VITAL & HEALTH STATISTICS

Persons With and Without a Regular Source of Medical Care: United States

Statistics on the characteristics of persons with and without a regular source of medical care are estimated. A health profile composed of illness and disability measures (restricted activity days, bed days, limitation of activity, and fair or poor health status) and utilization measures (doctor visits, dental visits, and hospitalizations) is presented for persons within the different source groups.

Data from the National Health Survey
Series 10, No. 151

DHHS Publication No. (PHS) 85–1579

U.S. Department of Health and
Human Services
Public Health Service
National Center for Health Statistics
Hyattsville, Md.
September 1985

Suggested Citation

National Center for Health Statistics, B. Bloom and S. S. Jack: Persons with and without a regular source of medical care, United States. *Vital and Health Statistics.* Series 10, No. 151. DHHS Pub. No. (PHS) 85–1579. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1985

Library of Congress Cataloging in Publication Data

Bloom, Barbara
Persons with and without a regular source of medical care, United States, 1978.

(DHHS publication ; no. (PHS) 85–1579)
Written by: Barbara Bloom, Susan S. Jack.
Bibliography: p.
1. Medical care—United States—Utilization—Statistics. 2. Physician services utilization—United States—Statistics. 3. Sick—United States—Socioeconomic status—Statistics. 4. United States—Statistics, Medical. I. Jack, Susan S. II. National Center for Health Statistics (U.S.) III. Title. IV. Series. [DNLM: 1. Health—United States—statistics. 2. Health Services—utilization—United States—statistics. 3. Health Services Accessibility—United States—statistics. W2 AN148vj no. 151]
RA410.7.B55 1985 614.4'273 85–600135
ISBN 0–8406–0317–7

Contents

Appendixes

List of text tables

Symbols

- - -	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500 where numbers are rounded to thousands
*	Figure does not meet standard of reliability or precision
#	Figure suppressed to comply with confidentiality requirements

Persons With and Without a Regular Source of Medical Care

by Barbara Bloom, M.P.A., and Susan S. Jack, M.S.,
Division of Health Interview Statistics

Introduction

It is generally acknowledged that accessibility of health care should be a goal for society, because access to care is presumed to result in better health.[1] Actually, however, little is known from nationally representative data sets about the relationships between sources of care and health conditions. The purpose of this report is to make information available to policymakers, researchers, and service providers to answer questions about the relative state of health of the various source of care subpopulation groups and their respective need for care. When such questions are answered, policymakers will be better able to identify the target groups needing medical care and to devise the appropriate measures to facilitate their access to the health care system through more efficient and effective means.

The great majority of the U.S. population has a regular source of medical care. Typically, people have a single regular source of care, that is, one particular place where they usually seek medical care when ill or seek advice about their health. Most persons seeking medical attention contact a private physician. Other sources of care include hospital outpatient clinics, hospital emergency rooms, company clinics, or health centers. A small percent of the population reports having more than one physician. In this publication such persons are classified as having multiple regular sources of care.

The remaining population has no regular source of medical care. Many of these persons are healthy and report no need for regular care. Others experience difficulties such as cost or transportation problems that limit access to medical care. Access to a regular source and barriers to care are subjects of continuing interest to those concerned with the provision of health care services.[2–7]

The National Center for Health Statistics gathered information on the civilian noninstitutionalized population of the United States in a supplement to the 1978 National Health Interview Survey, which is the basis for data presented in this report. This report examines the demographic characteristics of persons who have different sources of medical care, as well as the reasons given for lack of a regular source, and, for persons with a single source, the location of that source (tables 1–6). These data from the 1978 survey are compared with similar information obtained from the 1974 National Health Interview Survey and the 1980 National Medical Care Utilization and Expenditure Survey conducted by the National Center for Health Statistics in conjunction with the Health Care Financing Administration.

In addition to the analysis of demographic characteristics, a composite of illness, disability, and utilization measures, or a health profile, is used to compare the health status of persons within the different source groups and within different socioeconomic groups (tables 7–12). Data on these topics have not been published previously.

Highlights

- About nine-tenths of Americans in the civilian noninstitutionalized population had one or more regular sources of medical care in 1978.
- Most persons (87 percent) who reported a single source of care see their physician in his or her office.
- Sixty-one percent of persons lacking a regular source of care reported no need for one and appeared to be healthier than those with a regular source.
- Females (54 percent) were more likely than males (46 percent) to have one particular doctor.
- Persons with high incomes were more likely to visit a physician in an office rather than in a clinic or hospital setting.
- People covered by Medicaid were more likely to use hospital outpatient clinics or emergency rooms as a regular source of care than people with private insurance or people covered by Medicare.
- When people who usually saw their doctor went elsewhere for medical care, they were most likely to go to an emergency room (28 percent).
- Fifty percent of persons with no regular source of care visited a doctor in the past year.

Sources and limitations of the data

The information from the 1978 National Health Interview Survey (NHIS) on usual source of medical care presented in this report is based on data collected in a continuing nationwide survey conducted by household interview. Each week a probability sample of the civilian population not residing in institutions is interviewed by trained personnel of the U.S. Bureau of the Census to obtain information about the health and other characteristics of each member of the household living at the time of the interview.

During the 52 weeks of 1978 the sample consisted of about 41,000 responding households comprising approximately 110,000 persons living at the time of the interview. The total noninterview rate of 3.8 percent was primarily due to respondent refusal (2.1 percent) and failure to find an eligible respondent at home after repeated calls (1.5 percent). In 1974 the sample contained about 41,000 households and 116,000 persons with a total noninterview rate of 3.5 percent and a refusal rate of 1.4 percent.

A description of the design of the National Health Interview Survey, the methods used in estimation, and the general qualifications of the data obtained from this survey are presented in appendix I. Because the estimates shown in the report are based on a sample of the population, they are subject to sampling error. Therefore, particular attention should be paid to the section "Reliability of estimates." Sampling errors for most of the estimates are relatively low. However, where an estimated number or the numerator or denominator of a rate or percent is small, the sampling errors may be high. Charts of relative sampling errors and instructions for their use are included in appendix I.

Certain terms used in this report are defined in appendix II. Some of the terms have meaning specified for the purpose of this survey. The questions used in 1978 to obtain the information on regular sources of care are given in appendix III of this report. The entire questionnaire for 1978 is presented in Current Estimates, Series 10, Number 130.[8] The entire questionnaire for 1974 is found in Current Estimates, Series 10, Number 100.[9] The questions asked about problems getting medical care in 1974 are also found in appendix III.

Questionnaire design and interviewer training are aimed at minimizing the effects of respondent differences in the reporting of health events. However, the reader is reminded that respondents in health interviews report only those things they know about and are willing to talk about in an interview situation.

Household members are the best source of information about uses and sources of medical care. The respondents in the interview know about their own source(s) of medical care; they are assumed to know about the sources of other members of the family through observation or having been told and are permitted to respond for the entire household.

The information from the National Medical Care Utilization and Expenditure Survey (NMCUES) presented in this report is based on data collected in 1980. NMCUES was composed of three survey components: The national household component, the State Medicaid component, and the administrative records component. In this report only data from the national household component are used. The national household component was also a national survey of the civilian noninstitutionalized population. This component comprised persons residing in about 6,000 households. The sample for this survey was a multistage area probability sample drawn from 108 separate primary sampling units representing the 50 States and the District of Columbia. The survey consisted of five interviews over a period of about 14 months to obtain information on medical care utilization, expenditures, and other health-related information.

A response rate of 91.1 percent was achieved in the first interview for the national survey. Attrition over the course of interviewing resulted in a final response rate of 87.9 percent. The questions asked about sources of medical care in 1980 are found in appendix III. Further information on NMCUES is found in Procedures and questionnaires of the National Medical Care Utilization and Expenditure Survey, Series A, Methodological Report Number 1.[10]

In this report, terms such as "similar" and "no difference" mean that no statistically significant difference exists between the measures being compared. Terms relating to difference (for example, "greater" or "less") indicate that differences are statistically significant. The *t*-test, with a critical value of 1.96 (0.05 level of significance), was used to test all comparisons that are discussed. Lack of comment regarding the difference between any two statistics does *not* mean the difference was tested and found to be not significant.

Regular source of care

In 1978, the great majority of Americans, 87.4 percent, had a regular source of medical care, that is, a particular place where they usually sought medical care or advice about health problems. Persons usually sought medical care in a variety of locations—doctor's offices, hospital emergency rooms, hospital outpatient clinics, company clinics, health centers, or other places.

An estimated 182.1 million noninstitutionalized people or 85.2 percent of the population had a single medical source and another 4.9 million or 2.3 percent had more than one doctor, depending on the medical problem (table 1).

Almost 80 percent of all persons with a regular source of care made one or more doctor visits in the past year with the majority of those persons seeing a doctor a total of one to four times in that year. Only 5 percent of all persons with a regular source of care reported very high rates of physician utilization with 13 or more visits or contacts in the past year. The most frequent users of physician services were persons who had a major limitation of activity (table 2).

An additional 12.0 percent or an estimated 25.7 million persons had no regular source of medical care in 1978. Although this segment of the population reported no regular source of medical care, they were able to gain access to the health care system when necessary. Even though these persons reported that they had no regular source of care, almost one-fourth (22.6 percent) visited a doctor one time during the past year. An additional 25.0 percent of those persons with no regular source of care saw a doctor two or more times in that year (table 3).

The distribution of persons with and without a regular source of medical care in the 1978 National Health Interview Survey (NHIS) was similar to data from the 1974 NHIS and the 1980 National Medical Care Utilization and Expenditure Survey (NMCUES) (table A). However, comparisons with NMCUES are difficult to make because survey questionnaires and methodology differ.

Demographic characteristics

The proportion of the population having a single regular source of care varied considerably by demographic characteristics. The greatest differences were found by age and health care coverage categories. The percent of the population having a single regular source was highest for children under 17 years (91.6 percent). As expected, it was lowest for healthy young adults, those 17–44 years of age (80.2 percent), and was higher for persons in the older age groups.

As expected, persons with no health care coverage had by far the lowest proportion of the population (77.0 percent) with a single regular source of care. Both those with Medicaid (89.1 percent) and those with Medicare (88.0 percent) had a significantly higher proportion with a single regular source of care than either those with no insurance coverage or those with some type of private health insurance (86.4 percent).

Other statistically significant differences in table 1 were found by sex (82.7 percent male and 87.4 percent female) and by income (83.2 percent under $10,000 and 86.5 percent $10,000 or more). There were no differences between white and black persons.

Table 4 shows the percent distribution of the population by source of care. Although males constituted only 48.3 percent of the population, they accounted for almost 60 percent (58.9 percent) of those with no regular source. Persons aged 17–44 years, those with incomes below $10,000, and those with no health care coverage had a disproportionately high percent with no regular source of care.

Location of single regular source of care

In each of the three surveys (NHIS 1974 and 1978, and NMCUES 1980) most of those reporting a single regular or usual source sought care in a doctor's office (table B). The term "doctor's office" includes all physicians whether in single or group practice and those connected with prepaid group practice plans. In all three years most of the remaining persons with a single regular source usually sought care in a hospital outpatient clinic. More specific comparisons are not valid due to differences in questionnaire wording and response categories.

Of these reporting a single usual source of care in 1978, the proportion with the source located in a doctor's office increased from 75.3 percent among those with a family income of less than $5,000 to 92.1 percent among those with a family income of $15,000 or more (table 5). The proportion of persons whose single source of care is in a doctor's office was higher for females than for males, for non-Hispanics than for Hispanics, and for persons in older age groups. Among persons 65 years of age and older, 91.8 percent usually sought care in a doctor's office.

Although there were no differences between white and black persons in the proportion having a single regular source of care, there were significant differences by race in the location

Table A. Percent distribution of persons by whether they have a regular source of medical care, according to selected characteristics: United States, NHIS 1974 and 1978 and NMCUES 1980

Characteristic	Total[1]	With a regular source of care[2]			Without a regular source of care		
		NHIS		NMCUES	NHIS		NMCUES
		1974	1978	1980	1974	1978	1980
	Percent distribution						
All persons	100.0	83.1	87.4	85.8	12.2	12.0	10.3
Sex							
Male	100.0	78.4	84.8	83.2	15.0	14.7	12.7
Female	100.0	87.5	89.9	88.1	9.7	9.6	8.1
Age							
Under 17 years	100.0	90.8	93.0	89.3	7.7	6.4	5.6
17–44 years	100.0	76.8	83.0	81.9	16.4	16.5	14.7
45–64 years	100.0	82.2	88.1	88.5	11.8	11.4	9.3
65 years and over	100.0	86.4	89.0	86.9	10.6	10.5	7.4
Race[3]							
White	100.0	83.7	87.7	86.3	11.9	11.8	10.0
Black	100.0	79.4	86.3	83.4	14.6	12.9	11.6
Other	100.0		83.0	77.7		16.1	15.1
Family income[4]							
Less than $5,000	100.0	80.8	84.7	85.9	16.3	14.9	8.9
$5,000–$9,999	100.0	82.4	85.4	80.9	14.0	14.4	14.0
$10,000–$14,999	100.0	84.5	87.1	82.8	11.3	12.5	13.0
$15,000 or more	100.0	85.8	89.6	87.3	9.0	10.0	9.3
Region							
Northeast	100.0	82.7	87.0	83.8	12.4	12.4	12.3
North Central	100.0	85.5	89.7	90.5	9.6	9.7	6.1
South	100.0	82.5	86.7	85.4	13.0	12.8	10.9
West	100.0	81.3	85.9	82.4	14.6	13.7	12.9
Place of residence							
SMSA	100.0	82.6	86.7	84.3	12.4	12.7	11.3
Central city	100.0	80.8	85.7	82.5	14.1	13.7	13.0
Outside central city	100.0	84.0	87.4	85.5	11.1	12.0	10.1
Outside SMSA	100.0	84.2	89.0	89.2	11.8	10.6	8.2

[1] Includes unknown whether person has a regular source of care.
[2] Regular source of care includes single source and multiple sources.
[3] In 1974, race was tabulated only for white and all other races.
[4] Includes unknown income.

of that regular source of medical care. More white persons (90.1 percent) had a usual source of care in a doctor's office than any other racial group (68.6 percent for black persons and 79.4 percent for other races). Black persons used hospital outpatient clinics (15.7 percent) and hospital emergency rooms (3.6 percent) as a usual source of medical care significantly more than did white persons or those of other races.

