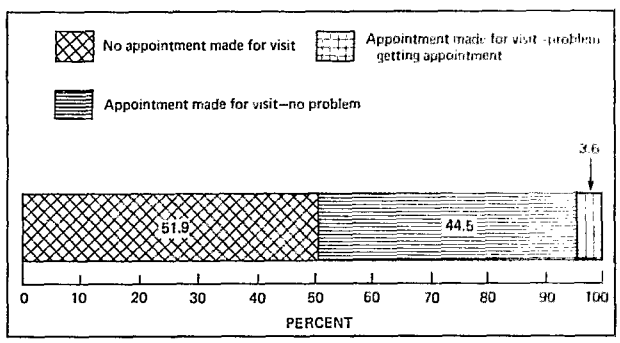


Figure 9. Percent distribution of medically attended conditions, by whether an appointment was made for the visit and whether or not there was a problem

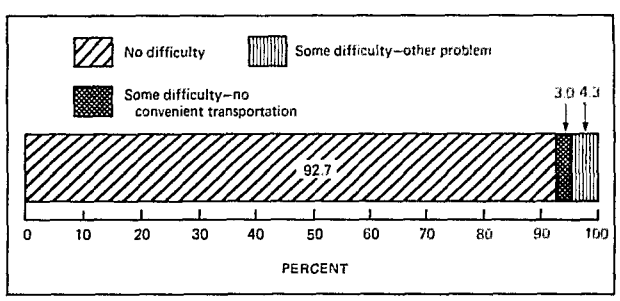


Figure 10. Percent distribution of medically attended conditions, by whether difficulty was experienced by the person with the condition getting to place of care

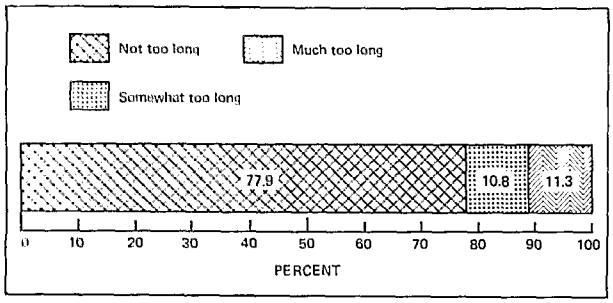


Figure 11. Percent distribution of medically attended conditions, by whether time spent waiting to see the doctor was "too long"

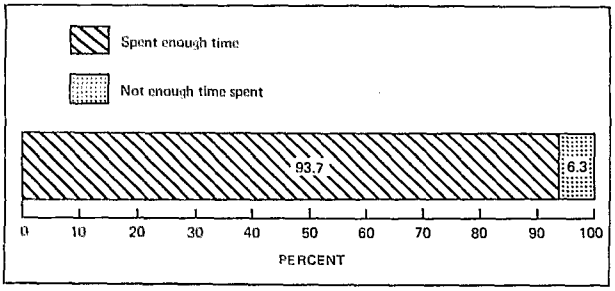


Figure 12. Percent distribution of medically attended conditions, by whether the person with the condition felt the physician spent enough time with him

treated in emergency rooms and "other" places.

Most people were very satisfied overall with the treatment they received for an acute condition (83.4 percent of the conditions) (figure 13). People felt "somewhat dissatisfied" for 3.1 percent of the conditions, and "very dissatisfied" for 3.2 percent. Satisfaction was highest for conditions treated at a doctor's office or by telephone consultation and lowest for conditions treated at emergency rooms or other places. For 6.6 and 5.2 percent of conditions treated at emergency rooms and other places, respectively, people were very dissatisfied with the care received.

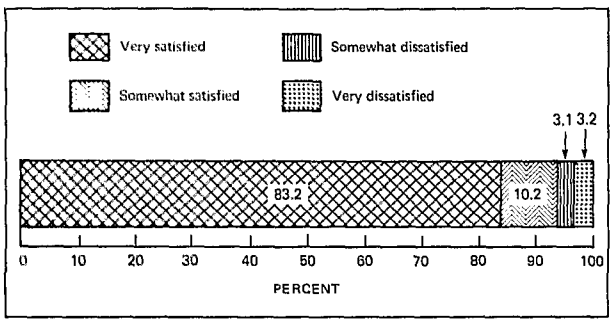


Figure 13. Percent distribution of medically attended conditions, by how satisfied the person with the condition felt about care received

Doctor Advice and Patient Compliance

Respondents were asked to recall the treatments advised by the doctor they consulted and to report compliance with the advice. The results are shown in tables 12 and 13 and figure 14.

For most acute conditions (66.8 percent) treated, doctors gave prescriptions. Followup visits were advised less frequently (36.8 percent

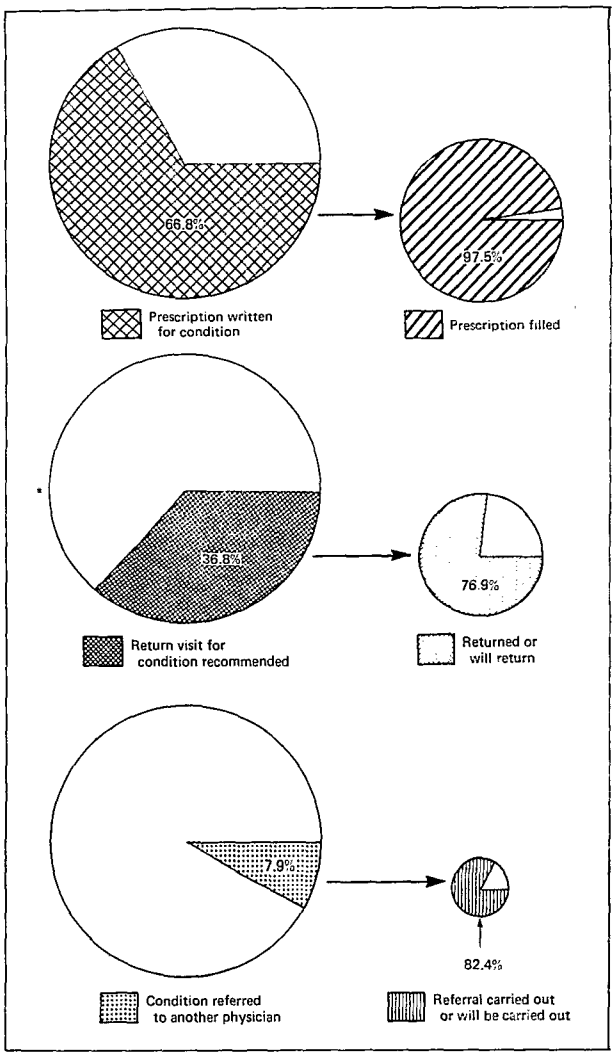


Figure 14. Percent distribution of medically attended conditions by selected physician treatment recommendations and patient compliance

of the conditions). Few (7.9 percent) medically attended conditions were referred to another doctor.

Compliance for prescriptions was high. By the time of interview, prescriptions were filled for virtually all conditions (97.5 percent) for which they were given (figure 14). Compliance with referrals was also quite high. For 82.4 percent of the conditions referred to another doctor, people had already seen the doctor or intended to go. Compliance was lowest for return visits. At the time of interview, people had made a return visit or intended to make one for 76.9 percent of the conditions for which this advice was given.

Doctors' advice varied for each site of care. Return visits were commonly requested for conditions seen by a doctor (39.3 percent), but were less common for conditions discussed over the telephone (27.2 percent). Prescriptions were given for over 65 percent of the conditions treated by private physicians (in their offices or by telephone). Prescriptions were less commonly given for conditions treated at emergency rooms (46.0 percent). Compared with physicians at public clinics, private physicians seldom referred patients to other physicians. Illnesses and injuries treated in emergency rooms, compared with other sites of primary care, were referred to a physician for subsequent care most often.

Compliance also varied for each site of care. Advice for a return visit was followed least (67.7 percent) for conditions treated by telephone. Compliance for return visits was slightly higher (77.7 to 80.5 percent) for the other sites of care. Conditions treated at emergency rooms were slightly less likely to have prescriptions filled (93.9 percent) than were conditions treated elsewhere. Compliance for referral visits was highest for conditions treated at doctors' offices (95.0 percent). Considering all three aspects (return visit, prescription, and referral visit), compliance was highest for conditions treated in doctors' offices and "other" places.

———— ooo ————

REFERENCES

[1]Aday, L. A., and Andersen, R.: *Access to Medical Care.* Ann Arbor, Mich. Health Administration Press, 1975.

[2]Andersen, R., Lion, J., and Anderson, O.W.: *Two Decades of Health Services.* Cambridge. Ballinger Pub. Co., 1976.

[3]National Center for Health Statistics: Current estimates from the Health Interview Survey, United States, 1973, by Mary H. Wilder. *Vital and Health Statistics.* Series 10-No. 95. DHEW Pub. No. (HRA) 75-1522. Health Resources Administration. Washington. U.S. Government Printing Office, Oct. 1974.

[4]National Center for Health Statistics: Current estimates from the Health Interview Survey, United States, 1974, by Peter W. Ries. *Vital and Health Statistics.* Series 10-No. 100. DHEW Pub. No. (HRA) 77-1527. Health Resources Administration. Washington. U.S. Government Printing Office, Feb. 1977.

[5]National Center for Health Statistics. Acute conditions, incidence and associated disability, United States, July 1973-June 1974, by Charles S. Wieder. *Vital and Health Statistics.* Series 10-No. 102. DHEW Pub. No. (HRA) 76-1529. Health Resources Administration. Washington. U.S. Government Printing Office, Oct. 1975.

[6]National Center for Health Statistics: Current estimates from the Health Interview Survey, United States, 1975, by Thomas F. Drury. *Vital and Health Statistics.* Series 10-No. 115. DHEW Pub. No. (HRA) 77-1543. Health Resources Administration. Washington. U.S. Government Printing Office, Mar. 1977.

[7]Verbrugge, L. M.: *Differentials in Medical Care of Acute Conditions, United States.* Biostatistics Technical Report Series No. 17. Ann Arbor, Mich. Department of Biostatistics. School of Public Health, The University of Michigan, 1978.

[8]Freidson, E.: *Profession of Medicine.* New York. Dodd, Mead, and Co., 1970.

[9]National Center for Health Statistics: Health survey procedure: concepts, questionnaire development, and definitions in the Health Interview Survey. *Vital and Health Statistics.* PHS Pub. No. 1000-Series 1-No. 2. Public Health Service. Washington. U.S. Government Printing Office, May 1964.

[10]National Center for Health Statistics: Health Interview Survey procedure, 1957-1974. *Vital and Health Statistics.* Series 1-No. 11. DHEW Pub. No. (HRA) 75-1311. Health Resources Administration. Washington. U.S. Government Printing Office, April 1975.

[11]U.S. National Health Survey: The statistical design of the health household interview survey. *Health Statistics.* PHS Pub. No. 584-A2. Public Health Service. Washington, D.C., July 1958.

[12]National Center for Health Statistics: Estimation and sampling variance in the Health Interview Survey. *Vital and Health Statistics.* PHS Pub. No. 1000-Series 2-No. 38. Public Health Service. Washington. U.S. Government Printing Office, June 1970.

[13]National Center for Health Statistics: Quality control and measurement of nonsampling error in the Health Interview Survey. *Vital and Health Statistics.* Series 2-No. 54. DHEW Pub. No. (HSM) 73-1328. Health Services and Mental Health Administration. Washington. U.S. Government Printing Office, Mar. 1973.

[14]National Center for Health Statistics: Health interview responses compared with medical records. *Vital and Health Statistics.* PHS Pub. No. 1000-Series 2-No. 7. Public Health Service. Washington. U.S. Government Printing Office, July 1965.

[15]National Center for Health Statistics: Comparison of hospitalization reporting in three survey procedures. *Vital and Health Statistics.* PHS Pub. No. 1000-Series 2-No. 8. Public Health Service. Washington. U.S. Government Printing Office, July 1965.

[16]National Center for Health Statistics: Interview data on chronic conditions compared with information derived from medical records. *Vital and Health Statistics.* PHS Pub. No. 1000-Series 2-No. 23. Public Health Service. Washington. U.S. Government Printing Office, May 1967.

[17]National Center for Health Statistics: The influence of interviewer and respondent psychological and behavioral variables on the reporting in household interviews. *Vital and Health Statistics.* PHS Pub. No. 1000-Series 2-No. 26. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1968.

[18]National Center for Health Statistics: *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.* PHS Pub. No. 1693. Public Health Service. Washington. U.S. Government Printing Office, 1967.

LIST OF DETAILED TABLES

Table 1. Average annual incidence, percent distribution of acute conditions, and average annual percent of nonmedically attended acute conditions that intend to consult a doctor by medical attention status, according to time of onset and selected characteristics: United States, 1973-74

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

Onset of condition and selected characteristics	All acute conditions	Medically attended acute conditions	Nonmedically attended acute conditions			Total[2]	Medically attended acute conditions	Nonmedically attended acute conditions		Nonmedically attended acute conditions[2]—intend to consult doctor
			Total[1]	Intend to consult doctor	Do not intend to consult doctor			Intend to consult doctor	Do not intend to consult doctor	
ALL ONSETS	Incidence in thousands					Percent distribution				Percent
Sex and age										
Both sexes, all ages	328,484	171,128	157,357	9,340	144,610	100.0	52.6	2.9	44.5	6.1
Under 17 years	151,929	81,371	70,557	3,058	66,034	100.0	54.1	2.0	43.9	4.4
17-44 years	123,326	62,082	61,244	3,551	56,545	100.0	50.8	2.9	46.3	5.9
45-64 years	38,674	19,679	18,995	1,827	16,642	100.0	51.6	4.8	43.6	9.9
65 years and over	14,556	7,995	6,561	905	5,389	100.0	56.0	6.3	37.7	14.4
Male, all ages	154,209	81,134	73,075	3,470	67,872	100.0	53.2	2.3	44.5	4.9
Under 17 years	78,374	43,327	35,047	1,452	32,867	100.0	55.8	1.9	42.3	4.2
17-44 years	54,212	26,188	28,024	1,165	26,187	100.0	48.9	2.2	48.9	4.3
45-64 years	16,147	8,352	7,794	526	7,002	100.0	52.6	3.3	44.1	7.0
65 years and over	5,476	3,266	2,210	*327	1,817	100.0	60.4	*6.0	33.6	*15.3
Female, all ages	174,275	89,994	84,281	5,870	76,738	100.0	52.1	3.4	44.5	7.1
Under 17 years	73,555	38,044	35,511	1,606	33,167	100.0	52.2	2.2	45.5	4.6
17-44 years	69,114	35,894	33,220	2,386	30,358	100.0	52.3	3.5	44.2	7.3
45-64 years	22,527	11,327	11,200	1,300	9,640	100.0	50.9	5.8	43.3	11.9
65 years and over	9,080	4,729	4,351	578	3,572	100.0	53.3	6.5	40.2	13.9
Color										
White	297,516	153,721	143,796	7,309	133,445	100.0	52.2	2.5	45.3	5.2
Other	30,968	17,407	13,561	2,032	11,166	100.0	56.9	6.6	36.5	15.4
Education of individual										
Less than 12 years	55,280	28,974	26,306	2,772	22,770	100.0	53.1	5.1	41.8	10.9
12 years	66,669	34,881	31,788	2,137	29,059	100.0	52.8	3.2	44.0	6.9
13 years or more	53,033	24,848	28,185	1,373	26,227	100.0	47.4	2.6	50.0	5.0
Income										
Less than $5,000	48,548	25,602	22,946	2,437	19,963	100.0	53.3	5.1	41.6	10.9
$5,000-$9,999	78,514	41,209	37,305	2,095	34,492	100.0	53.0	2.7	44.3	5.7
$10,000-$14,999	87,991	44,918	43,072	2,031	40,025	100.0	51.6	2.3	46.0	4.8
$15,000 or more	97,483	51,698	45,784	1,949	43,049	100.0	53.5	2.0	44.5	4.3
Place of residence										
All SMSA	232,373	121,311	111,063	6,781	101,906	100.0	52.7	2.9	44.3	6.2
In central city	97,856	52,093	45,763	3,338	41,484	100.0	53.8	3.4	42.8	7.4
Outside central city	134,517	69,217	65,300	3,444	60,422	100.0	52.0	2.6	45.4	5.4
All non-SMSA	96,111	49,817	46,294	2,559	42,704	100.0	52.4	2.7	44.9	5.7
Other urban	38,553	19,510	19,043	872	17,803	100.0	51.1	2.3	46.6	4.7
Rural	57,558	30,307	27,251	1,687	24,901	100.0	53.3	3.0	43.8	6.3
Perceived seriousness										
Very serious	34,016	28,782	5,233	922	4,270	100.0	84.7	2.7	12.6	17.8
Somewhat serious	104,692	66,076	38,616	3,120	34,441	100.0	63.8	3.0	33.2	8.3
Not serious	186,145	73,621	112,524	5,298	105,306	100.0	40.0	2.9	57.2	4.8

See footnotes at end of table.

Table 1. Average annual incidence, percent distribution of acute conditions, and average annual percent of nonmedically attended acute conditions that intend to consult a doctor by medical attention status, according to time of onset and selected characteristics: United States, 1973-74—Con.

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

Onset of condition and selected characteristics	All acute conditions	Medically attended acute conditions	Nonmedically attended acute conditions			Total[2]	Medically attended acute conditions	Nonmedically attended acute conditions		Nonmedically attended acute conditions[2]—intend to consult doctor
			Total[1]	Intend to consult doctor	Do not intend to consult doctor			Intend to consult doctor	Do not intend to consult doctor	
LAST WEEK	Incidence in thousands					Percent distribution				Percent
Sex and age										
Both sexes, all ages	171,260	81,098	90,162	6,069	81,790	100.0	48.0	3.6	48.4	6.9
Under 17 years	79,592	38,724	40,868	2,037	37,699	100.0	49.4	2.6	48.0	5.1
17-44 years	64,826	29,769	35,058	2,182	32,165	100.0	46.4	3.4	50.2	6.4
45-64 years	19,497	8,946	10,551	1,276	8,944	100.0	46.7	6.7	46.7	12.5
65 years and over	7,345	3,659	3,686	573	2,982	100.0	50.7	7.9	41.3	16.1
Male, all ages	80,806	39,518	41,288	2,101	37,943	100.0	49.7	2.6	47.7	5.2
Under 17 years	41,296	20,824	20,472	901	18,947	100.0	51.2	2.2	46.6	4.5
17-44 years	28,923	13,367	15,556	704	14,435	100.0	46.9	2.5	50.6	4.7
45-64 years	7,880	3,758	4,123	*285	3,658	100.0	48.8	*3.7	47.5	*7.2
65 years and over	2,707	1,570	1,137	*211	904	100.0	58.5	*7.9	33.7	*18.9
Female, all ages	90,455	41,580	48,875	3,967	43,847	100.0	46.5	4.4	49.0	8.3
Under 17 years	38,296	17,900	20,396	1,136	18,752	100.0	47.4	3.0	49.6	5.7
17-44 years	35,904	16,402	19,502	1,478	17,731	100.0	46.1	4.2	49.8	7.7
45-64 years	11,617	5,189	6,428	992	5,286	100.0	45.3	8.7	46.1	15.8
65 years and over	4,638	2,089	2,549	361	2,078	100.0	46.1	8.0	45.9	14.8
Color										
White	156,671	73,193	83,478	4,893	76,572	100.0	47.3	3.2	49.5	6.0
Other	14,589	7,904	6,685	1,176	5,218	100.0	55.3	8.2	36.5	18.4
Education of individual										
Less than 12 years	27,703	13,357	14,345	1,697	12,198	100.0	49.0	6.2	44.8	12.2
12 years	34,826	16,761	18,065	1,447	16,274	100.0	48.6	4.2	47.2	8.2
13 years or more	28,351	11,788	16,563	887	15,298	100.0	42.1	3.2	54.7	5.5
Income										
Less than $5,000	25,674	12,250	13,424	1,518	11,527	100.0	48.4	6.0	45.6	11.6
$5,000-$9,999	41,473	20,087	21,387	1,257	19,703	100.0	48.9	3.1	48.0	6.0
$10,000-$14,999	45,926	21,278	24,648	1,454	22,483	100.0	47.1	3.2	49.7	6.1
$15,000 or more	49,449	23,396	26,053	1,306	24,200	100.0	47.8	2.7	49.5	5.1
Place of residence										
All SMSA	120,327	57,256	63,070	4,419	56,994	100.0	48.2	3.7	48.0	7.2
In central city	51,179	24,922	26,258	2,057	23,614	100.0	49.3	4.1	46.7	8.0
Outside central city	69,147	32,334	36,813	2,362	33,380	100.0	47.5	3.5	49.0	6.6
All non-SMSA	50,934	23,841	27,092	1,650	24,796	100.0	47.4	3.3	49.3	6.2
Other urban	19,944	9,098	10,846	458	10,195	100.0	46.1	2.3	51.6	4.3
Rural	30,989	14,743	16,246	1,192	14,601	100.0	48.3	3.9	47.8	7.5
Perceived seriousness										
Very serious	16,945	14,178	2,767	770	1,977	100.0	83.8	4.5	11.7	28.0
Somewhat serious	53,242	31,479	21,762	1,950	19,085	100.0	59.9	3.7	36.3	9.3
Not serious	99,330	34,240	65,090	3,349	60,423	100.0	34.9	3.4	61.6	5.3

See footnotes at end of table.

Table 1. Average annual incidence, percent distribution of acute conditions, and average annual percent of nonmedically attended acute conditions that intend to consult a doctor by medical attention status, according to time of onset and selected characteristics: United States, 1973-74—Con.

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

Onset of condition and selected characteristics	All acute conditions	Medically attended acute conditions	Nonmedically attended acute conditions			Total[2]	Medically attended acute conditions	Nonmedically attended acute conditions		Nonmedically attended acute conditions[2]—intend to consult doctor
			Total[1]	Intend to consult doctor	Do not intend to consult doctor			Intend to consult doctor	Do not intend to consult doctor	
WEEK BEFORE	Incidence in thousands					Percent distribution				Percent
Sex and age										
Both sexes, all ages	157,224	90,030	67,194	3,272	62,820	100.0	57.7	2.1	40.2	5.0
Under 17 years	72,337	42,648	29,689	1,020	28,335	100.0	59.2	1.4	39.4	3.5
17-44 years	58,500	32,314	26,186	1,369	24,380	100.0	55.7	2.4	42.0	5.3
45-64 years	19,177	10,733	8,444	550	7,699	100.0	56.5	2.9	40.6	6.7
65 years and over	7,210	4,335	2,875	*332	2,407	100.0	61.3	*4.7	34.0	*12.1
Male, all ages	73,404	41,616	31,788	1,369	29,929	100.0	57.1	1.9	41.0	4.4
Under 17 years	37,078	22,504	14,574	550	13,920	100.0	60.9	1.5	37.6	3.8
17-44 years	25,290	12,822	12,468	461	11,753	100.0	51.2	1.8	46.9	3.8
45-64 years	8,267	4,595	3,672	*242	3,344	100.0	56.2	*3.0	40.9	*6.7
65 years and over	2,769	1,696	1,073	*115	912	100.0	62.3	*4.2	33.5	*11.2
Female, all ages	83,821	48,414	35,407	1,903	32,891	100.0	58.2	2.3	39.5	5.5
Under 17 years	35,259	20,144	15,115	470	14,415	100.0	57.5	1.3	41.2	3.2
17-44 years	33,210	19,492	13,718	908	12,627	100.0	59.0	2.7	38.2	6.7
45-64 years	10,910	6,138	4,772	*308	4,354	100.0	56.8	*2.9	40.3	*6.6
65 years and over	4,442	2,640	1,802	*217	1,495	100.0	60.7	*5.0	34.4	*12.7
Color										
White	140,845	80,527	60,318	2,416	56,872	100.0	57.6	1.7	40.7	4.1
Other	16,379	9,503	6,876	856	5,948	100.0	58.3	5.2	36.5	12.6
Education of individual										
Less than 12 years	27,577	15,616	11,961	1,075	10,572	100.0	57.3	3.9	38.8	9.2
12 years	31,843	18,120	13,723	691	12,785	100.0	57.3	2.2	40.5	5.1
13 years or more	24,683	13,060	11,623	485	10,929	100.0	53.4	2.0	44.7	4.2
Income										
Less than $5,000	22,873	13,352	9,522	919	8,436	100.0	58.8	4.0	37.2	9.8
$5,000-$9,999	37,040	21,122	15,918	838	14,790	100.0	57.5	2.3	40.2	5.4
$10,000-$14,999	42,065	23,640	18,424	577	17,543	100.0	56.6	1.4	42.0	3.2
$15,000 or more	48,034	28,303	19,731	643	18,849	100.0	59.2	1.3	39.4	3.3
Place of residence										
All SMSA	112,047	64,055	47,992	2,363	44,912	100.0	57.5	2.1	40.3	5.0
In central city	46,677	27,171	19,505	1,281	17,870	100.0	58.7	2.8	38.6	6.7
Outside central city	65,370	36,883	28,487	1,082	27,042	100.0	56.7	1.7	41.6	3.8
All non-SMSA	45,177	25,975	19,202	909	17,908	100.0	58.0	2.0	40.0	4.8
Other urban	18,609	10,411	8,197	413	7,608	100.0	56.5	2.2	41.3	5.1
Rural	26,569	15,564	11,005	496	10,300	100.0	59.0	1.9	39.1	4.6
Perceived seriousness										
Very serious	17,071	14,605	2,466	*152	2,294	100.0	85.7	*0.9	13.5	*6.2
Somewhat serious	51,450	34,596	16,854	1,170	15,356	100.0	67.7	2.3	30.0	7.1
Not serious	86,815	39,381	47,434	1,950	44,883	100.0	45.7	2.3	52.1	4.2

[1] Includes unknown intentions.
[2] Excludes unknown intentions.

Table 2. Average annual incidence of acute conditions by whether medical attention and advice was sought and average annual percent of acute conditions with advice sought by medical attention status, according to selected characteristics: United States, 1973-74

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

Selected characteristics	All acute conditions			Medically attended acute conditions			Nonmedically attended acute conditions			Acute conditions for which advice sought		
	Total[1]	Advice sought	No advice sought	Total[1]	Advice sought	No advice sought	Total[1]	Advice sought	No advice sought	All acute conditions[2]	Medically attended[2]	Nonmedically attended[2]
	Incidence in thousands									Percent		
Both sexes, all ages	328,484	61,315	256,370	171,128	35,697	128,769	157,357	25,618	127,600	19.3	21.7	16.7
Under 17 years	151,929	23,214	123,835	81,371	14,222	64,023	70,557	8,992	59,812	15.8	18.2	13.1
17-44 years	123,326	30,240	89,064	62,082	17,071	42,679	61,244	13,169	46,385	25.3	28.6	22.1
45-64 years	38,674	5,581	31,932	19,679	3,078	15,852	18,995	2,504	16,080	14.9	16.3	13.5
65 years and over	14,556	2,279	11,539	7,995	1,326	6,216	6,561	953	5,323	16.5	17.6	15.2
Male, all ages	154,209	28,970	120,534	81,134	16,863	61,463	73,075	12,106	59,071	19.4	21.5	17.0
Under 17 years	78,374	11,836	64,291	43,327	7,318	34,453	35,047	4,518	29,838	15.5	17.5	13.2
17-44 years	54,212	13,434	38,962	26,188	7,260	18,150	28,024	6,174	20,812	25.6	28.6	22.9
45-64 years	16,147	2,845	12,864	8,352	1,805	6,257	7,794	1,040	6,607	18.1	22.4	13.6
65 years and over	5,476	854	4,417	3,266	480	2,603	2,210	*374	1,814	16.2	15.6	*17.1
Female, all ages	174,275	32,345	135,836	89,994	18,833	67,307	84,281	13,512	68,529	19.2	21.9	16.5
Under 17 years	73,555	11,378	59,544	38,044	6,904	29,570	35,511	4,474	29,974	16.0	18.9	13.0
17-44 years	69,114	16,806	50,102	35,894	9,811	24,529	33,220	6,995	25,573	25.1	28.6	21.5
45-64 years	22,527	2,737	19,068	11,327	1,272	9,595	11,200	1,464	9,473	12.6	11.7	13.4
65 years and over	9,080	1,425	7,122	4,729	846	3,613	4,351	579	3,509	16.7	19.0	14.2
Color												
White	297,516	53,855	234,232	153,721	31,566	116,438	143,796	22,288	117,794	18.7	21.3	15.9
Other	30,968	7,460	22,138	17,407	4,130	12,332	13,561	3,330	9,806	25.2	25.1	25.4
Education of individual												
Less than 12 years	55,280	11,180	42,132	28,974	6,270	21,478	26,306	4,910	20,654	21.0	22.6	19.2
12 years	66,669	14,132	50,181	34,881	8,532	24,973	31,788	5,599	25,208	22.0	25.5	18.2
13 years or more	53,033	12,516	38,963	24,848	6,521	17,434	28,185	5,994	21,529	24.3	27.2	21.8
Income												
Less than $5,000	48,548	11,581	35,097	25,602	6,695	17,706	22,946	4,886	17,391	24.8	27.4	21.9
$5,000-$9,999	78,514	15,457	60,571	41,209	9,014	30,630	37,305	6,443	29,941	20.3	22.7	17.7
$10,000-$14,999	87,991	15,003	70,210	44,918	8,384	34,786	43,072	6,619	35,424	17.6	19.4	15.7
$15,000 or more	97,483	16,643	77,863	51,698	10,291	39,656	45,784	6,352	38,207	17.6	20.6	14.3
Place of residence												
All SMSA	232,373	43,566	180,983	121,311	24,945	91,555	111,063	18,621	89,428	19.4	21.4	17.2
In central city	97,856	19,525	74,766	52,093	11,096	38,708	45,763	8,429	36,059	20.7	22.3	18.9
Outside central city	134,517	24,041	106,217	69,217	13,849	52,847	65,300	10,192	53,369	18.5	20.8	16.0
All non-SMSA	96,111	17,748	75,387	49,817	10,751	37,214	46,294	6,997	38,172	19.1	22.4	15.5
Other urban	38,553	7,710	29,507	19,510	4,710	14,045	19,043	3,000	15,462	20.7	25.1	16.2
Rural	57,558	10,038	45,879	30,307	6,041	23,169	27,251	3,997	22,710	18.0	20.7	15.0

[1]Includes unknown if advice sought.
[2]Excludes conditions with advice status unknown.