In addition there were interrelated differences in the location of the usual source of care by type of health insurance coverage and by income. More persons with Medicaid (who by definition are low income persons) or persons with no health insurance coverage used hospital outpatient clinics as a regular source of care compared with persons with either Medicare or private health insurance. Similarly, at lower levels of family income, use of the hospital outpatient clinic as a regular source of care was higher.

When persons with a single regular source went elsewhere for medical care, they were most likely to go to an emergency room (22.3 percent), especially the group whose single source is a doctor's office (27.6 percent) (table C). However, among persons whose usual source is not a doctor's office, almost 60 percent went to see a doctor in his office.

Reason for lack of a usual source of medical care

Respondents give a variety of reasons for not having a regular source of care. The largest group, an estimated 15.6 million persons, reportedly experienced no need for regular medical care. Males were more likely than females to say they have no need for regular medical care. Almost two-thirds of the males with no regular source (65.6 percent) reported no need

Table B. Percent distribution of persons with a single source of medical care by place of the source, according to selected characteristics: United States, NHIS 1974 and 1978 and NMCUES 1980

Characteristic	All known places[1]	Place of regular source: Doctor's office NHIS 1974	Doctor's office NHIS 1978	Doctor's office NMCUES 1980	Hospital outpatient clinic NHIS 1974	Hospital outpatient clinic NHIS 1978	Hospital outpatient clinic NMCUES 1980	Hospital emergency room NHIS 1974	Hospital emergency room NHIS 1978	Hospital emergency room NMCUES 1980
All persons with a single regular source	100.0	91.3	88.3	84.0	4.9	5.8	8.7	0.5	1.2	3.2
Sex										
Male	100.0	90.9	87.6	83.0	4.9	5.9	9.2	0.5	1.4	3.0
Female	100.0	91.6	88.9	85.0	4.8	5.7	8.2	0.4	1.0	3.5
Age										
Under 17 years	100.0	90.1	87.5	83.4	5.9	6.3	9.1	0.6	1.2	3.8
17–44 years	100.0	90.7	87.0	82.7	4.5	5.8	8.7	0.6	1.6	3.6
45–64 years	100.0	92.8	89.7	85.5	4.4	5.7	9.2	0.2	0.8	1.6
65 years of age and over	100.0	94.3	92.0	87.9	3.3	4.6	6.4	0.3	0.4	3.5
Race[2]										
White	100.0	93.5	91.0	86.6	3.2	4.3	7.5	0.3	0.8	2.5
Black	100.0	75.2	69.2	67.2	16.8	15.8	15.8	1.4	3.7	8.6
Other	100.0		79.4	73.0		10.0	18.0		*0.8	4.4

[1] Includes other places not shown separately but excludes unknown place.
[2] In 1974, race was tabulated only for white and all other races.

Table C. Age-adjusted percent distribution of persons with a single source of medical care who last saw a doctor in another place by location of single source, according to place last seen and sex: United States, 1978

Place last seen	Location of single usual source of care: Total	Doctor's office	Other usual source
Both sexes	100.0	100.0	100.0
Doctor's office	16.8	*-	59.4
Hospital:			
Outpatient clinic	14.3	17.2	6.9
Emergency room	22.3	27.6	9.5
Company clinic	4.2	5.5	1.2
Health center	4.2	4.4	3.6
Home	2.1	2.5	*0.8
Other place	14.8	17.8	7.1
Unknown	21.3	25.1	11.4
Male	100.0	100.0	100.0
Doctor's office	15.6	*-	57.3
Hospital:			
Outpatient clinic	13.5	16.2	6.1
Emergency room	25.8	31.2	11.5
Company clinic	6.3	8.0	2.1
Health center	3.6	3.5	3.7
Home	2.0	2.4	*0.5
Other place	14.2	17.0	6.8
Unknown	19.1	21.6	12.0
Female	100.0	100.0	100.0
Doctor's office	18.5	*-	62.9
Hospital:			
Outpatient clinic	15.3	18.4	7.8
Emergency room	18.0	22.7	7.1
Company clinic	1.3	1.9	*0.2
Health center	4.9	5.6	3.4
Home	2.2	2.4	*1.1
Other place	15.6	19.2	7.3
Unknown	24.1	29.9	10.9

for a regular doctor (table 6). Examination of the data by age shows that middle-aged persons (17–44 and 45–64 years) were more likely than children or the elderly to report that they had no need for regular medical care.

Various other reasons were given for lack of a regular source of care. A fairly large proportion (14.4 percent) reported no regular source because they recently moved to the area. An additional 5.7 percent reported they were unable to find the right doctor. This reason was offered more often by Medicaid recipients (13.7 percent) than persons with any other health care coverage. The remaining persons reported that their previous doctor was no longer available or other reasons.

Health profiles of persons with different source groups

Health profiles of persons with and without a regular source of care

Individuals with a regular source of care had, on the average, different health than those who reported no regular source of medical care (table 7). In this report a "health profile" is used to compare the health status of persons within the different source groups. The profile is composed of illness and disability measures: Restricted activity days, bed days, limitation of activity, and fair or poor health status; and utilization measures: Doctor visits, dental visits, and hospitalizations.

Those with a regular source (87.4 percent of the population) had significantly higher rates of restricted activity and bed days and a higher proportion reporting some limitation of activity than those with no regular source of care. Those reporting a regular source also experienced significantly higher utilization; they were more likely to have seen a doctor, a dentist, and to have had at least one hospitalization during the previous year. The figures were even higher for those with multiple sources of care.

Although persons with a regular source of care had significantly higher rates of illness and utilization than persons with no regular source, the same patterns of age and sex differences were exhibited within each source group. Overall, illness and utilization rates were higher for persons in older age categories within each source group.

Children with a regular source of care had 11.5 restricted activity days per person per year whereas persons 65 years of age and over had 42.1. Children with no source of care had 8.0 restricted activity days per person per year, increasing to 24.0 for persons 65 years of age and over.

Tables 8–10 show comparable health profiles for those with and without regular sources of care for racial, income, and activity limitation groups. These tables have been adjusted for age and sex. This standardization procedure was done because statistics on source of care have been shown to vary significantly by age and sex. The adjustment removes the effects of uneven age and sex distribution and, therefore, allows direct examination of differences due to other characteristics.

For white and black persons, when age and sex differences were controlled, similar relationships appeared: Those with a regular source, particularly those with multiple sources, were in poorer health and utilized more medical services than their counterparts with no regular source. For those of other races, however, those with multiple sources did not show a consistent pattern with respect to either those with a single source or those with no regular source.

Analyzing within and between income groups, after adjusting for age and sex, the same pattern of higher disability rates for persons with a regular source, particularly multiple sources, appeared. Low income persons (under $5,000) with a regular source of care had 33.9 restricted activity days per person per year, while those with no regular source had 22.5 restricted activity days per person per year (table 9). However, the differences decreased at higher levels of family income.

The same differential patterns of higher disability and utilization rates for persons with a regular source of care existed for persons within all limitation of activity categories. Persons who had a major limitation of activity and a single source of care had 68.0 restricted activity days per person per year, while those with no source had 53.1 days (table 10). For those with no limitation or only minor limitations the rates were lower.

Health profiles of persons with a single source

The majority of persons with a single regular source of care, and of the total population, sought medical care in a doctor's office. Therefore, the health profile of those receiving care in a doctor's office will be used as a reference point for comparison with both the health profile of persons with a single source and the health profile of persons with no regular source.

Persons who used a hospital outpatient clinic-based regular source of care were less healthy, on the average, than those who sought care in a doctor's office. The clinic users had higher rates of restricted activity days (26.6 per person per year) and bed days (10.3 per person per year) than the doctor's office group (19.1 and 7.2 days per person per year, respectively) (table 11). Even among those under 17 years of age, the outpatient clinic source group had higher proportions of persons with a limitation of activity due to chronic conditions and only fair or poor health.

Hospital emergency rooms were the single usual source of care for only about 1 percent of the population or 2 million persons. The health patterns of this group, on the whole, differed from the doctor's office group. Persons in the emergency room group had more restricted activity days, more bed days, and a larger percent in fair or poor health. However, the emergency room group utilized significantly fewer medical services than the doctor's office group. In the emergency room group there were fewer doctor visits (65.8 percent) or dental visits (38.3 percent) in the past year than in the doctor's office group (79.0 percent with a doctor's visit and 52.0 percent with a dental visit).

In addition, utilization of inpatient hospital care for the various source groups is shown in table 11. Clinic users had the

highest proportion of persons with one or more hospital episodes in the past year (14.1 percent) when compared with the doctor's office group (10.9 percent) or the emergency room group (10.6 percent). However, hospital utilization was generally higher for persons in the older age categories for all source groups. Similar patterns existed for males and females, but overall, rates of hospital utilization were higher for females.

Health profiles of persons with no regular source

Within the general category of "no regular source of care," several reasons were given for not having a regular source of medical care. More than half of those with no regular source responded they had not needed a doctor. The health profiles of the groups varied considerably by the reason given (table 12).

The largest group, those who reported no need for a regular doctor, were, on the average, a relatively healthy group of individuals. In all categories, nearly all illness and disability measures were one-half to one-third the equivalent measure for those who saw their regular doctor in his office (table 11). Utilization was also significantly lower in all age categories except where rates or population figures were too small to be reliable.

The absolute differences in illness and utilization rates between those who had no need for a regular doctor and those who saw their regular doctor in his office tended to be larger in the older age groups. However, the proportion of persons who had no need for care was lower for each higher age group. Among all adults, the proportion not needing care decreased from 10.4 percent of those 17–44 years of age to 6.0 percent of those 65 years of age and older (calculated from data in table 1 and table 6). This small core of people appeared to be remarkably healthy.

The health profile of those who reported that their "former doctor was not available" occupied an intermediate position. Overall, their illness and disability measures resembled those of the doctor's office group, but the proportions for all types of utilization were significantly lower.

Persons who "haven't found the right doctor" and persons in the "other" reason group not only had the highest illness and disability measures among those lacking a regular source, but they generally exceeded the measures of those who have a single regular doctor. However, the percent with a doctor visit in the past year (67.6 and 54.9 percent, respectively) was significantly lower for these two groups when compared with the doctor's office group (79.0 percent). The percent with a dental visit (41.5 and 39.1 percent, respectively) was also lower than the percent of the doctor's office group (52.0 percent). The low proportion using doctor and dental services, relative to illness and disability measures, may indicate some barriers to the health care system for those with "other" reasons and those who specifically stated that they could not find the "right" doctor.

Persons who had no regular physician because they have just moved are primarily under 45 years of age. While 69.0 percent of the population were under 45 years, 85.0 percent of the "movers" without physicians were below age 45. In general, this group was a relatively healthy group. Both illness and disability measures and utilization were significantly lower than for those associated with a doctor's office. In specific categories, comparisons often cannot be made because low rates in the younger age group and a low number of individuals in the upper age group make the estimates unreliable. However, the health of those in the lower age group resembled that of their peers who went to the doctor's offices, but utilization measures (except for hospitalization) were significantly lower for the children who had recently moved.

References

[1]President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research: *Securing Access to Health Care (three volumes).* Washington. U.S. Government Printing Office, Mar. 1983.

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

[3]F. A. Sloan and J. D. Bentkover: *Access to Ambulatory Care and the U.S. Economy.* Lexington, Mass. Lexington Books, 1979.

[4]L. A. Aday, R. Andersen, and G. V. Fleming: *Health Care in the U.S.: Equitable for Whom?* Beverly Hills, Calif. Sage Publications, 1980.

[5]The Robert Wood Johnson Foundation: *Updated Report on Access to Health Care for the American People.* Princeton, N.J., 1983.

[6]National Center for Health Statistics, T. F. Drury: Access to ambulatory health care, United States, 1974. *Advance Data From Vital and Health Statistics.* No. 17. DHHS Pub. No. (PHS) 78–1250. Public Health Service. Hyattsville, Md., Feb. 23, 1978.

[7]K. Davis, M. Gold, and D. Makuc: Access to health care for the poor: Does the gap remain? *Ann. Rev. Public Health.* 2:159–82. U.S. Department of Health and Human Services. Washington. 1981.

[8]National Center for Health Statistics: Current estimates from the National Health Interview Survey, United States, 1978. *Vital and Health Statistics.* Series 10, No. 130. DHEW Pub. No. (PHS) 80–1551. Public Health Service. Washington. U.S. Government Printing Office, Nov. 1979.

[9]National Center for Health Statistics: Current estimates from the National Health Interview Survey, United States, 1974. *Vital and Health Statistics.* Series 10, No. 100. DHEW Pub. No. (PHS) 76–1527. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1975.

[10]National Center for Health Statistics, G. S. Bonham: Procedures and questionnaires of the National Medical Care Utilization and Expenditure Survey. *National Medical Care Utilization and Expenditure Survey.* Series A, Methodological Report No. 1. DHHS Pub. No. (PHS) 83–20001. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1983.

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

[12]National Center for Health Statistics: Health Interview Survey procedure, 1957–74. *Vital and Health Statistics.* Series 1, No. 11. DHEW Pub. No. (HRA) 75–1311. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1975.

[13]U.S. National Health Survey, W. R. Simmons: The statistical design of the health household interview survey. *Health Statistics.* PHS Pub. No. 584–A2. Public Health Service. Washington. U.S. Government Printing Office, July 1958.

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

[15]National Center for Health Statistics, D. A. Koons: Quality control 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.