Table 3. Average annual incidence and percent of acute conditions with advice sought from nonphysicians by source of advice, according to medical attention status and selected characteristics: United States, 1973-74

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

Medical attention status and selected characteristics	Acute conditions for which advice sought	Source(s) of advice[1]			All acute conditions[2] with advice sought from[1]:		
		Nurse	Friend or relative	Other person	Nurse	Friend or relative	Other person
ALL ACUTE CONDITIONS	Incidence in thousands				Percent		
Sex and age							
Both sexes, all ages	61,315	12,156	41,659	8,417	19.8	67.9	13.7
Under 17 years	23,214	5,110	15,328	3,236	22.0	66.0	13.9
17-44 years	30,240	5,513	21,380	3,807	18.2	70.7	12.6
45-64 years	5,581	1,162	3,303	1,202	20.8	59.2	21.5
65 years and over	2,279	371	1,648	*173	16.3	72.3	*7.6
Male, all ages	28,970	5,914	18,652	4,377	20.4	64.4	15.1
Under 17 years	11,836	2,539	7,629	1,617	21.5	64.5	13.7
17-44 years	13,434	2,693	8,669	2,126	20.0	64.5	15.8
45-64 years	2,845	523	1,790	555	18.4	62.9	19.5
65 years and over	854	*160	565	*80	*18.7	66.2	*9.4
Female, all ages	32,345	6,242	23,007	4,039	19.3	71.1	12.5
Under 17 years	11,378	2,571	7,699	1,619	22.6	67.7	14.2
17-44 years	16,806	2,820	12,712	1,681	16.8	75.6	10.0
45-64 years	2,737	640	1,513	647	23.4	55.3	23.6
65 years and over	1,425	*211	1,083	*93	*14.8	76.0	*6.5
Color							
White	53,855	10,732	36,636	7,360	19.9	68.0	13.7
Other	7,460	1,424	5,023	1,057	19.1	67.3	14.2
Education of individual							
Less than 12 years	11,180	1,875	7,851	1,621	16.8	70.2	14.5
12 years	14,132	3,300	9,017	1,863	23.4	63.8	13.2
13 years or more	12,516	1,852	9,275	1,697	14.8	74.1	13.6
Income							
Less than $5,000	11,581	1,742	8,408	1,584	15.0	72.6	13.7
$5,000-$9,999	15,457	2,798	10,571	2,239	18.1	68.4	14.5
$10,000-$14,999	15,003	3,529	9,781	2,058	23.5	65.2	13.7
$15,000 or more	16,643	3,570	10,993	2,306	21.5	66.1	13.9
Place of residence							
All SMSA	43,566	8,652	29,818	5,997	19.9	68.4	13.8
In central city	19,525	3,464	13,876	2,385	17.7	71.1	12.2
Outside central city	24,041	5,188	15,942	3,612	21.6	66.3	15.0
All non-SMSA	17,748	3,504	11,842	2,420	19.7	66.7	13.6
Other urban	7,710	1,401	5,218	1,177	18.2	67.7	15.3
Rural	10,038	2,103	6,624	1,243	21.0	66.0	12.4

See footnotes at end of table.

Table 3. Average annual incidence and percent of acute conditions with advice sought from nonphysicians by source of advice, according to medical attention status and selected characteristics: United States, 1973-74—Con.

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

Medical attention status and selected characteristics	Acute conditions for which advice sought	Source(s) of advice[1]			All acute conditions[2] with advice sought from[1]:		
		Nurse	Friend or relative	Other person	Nurse	Friend or relative	Other person
ALL MEDICALLY ATTENDED CONDITIONS		Incidence in thousands			Percent		
Sex and age							
Both sexes, all ages	35,697	7,595	23,691	4,424	21.3	66.4	12.4
Under 17 years	14,222	3,315	9,466	1,576	23.3	66.6	11.1
17-44 years	17,071	3,409	11,576	2,091	20.0	67.8	12.2
45-64 years	3,078	701	1,704	653	22.8	55.4	21.2
65 years and over	1,326	*170	945	*104	*12.8	71.3	*7.8
Male, all ages	16,863	3,911	10,241	2,484	23.2	60.7	14.7
Under 17 years	7,318	1,747	4,721	788	23.9	64.5	10.8
17-44 years	7,260	1,693	4,165	1,301	23.3	57.4	17.9
45-64 years	1,805	400	1,025	*339	22.2	56.8	*18.8
65 years and over	480	*71	*330	*56	*14.8	*68.8	*11.7
Female, all ages	18,833	3,684	13,451	1,940	19.6	71.4	10.3
Under 17 years	6,904	1,567	4,746	789	22.7	68.7	11.4
17-44 years	9,811	1,716	7,411	790	17.5	75.5	8.1
45-64 years	1,272	*301	680	*314	*23.7	53.5	*24.7
65 years and over	846	*99	615	*48	*11.7	72.7	*5.7
Color							
White	31,566	6,625	20,930	4,040	21.0	66.3	12.8
Other	4,130	969	2,761	*385	23.5	66.9	*9.3
Education of individual							
Less than 12 years	6,270	1,181	4,166	866	18.8	66.4	13.8
12 years	8,532	2,114	5,212	1,088	24.8	61.1	12.8
13 years or more	6,521	964	4,780	894	14.8	73.3	13.7
Income							
Less than $5,000	6,695	974	4,776	891	14.5	71.3	13.3
$5,000-$9,999	9,014	1,731	6,073	1,192	19.2	67.4	13.2
$10,000-$14,999	8,384	2,207	5,379	929	26.3	64.2	11.1
$15,000 or more	10,291	2,319	6,647	1,300	22.5	64.6	12.6
Place of residence							
All SMSA	24,945	5,250	16,857	3,129	21.0	67.6	12.5
In central city	11,096	2,308	7,658	1,134	20.8	69.0	10.2
Outside central city	13,849	2,941	9,199	1,995	21.2	66.4	14.4
All non-SMSA	10,751	2,345	6,834	1,295	21.8	63.6	12.0
Other urban	4,710	1,002	3,003	673	21.3	63.8	14.3
Rural	6,041	1,343	3,831	622	22.2	63.4	10.3

See footnotes at end of table.

Table 3. Average annual incidence and percent of acute conditions with advice sought from nonphysicians by source of advice, according to medical attention status and selected characteristics: United States, 1973-74—Con.

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

Medical attention status and selected characteristics	Acute conditions for which advice sought	Source(s) of advice[1]			All acute conditions[2] with advice sought from[1]:		
		Nurse	Friend or relative	Other person	Nurse	Friend or relative	Other person
ALL NONMEDICALLY ATTENDED CONDITIONS	Incidence in thousands				Percent		
Sex and age							
Both sexes, all ages	25,618	4,562	17,968	3,993	17.8	70.1	15.6
Under 17 years	8,992	1,795	5,862	1,659	20.0	65.2	18.4
17-44 years	13,169	2,104	9,805	1,716	16.0	74.5	13.0
45-64 years	2,504	461	1,599	549	18.4	63.9	21.9
65 years and over	953	*201	703	*69	*21.1	73.8	*7.2
Male, all ages	12,106	2,004	8,411	1,893	16.6	69.5	15.6
Under 17 years	4,518	792	2,908	829	17.5	64.4	18.3
17-44 years	6,174	1,000	4,504	825	16.2	73.0	13.4
45-64 years	1,040	*123	765	*216	*11.8	73.6	*20.8
65 years and over	374	*89	*235	*24	*23.8	*62.8	*6.4
Female, all ages	13,512	2,558	9,557	2,099	18.9	70.7	15.5
Under 17 years	4,474	1,003	2,953	830	22.4	66.0	18.6
17-44 years	6,995	1,105	5,301	891	15.8	75.8	12.7
45-64 years	1,464	*338	834	*333	*23.1	57.0	*22.7
65 years and over	579	*112	468	*45	*19.3	80.8	*7.8
Color							
White	22,288	4,107	15,706	3,320	18.4	70.5	14.9
Other	3,330	455	2,262	672	13.7	67.9	20.2
Education of individual							
Less than 12 years	4,910	694	3,684	755	14.1	75.0	15.4
12 years	5,599	1,185	3,804	775	21.2	67.9	13.8
13 years or more	5,994	887	4,495	802	14.8	75.0	13.4
Income							
Less than $5,000	4,886	768	3,632	694	15.7	74.3	14.2
$5,000-$9,999	6,443	1,067	4,499	1,047	16.6	69.8	16.3
$10,000-$14,999	6,619	1,322	4,402	1,129	20.0	66.5	17.1
$15,000 or more	6,352	1,250	4,346	1,005	19.7	68.4	15.8
Place of residence							
All SMSA	18,621	3,402	12,960	2,868	18.3	69.6	15.4
In central city	8,429	1,156	6,217	1,251	13.7	73.8	14.8
Outside central city	10,192	2,247	6,743	1,617	22.0	66.2	15.9
All non-SMSA	6,997	1,159	5,008	1,124	16.6	71.6	16.1
Other urban	3,000	399	2,216	504	13.3	73.9	16.8
Rural	3,997	760	2,792	621	19.0	69.9	15.5

[1]Sums to more than the total because some people had more than one source.
[2]Excludes conditions with advice status unknown.

Table 4. Average annual incidence of acute conditions with advice sought by medical attention status and advice received, average annual percent of acute conditions advised to see a doctor by medical attention status, and percent advised to see a doctor that did, according to selected characteristics: United States, 1973-74

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

Selected characteristics	All acute conditions for which advised to see a doctor[1]			Medically attended conditions with advice sought			Nonmedically attended conditions with advice sought			Acute conditions[1] for which advised to see a doctor			Percent advised to see a doctor that did
	Total	Advised to see doctor	Not advised to see doctor	Total	Advised to see doctor	Not advised to see doctor	Total	Advised to see doctor	Not advised to see doctor	All acute conditions	Medically attended	Nonmedically attended	
Sex and age	Incidence in thousands									Percent			
Both sexes, all ages	61,315	31,843	29,472	35,697	26,183	9,514	25,618	5,660	19,958	10.0	15.9	3.7	82.2
Under 17 years	23,214	11,171	12,043	14,222	9,744	4,479	8,992	1,427	7,565	7.6	12.5	2.1	87.2
17-44 years	30,240	16,386	13,853	17,071	13,136	3,935	13,169	3,250	9,919	13.7	22.0	5.5	80.2
45-64 years	5,581	3,171	2,410	3,078	2,424	653	2,504	747	1,757	8.5	12.8	4.0	76.4
65 years and over	2,279	1,115	1,165	1,326	878	447	953	*236	717	8.1	11.6	*3.8	78.7
Male, all ages	28,969	14,374	14,597	16,863	12,047	4,817	12,106	2,327	9,780	9.6	15.4	3.3	83.8
Under 17 years	11,836	5,383	6,454	7,318	4,834	2,485	4,518	549	3,969	7.1	11.6	1.6	89.8
17-44 years	13,434	6,890	6,545	7,260	5,501	1,759	6,174	1,389	4,786	13.1	21.6	5.1	79.8
45-64 years	2,845	1,717	1,128	1,805	1,411	394	1,040	*306	734	10.9	17.5	*4.0	82.2
65 years and over	854	384	470	480	*301	*179	*374	83	*291	*7.3	*9.8	*3.8	78.4
Female, all ages	32,346	17,470	14,875	18,833	14,137	4,697	13,512	3,334	10,179	10.4	16.4	4.1	80.9
Under 17 years	11,378	5,788	5,590	6,904	4,910	1,994	4,474	878	3,596	8.2	13.5	2.5	84.8
17-44 years	16,806	9,497	7,309	9,811	7,635	2,176	6,995	1,862	5,133	14.2	22.2	5.7	80.4
45-64 years	2,737	1,454	1,282	1,272	1,014	*259	1,464	*441	1,024	6.7	9.3	*4.0	69.7
65 years and over	1,425	731	694	846	578	*268	579	*153	*426	8.6	13.0	*3.7	79.1
Color													
White	53,855	27,929	25,926	31,566	23,249	8,317	22,288	4,680	17,609	9.7	15.7	3.3	83.2
Other	7,460	3,914	3,546	4,130	2,934	1,196	3,330	980	2,349	13.2	17.8	7.5	75.0
Education of individual													
Less than 12 years	11,180	6,343	4,837	6,270	4,798	1,471	4,910	1,545	3,365	11.9	17.3	6.0	75.6
12 years	14,132	8,072	6,060	8,532	6,594	1,938	5,599	1,478	4,122	12.6	19.7	4.8	81.7
13 years or more	12,516	6,150	6,365	6,521	4,960	1,562	5,994	1,190	4,804	11.9	20.7	4.3	80.7
Income													
Less than $5,000	11,581	6,456	5,125	6,695	5,049	1,645	4,886	1,406	3,480	13.8	20.7	6.3	78.2
$5,000-$9,999	15,457	8,472	6,985	9,014	6,881	2,133	6,443	1,591	4,852	11.1	17.4	4.4	81.2
$10,000-$14,999	15,003	7,432	7,571	8,384	6,082	2,302	6,619	1,351	5,268	8.7	14.1	3.2	81.8
$15,000 or more	16,643	8,264	8,379	10,291	7,237	3,054	6,352	1,027	5,325	8.7	14.5	2.3	87.6
Place of residence													
All SMSA	43,566	22,552	21,014	24,945	18,458	6,487	18,621	4,094	14,527	10.0	15.8	3.8	81.8
In central city	19,525	10,030	9,495	11,096	8,230	2,867	8,429	1,800	6,628	10.6	16.5	4.0	82.1
Outside central city	24 041	12,522	11,519	13,849	10,228	3,621	10,192	2,294	7,898	9.6	15.3	3.6	81.7
All non-SMSA	17,748	9,291	8,458	10,751	7,725	3,026	6,997	1,566	5,431	10.0	16.1	3.5	83.1
Other urban	7,710	4,139	3,572	4,710	3,453	1,257	3,000	686	2,315	11.1	18.4	3.7	83.4
Rural	10,038	5,152	4,886	6,041	4,272	1,769	3,997	880	3,117	9.2	14.6	3.3	82.9

[1]Excludes conditions with advice status unknown.