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

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

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

[19]National Center for Health Statistics, C. F. Cannell, F. J. Fowler, Jr., and K. H. Marquis: The influence of interviewer and respondent psychological and behavioral variables on the reporting in household interviews. *Vital and Health Statistics.* Series 2, No. 26. PHS Pub. No. 1000. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1968.

List of detailed tables

Table 1. Number and percent distribution of persons with and without a regular source of medical care by type of source, according to selected characteristics: United States, 1978

[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]

Characteristic	Total population	Total[1]	Regular source				No regular source
			Total with regular source	Multiple sources	Single regular source	Particular doctor	
	Number in thousands	Percent distribution					
All persons[2]	213,828	100.0	87.4	2.3	85.2	72.4	12.0
Sex							
Male	103,174	100.0	84.8	2.0	82.7	69.5	14.7
Female	110,655	100.0	89.9	2.5	87.4	75.1	9.6
Age							
Under 17 years	59,012	100.0	93.0	1.3	91.6	75.3	6.4
17–44 years	88,627	100.0	83.0	2.8	80.2	66.6	16.5
45–64 years	43,403	100.0	88.1	2.7	85.4	76.0	11.4
65 years and over	22,788	100.0	89.0	1.8	87.3	80.9	10.5
Race							
White	185,052	100.0	87.7	2.3	85.4	74.3	11.8
Black	25,695	100.0	86.3	2.2	84.1	60.1	12.9
Other	3,081	100.0	83.0	1.5	81.5	60.5	16.1
Hispanic origin							
Non-Hispanic	197,551	100.0	87.8	2.3	85.6	73.3	11.8
Hispanic	13,123	100.0	81.5	2.6	78.9	59.8	16.3
Family income							
Less than $5,000	23,944	100.0	84.7	2.1	82.7	64.5	14.9
$5,000–$9,999	36,081	100.0	85.4	1.9	83.5	68.5	14.4
$10,000–$14,999	36,882	100.0	87.1	2.4	84.7	72.0	12.5
$15,000 or more	96,230	100.0	89.6	2.5	87.2	76.8	10.0
Region							
Northeast	48,667	100.0	87.0	2.4	84.6	71.8	12.4
North Central	57,356	100.0	89.7	1.9	87.8	76.8	9.7
South	69,206	100.0	86.7	2.6	84.1	71.7	12.8
West	38,599	100.0	85.9	2.0	83.9	68.0	13.7
Place of residence							
SMSA	146,441	100.0	86.7	2.5	84.2	70.5	12.7
Central city	61,289	100.0	85.7	2.3	83.4	66.8	13.7
Outside central city	85,152	100.0	87.4	2.6	84.8	73.1	12.0
Outside SMSA	67,387	100.0	89.0	1.8	87.2	76.7	10.6
Usual activity							
Under 6 years	18,411	100.0	93.9	1.1	92.9	76.0	5.4
School	52,758	100.0	90.9	1.7	89.3	72.8	8.5
Working	87,066	100.0	83.1	2.8	80.3	69.2	16.4
Keeping house	38,704	100.0	89.6	2.7	86.9	76.8	9.9
Retired	11,158	100.0	89.0	2.1	86.9	77.9	10.4
Health	3,645	100.0	92.9	2.9	90.0	78.6	6.9
Other reasons	7,513	100.0	87.1	1.7	85.4	77.6	12.2
Something else	5,276	100.0	82.9	2.6	80.3	65.3	16.3
Limitation of activity							
Limited	30,306	100.0	91.8	3.6	88.2	77.2	7.8
In major activity	22,598	100.0	92.3	3.5	88.8	78.1	7.3
Not in major activity	7,707	100.0	90.1	3.9	86.2	74.6	9.5
Not limited	183,523	100.0	86.7	2.1	84.7	71.6	12.7

See footnotes and notes at end of table.

Table 1. Number and percent distribution of persons with and without a regular source of medical care by type of source, according to selected characteristics: United States, 1978—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]

Characteristic	Total population	Total[1]	Regular source				No regular source
			Total with regular source	Multiple sources	Single regular source	Particular doctor	
Health care coverage[3]	Number in thousands	Percent distribution					
Medicaid	14,846	100.0	90.8	1.8	89.1	64.7	8.8
Medicare	23,567	100.0	89.9	1.9	88.0	81.4	9.9
Private coverage	166,050	100.0	88.8	2.4	86.4	76.1	10.8
No coverage	27,368	100.0	78.9	1.9	77.0	54.7	20.3

[1]Includes unknown source of care.
[2]Includes unknown Hispanic origin, unknown income, and unknown health care coverage.
[3]Categories are not mutually exclusive; therefore, the sum may exceed the total.

NOTES: Relative standard errors of estimates for this table are found in appendix I, figure III. For official population estimates for more general use, see U.S. Bureau of the Census reports on the civilian population of the United States in *Current Population Reports,* Series P–20, P–25, and P–60. Figures may not add to 100.0 because of rounding.

Table 2. Age-adjusted and age-specific percent distribution of persons with regular source of medical care by annual number of doctor visits, according to source and selected characteristics: United States, 1978

[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]

Source and characteristic	Population[1]	Number of visits in past year: None	1	2–4	5–12	13 or more
	Percent distribution					
All persons with a regular source[2,3]	100.0	20.2	23.0	32.1	17.9	5.2
Multiple sources of care	100.0	15.9	18.7	30.3	23.1	9.5
Single source of care	100.0	20.3	23.1	32.1	17.8	5.0
Place of single source						
Doctor's office	100.0	20.2	23.4	32.2	17.6	4.9
Hospital:						
Outpatient clinic	100.0	19.9	19.2	30.0	20.6	7.7
Emergency room	100.0	34.5	20.2	25.6	13.1	3.4
Company clinic	100.0	19.1	27.3	35.9	11.9	1.7
Health center	100.0	17.1	21.4	32.1	21.7	5.6
Home	100.0	27.8	20.0	26.3	13.2	6.6
Other place	100.0	17.5	19.1	35.1	20.1	5.3
Age						
Under 17 years	100.0	21.6	26.2	32.5	15.0	2.8
17–44 years	100.0	20.7	24.2	32.0	16.4	5.1
45–64 years	100.0	20.2	20.6	31.1	19.5	7.0
65 years and over	100.0	14.7	14.3	33.2	27.8	8.0
Sex						
Male	100.0	24.1	24.0	30.9	15.0	4.0
Female	100.0	16.9	22.0	33.1	20.2	6.0
Perceived health status						
Excellent or good	100.0	21.7	24.6	32.9	15.6	3.4
Fair or poor	100.0	9.9	10.9	27.3	32.2	17.3
Limitation of activity						
Limited	100.0	10.0	12.0	29.5	30.2	16.4
Major activity	100.0	9.1	9.8	27.4	32.2	19.3
Not in major activity	100.0	11.8	15.7	33.6	26.7	10.8
Not limited	100.0	21.9	24.8	32.8	15.4	3.3
Family income						
Less than $5,000	100.0	18.2	18.2	31.6	21.6	8.2
$5,000–$9,999	100.0	20.6	20.5	31.3	19.8	6.2
$10,000–$14,999	100.0	21.1	22.3	32.2	18.1	5.0
$15,000 or more	100.0	19.5	24.9	33.2	16.7	4.4

[1]Includes unknown number of visits.
[2]Age adjusted to the 1978 total civilian noninstitutionalized population.
[3]Includes unknown family income.

NOTE: Relative standard errors of estimates for this table are found in appendix I, figure III.

Table 3. Age-adjusted and age-specific percent distribution of persons with no regular source of medical care by annual number of doctor visits, according to reason for lacking source and other selected characteristics: United States, 1978

[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]

Reason for lacking source and characteristic	*Number of visits in past year*					
	Population[1]	*None*	*1*	*2–4*	*5–12*	*13 or more*
	Percent distribution					
Total with no regular source[2,3]	100.0	49.2	22.6	16.5	6.8	1.7
Reason for lacking source						
Have not needed doctor	100.0	58.1	21.9	12.6	3.7	.9
Previous doctor not available	100.0	42.3	23.5	21.3	8.6	2.5
Unable to find right doctor	100.0	33.8	22.2	22.7	15.3	3.8
Recently moved	100.0	33.0	25.9	24.4	10.9	2.9
Other reason	100.0	41.5	21.1	18.6	10.4	2.1
Age						
Under 17 years	100.0	45.6	26.6	16.3	6.6	1.1
17–44 years	100.0	44.3	24.4	18.4	7.8	2.0
45–64 years	100.0	57.9	17.4	14.5	5.5	1.9
65 years and over	100.0	60.8	15.0	13.3	5.6	1.7
Sex						
Male	100.0	52.0	22.5	15.2	5.5	1.4
Female	100.0	44.5	22.8	18.6	8.9	2.2
Perceived health status						
Excellent or good	100.0	50.3	23.1	16.2	6.0	1.3
Fair or poor	100.0	36.9	15.8	19.1	18.1	6.1
Limitation of activity						
Limited	100.0	33.7	18.4	23.5	15.8	5.4
Major activity	100.0	34.2	13.4	21.7	22.9	6.9
Not in major activity	100.0	33.6	23.3	24.7	9.9	3.2
Not limited	100.0	50.9	22.8	16.0	5.9	1.2
Family income						
Less than $5,000	100.0	47.0	21.3	17.7	9.1	2.1
$5,000–$9,999	100.0	49.4	21.0	16.8	6.7	2.2
$10,000–$14,999	100.0	52.2	21.8	16.4	6.1	1.4
$15,000 or more	100.0	47.3	25.5	17.0	6.2	1.7

[1] Includes unknown number of visits.
[2] Includes unknown reason, health status, and family income.
[3] Age adjusted to the 1978 total civilian noninstitutionalized population.

NOTE: Relative standard errors of estimates for this table are found in appendix I, figure III.

Table 4. Percent distribution of persons with and without a regular source of medical care by selected characteristics, according to type of source: United States, 1978

[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]

Characteristic	Total population[1]	Regular source				No regular source
		Total with regular source	Multiple sources	Single regular source	Particular doctor	
	Percent distribution					
All persons[2]	100.0	100.0	100.0	100.0	100.0	100.0
Sex						
Male	48.3	46.8	42.8	46.9	46.3	58.9
Female	51.7	53.2	57.2	53.1	53.7	41.1
Age						
Under 17 years	27.6	29.3	16.1	29.7	28.7	14.7
17–44 years	41.4	39.3	51.5	39.0	38.1	56.7
45–64 years	20.3	20.5	24.0	20.4	21.3	19.2
65 years and over	10.7	10.9	8.3	10.9	11.9	9.3
Race						
White	86.5	86.8	87.3	86.8	88.8	85.2
Black	12.0	11.9	11.8	11.9	10.0	12.9
Other	1.4	1.4	1.0	1.4	1.2	1.9
Hispanic origin						
Non-Hispanic	92.4	92.8	91.7	92.8	93.5	90.5
Hispanic	6.1	5.7	7.1	5.7	5.1	8.3
Family income						
Less than $5,000	11.2	10.9	10.1	10.9	10.0	13.9
$5,000–$9,999	16.9	16.5	14.2	16.5	16.0	20.2
$10,000–$14,999	17.2	17.2	18.0	17.2	17.1	18.0
$15,000 or more	45.0	46.1	48.9	46.1	47.7	37.4
Limitation of activity						
Limited	14.2	14.9	22.2	14.7	15.1	9.2
In major activity	10.6	11.2	16.1	11.0	11.4	6.4
Not in major activity	3.6	3.7	6.1	3.6	3.7	2.8
Not limited	85.8	85.1	77.8	85.3	84.9	90.8
Health care coverage[3]						
Medicaid	6.9	7.2	5.3	7.3	6.2	5.1
Medicare	11.0	11.3	9.1	11.4	12.4	9.0
Private coverage	77.7	78.9	81.4	78.8	81.6	70.0
No coverage	12.8	11.6	10.8	11.6	9.7	21.7

[1] Includes unknown source of care.
[2] Includes unknown Hispanic origin, unknown income, and unknown health care coverage.
[3] Categories are not mutually exclusive; therefore, the sum may exceed the total.

NOTES: Relative standard errors of estimates for this table are found in appendix I, figure III. Figures may not add to 100.0 because of rounding.

Table 5. Number and percent distribution of persons with a single source of medical care by place of usual source according to selected characteristics: United States, 1978

[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]

Characteristic	Total with single source[1]	Place of usual source							
		Total[1]	Doctor's office	Hospital		Company clinic	Health center	Home	Other
				Outpatient clinic	Emergency room				
	Number in thousands	Percent distribution							
All persons[2]	182,077	100.0	87.4	5.7	1.2	0.4	2.4	0.2	1.8
Sex									
Male	85,376	100.0	86.7	5.8	1.4	0.7	2.3	0.1	2.0
Female	96,702	100.0	88.0	5.6	0.9	0.2	2.5	0.2	1.6
Age									
Under 17 years	54,066	100.0	85.8	6.1	1.1	0.1	3.2	0.1	1.6
17–44 years	71,050	100.0	86.4	5.7	1.6	0.6	2.7	0.1	2.1
45–64 years	37,078	100.0	89.3	5.7	0.8	0.7	1.2	*0.1	1.8
65 years and over	19,883	100.0	91.8	4.5	0.4	*0.1	1.2	0.7	1.0
Race									
White	157,968	100.0	90.1	4.3	0.8	0.4	1.6	0.2	1.6
Black	21,598	100.0	68.6	15.7	3.6	0.5	7.8	*0.0	2.8
Other	2,511	100.0	79.4	10.0	*0.8	*0.5	4.4	*0.3	4.1
Hispanic origin									
Non-Hispanic	169,037	100.0	88.0	5.4	1.1	0.4	2.2	0.2	1.7
Hispanic	10,350	100.0	77.9	10.6	2.3	0.5	5.3	*0.1	2.3
Family income									
Less than $5,000	19,798	100.0	75.3	11.4	2.1	*0.1	6.8	0.3	3.6
$5,000–$9,999	30,130	100.0	82.2	9.0	1.8	0.3	3.2	0.2	2.5
$10,000–14,999	31,249	100.0	88.3	5.3	1.2	0.3	2.0	*0.0	1.8
$15,000 or more	83,867	100.0	92.1	3.4	0.6	0.5	1.1	0.1	1.2
Health care coverage[3]									
Medicaid	13,224	100.0	69.0	15.8	2.3	*0.0	8.9	*0.3	2.7
Medicare	20,747	100.0	91.0	5.1	0.5	*0.1	1.2	0.7	1.1
Private coverage	143,509	100.0	91.6	3.1	0.8	0.5	1.6	0.1	1.2
No coverage	21,077	100.0	70.2	16.6	2.8	*0.1	4.2	*0.1	5.1

[1]Includes unknown place.
[2]Includes unknown Hispanic origin, unknown income, and unknown health care coverage.
[3]Categories are not mutually exclusive; therefore, the sum may exceed the total.

NOTES: Relative standard errors of estimates for this table are found in appendix I, figure III. For official population estimates for more general use, see U.S. Bureau of the Census reports on the civilian population of the United States in *Current Population Reports,* Series P–20, P–25, and P–60. Figures may not add to 100.0 because of rounding.

Table 6. Number and percent distribution of persons with no regular source of medical care by the reason for lacking a regular source, according to selected characteristics: United States, 1978

[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]

Characteristic	Total with no regular source[1]	Reason for lacking a regular source of care				
		Total[1]	Have not needed a doctor	Previous doctor no longer available	Unable to find right doctor	Recently moved to area
	Number in thousands	Percent distribution				
All persons[2]	25,705	100.0	60.6	8.4	5.7	14.4
Sex						
Male	15,138	100.0	65.6	7.3	4.3	13.0
Female	10,568	100.0	53.5	9.9	7.9	16.4
Age						
Under 17 years	3,791	100.0	50.2	7.0	7.5	21.2
17–44 years	14,581	100.0	63.1	6.4	5.7	16.1
45–64 years	4,944	100.0	62.5	12.5	4.6	8.4
65 years and over	2,390	100.0	57.5	14.5	5.9	5.9
Race						
White	21,905	100.0	59.8	8.6	5.7	15.6
Black	3,304	100.0	65.8	7.2	6.3	6.5
Other	496	100.0	61.5	7.9	*3.8	12.3
Hispanic origin						
Non-Hispanic	23,275	100.0	60.2	8.7	5.6	14.7
Hispanic	2,140	100.0	65.1	5.3	6.4	12.1
Family income						
Less than $5,000	3,565	100.0	55.8	8.4	7.8	12.5
$5,000–$9,999	5,191	100.0	59.5	6.9	6.4	15.9
$10,000–14,999	4,615	100.0	63.3	8.6	6.1	13.4
$15,000 or more	9,608	100.0	60.7	9.4	5.0	15.5
Limitation of activity						
Limited	2,374	100.0	40.6	13.3	10.7	13.6
In major activity	1,645	100.0	37.6	13.1	11.6	12.5
Not in major activity	729	100.0	47.5	13.6	8.6	16.2
Not limited	23,331	100.0	62.6	7.9	5.3	14.5
Health care coverage[3]						
Medicaid	1,303	100.0	47.5	7.4	13.7	8.4
Medicare	2,326	100.0	55.3	15.3	6.4	6.7
Private coverage	17,984	100.0	61.6	9.1	5.7	14.5
No coverage	5,566	100.0	60.4	5.7	4.0	16.9

[1] Includes other and unknown reason.
[2] Includes unknown Hispanic origin, unknown income, and unknown health care coverage.
[3] Categories are not mutually exclusive; therefore, the sum may exceed the total.

NOTES: Relative standard errors of estimates for this table are found in appendix I, figure III. For official population estimates for more general use, see U.S. Bureau of the Census reports on the civilian population of the United States in *Current Population Reports*, Series P–20, P–25, and P–60. Figures may not add to 100.0 because of rounding.

Table 7. Health profile of persons with and without a regular source of medical care by age: United States, 1978

[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]

Age	Total population[1]	Regular source			No regular source
		Total	Multiple sources	Single source	
All ages					
Restricted activity days per person per year	18.8	19.7	27.6	19.5	12.0
Bed days per person per year	7.1	7.5	9.6	7.5	4.2
Percent with some limitation of activity	14.2	14.9	22.2	14.7	9.2
Percent with fair or poor health	12.3	12.8	16.6	12.7	9.0
Percent with doctor visit in past year	75.4	79.0	83.3	78.9	49.6
Percent with 5 or more doctor visits in year	21.3	23.0	32.2	22.8	8.8
Percent with dental visit in past year	49.9	51.2	55.9	51.0	40.7
Dental visits per person per year	1.6	1.7	1.8	1.7	1.2
Percent with 1 or more hospital episodes in past year	10.4	11.1	15.8	10.9	6.0
Under 17 years					
Restricted activity days per person per year	11.3	11.5	15.5	11.4	8.0
Bed days per person per year	5.2	5.3	7.3	5.2	4.3
Percent with some limitation of activity	3.9	4.0	13.1	3.8	3.1
Percent with fair or poor health	4.4	4.5	11.3	4.4	3.6
Percent with doctor visit in past year	75.8	77.5	78.7	77.5	52.5
Percent with 5 or more doctor visits in year	17.2	17.9	30.0	17.7	7.7
Percent with dental visit in past year	50.7	51.7	50.3	51.7	38.0
Dental visits per person per year	1.6	1.7	1.5	1.7	1.0
Percent with 1 or more hospital episodes in past year	5.3	5.5	10.9	5.4	3.2
17–44 years					
Restricted activity days per person per year	14.8	15.7	21.7	15.5	10.2
Bed days per person per year	5.7	6.1	7.1	6.0	3.8
Percent with some limitation of activity	8.5	9.0	13.1	8.8	5.9
Percent with fair or poor health	8.5	8.9	10.8	8.8	6.5
Percent with doctor visit in past year	74.3	78.5	82.4	78.4	53.9
Percent with 5 or more doctor visits in year	19.5	21.5	28.8	21.2	9.7
Percent with dental visit in past year	54.3	56.2	58.5	56.2	45.1
Dental visits per person per year	1.6	1.7	1.6	1.7	1.2
Percent with 1 or more hospital episodes in past year	11.0	11.9	14.6	11.8	6.9
45–64 years					
Restricted activity days per person per year	25.8	27.2	38.2	26.9	14.5
Bed days per person per year	8.8	9.4	12.7	9.3	3.9
Percent with some limitation of activity	23.6	25.0	33.8	24.8	12.6
Percent with fair or poor health	21.6	22.5	25.2	22.4	13.7
Percent with doctor visit in past year	74.5	78.9	86.1	78.7	40.6
Percent with 5 or more doctor visits in year	24.3	26.5	34.8	26.2	7.4
Percent with dental visit in past year	48.8	50.2	60.2	49.9	37.8
Dental visits per person per year	1.7	1.8	2.4	1.8	1.4
Percent with 1 or more hospital episodes in past year	12.1	13.1	16.6	12.9	4.8
65 years and over					
Restricted activity days per person per year	40.3	42.1	56.8	41.8	24.0
Bed days per person per year	14.5	15.3	21.2	15.2	7.5
Percent with some limitation of activity	45.0	46.5	62.7	46.2	32.2
Percent with fair or poor health	30.1	31.0	38.1	30.8	22.5
Percent with doctor visit in past year	79.8	84.8	89.2	84.7	37.8
Percent with 5 or more doctor visits in year	32.8	35.9	49.6	35.6	7.3
Percent with dental visit in past year	32.3	33.2	38.3	33.1	24.0
Dental visits per person per year	1.2	1.3	1.3	1.3	0.7
Percent with 1 or more hospital episodes in past year	18.0	19.2	29.5	19.0	7.8

[1] Includes unknown source of care.

NOTE: Relative standard errors of estimates for this table are found in appendix I, figures I–III.

Table 8. Age- and sex-adjusted health profiles of persons with and without a regular source of medical care by race: United States, 1978

[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]

Race[1]	Total population[2]	Regular source			No regular source
		Total	Multiple sources	Single source	
White					
Restricted activity days per person per year	18.3	19.0	25.7	18.8	12.6
Bed days per person per year	6.8	7.1	9.5	7.1	4.6
Percent with some limitation of activity	13.8	14.4	23.4	14.2	9.3
Percent with fair or poor health	11.3	11.6	15.3	11.5	8.2
Percent with doctor visit in past year	75.6	78.9	82.4	78.8	50.8
Percent with 5 or more doctor visits in year	21.1	22.7	33.2	22.4	9.2
Percent with dental visit in past year	52.3	53.6	57.4	53.5	42.2
Dental visits per person per year	1.7	1.8	1.8	1.8	1.2
Percent with 1 or more hospital episodes in past year	10.3	10.9	15.7	10.8	6.1
Black					
Restricted activity days per person per year	23.4	25.3	42.5	24.9	10.2
Bed days per person per year	10.0	10.8	13.0	10.8	4.0
Percent with some limitation of activity	17.8	19.1	23.8	19.0	9.5
Percent with fair or poor health	20.9	21.8	31.1	21.5	15.5
Percent with doctor visit in past year	75.0	79.4	82.3	79.3	46.9
Percent with 5 or more doctor visits in year	23.0	25.0	27.8	24.9	9.0
Percent with dental visit in past year	33.7	34.7	36.3	34.7	27.4
Dental visits per person per year	1.0	1.0	1.3	1.0	0.9
Percent with 1 or more hospital episodes in past year	11.4	12.3	14.1	12.2	5.2
Other					
Restricted activity days per person per year	15.3	16.2	3.1	16.4	10.0
Bed days per person per year	4.2	4.7	*-	4.8	1.0
Percent with some limitation of activity	11.1	12.1	7.1	12.2	5.1
Percent with fair or poor health	13.0	14.1	13.3	14.1	6.3
Percent with doctor visit in past year	70.5	75.4	93.3	74.9	44.9
Percent with 5 or more doctor visits in year	18.8	21.2	8.0	21.5	7.2
Percent with dental visit in past year	42.3	44.9	29.7	45.1	31.1
Dental visits per person per year	1.7	1.7	4.2	1.7	1.6
Percent with 1 or more hospital episodes in past year	7.0	7.5	1.8	7.5	4.5

[1]Age and sex adjusted according to the 1978 total civilian noninstitutionalized population.
[2]Includes unknown source of care.

NOTE: Relative standard errors of estimates for this table are found in appendix I, figures I–III.

Table 9. Age- and sex-adjusted health profiles of persons with and without a regular source of medical care by income: United States, 1978

[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]

Income[1]	Total population[2]	Regular source			No regular source
		Total	Multiple sources	Single source	
Under $5,000					
Restricted activity days per person per year	32.0	33.9	44.5	33.5	22.5
Bed days per person per year	12.3	13.1	21.1	12.8	7.8
Percent with some limitation of activity	24.5	26.5	33.3	26.3	14.8
Percent with fair or poor health	24.6	26.1	34.2	25.9	17.2
Percent with doctor visit in past year	75.7	80.3	81.3	80.2	52.0
Percent with 5 or more doctor visits in year	26.2	28.9	34.1	28.7	11.5
Percent with dental visit in past year	36.7	38.4	41.0	38.2	29.4
Dental visits per person per year	1.1	1.0	1.5	1.1	0.9
Percent with 1 or more hospital episodes in past year	12.8	13.9	14.8	13.9	6.8
$5,000–$9,999					
Restricted activity days per person per year	23.1	25.1	41.7	24.7	12.1
Bed days per person per year	8.9	9.6	12.2	9.6	4.5
Percent with some limitation of activity	18.0	19.4	28.2	19.2	10.5
Percent with fair or poor health	17.2	18.3	22.7	18.2	11.4
Percent with doctor visit in past year	73.9	78.1	82.5	77.9	49.5
Percent with 5 or more doctor visits in year	23.2	25.5	33.7	25.3	9.3
Percent with dental visit in past year	38.2	39.5	39.4	39.5	30.2
Dental visits per person per year	1.2	1.2	1.5	1.2	0.8
Percent with 1 or more hospital episodes in past year	11.7	12.6	17.7	12.5	6.4
$10,000–$14,999					
Restricted activity days per person per year	16.4	17.4	27.4	17.1	11.2
Bed days per person per year	6.0	6.2	10.4	6.1	5.0
Percent with some limitation of activity	13.2	14.0	26.3	13.7	8.4
Percent with fair or poor health	11.5	12.1	19.4	11.9	7.8
Percent with doctor visit in past year	74.6	78.2	82.5	78.1	49.0
Percent with 5 or more doctor visits in year	21.2	22.9	36.8	22.6	8.5
Percent with dental visit in past year	45.6	46.8	46.4	46.8	37.8
Dental visits per person per year	1.5	1.5	1.1	1.5	1.1
Percent with 1 or more hospital episodes in past year	10.5	11.2	17.8	11.1	5.5
$15,000 or more					
Restricted activity days per person per year	14.9	15.4	19.8	15.2	9.9
Bed days per person per year	5.7	5.9	6.5	5.9	3.8
Percent with some limitation of activity	11.1	11.5	19.0	11.3	7.2
Percent with fair or poor health	7.6	7.9	11.1	7.8	5.2
Percent with doctor visit in past year	77.2	79.8	83.0	79.7	53.0
Percent with 5 or more doctor visits in year	20.1	21.2	29.7	20.9	8.9
Percent with dental visit in past year	60.4	61.2	63.0	61.1	54.0
Dental visits per person per year	2.0	2.1	2.0	2.1	1.5
Percent with 1 or more hospital episodes in past year	9.4	9.8	15.4	9.7	5.6

[1]Age and sex adjusted according to the 1978 total civilian noninstitutionalized population.
[2]Includes unknown source of care.

NOTE: Relative standard errors of estimates for this table are found in appendix I, figures I–III.