Table 5. Average annual incidence of nonmedically attended acute conditions and average annual incidence and percent distribution of nonmedically attended acute conditions with reason for waiting by main reason, according to condition presence and selected characteristics: United States, 1973-74

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

Condition presence and selected characteristics	All nonmedically attended *acute* conditions	All nonmedically attended acute conditions with known reason for waiting	Total[1]	Main reason waited before consulting doctor					
				Could not get appointment	Could treat self	Not serious enough	Money or transportation problem	Negative attitude toward doctor	Other reason
Condition presence	Incidence in thousands		Percent distribution						
All presence, all intentions	157,357	153,467	100.0	2.5	33.9	47.3	5.3	5.9	5.1
Intend to consult doctor	9,364	8,991	100.0	12.3	23.5	29.9	13.4	5.8	15.2
Do not intend to consult doctor	144,610	141,699	100.0	1.9	34.5	48.6	4.8	5.9	4.4
Condition present, all intentions	35,236	34,345	100.0	3.5	33.4	37.6	9.4	8.5	7.6
Intend to consult doctor	6,357	6,089	100.0	9.3	24.2	30.0	13.7	*4.9	17.8
Do not intend to consult doctor	27,258	26,635	100.0	2.2	35.0	39.5	8.6	9.6	5.2
Condition not present, all intentions	109,730	107,788	100.0	2.2	34.4	49.5	4.2	5.3	4.5
Intend to consult doctor	2,522	2,439	100.0	20.9	19.7	28.0	*13.4	*8.3	*9.6
Do not intend to consult doctor	106,307	104,514	100.0	1.7	34.7	50.1	3.9	5.2	4.4
Sex and age									
Both sexes, all ages	157,357	153,467	100.0	2.5	33.9	47.3	5.3	5.9	5.1
Under 17 years	70,557	69,310	100.0	1.6	36.0	50.3	4.2	4.2	3.7
17-44 years	61,244	59,620	100.0	2.5	30.4	47.6	6.1	7.8	5.5
45-64 years	18,995	18,191	100.0	4.2	36.7	37.9	6.1	6.7	8.4
65 years and over	6,561	6,346	100.0	*6.5	36.9	37.5	7.6	*4.4	7.2
Male, all ages	73,075	71,263	100.0	2.3	34.4	48.0	4.9	5.6	4.8
Under 17 years	35,047	34,535	100.0	1.6	35.2	50.8	4.6	3.9	3.8
17-44 years	28,024	27,003	100.0	2.4	32.2	46.6	5.4	7.7	5.7
45-64 years	7,794	7,583	100.0	*3.7	38.4	41.1	*4.5	6.5	5.9
65 years and over	2,210	2,142	100.0	*8.9	35.5	44.0	*3.0	*1.9	*6.8
Female, all ages	84,281	82,204	100.0	2.6	33.5	46.7	5.6	6.2	5.3
Under 17 years	35,511	34,775	100.0	1.6	36.7	49.9	3.7	4.5	3.5
17-44 years	33,220	32,617	100.0	2.7	29.0	48.5	6.6	7.8	5.4
45-64 years	11,200	10,608	100.0	4.5	35.4	35.7	7.3	6.8	10.3
65 years and over	4,351	4,205	100.0	*5.3	37.6	34.2	9.9	*5.6	*7.4
Color									
White	143,796	140,354	100.0	2.4	33.4	48.2	4.6	6.2	5.1
Other	13,561	13,113	100.0	2.8	39.5	38.0	12.4	*2.4	4.9
Education of individual									
Less than 12 years	26,306	25,252	100.0	4.4	34.2	37.6	11.2	5.5	7.0
12 years	31,788	31,044	100.0	2.7	31.1	48.1	5.1	7.2	5.7
13 years or more	28,185	27,340	100.0	2.6	31.5	47.6	2.9	9.0	6.5
Income									
Less than $5,000	22,946	22,514	100.0	2.7	33.2	37.8	14.3	6.2	5.7
$5,000-$9,999	37,305	36,398	100.0	2.8	36.3	42.6	8.0	5.7	4.6
$10,000-$14,999	43,072	42,037	100.0	2.3	33.0	52.1	3.0	4.8	4.7
$15,000 or more	45,784	44,514	100.0	2.0	33.2	51.3	0.9	7.2	5.5
Place of residence									
All SMSA	111,063	108,305	100.0	2.1	33.2	47.8	4.9	6.3	5.8
In central city	45,763	44,679	100.0	2.2	32.9	46.4	6.5	6.4	5.6
Outside central city	65,300	63,626	100.0	1.9	33.4	48.8	3.8	6.2	5.8
All non-SMSA	46,294	45,162	100.0	3.5	35.7	46.0	6.2	5.0	3.5
Other urban	19,043	18,529	100.0	2.3	36.9	45.9	4.7	6.1	4.1
Rural	27,251	26,633	100.0	4.3	34.9	46.1	7.3	4.3	3.2

[1]Excludes conditions with unknown reasons.

Table 6. Average annual incidence of medically attended acute conditions and average annual incidence and percent distribution of medically attended acute conditions with time interval by interval before doctor was consulted, according to selected characteristics: United States, 1973-74

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

Selected characteristics	All medically attended acute conditions	Medically attended acute conditions with time interval known	Total[1]	Time interval before doctor was consulted					
				Discovered by doctor	Less than 4 hours	4 hours-less than 1 day	1-3 days	4-6 days	7-14 days
Sex and age	Incidence in thousands		Percent distribution						
Both sexes, all ages	171,128	167,793	100.0	2.3	34.2	9.4	34.3	14.3	5.4
Under 17 years	81,371	80,169	100.0	2.2	39.1	9.5	35.2	10.6	3.4
17-44 years	62,082	60,711	100.0	2.2	30.9	9.9	33.5	16.6	6.9
45-64 years	19,679	19,145	100.0	2.3	27.7	9.2	33.6	20.4	6.8
65 years and over	7,995	7,767	100.0	*3.7	25.9	5.2	33.5	20.4	11.3
Male, all ages	81,134	79,625	100.0	1.9	38.2	9.2	33.8	12.5	4.4
Under 17 years	43,327	42,717	100.0	2.2	41.4	9.1	34.7	9.7	2.8
17-44 years	26,188	25,512	100.0	*1.2	38.6	9.1	31.2	14.0	5.9
45-64 years	8,352	8,174	100.0	*1.9	25.9	10.8	35.4	21.1	5.0
65 years and over	3,266	3,222	100.0	*3.4	25.0	*6.5	38.4	16.0	*10.7
Female, all ages	89,994	88,168	100.0	2.6	30.6	9.6	34.8	15.9	6.4
Under 17 years	38,044	37,452	100.0	2.2	36.5	10.0	35.7	11.5	4.1
17-44 years	35,894	35,200	100.0	3.0	25.4	10.5	35.2	18.4	7.5
45-64 years	11,327	10,971	100.0	2.6	29.1	8.0	32.2	20.0	8.2
65 years and over	4,729	4,545	100.0	*4.0	26.4	*4.2	30.1	23.5	11.7
Color									
White	153,721	150,923	100.0	2.1	34.2	9.9	34.4	14.1	5.3
Other	17,407	16,871	100.0	3.6	34.7	5.4	33.6	15.9	6.8
Education of individual									
Less than 12 years	28,974	28,164	100.0	2.8	28.8	9.4	32.2	18.6	8.1
12 years	34,881	33,986	100.0	2.4	30.5	8.7	33.8	17.6	7.0
13 years or more	24,848	24,442	100.0	1.8	29.4	10.3	34.9	17.4	6.2
Income									
Less than $5,000	25,602	24,906	100.0	2.9	29.5	7.6	36.8	16.3	7.0
$5,000-$9,999	41,209	40,409	100.0	2.6	34.4	9.4	34.3	14.2	5.2
$10,000-$14,999	44,918	44,148	100.0	2.4	34.7	10.4	32.7	14.9	4.9
$15,000 or more	51,698	50,697	100.0	1.7	35.9	9.8	34.5	12.6	5.6
Place of residence									
All SMSA	121,311	119,140	100.0	2.5	35.1	9.0	34.0	14.1	5.3
In central city	52,093	51,128	100.0	3.0	33.3	8.7	33.4	15.0	6.5
Outside central city	69,217	68,013	100.0	2.1	36.5	9.1	34.4	13.4	4.4
All non-SMSA	49,817	48,653	100.0	1.8	32.1	10.5	35.1	14.7	5.8
Other urban	19,510	18,888	100.0	*1.8	34.0	10.5	31.5	15.2	6.9
Rural	30,307	29,765	100.0	1.8	30.8	10.5	37.4	14.4	5.1
Perceived seriousness									
Very serious	28,782	28,608	100.0	2.5	59.9	12.0	18.3	5.8	1.5
Somewhat serious	66,076	65,289	100.0	1.6	38.6	10.4	35.2	10.7	3.6
Not serious	73,621	71,935	100.0	2.3	20.2	7.6	40.0	21.1	8.7

[1]Excludes conditions with unknown time interval before doctor was first consulted.

Table 7. Average annual incidence of medically attended acute conditions with a delay of 4 hours or more in seeing doctor and average annual incidence and percent distribution of medically attended acute conditions with known reason for waiting by main reason, according to selected characteristics: United States, 1973-74

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

Selected characteristics	All medically attended acute conditions with 4+ hours' delay in seeing doctor	All medically attended acute conditions with known reason for waiting	Total[1]	Main reason waited before consulting doctor					
				Could not get appointment	Could treat self	Not serious enough	Money or transportation problem	Negative attitude toward doctor	Other reason
Sex and age	Incidence in thousands		Percent distribution						
Both sexes, all ages	106,498	100,307	100.0	16.4	21.7	38.0	4.2	4.5	15.2
Under 17 years	47,028	44,415	100.0	16.0	23.2	39.8	3.3	3.7	14.0
17-44 years	40,606	38,165	100.0	16.3	20.8	37.6	4.5	5.0	15.8
45-64 years	13,396	12,491	100.0	18.0	18.7	35.8	4.6	5.7	17.1
65 years and over	5,468	5,237	100.0	17.7	23.1	30.7	8.0	*3.7	16.8
Male, all ages	47,666	44,686	100.0	15.6	22.0	39.5	3.6	3.9	15.5
Under 17 years	24,073	22,629	100.0	15.7	23.4	39.9	3.6	3.2	14.2
17-44 years	15,381	14,506	100.0	15.8	21.1	40.7	3.1	3.9	15.4
45-64 years	5,904	5,352	100.0	15.1	18.4	37.9	*3.1	*5.5	19.9
65 years and over	2,307	2,199	100.0	*15.7	20.9	30.4	*8.2	*5.8	18.9
Female, all ages	58,832	55,622	100.0	17.1	21.5	36.8	4.6	4.9	15.0
Under 17 years	22,955	21,786	100.0	16.2	23.0	39.7	3.1	4.2	13.8
17-44 years	25,225	23,658	100.0	16.6	20.6	35.7	5.3	5.7	16.1
45-64 years	7,492	7,139	100.0	20.2	19.0	34.2	5.8	5.8	15.0
65 years and over	3,161	3,038	100.0	19.1	24.7	30.9	*7.9	*2.3	15.2
Color									
White	96,088	90,497	100.0	16.3	21.7	38.2	3.5	4.7	15.5
Other	10,410	9,811	100.0	17.5	21.6	35.7	10.3	*2.6	12.3
Education of individual									
Less than 12 years	19,244	18,157	100.0	16.2	21.1	34.0	7.9	3.9	17.0
12 years	22,811	21,153	100.0	18.1	19.3	37.4	3.8	5.6	15.8
13 years or more	16,806	15,996	100.0	15.8	22.3	38.1	*2.0	5.9	15.9
Income									
Less than $5,000	16,850	16,198	100.0	15.2	22.3	34.0	8.5	4.2	15.7
$5,000-$9,999	25,486	23,877	100.0	18.0	21.7	37.9	5.5	2.9	14.0
$10,000-$14,999	27,749	26,057	100.0	14.4	22.8	39.7	3.7	4.2	15.2
$15,000 or more	31,660	29,916	100.0	17.5	20.7	39.2	*1.1	5.7	15.7
Place of residence									
All SMSA	74,306	70,499	100.0	16.1	20.9	38.8	3.6	4.5	16.2
In central city	32,553	30,706	100.0	15.1	19.8	40.2	4.7	4.5	15.7
Outside central city	41,752	39,794	100.0	16.8	21.7	37.7	2.7	4.6	16.5
All non-SMSA	32,192	29,808	100.0	17.3	23.8	36.1	5.5	4.3	13.0
Other urban	12,125	11,321	100.0	16.3	22.0	38.4	4.7	6.4	12.1
Rural	20,067	18,487	100.0	17.9	24.8	34.7	6.0	3.0	13.5
Perceived seriousness									
Very serious	10,758	9,812	100.0	29.7	18.0	10.8	7.1	8.6	25.7
Somewhat serious	39,057	36,672	100.0	21.0	21.5	27.8	4.8	4.8	20.0
Not serious	55,712	52,898	100.0	10.6	22.3	50.4	3.2	3.5	10.0

[1] Excludes conditions with unknown reasons.

Table 8. Average annual incidence of medically attended acute conditions and average annual incidence and percent distribution of medically attended acute conditions with place of medical attention by site of first contact with doctor, according to referral source and selected characteristics: United States, 1973-74

[Data are based on a sample of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristics	All medically attended acute conditions	All medically attended acute conditions with known place	Total[1]	First contact with doctor				
				Doctor's office	Telephone	Hospital emergency room	Other place	While inpatient in hospital
	Incidence in thousands		Percent distribution					
	171,128	169,392	100.0	49.6	22.3	16.2	10.8	1.2
	24,675	24,630	100.0	53.3	31.4	11.1	4.3	*
	73,843	73,822	100.0	61.8	28.4	5.8	4.1	*
	32,366	32,293	100.0	43.0	15.0	25.7	16.3	*
	171,128	169,392	100.0	49.6	22.3	16.2	10.8	1.2
	81,371	80,597	100.0	49.0	26.4	14.5	9.6	0.5
	82,092	81,484	100.0	47.6	18.4	18.8	13.2	2.0
	16,670	16,403	100.0	55.6	18.8	16.7	8.0	*0.8
	7,995	7,908	100.0	55.7	19.7	11.5	10.3	*2.8
	81,134	80,195	100.0	49.7	19.0	19.1	11.4	0.8
	43,327	42,798	100.0	49.4	24.9	15.7	9.5	*0.6
	26,188	25,931	100.0	46.8	11.1	26.4	14.9	*0.8
	8,352	8,244	100.0	56.5	15.0	17.9	9.3	1.3
	3,266	3,222	100.0	60.3	14.1	*9.4	14.2	*2.0
	89,994	89,197	100.0	49.5	25.3	13.5	10.2	1.6
	38,044	37,789	100.0	48.7	28.0	13.1	9.8	*0.4
	35,884	35,553	100.0	48.3	23.7	13.3	11.9	2.9
	11,239	11,159	100.0	55.0	21.6	15.8	7.1	*0.5
	4,726	4,696	100.0	52.5	23.5	12.9	*7.7	*3.3
	153,721	152,322	100.0	49.9	23.6	15.4	9.9	1.2
	17,407	17,070	100.0	46.7	10.6	23.1	18.5	*1.2
	28,974	28,615	100.0	52.7	16.5	20.1	9.0	1.8
	34,881	34,539	100.0	50.2	18.8	18.4	10.5	2.2
	24,848	24,608	100.0	46.7	20.7	14.3	17.3	*1.1
	25,602	25,328	100.0	42.4	16.2	18.9	20.9	1.6
	41,209	40,907	100.0	50.1	21.7	17.2	9.8	1.3
	44,918	44,454	100.0	52.2	22.9	15.9	7.6	1.4
	51,399	51,120	100.0	50.2	25.4	14.6	9.1	0.7
	121,311	120,158	100.0	46.2	23.7	17.1	11.8	1.2
	52,093	51,574	100.0	44.8	22.0	18.3	13.2	1.6
	69,217	68,584	100.0	47.3	24.9	16.1	10.7	1.0
	49,817	49,234	100.0	57.8	19.0	14.0	8.2	1.1
	19,510	19,143	100.0	54.3	20.2	17.2	7.5	*0.8
	30,307	30,091	100.0	60.0	18.2	11.9	8.7	1.2