Table 10. Age- and sex-adjusted health profiles of persons with and without a regular source of medical care by limitation of activity: United States, 1978

[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]

Limitation of activity[2]	*Total population*[1]	*Regular source*			*No regular source*
		Total	*Multiple sources*	*Single source*	
Limitation of activity					
Restricted activity days per person per year	55.5	56.4	65.5	55.9	46.5
Bed days per person per year	19.5	19.9	23.4	19.8	15.8
Percent with fair or poor health	40.7	41.4	45.7	41.2	32.2
Percent with doctor visit in past year	87.5	89.4	94.1	89.1	65.8
Percent with 5 or more doctor visits in year	45.0	46.8	57.6	46.3	21.6
Percent with dental visit in past year	47.3	47.9	51.5	47.8	42.1
Dental visits per person per year	1.6	1.7	1.8	1.7	0.8
Percent with 1 or more hospital episodes in past year	20.9	21.6	31.4	21.2	12.3
Limited in major activity					
Restricted activity days per person per year	67.4	68.3	77.7	68.0	53.1
Bed days per person per year	24.4	24.8	29.7	24.7	18.1
Percent with fair or poor health	49.2	49.7	56.3	49.5	38.0
Percent with doctor visit in past year	88.7	90.5	94.9	90.2	67.7
Percent with 5 or more doctor visits in year	50.4	51.9	63.1	51.3	29.8
Percent with dental visit in past year	42.7	43.3	48.0	43.0	38.6
Dental visits per person per year	1.5	1.5	1.0	1.5	1.0
Percent with 1 or more hospital episodes in past year	24.5	25.1	34.7	24.7	16.0
Limited, but not in major activity					
Restricted activity days per person per year	29.4	29.6	32.7	29.5	27.9
Bed days per person per year	9.3	9.3	8.9	9.3	10.5
Percent with fair or poor health	23.7	24.0	25.3	24.0	19.8
Percent with doctor visit in past year	84.9	87.1	92.1	86.8	65.0
Percent with 5 or more doctor visits in year	35.4	37.5	47.3	37.1	13.4
Percent with dental visit in past year	54.7	55.6	57.5	55.5	47.8
Dental visits per person per year	1.8	1.9	2.9	1.9	0.6
Percent with 1 or more hospital episodes in past year	14.0	14.4	23.6	14.0	9.5
No limitation of activity					
Restricted activity days per person per year	11.2	11.6	13.3	11.6	8.3
Bed days per person per year	4.6	4.7	4.8	4.7	3.3
Percent with fair or poor health	6.9	7.0	8.5	6.9	6.1
Percent with doctor visit in past year	73.2	76.9	78.8	76.9	48.5
Percent with 5 or more doctor visits in year	17.2	18.5	24.7	18.3	7.7
Percent with dental visit in past year	50.9	52.5	55.2	52.4	40.3
Dental visits per person per year	1.6	1.7	1.7	1.7	1.2
Percent with 1 or more hospital episodes in past year	8.4	8.9	10.4	8.8	5.2

[1] Includes unknown source of care.

[2] Age and sex adjusted according to the 1978 total civilian noninstitutionalized population.

NOTE: Relative standard errors of estimates for this table are found in appendix I, figures I–III.

Table 11. Health profiles of persons with a single regular source of medical care by the location of the source, age, and sex: United States, 1978

[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]

Age and sex	Total with single source	Location of single regular source				
		Doctor's office	Hospital		Health center	Other
			Outpatient clinic	Emergency room		
BOTH SEXES						
All ages						
Restricted activity days per person per year	19.5	19.1	26.6	23.3	14.6	23.7
Bed days per person per year	7.5	7.2	10.3	9.8	6.4	11.5
Percent with some limitation of activity	14.7	14.3	21.6	14.4	11.6	17.6
Percent with fair or poor health	12.7	12.3	19.4	14.4	12.8	14.0
Percent with doctor visit in past year	78.9	79.0	79.1	65.8	81.5	80.2
Percent with 5 or more doctor visits in year	22.8	22.6	27.8	15.9	24.5	23.9
Percent with dental visit in past year	51.0	52.0	42.6	38.3	44.4	50.3
Dental visits per person per year	1.7	1.7	1.4	1.1	1.3	1.8
Percent with 1 or more hospital episodes in past year	10.9	10.9	14.1	10.6	9.3	9.8
Under 17 years						
Restricted activity days per person per year	11.4	11.5	11.2	17.6	8.4	11.6
Bed days per person per year	5.2	5.1	5.1	11.8	4.0	7.2
Percent with some limitation of activity	3.8	3.7	6.3	*5.2	2.8	4.4
Percent with fair or poor health	4.4	4.0	6.5	8.6	7.7	6.3
Percent with doctor visit in past year	77.5	77.7	75.9	64.9	80.0	80.4
Percent with 5 or more doctor visits in year	17.7	17.6	19.4	16.1	19.1	17.9
Percent with dental visit in past year	51.7	53.3	40.6	37.2	38.3	46.8
Dental visits per person per year	1.7	1.7	1.3	*1.0	1.0	1.6
Percent with 1 or more hospital episodes in past year	5.4	5.3	7.1	*4.2	5.1	6.3
17–44 years						
Restricted activity days per person per year	15.5	14.9	21.8	19.7	14.8	19.7
Bed days per person per year	6.0	5.8	8.6	7.2	7.0	6.9
Percent with some limitation of activity	8.8	8.3	15.7	11.5	9.1	10.2
Percent with fair or poor health	8.8	8.3	15.4	12.3	11.3	8.6
Percent with doctor visit in past year	78.4	78.3	79.3	68.4	82.5	82.1
Percent with 5 or more doctor visits in year	21.2	20.8	29.1	14.6	24.4	22.3
Percent with dental visit in past year	56.2	57.1	46.9	41.7	51.2	58.3
Dental visits per person per year	1.7	1.7	1.5	1.3	1.3	2.0
Percent with 1 or more hospital episodes in past year	11.8	11.6	15.9	12.2	11.9	9.1
45–64 years						
Restricted activity days per person per year	26.9	25.3	46.4	43.4	30.2	32.0
Bed days per person per year	9.3	8.6	15.7	*12.0	12.1	15.0
Percent with some limitation of activity	24.8	23.2	42.9	33.5	34.3	31.0
Percent with fair or poor health	22.4	21.1	39.4	30.3	31.2	25.3
Percent with doctor visit in past year	78.7	78.8	80.6	60.6	78.7	74.3
Percent with 5 or more doctor visits in year	26.2	25.8	34.2	19.4	34.1	24.9
Percent with dental visit in past year	49.9	50.7	44.1	33.9	42.6	44.8
Dental visits per person per year	1.8	1.8	1.6	*1.1	*2.0	1.9
Percent with 1 or more hospital episodes in past year	12.9	12.7	18.5	15.2	8.6	11.0
65 years and over						
Restricted activity days per person per year	41.8	40.9	59.2	*39.9	28.3	55.6
Bed days per person per year	15.2	14.3	25.0	*21.5	*8.4	39.4
Percent with some limitation of activity	46.2	45.4	54.8	50.6	53.5	58.0
Percent with fair or poor health	30.8	30.4	38.3	*25.9	28.3	35.4
Percent with doctor visit in past year	84.7	84.8	85.8	56.8	90.0	84.7
Percent with 5 or more doctor visits in year	35.6	35.3	37.3	*19.8	46.1	45.0
Percent with dental visit in past year	33.1	33.6	26.5	*18.5	36.1	29.7
Dental visits per person per year	1.3	1.3	0.8	*-	*1.9	*0.7
Percent with 1 or more hospital episodes in past year	19.0	18.9	21.7	*22.2	20.0	19.6

NOTE: Relative standard errors of estimates for this table are found in appendix I, figures I–III.

Table 11. Health profiles of persons with a single regular source of medical care by the location of the source, age, and sex: United States, 1978—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]

Age and sex	Total with single source	Location of single regular source				
		Doctor's office	Hospital		Health center	Other
			Outpatient clinic	Emergency room		
MALE						
All ages						
Restricted activity days per person per year	17.0	16.4	25.1	21.9	12.3	24.8
Bed days per person per year	6.3	5.9	9.1	8.6	5.8	13.1
Percent with some limitation of activity	14.9	14.3	24.2	15.1	11.5	19.2
Percent with fair or poor health	11.6	11.0	19.7	13.9	11.2	14.6
Percent with doctor visit in past year	75.2	75.3	75.2	63.3	78.1	76.3
Percent with 5 or more doctor visits in year	18.8	18.7	23.0	12.7	19.3	19.3
Percent with dental visit in past year	49.8	50.7	41.2	39.8	44.3	48.6
Dental visits per person per year	1.5	1.6	1.2	1.0	1.2	1.5
Percent with 1 or more hospital episodes in past year	9.1	9.0	12.1	7.8	7.0	9.5
Under 17 years						
Restricted activity days per person per year	10.9	11.1	9.9	*17.7	11.7	12.1
Bed days per person per year	4.9	4.9	3.8	*13.5	8.1	*8.6
Percent with some limitation of activity	4.1	4.0	6.2	*6.3	5.5	*5.1
Percent with fair or poor health	4.4	4.0	6.3	*9.8	8.0	7.6
Percent with doctor visit in past year	77.8	78.0	75.3	67.5	82.4	82.2
Percent with 5 or more doctor visits in year	18.0	18.2	18.2	16.8	18.1	17.2
Percent with dental visit in past year	50.8	52.3	38.6	38.5	42.8	44.8
Dental visits per person per year	1.5	1.6	1.0	*0.2	1.1	*1.2
Percent with 1 or more hospital episodes in past year	5.7	5.6	7.7	*5.2	5.5	*5.5
17–44 years						
Restricted activity days per person per year	13.5	13.0	18.2	18.0	12.2	19.4
Bed days per person per year	4.7	4.5	5.7	*6.9	*4.9	7.4
Percent with some limitation of activity	9.7	9.1	18.9	10.5	9.1	11.4
Percent with fair or poor health	7.3	6.7	15.2	9.8	10.1	8.2
Percent with doctor visit in past year	71.3	71.3	70.7	62.4	76.7	76.4
Percent with 5 or more doctor visits in year	14.0	13.8	18.8	8.4	16.9	15.3
Percent with dental visit in past year	53.8	54.7	44.6	43.3	48.7	56.5
Dental visits per person per year	1.6	1.6	1.3	*1.2	1.3	1.7
Percent with 1 or more hospital episodes in past year	7.2	7.1	9.6	6.7	7.4	7.2
45–64 years						
Restricted activity days per person per year	24.3	22.2	45.3	40.7	28.2	31.8
Bed days per person per year	7.6	6.7	14.1	*8.1	*16.7	14.4
Percent with some limitation of activity	25.9	23.9	46.8	33.5	31.8	31.6
Percent with fair or poor health	21.7	20.1	39.4	31.0	22.2	25.9
Percent with doctor visit in past year	74.9	75.1	78.5	60.5	72.7	70.6
Percent with 5 or more doctor visits in year	23.0	22.2	33.8	19.0	28.3	22.6
Percent with dental visit in past year	49.2	49.9	45.6	33.0	45.5	45.8
Dental visits per person per year	1.6	1.6	1.7	*1.7	*1.8	1.8
Percent with 1 or more hospital episodes in past year	12.7	12.3	18.9	*11.0	*8.1	12.1
65 years and over						
Restricted activity days per person per year	36.6	34.6	61.6	24.9	*28.4	60.8
Bed days per person per year	14.8	12.9	31.3	*4.7	*18.0	49.3
Percent with some limitation of activity	49.6	48.6	58.9	*66.7	58.8	54.4
Percent with fair or poor health	31.5	31.1	40.1	*28.2	*30.4	29.4
Percent with doctor visit in past year	82.3	82.2	85.2	*64.1	85.3	80.4
Percent with 5 or more doctor visits in year	32.1	31.9	31.7	*25.6	45.1	34.8
Percent with dental visit in past year	31.9	32.4	26.3	*23.1	37.3	26.0
Dental visits per person per year	1.1	1.1	*0.8	*-	*1.0	*0.2
Percent with 1 or more hospital episodes in past year	20.5	20.4	21.6	*30.8	*20.6	22.1

NOTE: Relative standard errors of estimates for this table are found in appendix I, figures I–III.