Table 9. Average annual incidence of medically attended acute conditions and average annual incidence and percent distribution of medically attended acute conditions with known travel to and waiting time at site of first contact with doctor by time intervals, according to site of medical attention and selected characteristics United States, 1973-74

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

Site of medical attention and selected characteristics	All medically attended acute conditions[1]	Medically attended acute conditions with known travel time	Travel time to site of first contact				Incidence of medically attended acute conditions with known waiting time (in thousands)	Waiting time at site of first contact				
			Less than 15 minutes	15-29 minutes	30-44 minutes	45 minutes or more		Less than 15 minutes	15-29 minutes	30-59 minutes	1 hour	2 hours or more
Site of medical attention	Incidence in thousands		Percent distribution					Percent distribution				
All sites[1]	128,381	123,788	50.6	33.9	10.6	4.8	122,112	41.4	21.1	16.7	12.6	8.2
Doctor's office	84,007	81,831	50.1	33.9	11.1	4.9	81,169	39.0	23.2	17.9	12.9	7.1
Hospital emergency room	27,375	26,467	48.1	38.6	10.0	3.4	25,944	45.1	17.2	15.2	12.1	10.5
Other place	15,285	14,675	58.0	26.3	9.2	6.5	14,255	48.3	16.1	13.4	11.4	10.8
Sex and age												
Both sexes, all ages	128,381	123,788	50.6	33.9	10.6	4.8	122,112	41.4	21.1	16.7	12.6	8.2
Under 17 years	58,267	56,306	49.9	35.5	10.2	4.3	55,281	41.2	20.5	17.7	12.3	8.3
17-44 years	48,839	47,231	52.4	32.2	10.4	5.0	46,770	42.3	20.5	15.7	13.3	8.2
45-64 years	15,514	14,795	51.0	34.0	10.7	4.3	14,552	41.9	24.1	17.1	10.7	6.2
65 years and over	5,761	5,456	42.4	32.1	16.2	9.3	5,509	34.5	24.8	14.2	13.9	12.6
Male, all ages	63,913	61,538	52.3	32.7	10.6	4.4	60,537	43.8	20.4	15.1	12.2	8.5
Under 17 years	31,727	30,568	50.9	35.0	10.1	4.0	29,941	42.0	19.8	16.7	13.0	8.5
17-44 years	22,805	22,037	55.0	29.4	11.1	4.5	21,758	46.9	20.0	12.9	11.7	8.5
45-64 years	6,857	6,569	53.1	32.9	10.5	*3.5	6,435	42.8	26.0	14.8	11.0	*5.4
65 years and over	2,523	2,364	42.2	33.7	*13.1	*11.1	2,403	42.7	15.1	15.8	*9.3	17.1
Female, all ages	64,468	62,249	49.0	35.2	10.6	5.2	61,575	39.0	21.8	18.3	12.9	7.9
Under 17 years	26,540	25,738	48.7	36.2	10.4	4.7	25,340	40.3	21.2	19.0	11.3	8.1
17-44 years	26,034	25,193	50.1	34.7	9.7	5.5	25,012	38.3	20.9	18.2	14.7	8.0
45-64 years	8,657	8,226	49.3	34.9	10.9	4.9	8,118	41.3	22.5	18.8	10.5	6.9
65 years and over	3,238	3,092	42.6	31.0	18.6	*7.9	3,105	28.2	32.4	12.9	17.4	*9.1
Color												
White	113,183	109,236	51.7	33.7	10.3	4.3	107,565	42.4	21.1	16.3	12.4	7.8
Other	15,198	14,551	43.0	35.6	12.6	8.8	14,548	34.1	20.8	19.6	14.0	11.6
Education of individual												
Less than 12 years	23,185	22,297	47.5	33.2	12.9	6.4	22,267	36.2	22.2	18.6	12.4	10.6
12 years	27,252	26,416	49.6	34.6	11.0	4.9	26,010	42.2	21.6	14.2	14.0	8.1
13 years or more	18,925	18,090	57.7	29.4	8.6	4.3	17,915	47.3	20.7	14.9	11.7	5.3
Income												
Less than $5,000	20,855	20,038	47.2	33.8	11.0	7.9	19,774	35.6	19.7	18.1	14.5	12.1
$5,000-$9,999	31,200	30,172	48.1	35.2	11.2	5.5	29,617	38.8	22.6	17.2	12.1	9.3
$10,000-$14,999	33,769	32,759	51.6	34.6	10.0	3.8	32,264	40.9	21.8	16.8	12.3	8.2
$15,000 or more	36,805	35,392	54.6	32.1	9.9	3.4	35,034	47.6	20.6	15.0	11.5	5.3
Place of residence												
All SMSA	88,956	85,457	50.8	34.9	9.9	4.4	84,455	41.6	21.2	16.7	12.9	7.6
In central city	38,749	37,127	49.6	37.8	8.0	4.6	37,018	37.6	22.1	17.7	13.9	8.7
Outside central city	50,207	48,330	51.8	32.6	11.4	4.2	47,436	44.8	20.4	15.9	12.1	6.8
All non-SMSA	39,426	38,331	50.2	31.9	12.1	5.8	37,658	40.9	21.0	16.8	11.8	9.6
Other urban	15,308	14,852	68.9	20.4	7.1	3.6	14,695	41.0	23.7	17.4	10.6	7.2
Rural	24,711	23,479	38.4	39.1	15.3	7.2	22,963	40.8	19.2	16.4	12.5	11.1

[1] Excludes conditions for persons treated as hospital inpatients, at home, or by telephone consultation only.

Table 10. Average annual incidence of medically attended acute conditions with known appointment, transportation, and waiting time status and percent distribution by type of problem incurred, if any, according to site of medical attention and selected characteristics: United States, 1973-74

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

Site of medical attention and selected characteristics	Incidence of medically attended acute conditions[1] with known appointment status (in thousands)	Appointment for visit			Incidence of medically attended acute conditions[1] with known transportation status (in thousands)	Transportation to place			Incidence of medically attended acute conditions[1] with known waiting time status (in thousands)	Waiting time at place		
		Made no appointment	No problem making appointment	Had problem making appointment		No problem	No convenient transportation	Other problem		Not too long	Somewhat too long	Much too long
SITE OF MEDICAL ATTENTION		Percent distribution				Percent distribution				Percent distribution		
All sites	122,227	51.9	44.5	3.6	122,809	92.7	3.0	4.3	124,383	77.9	10.8	11.3
Doctor's office	80,354	33.9	61.1	5.0	80,825	92.9	2.9	4.2	81,967	79.2	11.0	9.9
Hospital emergency room	26,328	93.9	5.7	*0.4	26,417	93.1	2.8	4.1	26,784	73.0	11.7	15.3
Other place	15,545	74.3	24.3	*1.4	15,567	91.3	3.4	5.2	15,633	79.3	8.3	12.3
SEX AND AGE												
Both sexes												
Under 17 years	55,706	48.7	47.5	3.8	55,956	92.5	3.2	4.3	56,341	77.4	11.4	11.2
17-44 years	46,495	57.5	39.3	3.2	46,729	93.2	2.5	4.3	47,623	76.8	11.1	12.0
45-64 years	14,580	48.6	47.5	3.9	14,630	93.1	2.4	4.5	14,882	82.8	8.2	9.1
65 years and over	5,446	46.9	50.6	*2.5	5,494	89.6	6.4	*4.0	5,538	77.8	9.3	12.8
Male												
Under 17 years	30,435	50.5	46.4	3.2	30,624	91.9	3.7	4.5	30,627	77.0	11.2	11.8
17-44 years	21,726	63.4	33.4	3.1	21,825	94.0	*1.5	4.5	22,307	77.6	9.9	12.5
45-64 years	6,402	50.7	46.6	*2.7	6,414	94.4	*1.5	*4.1	6,501	84.0	7.3	8.8
65 years and over	2,340	49.6	49.4	*1.0	2,420	88.2	*8.1	*3.6	2,388	75.5	*12.4	*12.1
Female												
Under 17 years	25,271	46.6	48.8	4.6	25,332	93.3	2.6	4.1	25,714	77.9	11.6	10.6
17-44 years	24,769	52.2	44.4	3.4	24,904	92.5	3.4	4.0	25,315	76.2	12.2	11.6
45-64 years	8,178	47.0	48.2	4.8	8,216	92.1	*3.0	4.9	8,381	81.9	8.8	9.3
65 years and over	3,106	44.8	51.5	*3.7	3,075	90.6	*5.1	*4.3	3,149	79.6	*7.0	13.4
COLOR												
White	107,777	50.0	46.3	3.7	108,390	93.4	2.4	4.3	109,757	78.3	10.8	10.9
Other	14,450	66.3	30.8	2.9	14,418	87.8	7.5	4.7	14,626	74.6	10.7	14.7
EDUCATION OF INDIVIDUAL												
Less than 12 years	21,931	57.2	39.1	3.7	21,991	91.8	4.1	4.0	22,393	77.4	8.9	13.7
12 years	25,857	55.0	42.2	2.8	26,039	93.5	2.5	4.0	26,551	77.7	11.6	10.7
13 years or more	18,032	51.1	45.3	3.6	18,121	93.2	*1.8	5.0	18,416	79.8	10.6	9.7
INCOME												
Less than $5,000	20,021	64.9	31.5	3.6	19,917	87.5	7.5	5.0	20,289	73.3	12.2	14.4
$5,000-$9,999	29,523	57.4	39.7	2.9	29,819	93.4	2.7	3.9	30,368	78.2	10.5	11.3
$10,000-$14,999	32,048	49.0	47.1	3.9	32,360	93.7	2.1	4.1	32,536	78.2	10.7	11.1
$15,000 or more	35,130	42.7	53.6	3.7	35,219	94.6	1.3	4.1	35,723	79.8	10.3	9.8
PLACE OF RESIDENCE												
All SMSA	84,707	51.1	45.3	3.6	84,877	92.1	3.2	4.7	86,246	76.9	11.4	11.7
In central city	36,888	54.1	42.2	3.7	36,870	91.7	3.7	4.6	37,538	75.5	12.6	11.9
Outside central city	47,819	48.9	47.6	3.5	48,007	92.3	2.8	4.8	48,709	78.0	10.5	11.5
All non-SMSA	37,520	53.8	42.8	3.5	37,931	94.2	2.4	3.4	38,137	80.0	9.4	10.6
Other urban	14,497	48.9	48.5	2.5	14,631	95.4	*1.3	3.3	14,749	81.9	8.2	9.9
Rural	23,024	56.8	39.2	4.0	23,300	93.5	3.1	3.4	23,388	78.8	10.1	11.1
PERCEIVED SERIOUSNESS												
Very serious	21,667	65.6	31.6	2.8	21,615	89.7	3.6	6.7	22,183	77.4	8.6	14.0
Somewhat serious	47,930	49.1	47.1	3.9	47,674	92.1	3.5	4.3	48,344	76.7	12.2	11.1
Not serious	50,999	49.3	47.1	3.6	51,782	94.4	2.2	3.4	52,165	79.1	10.4	10.5

[1]Excludes conditions for persons treated as hospital inpatients, at home, or by telephone consultation only.

Table 11. Average annual incidence of medically attended acute conditions and average annual incidence and percent distribution of medically attended acute conditions with known opinion about time spent with doctor and satisfaction with treatment by patient satisfaction, according to site of medical attention and selected characteristics: United States, 1973-74

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

Site of medical attention and selected characteristics	All medically attended acute conditions[1]	All medically attended acute conditions with known opinion about time spent	Total	Time doctor spent with person		Incidence of medically attended acute conditions with known satisfaction with treatment (in thousands)	Total	Overall satisfaction with treatment			
				Spent enough time	Not enough time			Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
Site of medical attention	Incidence in thousands		Percent distribution					Percent distribution			
All sites[1]	169,109	165,065	100.0	93.7	6.3	165,468	100.0	83.4	10.2	3.1	3.2
Doctor's office	84,007	82,902	100.0	94.6	5.4	82,718	100.0	85.1	10.1	2.6	2.2
Telephone	37,776	36,758	100.0	96.1	3.9	37,009	100.0	88.9	6.6	2.5	2.1
Hospital emergency room	27,375	26,857	100.0	89.9	10.1	26,879	100.0	73.0	15.7	4.7	6.6
Other place	18,236	17,758	100.0	90.0	10.0	17,721	100.0	80.3	9.8	4.8	5.2
Condition presence											
Present	62,090	60,856	100.0	92.6	7.4	61,183	100.0	79.2	12.8	3.6	4.4
Not present	102,748	100,649	100.0	94.4	5.6	100,855	100.0	86.3	8.3	2.8	2.6
Sex and age											
Both sexes, all ages	169,109	165,065	100.0	93.7	6.3	165,468	100.0	83.4	10.2	3.1	3.2
Under 17 years	80,975	79,080	100.0	94.2	5.8	79,468	100.0	85.4	9.1	3.0	2.6
17-44 years	60,842	59,476	100.0	92.6	7.4	59,387	100.0	79.1	13.0	3.8	4.2
45-64 years	19,518	18,968	100.0	95.0	5.0	19,055	100.0	87.5	7.2	2.7	2.6
65 years and over	7,774	7,541	100.0	93.6	6.5	7,558	100.0	87.4	7.9	*0.6	*4.0
Male, all ages	80,499	78,655	100.0	93.4	6.6	78,647	100.0	83.0	10.0	3.3	3.8
Under 17 years	43,085	42,022	100.0	94.0	6.0	42,371	100.0	85.5	8.2	3.5	2.7
17-44 years	25,966	25,450	100.0	92.1	7.9	25,238	100.0	77.5	13.7	3.5	5.3
45-64 years	8,247	8,069	100.0	94.4	5.6	7,964	100.0	85.2	8.5	*2.9	*3.4
65 years and over	3,201	3,114	100.0	92.9	*7.1	3,073	100.0	87.1	*6.9	*-	*6.0
Female, all ages	88,610	86,410	100.0	93.9	6.1	86,821	100.0	83.9	10.4	3.0	2.7
Under 17 years	37,890	37,058	100.0	94.3	5.7	37,097	100.0	85.1	10.1	2.5	2.3
17-44 years	34,877	34,027	100.0	93.0	7.0	34,148	100.0	80.2	12.4	4.0	3.4
45-64 years	11,270	10,899	100.0	95.4	4.6	11,091	100.0	89.2	6.3	*2.5	*2.0
65 years and over	4,573	4,427	100.0	94.0	*6.0	4,485	100.0	87.7	8.7	*1.0	*2.7
Color											
White	151,900	148,306	100.0	93.8	6.2	148,704	100.0	83.9	10.0	2.9	3.1
Other	17,208	16,759	100.0	92.6	7.4	16,763	100.0	79.1	11.9	4.9	4.0
Education of individual											
Less than 12 years	28,437	27,948	100.0	93.8	6.2	27,730	100.0	82.8	10.8	2.8	3.7
12 years	34,112	33,234	100.0	92.9	7.1	33,488	100.0	81.7	10.7	3.4	4.1
13 years or more	24,572	23,908	100.0	93.1	6.9	23,890	100.0	80.7	12.1	3.5	3.6
Income											
Less than $5,000	25,175	24,696	100.0	91.0	9.0	24,691	100.0	79.4	11.9	4.4	4.3
$5,000-$9,999	40,696	39,705	100.0	94.8	5.2	39,828	100.0	82.6	10.9	2.9	3.6
$10,000-$14,999	44,313	43,167	100.0	93.6	6.4	43,552	100.0	83.6	10.1	3.7	2.6
$15,000 or more	51,332	50,102	100.0	94.4	5.6	50,184	100.0	86.2	8.5	2.2	3.1
Place of residence											
All SMSA	119,809	116,811	100.0	93.5	6.5	117,389	100.0	83.1	10.3	3.1	3.6
In central city	51,258	49,892	100.0	92.6	7.4	50,375	100.0	83.2	10.6	2.8	3.4
Outside central city	68,551	66,920	100.0	94.2	5.8	67,015	100.0	83.0	10.0	3.3	3.7
All non-SMSA	49,299	48,254	100.0	94.1	5.9	48,078	100.0	84.4	10.0	3.3	2.4
Other urban	19,366	18,763	100.0	94.7	5.3	18,857	100.0	83.7	10.1	3.8	2.3
Rural	29,934	29,490	100.0	93.8	6.2	29,221	100.0	84.7	9.9	2.9	2.4
Perceived seriousness											
Very serious	27,859	27,343	100.0	92.6	7.4	27,243	100.0	79.4	12.2	3.6	4.8
Somewhat serious	65,526	64,413	100.0	92.5	7.5	64,424	100.0	82.5	10.5	3.9	3.1
Not serious	73,184	71,240	100.0	95.0	5.0	71,794	100.0	85.7	9.3	2.3	2.7

[1] Excludes conditions for persons treated as hospital inpatients.