Table 11. Health profiles of persons with a single regular source of medical care by the location of the source, age, and sex: United States, 1978—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]

Age and sex	Total with single source	Location of single regular source				
		Doctor's office	Hospital		Health center	Other
			Outpatient clinic	Emergency room		
FEMALE						
All ages						
Restricted activity days per person per year	21.6	21.4	28.1	25.2	16.4	22.3
Bed days per person per year	8.5	8.3	11.5	11.5	6.9	9.5
Percent with some limitation of activity	14.5	14.3	19.2	13.5	11.6	15.5
Percent with fair or poor health	13.7	13.4	19.1	15.0	14.1	13.3
Percent with doctor visit in past year	82.2	82.2	82.5	69.1	84.2	85.3
Percent with 5 or more doctor visits in year	26.3	25.9	32.0	20.0	28.6	29.7
Percent with dental visit in past year	52.1	53.0	43.9	36.4	44.4	52.4
Dental visits per person per year	1.8	1.8	1.6	1.3	1.4	2.0
Percent with 1 or more hospital episodes in past year	12.5	12.5	15.9	14.3	11.0	10.2
Under 17 years						
Restricted activity days per person per year	12.0	11.8	12.7	17.6	10.0	*11.0
Bed days per person per year	5.6	5.4	6.5	*10.4	*5.3	*5.6
Percent with some limitation of activity	3.6	3.4	6.4	*4.3	*2.3	*3.7
Percent with fair or poor health	4.4	4.1	6.7	*7.6	7.9	*4.9
Percent with doctor visit in past year	77.2	77.5	76.5	62.9	80.3	78.9
Percent with 5 or more doctor visits in year	17.4	17.1	20.6	15.2	21.7	18.7
Percent with dental visit in past year	52.6	54.3	42.8	36.5	36.0	49.0
Dental visits per person per year	1.8	1.8	1.7	*1.7	*0.9	2.0
Percent with 1 or more hospital episodes in past year	5.1	5.0	6.4	*3.3	5.2	*7.1
17–44 years						
Restricted activity days per person per year	17.1	16.5	24.5	22.3	16.7	20.0
Bed days per person per year	7.2	6.9	10.7	*7.9	8.5	6.3
Percent with some limitation of activity	8.2	7.7	13.3	13.1	9.0	8.9
Percent with fair or poor health	10.1	9.6	15.5	16.3	12.3	9.0
Percent with doctor visit in past year	84.3	84.2	85.7	77.8	86.6	88.6
Percent with 5 or more doctor visits in year	27.3	26.6	36.7	24.1	29.7	30.2
Percent with dental visit in past year	58.1	59.2	48.6	39.2	52.9	60.2
Dental visits per person per year	1.8	1.9	1.6	*1.4	1.4	2.2
Percent with 1 or more hospital episodes in past year	15.7	15.5	20.4	20.6	15.0	11.2
45–64 years						
Restricted activity days per person per year	29.2	28.0	47.6	*48.4	31.8	32.6
Bed days per person per year	10.7	10.2	17.5	*19.2	*8.6	*16.1
Percent with some limitation of activity	23.8	22.6	38.5	33.6	36.2	29.7
Percent with fair or poor health	23.0	21.9	39.5	*30.0	37.7	24.0
Percent with doctor visit in past year	82.0	82.0	83.0	60.9	83.3	82.4
Percent with 5 or more doctor visits in year	29.1	28.7	34.7	*20.0	38.5	30.4
Percent with dental visit in past year	50.5	51.4	42.6	34.5	40.5	42.6
Dental visits per person per year	1.9	1.9	1.5	*-	*2.1	*2.0
Percent with 1 or more hospital episodes in past year	13.2	13.0	18.1	*22.7	*8.9	*8.1
65 years and over						
Restricted activity days per person per year	45.4	45.1	57.1	*53.8	*28.1	49.1
Bed days per person per year	15.5	15.3	19.4	*37.1	*0.8	*27.0
Percent with some limitation of activity	43.9	43.3	51.0	*35.7	49.2	62.6
Percent with fair or poor health	30.4	30.0	36.6	*23.8	*25.8	42.9
Percent with doctor visit in past year	86.4	86.5	86.4	*50.0	93.8	90.2
Percent with 5 or more doctor visits in year	37.9	37.5	42.3	*14.3	47.7	57.1
Percent with dental visit in past year	34.0	34.4	26.8	*14.3	34.4	34.4
Dental visits per person per year	1.4	1.4	*0.8	*-	*2.6	*1.3
Percent with 1 or more hospital episodes in past year	18.0	17.9	21.5	*14.3	*19.5	*17.2

NOTE: Relative standard errors of estimates for this table are found in appendix I, figures I–III.

Table 12. Health profiles of persons without a regular source of medical care by reason for lacking a source and age: United States, 1978

[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]

Age	Total with no regular source[1]	Reason for lacking regular source				
		Have not needed a doctor	Previous doctor not available	Unable to find right doctor	Recently moved	Other reason
All ages						
Restricted activity days per person per year	12.0	7.5	17.1	25.9	12.9	23.3
Bed days per person per year	4.2	2.4	5.0	9.8	5.1	10.2
Percent with some limitation of activity	9.2	6.2	14.6	17.1	8.7	20.2
Percent with fair or poor health	9.0	5.8	13.4	18.7	7.9	21.7
Percent with doctor visit in past year	49.6	41.5	55.8	67.6	67.3	54.9
Percent with 5 or more doctor visits in year	8.8	5.2	11.2	19.8	14.0	12.7
Percent with dental visit in past year	40.7	39.3	44.6	41.5	45.2	39.1
Dental visits per person per year	1.2	1.2	1.1	1.5	1.1	1.2
Percent with 1 or more hospital episodes in past year	6.0	4.1	7.1	11.2	8.4	10.4
Under 17 years						
Restricted activity days per person per year	8.0	4.4	*11.9	*6.3	11.5	17.0
Bed days per person per year	4.3	*1.6	*2.9	*4.2	*6.1	15.1
Percent with some limitation of activity	3.1	2.4	*10.6	*4.2	*1.7	*2.3
Percent with fair or poor health	3.6	*1.8	*2.3	*7.4	*3.1	9.6
Percent with doctor visit in past year	52.5	41.4	53.8	59.2	69.8	60.1
Percent with 5 or more doctor visits in year	7.7	3.0	*7.6	12.7	11.9	11.4
Percent with dental visit in past year	38.0	36.3	42.4	34.2	42.0	37.6
Dental visits per person per year	1.0	1.3	*0.2	*1.2	*0.6	*0.7
Percent with 1 or more hospital episodes in past year	3.2	2.0	*2.7	*0.7	5.8	*6.5
17–44 years						
Restricted activity days per person per year	10.2	7.3	14.0	24.2	11.3	21.0
Bed days per person per year	3.8	2.6	*4.9	10.1	4.3	7.9
Percent with some limitation of activity	5.9	4.1	8.5	11.8	7.2	12.9
Percent with fair or poor health	6.5	4.3	9.1	16.6	6.6	16.7
Percent with doctor visit in past year	53.9	46.2	65.3	73.3	68.6	59.5
Percent with 5 or more doctor visits in year	9.7	6.1	15.7	22.2	14.5	14.7
Percent with dental visit in past year	45.1	43.9	53.3	47.8	47.2	43.1
Dental visits per person per year	1.2	1.2	1.5	1.7	1.0	1.5
Percent with 1 or more hospital episodes in past year	6.9	4.6	9.1	13.1	9.5	12.9
45–64 years						
Restricted activity days per person per year	14.5	7.6	16.4	41.3	18.4	39.3
Bed days per person per year	3.9	2.2	*5.1	*12.0	*5.9	*7.1
Percent with some limitation of activity	12.6	7.3	15.6	28.4	18.3	29.0
Percent with fair or poor health	13.7	9.0	17.0	27.1	15.9	30.4
Percent with doctor visit in past year	40.6	33.1	49.4	62.9	59.6	47.6
Percent with 5 or more doctor visits in year	7.4	4.4	8.1	24.0	14.7	8.8
Percent with dental visit in past year	37.8	34.8	42.3	40.6	45.0	43.3
Dental visits per person per year	1.4	1.4	*1.1	*2.1	2.3	*0.9
Percent with 1 or more hospital episodes in past year	4.8	3.1	6.0	*12.7	*6.3	*6.8
65 years and over						
Restricted activity days per person per year	24.0	12.8	30.3	50.4	*32.9	48.9
Bed days per person per year	7.5	*3.2	*6.6	*16.1	*11.9	*15.1
Percent with some limitation of activity	32.2	23.1	32.1	56.4	47.1	52.5
Percent with fair or poor health	22.5	14.7	26.6	40.0	32.9	39.9
Percent with doctor visit in past year	37.8	28.9	43.1	59.3	54.3	45.5
Percent with 5 or more doctor visits in year	7.3	3.6	*7.8	*12.9	*15.0	13.9
Percent with dental visit in past year	24.0	23.1	27.2	*20.0	31.4	22.4
Dental visits per person per year	0.7	*0.5	*0.8	*0.4	*1.4	*1.6
Percent with 1 or more hospital episodes in past year	7.8	5.1	*7.2	*19.3	*11.4	13.2

[1]Includes unknown reason for lacking regular source.

NOTE: Relative standard errors of estimates for this table are found in appendix I, figures I–III.

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 National Health Interview Survey (NHIS).

NHIS utilizes a questionnaire that obtains information on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, and other health topics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued that cover one or more of the specific topics.

The population covered by the sample for the NHIS 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 because 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 (for example, 1 year) might be sizable, especially for older persons.

Statistical design of the National Health Interview Survey

General plan—The sampling plan of the survey follows a multistage probability design that 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 because 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 NHIS sample was selected.

The usual NHIS sample consists of approximately 12,000 segments containing about 51,000 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 110,000 persons.

Descriptive material on data collection, field procedures, and questionnaire development in NHIS have been published,[11,12] as well as a detailed description of the sample design and estimation procedure.[13,14]

Collection of data—Field operations for the survey are performed by the U.S. Bureau of the Census under specifications established by NCHS. In accordance with these specifications the U.S. 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—Because the design of NHIS 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 proba-

NOTE: A list of references follows the text.

bilities 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 that 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 auxiliary information that 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 race-residence classes.
4. *Poststratification by age-sex-race*—The estimates are ratio adjusted within each of 60 age-sex-race cells to an independent estimate of the population of each cell for the survey period. These independent estimates are prepared by the U.S. 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, race, 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, for example, 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 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.

Explanation of hospital recall—The survey questionnaire uses a 12-month-recall period for hospitalizations. That is, the respondent is asked to report hospitalizations that occurred during the 12 months prior to the week of interview. Information is also obtained as to the date of entry into the hospital and duration of stay. Analysis of this information, and also the results of special studies, has shown that there is an increase in underreporting of hospitalizations with increase in time interval between the discharge and the interview. Exclusive of the hospital experience of decedents, the net underreporting with a 12-month recall is in the neighborhood of 10 percent, but underreporting of discharges within 6 months of the week of interview is estimated to be less than 5 percent. For this reason hospital discharge data in this report are based on hospital discharges reported to have occurred within 6 months of the week of interview. Because the interviews were evenly distributed according to weekly probability samples throughout any interviewing year, no seasonal bias was introduced by doubling the 6-month-recall data to produce an annual estimate for that year of interviewing. Doubling the 6-month data in effect imputes to the entire year preceding the interview the rate of hospital discharges actually observed during the 6 months prior to interview. However, estimates of the number of persons with hospital episodes (as opposed to estimates of the number of hospital discharges) are based on 12-month recall data, because individuals' 12-month experiences cannot be obtained by doubling their most recent 6-month experience.

General qualifications

Nonresponse—Data were adjusted for nonresponse by a procedure that imputes to persons in a household who were not interviewed the characteristics of persons in households in the same segment who were interviewed. Interviews were completed in 97.0 percent of the sample households.

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, because 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 race, which are adjusted to independent estimates, these figures are based on the sample of households in NHIS. 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 race mentioned above, the population figures differ from figures (which are derived from different sources) published in reports of the U.S. Bureau of the Census. Official population estimates are presented in U.S. Bureau of the Census reports in Series P–20, P–25, and P–60.

Reliability of estimates

Because 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.[15] Although it is very difficult to measure the extent of bias in the NHIS, a number of studies have been conducted to study this problem. The results have been published in several reports.[16–19] The standard errors shown in this report were computed using the balanced half-sample replication procedure.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might 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 percent 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 percent.

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

1. *Narrow range*—This class consists of (a) statistics that estimate a population attribute; for example, the number of persons in a particular income group, and (b) statistics for which the measure for a single individual during the reference period used in data collection is usually either 0 to 1 and, 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; for example, 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.

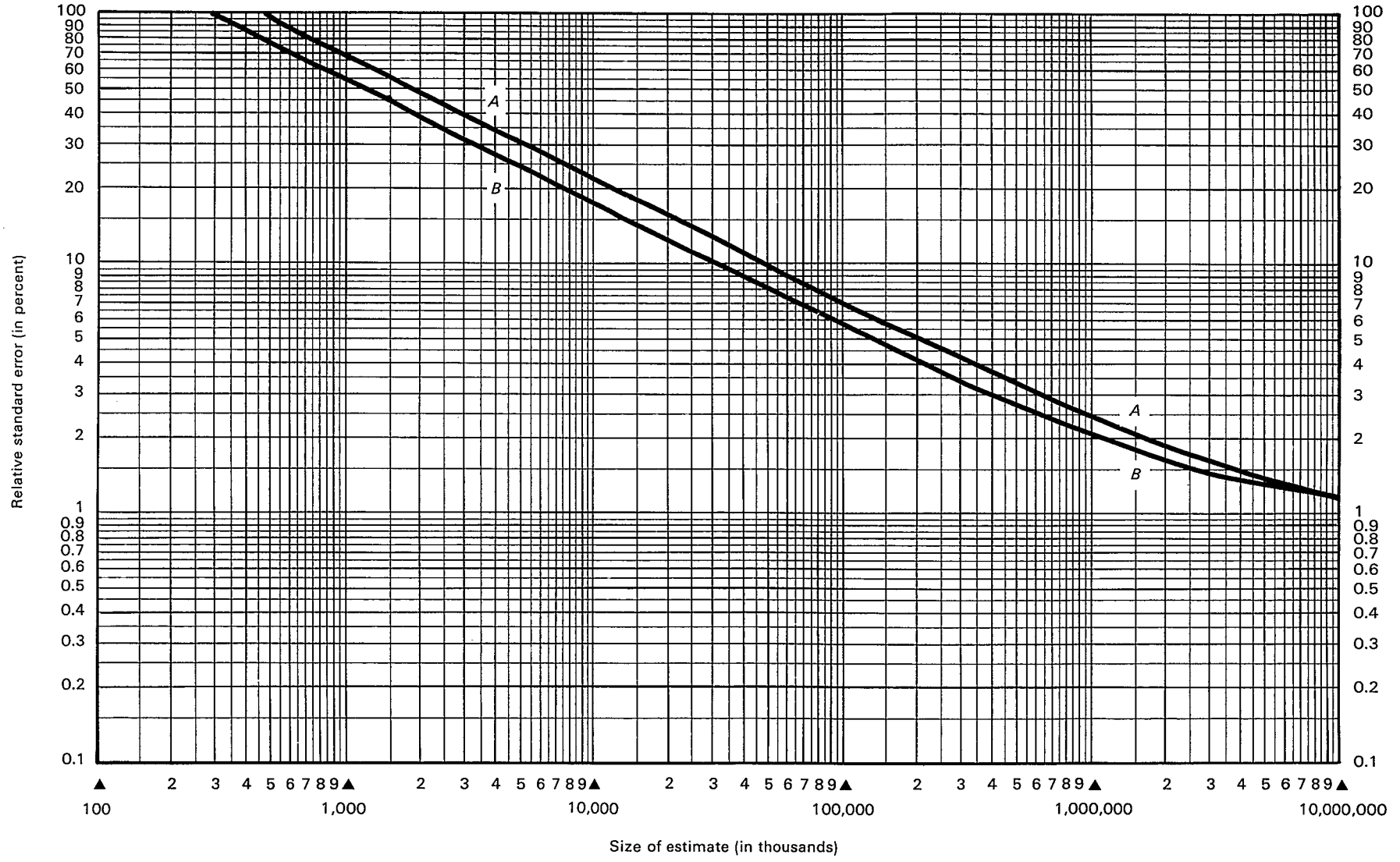
General rules for determining relative standard errors—The following rules will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report. These charts represent standard errors of NHIS data. They should be used in preference to the charts which have appeared in all previous Series 10 publications.

Rule 1. *Estimates of aggregates:* Approximate relative standard errors for estimates of aggregates such as the number of persons with a given characteristic are obtained from appropriate curves, figures I and II. The number of persons in the total U.S. population or in an age-sex-race class of the total population is adjusted to official U.S. 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 appropriate curves, figure III. For values which do not fall on the curve presented in the chart, visual interpolation will provide a satisfactory approximation.

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

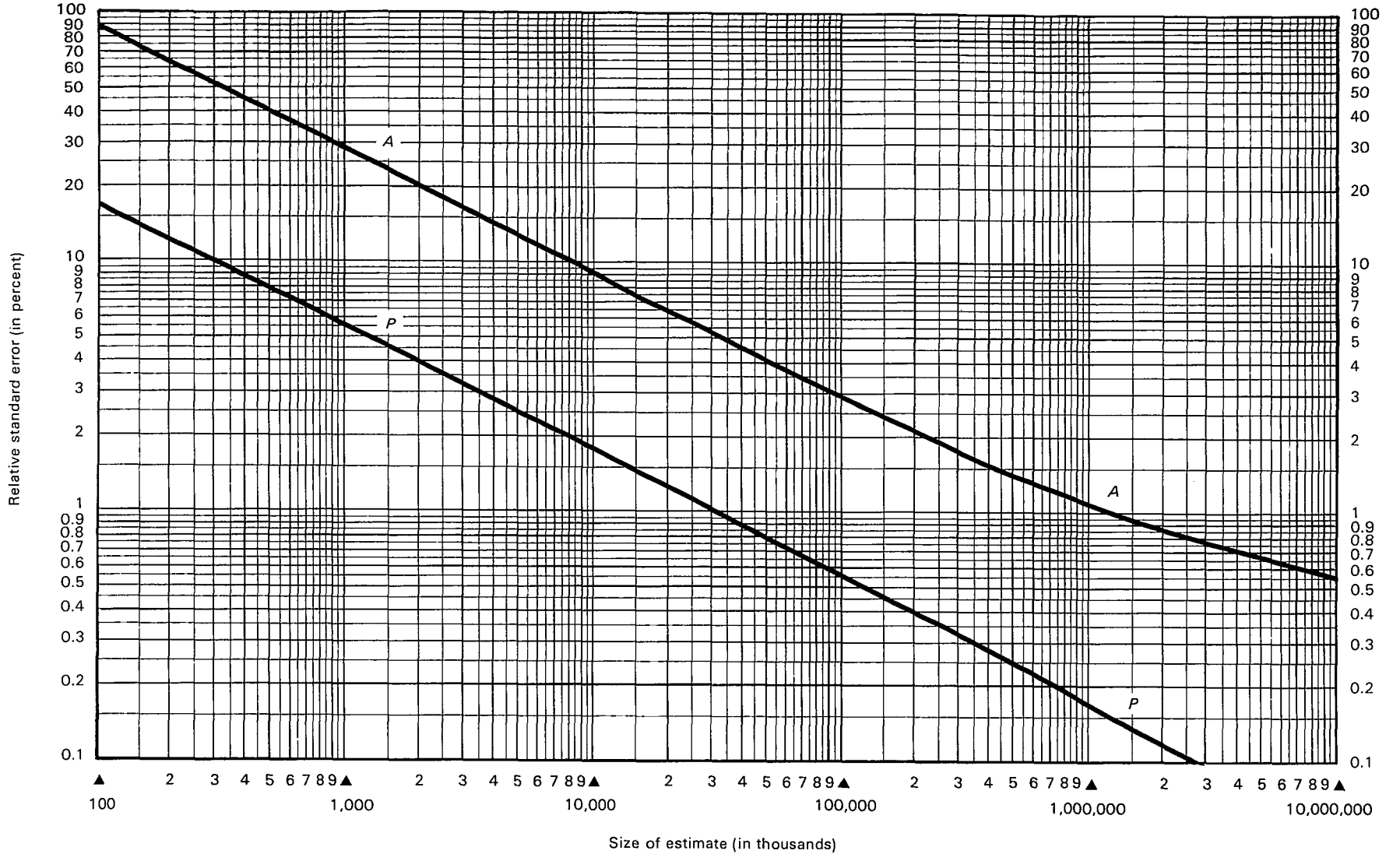
NOTE: A list of references follows the text.



[1]These curves represent estimates of relative standard errors based on 1–4 quarters of data collection for wide range estimates of aggregates using a 2-week reference period.

EXAMPLE OF USE OF CHART: An estimate of 10,000,000 days of restricted activity (on scale at bottom of chart) has a relative standard error of 22 percent (read from curve *A* on scale at left side of chart), or a standard error of 2,200,000 (22 percent of 10,000,000).

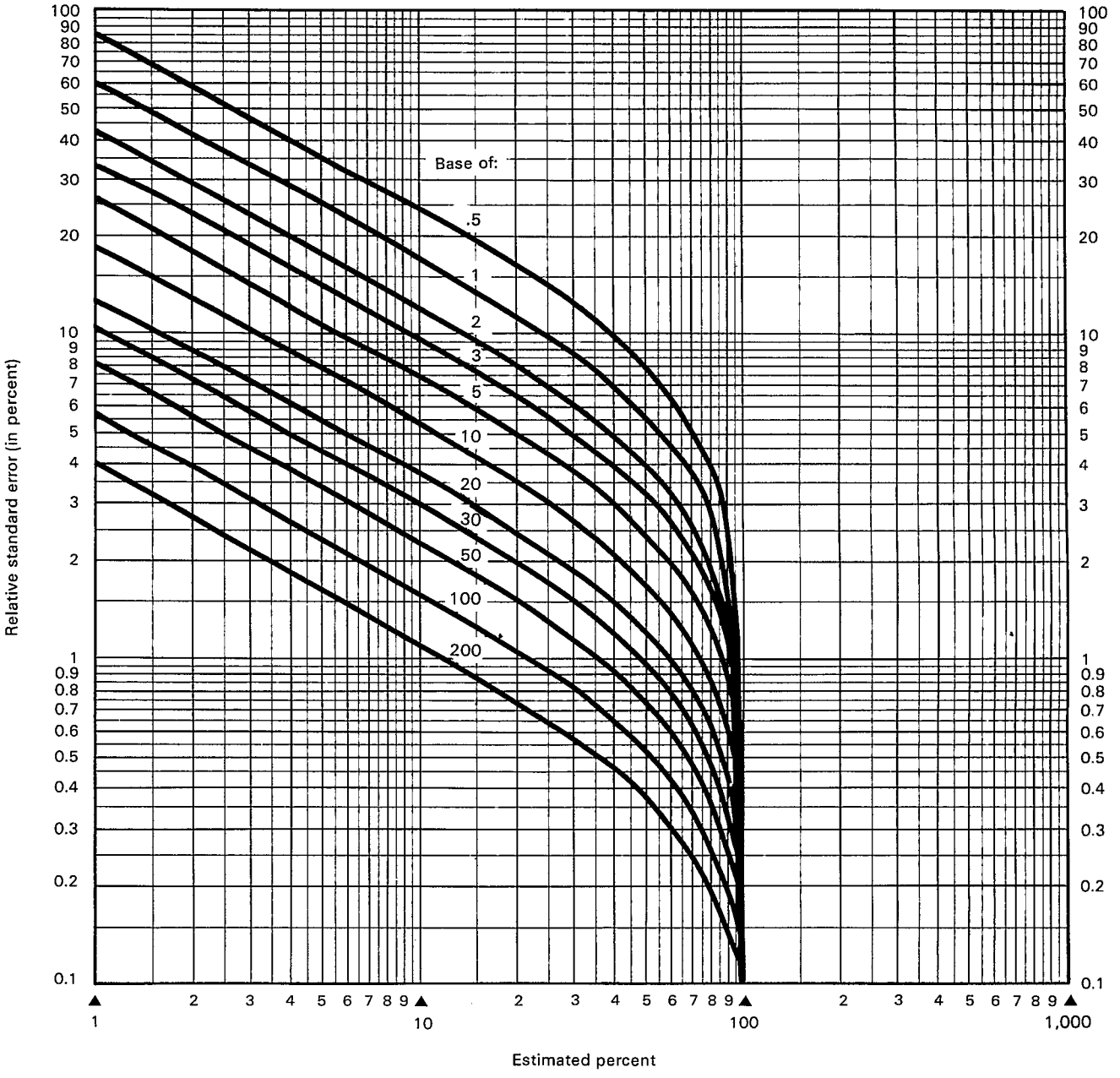
Figure I. Relative standard errors for days of restricted activity or bed disability (*A*) and for days lost from work or school (*B*)[1]



[1]The curve related to physician or dental visits is based on 1–4 quarters of data collection for medium range estimates of aggregates using a 2-week reference period; the curve for population characteristics is based on 4 quarters of data collection for narrow range estimates of aggregates.

EXAMPLE OF USE OF CHART: An estimate of 10,000,000 dental visits (on scale at bottom of chart) has a relative standard error of 9.2 percent (read from curve *A* on scale at left side of chart), or a standard error of 920,000 (9.2 percent of 10,000,000). An estimate of 1,000,000 persons in the Northeast Region (curve *P*) has a relative standard error of 5.7 percent.

Figure II. Relative standard errors for number of physician or dental visits based on a 2-week reference period (*A*) and population characteristics (*P*)[1]



[1]These curves represent estimates of relative standard errors of percents of population characteristics based on 4 quarters of data collection for narrow range estimates. (Base of percent shown on curves in millions.)

EXAMPLE OF USE OF CHART: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 3.6 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 times 3.6 percent, or 0.72 percentage points.

Figure III. Relative standard errors of percents of population characteristics[1]

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-race 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 will overstate the error to the extent that the correlation between numerator and denominator is greater than zero.

Rule 5. *Estimates of difference between two statistics (mean, rate, total, and so forth)*: 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

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

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

Adjustment of rates

This report includes data which have been adjusted by the direct method to the age and sex distribution of the standard population. The standard population used is the 1978 total civilian noninstitutionalized population of the United States. The standard age and sex categories used are as follows:

Age-sex	*Standard population in thousands*
All ages	213,828
Male	103,174
Female	110,655
Under 17 years	59,012
Male	30,096
Female	28,916
17–44 years	88,627
Male	42,951
Female	45,676
45–64 years	43,403
Male	20,734
Female	22,668
65 years and over	22,788
Male	9,393
Female	13,394

Age-sex adjustment by the direct method is accomplished by multiplying the age-sex specific rate for each age-sex group by the population for the corresponding age-sex group in the standard population. The cross-products of the multiplications are then summed and divided by the total of the standard population to obtain the adjusted rate.

Appendix II
Definitions of certain terms used in this report

Terms relating to health and disability

Perceived health status—Persons are classified into four categories according to their own reported health status compared with others of the same age. The four classifications are excellent, good, fair, and poor.

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

Disability day—Short-term disability days are classified according to whether they are days of restricted activity, bed days, hospital days, work-loss days, or school-loss days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms that apply to the working and school-age populations only but these too are days of restricted activity. Hence "days of restricted activity" is the most inclusive term used to describe disability days.

Restricted-activity day—A day of restricted activity is one on which persons cut down on their usual activities for the whole of that day because of illness or injury. The term "usual activities" for any day means the things that people would ordinarily do on that day. For children under school age, usual activities depend on whatever the usual pattern is for the child's day, which will in turn be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, usual activities might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays, usual activities are the things people usually do on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth. Persons who have permanently reduced their usual activities because of a chronic condition might not report any restricted-activity days during a 2-week period. Therefore absence of restricted-activity days does *not* imply normal health.

Restricted activity does not imply complete inactivity, but it does imply only the minimum of usual activities. A special nap for an hour after lunch does not constitute cutting down on usual activities, nor does the elimination of a heavy chore such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or homemaker carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day.

Bed-disability day—A day of disability is one on which persons stay in bed for all or most of the day because of specific illness or injury. All or most of the day is defined as more than half of the daylight hours. All hospital days for inpatients are considered to be days of bed disability even if the patients were not actually in bed at the hospital.

Work-loss day—A day lost from work is a day on which persons did not work at their jobs or business for at least half of their normal workday because of specific illness or injury. The number of days lost from work is determined only for persons 17 years of age and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business. (See "Currently employed" persons under "Demographic terms.")

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

Chronic activity limitation—Persons are classified into four categories according to the extent to which their activities are limited at present as a result of chronic conditions. Because the usual activities of preschool children, school-age children, homemakers, workers, and other persons differ, a different set of criteria is used for each group. There is a general similarity among them, however, as will be seen in the following descriptions of the four categories:

1. *Persons unable to carry on major activity for their group* (major activity refers to ability to work, keep house, or engage in school or preschool activities)

   Preschool children:
   Inability to take part in ordinary play with other children.
   School-age children:
   Inability to go to school.
   Homemakers:
   Inability to do any housework.
   Workers and all other persons:
   Inability to work at a job or business.