Table 12. Average annual incidence of medically attended acute conditions and average annual incidence and percent distribution of medically attended acute conditions with known followup status by type of followup, according to site of medical attention and selected characteristics: United States, 1973-74

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

Site of medical attention and selected characteristics	All medically attended acute conditions[1]	All medically attended acute conditions with known followup status	Total	Followup status				Percent advised to (return/go) who did or will go
				(Return) visit not advised	(Return) visit advised; did or will go	(Return) visit advised; will not go—unnecessary	(Return) visit advised; will not go—other reason	
Site of medical attention	Incidence in thousands		Percent distribution					
All sites[1]	169,109	159,666	100.0	63.2	28.3	6.9	1.5	76.9
Doctor's office	84,007	79,876	100.0	60.7	30.5	7.4	1.4	77.7
Telephone	37,776	36,027	100.0	72.8	18.4	6.9	1.9	67.7
Hospital emergency room	27,375	25,962	100.0	61.0	31.4	5.7	1.9	80.5
Other place	18,236	17,055	100.0	58.8	32.9	7.1	1.2	79.9
Sex and age								
Both sexes, all ages	169,109	159,666	100.0	63.2	28.3	6.9	1.5	76.9
Under 17 years	80,975	76,637	100.0	66.3	25.9	6.7	1.1	76.8
17-44 years	60,842	57,281	100.0	61.5	28.0	8.2	2.3	72.6
45-64 years	19,518	18,363	100.0	58.5	35.5	4.8	*1.2	85.6
65 years and over	7,774	7,386	100.0	56.7	37.3	*4.5	*1.5	86.1
Male, all ages	80,499	75,935	100.0	63.3	28.0	7.0	1.6	76.4
Under 17 years	43,085	40,594	100.0	66.5	25.7	6.7	1.1	76.8
17-44 years	25,966	24,401	100.0	60.8	28.3	8.4	2.5	72.2
45-64 years	8,247	7,902	100.0	57.7	35.6	5.3	*1.5	84.0
65 years and over	3,201	3,038	100.0	56.3	36.3	5.3	*2.1	83.2
Female, all ages	88,610	83,730	100.0	63.1	28.5	6.9	1.5	77.3
Under 17 years	37,890	36,042	100.0	66.1	26.0	6.8	1.1	76.8
17-44 years	34,877	32,880	100.0	62.0	27.7	8.2	2.1	72.9
45-64 years	11,270	10,461	100.0	59.2	35.5	4.3	*1.0	86.9
65 years and over	4,573	4,347	100.0	57.0	37.9	*4.0	*1.1	88.2
Color								
White	151,900	143,677	100.0	64.3	27.3	6.9	1.6	76.4
Other	17,208	15,989	100.0	54.0	37.0	7.5	*1.5	80.3
Education of individual								
Less than 12 years	28,437	26,991	100.0	55.5	36.2	6.9	1.4	81.4
12 years	34,112	31,940	100.0	59.9	30.0	8.1	1.9	74.9
13 years or more	24,572	23,226	100.0	66.5	24.9	5.9	2.7	74.4
Income								
Less than $5,000	25,175	23,704	100.0	56.6	33.0	8.1	2.3	76.0
$5,000-$9,999	40,696	38,555	100.0	63.0	28.5	6.9	1.6	76.9
$10,000-$14,999	44,313	41,805	100.0	63.3	28.7	6.7	1.3	78.2
$15,000 or more	51,332	48,472	100.0	66.1	26.0	6.6	1.3	76.6
Place of residence								
All SMSA	119,809	113,251	100.0	64.6	27.1	6.7	1.6	76.7
In central city	51,258	48,065	100.0	62.4	29.5	6.7	1.4	78.4
Outside central city	68,551	65,186	100.0	66.2	25.4	6.7	1.7	75.2
All non-SMSA	49,299	46,415	100.0	59.9	31.0	7.6	1.5	77.4
Other urban	19,366	18,206	100.0	58.4	31.4	8.3	*1.9	75.6
Rural	29,934	28,209	100.0	60.9	30.8	7.1	1.3	78.6

[1]Excludes conditions for persons treated as hospital inpatients.

Table 13. Average annual incidence of medically attended acute conditions and average annual incidence and percent distribution of medically attended acute conditions with known prescription and referral status by action taken, according to site of medical attention and selected characteristics: United States, 1973-74

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

Site of medical attention and selected characteristics	All medically attended acute conditions[1]	All medically attended acute conditions with known prescription status	Prescription status: Total	Prescription status: No prescription	Prescription status: Prescription; filled	Prescription status: Prescription; not filled	Incidence of all medically attended acute conditions with known referral status (in thousands)	Referral status: Total	Referral status: No referral	Referral status: Referral; did or will go	Referral status: Referral; will not go	Percent with prescription who filled it	Percent with referral who did or will go
Site of medical attention	Incidence in thousands		Percent distribution					Percent distribution					
All sites[1]	169,109	164,155	100.0	33.2	65.1	1.7	162,832	100.0	92.1	6.5	1.4	97.5	82.4
Doctor's office	84,007	82,574	100.0	25.0	73.7	1.3	82,086	100.0	96.0	3.8	*0.2	98.3	95.0
Telephone	37,776	36,042	100.0	32.1	65.9	2.0	35,541	100.0	97.8	1.8	*0.4	97.0	81.2
Hospital emergency room	27,375	26,683	100.0	54.0	43.2	2.8	26,511	100.0	73.0	21.2	5.8	93.9	78.5
Other place	18,236	17,971	100.0	42.1	56.6	*1.2	17,831	100.0	90.7	6.9	2.4	97.9	74.2
Sex and age													
Both sexes, all ages	169,109	164,155	100.0	33.2	65.1	1.7	162,832	100.0	92.1	6.5	1.4	97.5	82.4
Under 17 years	80,975	78,363	100.0	32.0	66.7	1.3	77,944	100.0	94.4	4.9	0.7	98.1	88.2
17-44 years	60,842	59,420	100.0	35.9	61.9	2.2	58,723	100.0	89.5	7.9	2.7	96.6	74.7
45 to 64 years	19,518	18,865	100.0	29.1	69.3	*1.6	18,716	100.0	90.4	8.7	*0.9	97.8	90.2
65 years and over	7,774	7,507	100.0	34.6	63.3	2.1	7,450	100.0	92.1	7.6	*0.3	96.8	96.1
Male, all ages	80,499	78,128	100.0	35.6	62.6	1.8	77,514	100.0	91.1	7.1	1.8	97.3	79.6
Under 17 years	43,085	41,697	100.0	33.5	65.3	1.2	41,454	100.0	93.4	5.8	*0.8	98.2	88.6
17-44 years	25,966	25,333	100.0	40.7	56.2	3.1	24,981	100.0	86.5	9.7	3.8	94.8	71.6
45 to 64 years	8,247	8,029	100.0	30.3	68.9	*0.9	7,987	100.0	92.5	6.1	1.4	98.8	81.6
65 years and over	3,201	3,068	100.0	36.0	63.3	*0.7	3,093	100.0	94.2	*5.0	*0.7	98.9	*87.1
Female, all ages	88,610	86,026	100.0	31.0	67.4	1.6	85,319	100.0	92.9	6.1	1.0	97.6	85.5
Under 17 years	37,890	36,665	100.0	30.2	68.3	1.5	36,491	100.0	95.5	4.0	*0.6	97.9	87.7
17-44 years	34,877	34,086	100.0	32.3	66.2	1.5	33,741	100.0	91.7	6.5	1.8	97.8	78.3
45 to 64 years	11,270	10,836	100.0	28.3	69.6	*2.1	10,729	100.0	88.8	10.6	*0.6	97.1	94.5
65 years and over	4,573	4,439	100.0	33.7	63.3	*3.0	4,357	100.0	90.6	9.4	*	95.4	*100.0
Color													
White	151,900	147,543	100.0	33.2	65.2	1.6	146,164	100.0	92.4	6.3	1.3	97.6	82.7
Other	17,208	16,611	100.0	33.0	64.8	2.2	16,668	100.0	88.9	8.9	2.2	96.7	80.1
Education of individual													
Less than 12 years	28,437	27,535	100.0	30.8	67.3	1.9	27,519	100.0	90.4	7.4	2.2	97.3	77.5
12 years	34,112	33,224	100.0	34.3	63.6	2.2	32,526	100.0	89.2	8.7	2.1	96.7	80.9
13 years or more	24,572	24,096	100.0	38.2	59.6	2.1	23,907	100.0	90.1	7.9	2.0	96.6	79.9
Income													
Less than $5,000	25,175	24,488	100.0	33.3	64.6	2.1	24,315	100.0	90.5	7.7	1.8	96.9	81.1
$5,000-$9,999	40,696	39,792	100.0	32.4	65.9	1.7	39,466	100.0	92.7	5.9	1.4	97.5	80.6
$10,000-$14,999	44,313	42,947	100.0	31.8	66.8	1.5	42,423	100.0	92.8	5.8	1.4	97.8	80.4
$15,000 or more	51,332	49,767	100.0	35.7	62.8	1.6	49,506	100.0	91.4	7.4	1.2	97.5	86.1
Place of residence													
All SMSA	119,809	116,253	100.0	33.9	64.2	2.0	115,333	100.0	91.2	7.1	1.7	97.0	80.4
In central city	51,258	49,735	100.0	32.6	65.3	2.1	49,491	100.0	91.8	6.9	1.3	96.9	83.7
Outside central city	68,551	66,519	100.0	34.8	63.3	1.9	65,842	100.0	90.8	7.2	2.0	97.0	78.2
All non-SMSA	49,299	47,901	100.0	31.6	67.5	1.0	47,499	100.0	94.1	5.3	*0.6	98.6	89.4
Other urban	19,366	18,625	100.0	33.4	65.2	*1.4	18,619	100.0	92.4	7.1	*0.5	98.0	93.7
Rural	29,934	29,277	100.0	30.4	68.9	*0.7	28,880	100.0	95.2	4.1	*0.7	98.9	85.0

[1] Excludes conditions for persons treated as hospital inpatients.

APPENDIXES

CONTENTS

LIST OF APPENDIX FIGURES

APPENDIX I

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, illness, 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 population covered by the sample for the Health Interview Survey is the civilian noninstitutionalized 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 noninstitutionalized 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 fieldwork 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 selected places of residence in the United States.

The first stage of the sample design consists of drawing a sample of 376 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 four households. Three general types of segments are used.

Area segments which are defined geographically.

List segments, using 1970 census registers as the frame.

Permit segments, using updated lists of building permits issued in sample PSU's since 1970.

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 usual HIS sample consists of approximately 12,000 segments containing about 50,000 assigned households, of which 9,000 were vacant, demolished, or occupied by persons not in the scope of the survey. The 41,000 eligible occupied households yield a probability sample of about 120,000 persons.

Descriptive material on data collection, field procedures, and questionnaire development in the HIS has been published[9,10] as well as a detailed description of the sample design[11] and a report on the estimation procedure and the method used to calculate sampling errors of estimates derived from the survey.[12]

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:

1. *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).

2. *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.

3. *First-stage ratio adjustment.*—Sampling theory indicates that the use of auxilliary 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 the 1970 populations within 12 color-residence classes.

4. *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 noninstitutionalized 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 the population. Consolidation of samples over a time period, e.g., a calendar quarter, produces estimates of average characteristics of the U.S. population for the calendar quarter. Similarly, population data for a year are averages of the four quarterly figures.

For prevalence statistics, such as number of persons with speech impairments or number of persons classified by time interval since last

NOTE: A list of references follows the text.

physician visit, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in the quarter. Prevalence data for a year are then obtained by averaging the four 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 statistic 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 who were not interviewed the characteristics of persons in households in the same segment who were interviewed.

The interview process.—The statistics presented in this report are based on replies obtained in interviews with persons in the sample households. Each person 19 years of age and over present at the time of interview was interviewed individually. 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 figures (which are derived from different sources) published in reports of the Bureau of the Census. Official population estimates are presented in Bureau of the Census reports in Series P-20, P-25, and P-60.

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 nonresponse. To the extent possible,

these types of errors were kept to a minimum by methods built into survey procedures.[13] 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.[14-17]

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. However, it does not include systematic biases which might be 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.

Standard error charts.—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.

1. *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 on occasion may take on the value 2 or very rarely 3.
2. *Medium 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.
3. *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 classified as to whether they are based on a reference period of 2 weeks, 6 months, or 12 months.

General rules for determining relative standard errors.—The following rules will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report. These charts represent standard errors of HIS data.

Rule 1. *Estimates of aggregates:* Approximate relative standard errors for estimates of aggregates such as the number of acute conditions are obtained from figure I. 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 percentages in a percent distribution:* Relative standard errors for percentages in a percent distribution of a total are obtained from figure II. 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

NOTE: A list of references follows the text.

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 percentage charts for population estimates. 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 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 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-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,

$$d = X_1 - X_2$$

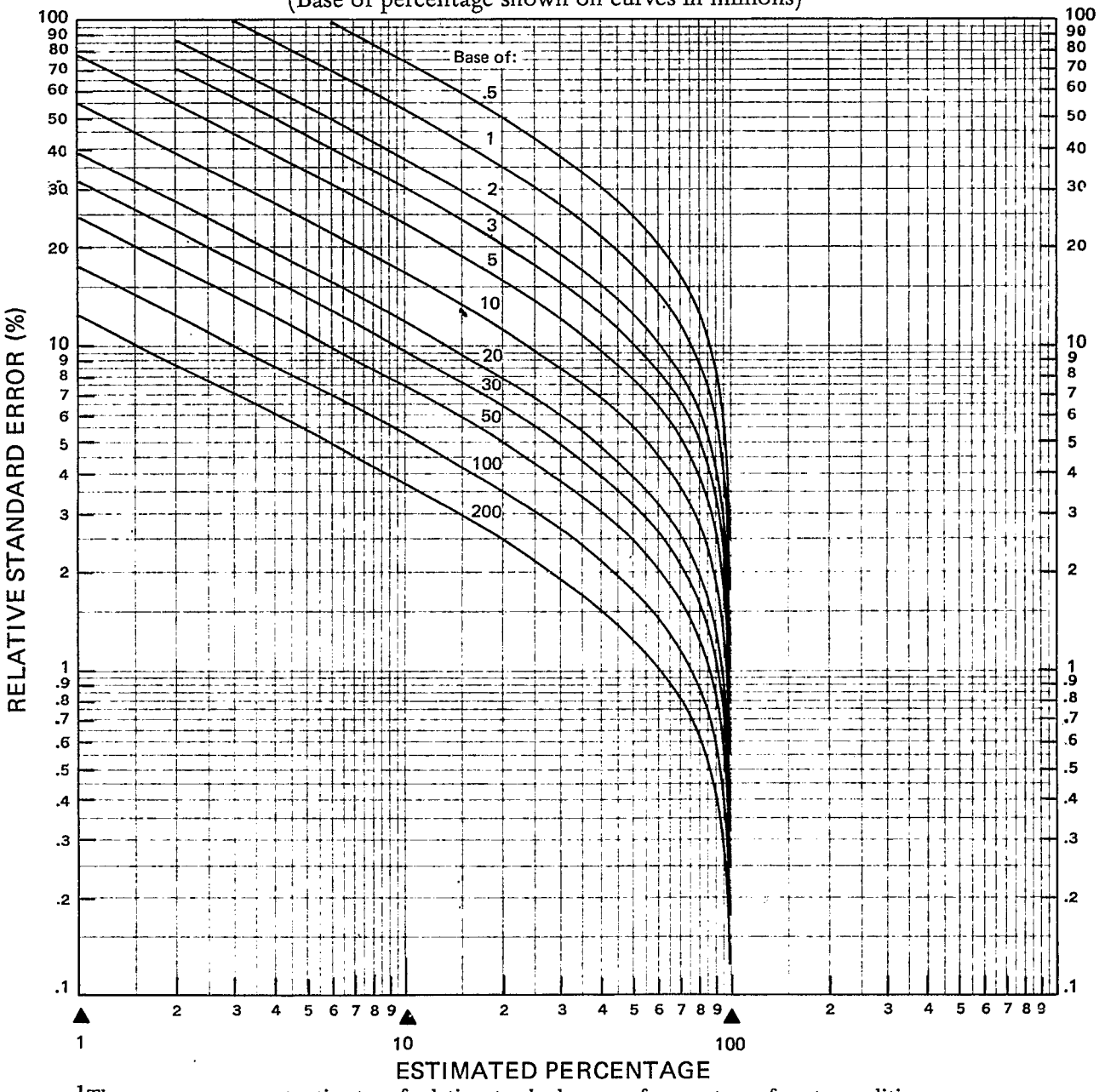
is

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

where X_1 is the estimate for class 1, X_2 is the estimate for class 2, and V_{x1} and V_{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.

Figure I. RELATIVE STANDARD ERRORS OF PERCENTAGES OF ACUTE CONDITIONS OR PERSONS INJURED[1]

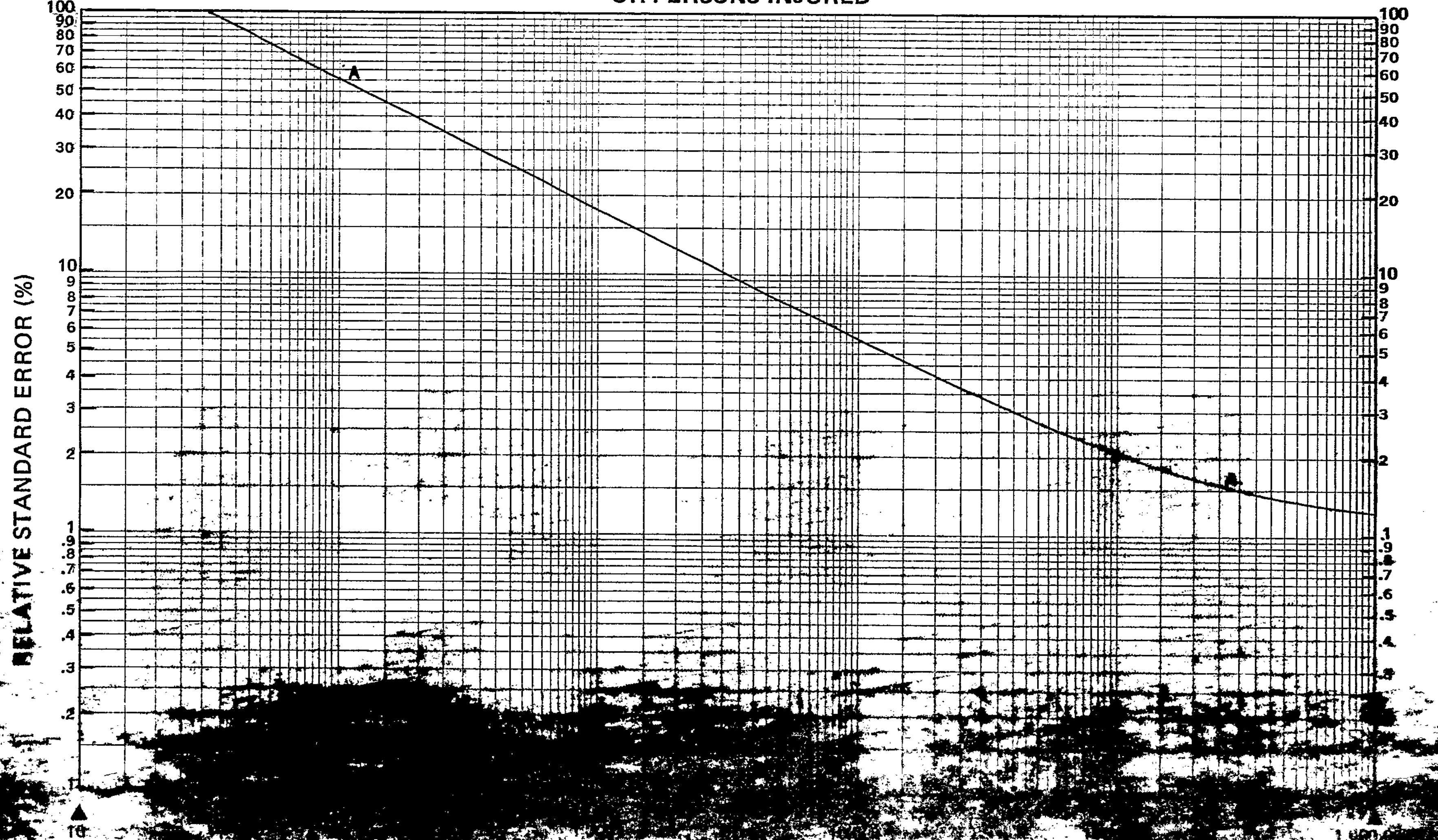
(Base of percentage shown on curves in millions)



[1]These curves represent estimates of relative standard errors of percentage of acute conditions or persons injured based on 8 quarters of data collection for narrow range data using a 2-week reference period.

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 11.0 percent (read from the scale at the left side of 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 11.0 percent; or 2.2 percentage points.

Figure II. RELATIVE STANDARD ERRORS FOR NUMBER OF ACUTE CONDITIONS OR PERSONS INJURED*



Exampl [illegible]
17.5 percent [illegible]

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to 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 "medical-disability impact" or "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, or 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 classified by type according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States,*[18] with certain modifications adopted to make the code more suitable for a household interview survey.

Acute condition.—An acute condition is defined as a condition which has lasted less than 3 months and which has involved either medical attention or restricted activity. Because of the procedures used to estimate incidence, the acute conditions included in this report are the conditions which had their onset during the 2 weeks prior to the interview week and which involved either medical attention or restricted activity during the 2-week period. However, excluded are the following conditions which are always classified as chronic even though the onset occurred within 3 months prior to week of interview:

Allergy, any
Arthritis or rheumatism
Asthma
Cancer
Cleft palate
Club foot
Condition present since birth
Deafness or serious trouble with hearing
Diabetes
Epilepsy
Hardening of the arteries
Hay fever
Heart trouble
Hemorrhoids or piles
Hernia or rupture
High blood pressure
Kidney stones
Mental illness
Missing fingers, hand, or arm—toes, foot, or leg
Palsy
Paralysis of any kind
Permanent stiffness or deformity of the foot, leg, fingers, arm, or back
Prostate trouble
Repeated trouble with back or spine
Rheumatic fever
Serious trouble with seeing, even when wearing glasses
Sinus trouble, repeated attacks of
Speech defect, any
Stomach ulcer
Stroke
Thyroid trouble or goiter
Tuberculosis
Tumor, cyst, or growth
Varicose veins, trouble with

NOTE: A list of references follows the text.

Incidence of conditions.—The incidence of conditions is the estimated number of conditions having their onset in a specified time period. As previously mentioned, minor acute conditions involving neither restricted activity nor medical attention are excluded from the statistics. The incidence data shown in some reports are further limited to various subclasses of conditions, such as "incidence of conditions involving bed disability."

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.

Medically attended condition.—A condition with onset in the past 2 weeks is considered medically attended if a physician has been consulted about it either at its onset or at any time thereafter. However, when the first medical attention for a condition does not occur until after the end of the 2-week period, the case is treated as though there was no medical attention. 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.

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

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.

Physician visit.—A physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered to be a physician visit if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview rather than "physician" because of popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician visits for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (e.g., test for diabetes) or a single procedure (e.g., smallpox vaccination) when this single service was administered identically to all persons who were at the place for this purpose. Hence obtaining a chest X-ray in a tuberculosis chest X-ray trailer is not included as a physician visit. However, a special chest X-ray given in a physician's office or in an outpatient clinic is considered a physician visit.

Physician visits to hospital inpatients are not included.

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

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

Demographic Terms

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

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

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 (or by

an unrelated individual) in the 12-month period preceding the week of interview. Income from all sources is included, for example, wages, salaries, rents from property, pensions, and help from relatives.

Education.—The categories of education status show the years of school completed. Only years 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.

Education of individual.—Each person aged 17 years or older is classified by education in terms of the highest grade of school completed.

Place of residence.—The place of residence of a member of the civilian noninstitutionalized 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.

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. In New England, SMSA's consist of towns and cities, rather than counties.

Central cities.—Each SMSA must include at least one central city. The complete title of an SMSA identifies the central city or cities. If only one central city is designated, then it must have 50,000 inhabitants or more. The area title may include, in addition to the largest city, up to two city names on the basis and in the order of the following criteria: (1) the additional city has at least 250,000 inhabitants or (2) the additional city has a population of one-third or more of that of the largest city and a minimum population of 25,000. An exception occurs where two cities have contiguous boundaries and constitute, for economic and social purposes, a single community of at least 50,000, the smaller of which must have a population of at least 15,000.

Urban-rural.—The urban population comprises all persons in (a) places of 2,500 inhabitants or more incorporated as cities, villages, boroughs (except Alaska), and towns (except in New England, New York, and Wisconsin), but excluding persons living in the rural portions of extended cities; (b) unincorporated places of 2,500 inhabitants or more; and (c) other territory, incorporated or unincorporated, included in urbanized areas.

APPENDIX III

HEALTH INTERVIEW SURVEY CONDITION SUPPLEMENT FORMS

Medically Attended

O.M.B. No. 68-R1600; Approval Expires March 31, 1974

FORM HIS-1A (1973)
(11-7-72)

U.S. DEPARTMENT OF COMMERCE
SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

U.S. HEALTH INTERVIEW SURVEY
CONDITION SUPPLEMENT
(Medically Attended)

NOTICE – All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

a. PSU	b. Segment number	c. Serial number	d. Sample	e. Person number	f. Sample person 1 Y 2 N

g. Name of condition	h. Name of person

i. Determine if eligible respondent is available:

☐ Eligible respondent available
☐ Telephone call or return visit required *(A5, Condition page)*

j. RECORD OF TELEPHONE CALLS ONLY

	Date	Beginning time	Ending time	Completed
1		a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.	

k. Reason for noninterview

1 ☐ Refused
2 ☐ Not at home – repeated calls
3 ☐ Temporarily absent
☐ Other *(Specify)* →

INTRODUCTION: **In an interview at your household today (earlier this week) it was reported that you recently had . . . . The following questions refer to that condition.**

1 ☐ Respondent denies having condition *(RA)*

Footnotes

1. Please look at the calendar (HAND CALENDAR) and tell me on what date you first noticed (had) the	_____ Month _____ Day
2. At that time when you first noticed (had) the . . . , how serious did you think it was – very serious, somewhat serious, or not serious at all?	1 ☐ Very serious 2 ☐ Somewhat serious 3 ☐ Not serious at all
3a. After you first noticed (had) the condition on ___(date)___, about how long was it before you visited or talked to a doctor about it?	000 ☐ Discovered by doctor *(5)* 100 ☐ Under 4 hours *(4)* 2 _____ Hours 3 _____ Days 4 _____ Weeks
b. We are interested in the various reasons why people wait before going to a doctor. Please tell me whether any of the following statements were reasons why you waited ___(time)___ to see or talk to a doctor about this condition –	A. Did you wait because you couldn't get an appointment or the doctor was not available? 1 Y 2 N
	B. Because you didn't have the money? 1 Y 2 N
	C. Because you didn't have a way to get to the doctor? 1 Y 2 N
	D. Did you wait because you felt the doctor couldn't do anything for the condition? 1 Y 2 N
	E. Because you felt you could treat the condition yourself? 1 Y 2 N
	F. Because you didn't want to bother the doctor? 1 Y 2 N
	G. Did you wait because you didn't think it was serious enough? 1 Y 2 N
	H. Because you feel uncomfortable with doctors or have a fear of doctors? 1 Y 2 N
	I. Did you wait for any other reason? 1 Y 2 N*(K)*
PROBE IF RESPONSE IS INAPPROPRIATE:	J. What was the reason? (1) _____ *(Reask I)* (2) _____ *(Reask I)*
PROBE IF RESPONSE IS INAPPROPRIATE:	If all "N's" in A–I, ask; otherwise, go to Q. 3c: K. Why did you wait ___(time)___ to see or talk to a doctor about this . . .? Any other reasons? (1) _____ (2) _____
If two or more reasons given in statements A–K, ask; otherwise mark box:	
c. Which of these reasons would you say was the MAIN reason for waiting to see a doctor for this condition? *Circle the appropriate statement letter in the space to the right.*	☐ Only 1 reason 01 A 04 D 07 G 10 J(2) 13 K(1) 16 K(4) 02 B 05 E 08 H 11 J(3) 14 K(2) 03 C 06 F 09 J(1) 12 J(4) 15 K(3)

4a. Before you talked to a doctor about this condition, did you ask anyone for advice about it, such as a nurse, druggist, relative, friend or someone else?	1 Y 2 N(5)			
b. Who was this?	1 ☐ Nurse	2 ☐ Druggist	3 ☐ Relative (Household member) 4 ☐ Relative (Non-household member) 5 ☐ Friend	☐ Other – *Specify* →
c. Did you ask anyone else for advice? Y *(Reask 4b and c)* N				
Ask for each column marked in Q. 4b: **d. Did –– advise you to see a doctor?**	1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N
e. Did –– advise you to take some medicine?	1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N
f. Did –– advise you on some other type of treatment?	1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N
g. Did –– give you any other advice?	Y 0 N *(Next col.)*	Y 0 N *(Next col.)*	Y 0 N *(Next col.)*	Y 0 N(5)
h. What advice did –– give you?	_____ _____ *(Reask g)*	_____ _____ *(Reask g)*	_____ _____ *(Reask g)*	_____ _____ *(Reask g)*

5. Please look at the calendar. (HAND CALENDAR) On what date did you first visit or talk to a doctor about this condition?

_____ Month _____ Date

6. On (date) where did you first see or talk to the doctor – at a clinic, hospital, doctor's office, or some other place?

If hospital: Was it a hospital outpatient clinic or the emergency room?

If clinic: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?

0 ☐ While inpatient in hospital *(RA)*
1 ☐ Doctor's office (group practice or doctor's clinic) *(7)*
2 ☐ Telephone *(20)*
3 ☐ Hospital outpatient clinic *(10)*
4 ☐ Home *(7)*
5 ☐ Hospital emergency room *(10)*
6 ☐ Company or industry clinic *(10)*
7 ☐ Other – *Specify* →

_____ *(10)*

7. Had you ever gone to this doctor before this visit?

1 Y 2 N

8. How did you choose this doctor – through another doctor, a relative or friend, a medical bureau, from a telephone directory, or in some other way?

1 ☐ Another doctor
2 ☐ Relative/friend
3 ☐ Medical bureau
4 ☐ Telephone directory
☐ Other – *Specify* →

_____

9a. Is this doctor you visited on (date) the doctor you would usually go to for this type of condition?

0 Y*(13)* N

b. Why didn't you use the doctor or place that you would usually go to for this type of condition?

_____
_____ *(13)*

10. Had you ever gone to this place before this visit?	1 Y 2 N
11. How did you choose this place – through another doctor, a relative or friend, a medical bureau, from a telephone directory, or in some other way?	1 ☐ Another doctor 2 ☐ Relative/friend 3 ☐ Medical bureau 4 ☐ Telephone directory 5 ☐ Other – *Specify* ____
12a. Is this place you visited on (date) the place you would usually go to for this type of condition?	0 Y(*13*) N
b. Why didn't you use the doctor or place that you would usually go to for this type of condition?	____ ____
If "Home" in Q.6, go to Q. 16.	
13a. Did you make an appointment for this visit?	1 Y 2 N(*14*)
b. Did you have any problem making this appointment?	Y 0 N(*14*)
c. What were the problems?	____ ____
14a. When you visited the doctor on (date), how difficult was it for you to get there – was it very difficult, somewhat difficult, or not at all difficult?	1 ☐ Very difficult 2 ☐ Somewhat difficult 3 ☐ Not at all difficult (*c*)
b. Why was it difficult?	____
c. About how long did it take you to get there?	1 _____ Minutes 2 _____ Hours
15a. After getting there, did you feel that the time you had to wait to see this doctor was much too long, somewhat too long, or not too long?	1 ☐ Much too long 2 ☐ Somewhat too long 3 ☐ Not too long
b. About how long did you have to wait after getting there?	1 _____ Minutes 2 _____ Hours
16. During this visit on (date), did the doctor spend enough time with you or not enough time?	1 ☐ Spent enough time 2 ☐ Did not spend enough time
17a. During this visit did the doctor advise you to come back and see him for the . . .?	1 Y 2 N(*18*)
b. Did or will you go back to see him for this condition?	1 Y(*18*) 2 N 9 DK
c. Why not?	____ ____

18a. During this visit on (date), did the doctor prescribe or advise you to get any medicine for this . . .?	1 Y 2 N(19)
b. Did you get this medicine?	0 Y(19) N
c. Why not?	_____ _____
19a. During this visit did the doctor refer you to another doctor?	1 Y 2 N(28)
b. Did or will you see this other doctor?	1 Y(28) 2 N 9 DK
c. Why not?	_____ _____ (28)
20. Had you ever gone to this doctor or place before this call?	1 Y 2 N
21. How did you choose this doctor or place – through another doctor, a relative or friend, a medical bureau, from a telephone directory, or in some other way?	1 ☐ Another doctor 2 ☐ Relative/friend 3 ☐ Medical bureau 4 ☐ Telephone directory ☐ Other – Specify _____
22a. Is this doctor or place you called on (date) the doctor or place you would usually go to for this type of condition?	0 Y(23) N
b. Why didn't you use the doctor or place that you would usually go to for this type of condition?	_____ _____
23a. How difficult was it for you to reach the doctor by telephone on (date) – was it very difficult, somewhat difficult, or not at all difficult?	1 ☐ Very difficult 2 ☐ Somewhat difficult 3 ☐ Not at all difficult (24)
b. Why was it difficult?	_____ _____
24. During this call on (date), did the doctor spend enough time with you or not enough time?	1 ☐ Spent enough time 2 ☐ Did not spend enough time
25a. During this call did the doctor advise you to come in and see him for the . . . ?	1 Y 2 N(26)
b. Did or will you go in to see him for this condition?	1 Y(26) 2 N 9 DK
c. Why not?	_____ _____

26a. During this call on (date), did the doctor prescribe or advise you to get any medicine for this . . .?	1 Y 2 N(27)
b. Did you get this medicine?	0 Y(27) N
c. Why not?	_____ _____
27a. During this call, did this doctor refer you to another doctor?	1 Y 2 N(28)
b. Did or will you see this other doctor?	1 Y(28) 2 N 9 DK
c. Why not?	_____ _____
28a. In your opinion, were you satisfied or dissatisfied with the treatment or care you received from this doctor on (date)?	☐ Satisfied (b) ☐ Dissatisfied (c)
b. Would you say that you were very satisfied or just somewhat satisfied?	1 ☐ Very satisfied (29) 2 ☐ Somewhat satisfied (d)
c. Would you say that you were very dissatisfied or just somewhat dissatisfied?	4 ☐ Very dissatisfied 3 ☐ Somewhat dissatisfied
d. Why is that?	_____ _____
29. Do you still have the . . .?	1 Y 2 N

RA RESPONDENT	Show who responded for this supplement. If other than self-respondent, show who responded for him.	1 ☐ Responded for self Person_____was respondent
	If other than self-respondent, give reason for accepting a proxy.	0 ☐ Under 19 1 ☐ Mentally incompetent 2 ☐ Physically incompetent 3 ☐ Away from home during interview period
I TYPE OF INTERVIEW	Show how the information on this supplement was obtained.	1 ☐ Completed during initial interview 2 ☐ Completed by return visit 3 ☐ Completed by a telephone callback

GO TO A5, CONDITION PAGE

Nonmedically Attended

O.M.B. No. 68-R1600; Approval Expires March 31, 1974

FORM HIS-1B (1973)
(11-7-72)

U.S. DEPARTMENT OF COMMERCE
SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE

U.S. HEALTH INTERVIEW SURVEY
CONDITION SUPPLEMENT
(Nonmedically Attended)

NOTICE – All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for purposes of the survey, and will not be disclosed or released to others for any purposes.

a. PSU	b. Segment number	c. Serial number	d. Sample	e. Person number	f. Sample person
					1 Y 2 N

g. Name of condition

h. Name of person

i. Determine if eligible respondent is available:
- ☐ Eligible respondent available
- ☐ Telephone call or return visit required (A5, Condition page)

j. RECORD OF TELEPHONE CALLS ONLY

	Date	Beginning time	Ending time	Completed
1		a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.	

k. Reason for noninterview
- 1 ☐ Refused
- 2 ☐ Not at home – repeated calls
- 3 ☐ Temporarily absent
- ☐ Other (Specify) →

INTRODUCTION: In an interview at your household today (earlier this week) it was reported that you recently had . . . . The following questions refer to that condition.
1 ☐ Respondent denies having condition (RB)

1. Please look at the calendar (HAND CALENDAR) and tell me on what date you first noticed (had) the . . . .
   _____ Month _____ Day

2. At that time when you first noticed (had) the . . . , how serious did you think it was – very serious, somewhat serious, or not serious at all?
   1 ☐ Very serious
   2 ☐ Somewhat serious
   3 ☐ Not serious at all

3a. Did you ask anyone for advice about this condition, such as a nurse, druggist, relative, friend, or someone else?
   1 Y 2 N(4)

b. Who was this?	1 ☐ Nurse	2 ☐ Druggist	3 ☐ Relative (Household member) 4 ☐ Relative (Non-household member) 5 ☐ Friend	☐ Other – Specify →
c. Did you ask anyone else for advice? Y (Reask 3b and c) N				
Ask for each column marked in Q. 3b:				
d. Did –– advise you to see a doctor?	1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N
e. Did ––advise you to take some medicine?	1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N
f. Did –– advise you on some other type of treatment?	1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N
g. Did –– give you any other advice?	Y o N (Next col.)	Y o N (Next col.)	Y o N (Next col.)	Y o N(4)
h. What advice did –– give you?	_____ (Reask g)	_____ (Reask g)	_____ (Reask g)	_____ (Reask g)

Footnotes

4. Do you expect to see or talk to a doctor about this . . .?	1 Y(5b) 2 N 9 DK
5a. We are interested in the various reasons why people do not go to doctors. Please tell me whether any of the following statements were reasons why you didn't see or talk to a doctor about this condition –	A. Did you not see a doctor (did you wait) because you couldn't get an appointment or the doctor was not available? 1 Y 2 N
b. We are interested in the various reasons why people wait before going to a doctor. Please tell me whether any of the following statements were reasons why you waited (time) to see or talk to a doctor about this condition –	B. Because you didn't have the money? 1 Y 2 N
	C. Because you didn't have a way to get to the doctor? 1 Y 2 N
	D. Did you not see a doctor (did you wait) because you felt the doctor couldn't do anything for the condition? 1 Y 2 N
	E. Because you felt you could treat the condition yourself? 1 Y 2 N
	F. Because you didn't want to bother the doctor? 1 Y 2 N
	G. Did you not see a doctor (did you wait) because you didn't think it was serious enough? 1 Y 2 N
	H. Because you feel uncomfortable with doctors or have a fear of doctors? 1 Y 2 N
	I. Did you not see a doctor (did you wait) for any other reason? 1 Y 2 N(K)
PROBE IF RESPONSE IS INAPPROPRIATE:	J. What was the reason? (1) _____ (Reask I) (2) _____ (Reask I)
PROBE IF RESPONSE IS INAPPROPRIATE:	If all "N's" in A–I ask; otherwise, go to Q.5c: K. Why did you (not/wait to) see or talk to a doctor about this . . .? Any other reason? (1) _____ (2) _____
If 2 or more reasons given in statements A–K, ask; otherwise mark box: c. Which of these reasons would you say was the MAIN reason for (not seeing/waiting to see) a doctor for this condition? Circle the appropriate statement letter in the space to the right.	☐ Only 1 reason 01 A 04 D 07 G 10 J(2) 13 K(1) 16 K(4) 02 B 05 E 08 H 11 J(3) 14 K(2) 03 C 06 F 09 J(1) 12 J(4) 15 K(3)
6. Do you still have this condition?	1 Y 2 N
RB RESPONDENT — Show who responded for this supplement. If other than self-respondent, show who responded for him.	1 ☐ Responded for self Person_____was respondent
RESPONDENT — If other than self-respondent, give reason for accepting a proxy.	0 ☐ Under 19 1 ☐ Mentally incompetent 2 ☐ Physically incompetent 3 ☐ Away from home during interview period
I TYPE OF INTERVIEW — Show how the information on this supplement was obtained.	1 ☐ Completed during initial interview 2 ☐ Completed by return visit 3 ☐ Completed by a telephone callback
GO TO A5, CONDITION PAGE	

FORM HIS-1B (11-7-72)

*U.S. GOVERNMENT PRINTING OFFICE : 1979 O-281-259/6

VITAL AND HEALTH STATISTICS Series

Series 1. Programs and Collection Procedures.—Reports which describe the general programs of the National Center for Health Statistics and its offices and divisions and data collection methods used and include definitions and other material necessary for understanding the data.

Series 2. Data Evaluation and Methods Research.—Studies of new statistical methodology including experimental tests of new survey methods, studies of vital statistics collection methods, new analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory.

Series 3. Analytical Studies.—Reports presenting analytical or interpretive studies based on vital and health statistics, carrying the analysis further than the expository types of reports in the other series.

Series 4. Documents and Committee Reports.—Final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.

Series 10. Data From the Health Interview Survey.—Statistics on illness, accidental injuries, disability, use of hospital, medical, dental, and other services, and other health-related topics, all based on data collected in a continuing national household interview survey.

Series 11. Data From the Health Examination Survey and the Health and Nutrition Examination Survey.—Data from direct examination, testing, and measurement of national samples of the civilian noninstitutionalized population provide the basis for two types of reports: (1) estimates of the medically defined prevalence of specific diseases in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics and (2) analysis of relationships among the various measurements without reference to an explicit finite universe of persons.

Series 12. Data From the Institutionalized Population Surveys.—Discontinued effective 1975. Future reports from these surveys will be in Series 13.

Series 13. Data on Health Resources Utilization.—Statistics on the utilization of health manpower and facilities providing long-term care, ambulatory care, hospital care, and family planning services.

Series 14. Data on Health Resources: Manpower and Facilities.—Statistics on the numbers, geographic distribution, and characteristics of health resources including physicians, dentists, nurses, other health occupations, hospitals, nursing homes, and outpatient facilities.

Series 20. Data on Mortality.—Various statistics on mortality other than as included in regular annual or monthly reports. Special analyses by cause of death, age, and other demographic variables; geographic and time series analyses; and statistics on characteristics of deaths not available from the vital records based on sample surveys of those records.

Series 21. Data on Natality, Marriage, and Divorce.—Various statistics on natality, marriage, and divorce other than as included in regular annual or monthly reports. Special analyses by demographic variables; geographic and time series analyses; studies of fertility; and statistics on characteristics of births not available from the vital records based on sample surveys of those records.

Series 22. Data From the National Mortality and Natality Surveys.—Discontinued effective 1975. Future reports from these sample surveys based on vital records will be included in Series 20 and 21, respectively.

Series 23. Data From the National Survey of Family Growth.—Statistics on fertility, family formation and dissolution, family planning, and related maternal and infant health topics derived from a biennial survey of a nationwide probability sample of ever-married women 15-44 years of age.

For a list of titles of reports published in these series, write to:

Scientific and Technical Information Branch
National Center for Health Statistics
Public Health Service
Hyattsville, Md. 20782

DHEW Publication No. (PHS) 79-1557
Series 10-No. 129

NCHS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Office of Health Research, Statistics, and Technology
National Center for Health Statistics
3700 East West Highway
Hyattsville, Maryland 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF HEW
HEW 396

THIRD CLASS
BLK. RATE

For publications in the *Vital and Health Statistics* Series call 301-436-NCHS.