2. *Persons limited in amount or kind of major activity performed* (major activity refers to ability to work, keep house, or engage in school or preschool activities)

Preschool children:
Limited in amount or kind of play with other children, for example, need special rest periods, cannot play strenuous games, or cannot play for long periods at a time.
School-age children:
Limited to certain types of schools or in school attendance, for example, need special schools or special teaching or cannot go to school full time or for long periods at a time.
Homemakers:
Limited in amount or kind of housework, for example, cannot lift children, wash or iron, or do housework for long periods at a time.
Workers and all other persons:
Limited in amount or kind of work, for example, need special working aids or special rest periods at work, cannot work full time or for long periods at a time, or cannot do strenuous work.

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

Preschool children:
Not classified in this category.
School-age children:
Not limited in going to school but limited in participation in athletics or other extracurricular activities.
Homemakers:
Not limited in housework but limited in other activities such as church, clubs, hobbies, civic projects, or shopping.
Workers and all other persons:
Not limited in regular work activities but limited in other activities such as church, clubs, hobbies, civic projects, sports, or games.

4. *Persons not limited in activities* (includes persons whose activities are not limited in any of the ways described above).

Terms relating to hospitalization

Hospital—For this survey a hospital is defined as any institution meeting one of the following criteria: (*a*) named in the listing of hospitals in the current *American Hospital Association, Guide to the Health Care Field,* or (*b*) found on the Master Facility Inventory List maintained by the National Center for Health Statistics.

Short-stay hospital—A short-stay hospital is one in which the type of service provided by the hospital is general; maternity; eye, ear, nose, and throat; children's; or osteopathic; or it may be the hospital department of an institution.

Hospital episode—A hospital episode is any continuous period of stay of 1 night or more in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital episode is recorded for a family member whenever any part of his hospital stay is included in the 12-month period prior to the interview week.

Terms relating to dental visits

Dental visit—A dental visit is defined as any visit to a dentist's office for treatment or advice, including services by a technician or hygienist acting under a dentist's supervision.

Interval since last dental visit—The interval since the last dental visit is the length of time prior to the week of interview since a dentist or dental hygienist was last visited for treatment or advice of any type.

Terms relating to physician visits and sources of care

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 (for example, test for diabetes) or a single procedure (for example, measles inoculation) 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.

Interval since last physician visit—The interval since the last physician visit is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatever. A physician visit to a hospital inpatient may be counted as the last time a physician was seen.

Place of source of care or visit—The place of source of care or visit is a classification of the types of places at which a physician practices. Definitions of the various categories are as follows:

- *Home* is defined as any place in which persons were staying. It may be their own home, the home of a friend, a hotel, or any other place persons may have been staying (except as overnight patients in a hospital).

- *Office* is defined as the office of a physician in private practice only. This may be an office in the physician's home, an individual office in an office building, or a suite of offices occupied by several physicians. For purposes of this survey, physicians connected with prepayment-group-practice plans are considered to be in private practice.
- *Hospital outpatient clinic*—A unit of a hospital where a person may go for medical care without being admitted as an inpatient.
- *Hospital emergency room*—A unit of a hospital where a person may receive medical care, without being admitted as an inpatient.
- *Company or industry health unit* refers to a place of business (for example, factory, store, office building). This includes emergency or first-aid rooms located in such places.
- *Other* refers to locations such as a school, an insurance office, at a health department clinic, or any other place at which a physician consultation might take place.

Usual or regular source of medical care—This is based on the answer to the question "Is there a particular . . . place that — usually goes to if he is sick or needs advice about his health?" People responding "yes" are classified as having single regular source of care. Those who respond to the category (listed on a flash card) of "Have two or more usual doctors or places depending on what is wrong" are classified as having multiple sources of care. All others who respond "no" are classified as having no regular source of care.

Terms relating to health insurance

Health insurance is any plan specifically designed to pay all or part of the medical or hospital expenses of insured individuals. The insurance can be either a group or an individual policy with the premiums paid by individuals, their employer, a third party, or a combination of these. Benefits received under the plan can be in the form of payment to individuals or to the hospital or doctor. However, the plan must be a formal one with defined membership and benefits rather than an informal one. For example, an employer simply paying the hospital bill for an employee would not constitute a health insurance plan.

For the National Health Interview Survey, health insurance excludes the following kinds of plans: (*a*) plans limited to the "dread diseases" such as cancer and polio, (*b*) free care such as public assistance, public welfare, and Medicaid, care given free of charge to veterans, care given under Uniformed Services Dependents Medical Care Program, care given under the Crippled Children Program or similar programs, and care of persons admitted to a hospital for research purposes, (*c*) insurance that pays bills only for accidents, such as liability insurance held by a car or property owner, insurance that covers children for accidents at school or camp, and insurance for workers that covers them only for accidents, injuries, or diseases incurred on the job, and (*d*) insurance that pays only for loss of income.

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.

Race—The population is divided on the basis of self-response into three groups according to race—"white," "black," and "all other races." The "all other races" category includes American Indian, Chinese, Japanese, Hawaiian, and all other races. Mexican, Puerto Rican, and Cuban persons are included with "white" unless definitely known to be Indian or of another race.

Hispanic origin—Persons are Hispanic if any of the following groups describes their national origin or ancestry—Puerto Rican, Cuban, Mexican, Mexicano, Mexican-American, Chicano, other Latin American, other Spanish. Respondents make this determination by looking at a flashcard which contains the above listed Hispanic groups and deciding if any of them are their national origin or ancestry. The Hispanic population includes all Hispanic people regardless of race.

Non-Hispanic—For this report, persons not classified as Hispanic are non-Hispanic. This includes persons whose Hispanic status is unknown.

Income of family or of unrelated individuals—All members of a family are classified according to the total income of the family of which they are members. 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.

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

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

Place of residence—The place of residence of a member of the civilian noninstitutionalized population is classified as inside a standard metropolitan statistical area (SMSA) or outside an SMSA.

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 that 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) that 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. The metropolitan population in this report is based on SMSA's as defined in the 1970 census and does not include any subsequent additions or changes.

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: (*a*) the additional city has at least 250,000 inhabitants or (*b*) 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.

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

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

- *Usually working* categorizes persons 17 years of age and over who are paid employees; self-employed in their own business, profession, or in farming; or unpaid employees in a family business or farm. Work around the house or volunteer or unpaid work such as for a church is not counted as working.
- *Usually going to school* designates persons 17 years of age and over whose major activity is going to school.
- *Usually keeping house* signifies people 17 years of age and over whose major activity is described as "keeping house" and who cannot be classified as "working."
- *Retired* designates persons 45 years of age and over who consider themselves to be retired. In case of doubt, persons 45 years of age or over are counted as retired if they have either voluntarily or involuntarily stopped working, are not looking for work, and are not described as "keeping house." Retired persons may or may not be able to work.
- *Other activity* takes in all persons 17 years of age and over not classified as "working," "retired," or "going to school," and people 17 years of age and over not classified as "keeping house."

Appendix III
Questionnaire and flash cards

MEDICAL CARE PAGE (SAMPLE PERSONS ONLY)	Person number _____	
1. Is there ONE particular doctor or place -- usually goes to when he is sick or when you need advice about his health?		1 Y 2 N *(11)*
2a. Where do you go for this care or advice for --, to a clinic, hospital, doctor's office, or some other place? If Hospital: Is this an outpatient clinic or the emergency room? If Clinic: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?		1 ☐ Private doctor's office *(5)* 2 ☐ Home *(5)* 3 ☐ Doctor's clinic *(2b)* 4 ☐ Group practice 5 ☐ Hospital Outpatient Clinic 6 ☐ Hospital Emergency Room 7 ☐ Company or Industry Clinic ☐ Other *(Specify)* ↓ *(3)* _____
b. Is this a group practice clinic – that is, does it consist of three or more doctors who share the same equipment?		1 Y 2 N 9 DK
3a. What is the name of this (place) ?		_____
b. During the past 12 months, that is, since (date) a year ago, how many times did you see or talk to a doctor at this place about --?		_____ Visits 000 ☐ None
c. If something bothered you about --'s health, would you first go to (name of place), or would you try to determine what was wrong and go to the type of place most appropriate for this kind of trouble?		1 ☐ Go to regular place first 2 ☐ Select most appropriate place ☐ Other *(Specify)* ↓ _____
4a. Is there a PARTICULAR doctor -- usually sees at (name of place) ?		1 Y 2 N *(M1)*
b. Is this doctor a general practitioner or a specialist?		01 ☐ General practitioner *(M1)* ☐ Specialist – What kind of specialist is he? ↓ _____ *(M1)*
5a. What is the name of this doctor?		☐ 2+ Doctors *(2b)* _____
b. During the past 12 months, that is, since (date) a year ago, how many times did you see or talk to (name of doctor) about --?		_____ Visits 000 ☐ None
c. Is this doctor part of a group practice – that is, does he work with two or more other doctors and share the same equipment?		1 Y 2 N 9 DK
6. Is this doctor a general practitioner or a specialist?		01 ☐ General practitioner ☐ Specialist – What kind of specialist is he? ↓ _____

7. If something bothered you about --'s health, would you first go to (name of doctor), or would you try to determine what was wrong and select the most appropriate specialist?

1 ☐ Go to regular doctor first
2 ☐ Select most appropriate specialist
☐ Other (Specify) ➘

M1 Refer to "12 Mo. DV" box at top of person's column and mark as appropriate: 1 ☐ 12-month DV (8) 2 ☐ No 12-month DV (17)

8a. (Besides name of doctor) During the past 12 months has -- seen a (any other) doctor at a private doctor's office?	1 Y 2 N (9)
b. During that period, how many (other) doctors has -- seen at a private doctor's office?	1 ☐ One _____ Doctors (8d)
c. Did (name of doctor/place) EVER refer -- to this doctor?	1 Y (9) 2 N (9)
d. Did (name of doctor/place) EVER refer -- to ANY of these other doctors?	1 Y 2 N (9)
e. Did (name of doctor/place) refer -- to ALL of these other doctors?	1 Y 2 N

9. During the past 12 months has -- seen a doctor at (any of the following places) --		Did (name of doctor/place) refer him to this place? (1)
a. (A/any other) hospital emergency room?	1 Y (Col. 1) 2 N (9b)	1 Y 2 N
b. (A/any other) hospital outpatient clinic?	1 Y (Col. 1) 2 N (9c)	1 Y 2 N
c. (A/any other) company or industry clinic?	1 Y (Col. 1) 2 N (9d)	1 Y 2 N
d. (A/any other) public health clinic?	1 Y (Col. 1) 2 N (9e)	1 Y 2 N
e. (A/any other) neighborhood health center?	1 Y (Col. 1) 2 N (10)	1 Y 2 N

10a. During the past 12 months has -- seen a doctor at any other type of place? (Do not include doctors seen while a patient in a hospital.)	1 Y 2 N (14)	
b. What type of place was this?	Type of place _____ (Col. 1)	1 Y / 2 N (Reask 10a)
	Type of place _____ (Col. 1)	1 Y / 2 N (Reask 10a)

11. Many people do not have ONE particular doctor. (Hand Card D) Which of those statements best describes why you don't have one particular doctor or place for medical care for --?	1 2 3 Other *(Specify)* _____

M2 Refer to "12 Mo. DV" box at top of person's column and mark as appropriate: 1 ☐ 12 Month DV *(12)* 2 ☐ No 12 Month DV *(17)*

12. During the past 12 months, has -- seen a doctor at any of the following places -	
a. A private doctor's office?	1 Y 2 N
b. A hospital emergency room?	1 Y 2 N
c. A hospital outpatient clinic?	1 Y 2 N
d. A company or industry clinic?	1 Y 2 N
e. A public health clinic?	1 Y 2 N
f. A neighborhood health center?	1 Y 2 N
13a. During the past 12 months, has -- seen a doctor at any other type of place? (Do not include doctors seen while a patient in a hospital.)	1 Y 2 N *(14)*
b. What type of place was this?	Type of place _____ *(Reask 13a)* Type of place _____ *(Reask 13a)*
14. During the past 12 months did you get medical advice for -- from ANY doctor over the telephone?	1 Y 2 N
15. During the past 12 months has ANY doctor come to your home to give -- medical care?	1 Y 2 N
Hand Card H	1 2 3 4 5 6 7 8 9 10
16a. During the past 12 months, which of those sources paid any part of --'s doctor bills?	Other *(Specify)* _____
b. During that period, did any other source pay any part of his doctor bills?	Y *(Reask 16a)* N
If "1" is circled in 16a, go to 17; otherwise ask: c. During the past 12 months, did you or your family pay any part of --'s doctor bills?	1 Y 2 N

		During the past 12 months, did this problem ever DELAY you in getting medical care for --? (1)	During the past 12 months, did this problem ever PREVENT you from getting medical care for --? (2)
17. During the past 12 months, have you had any problems getting medical care for -- (for any of the following reasons) –			
a. Because no doctor was available when you needed one?	1 Y *(Col. 1)* 2 N *(17b)*	1 Y 2 N	1 Y 2 N
b. Because of how much it cost?	1 Y *(Col. 1)* 2 N *(17c)*	1 Y 2 N	1 Y 2 N
c. Because you didn't know where to go?	1 Y *(Col. 1)* 2 N *(17d)*	1 Y 2 N	1 Y 2 N
d. Because you didn't have a way to get to the doctor?	1 Y *(Col. 1)* 2 N *(17e)*	1 Y 2 N	1 Y 2 N
e. Because the office hours weren't convenient?	1 Y *(Col. 1)* 2 N *(18)*	1 Y 2 N	1 Y 2 N
18. During the past 12 months, have you had any problem getting an appointment for -- as soon as you felt he needed one?	1 Y *(Col. 1)* 2 N *(19)*	1 Y 2 N	1 Y 2 N
19a. During the past 12 months, have you had any other problem getting medical care for --?	1 Y 2 N *(20)*		
b. What problem did you have?	_____ *(Col. 1)*	1 Y 2 N	1 Y 2 N } *(Reask 19a)*
	_____ *(Col. 1)*	1 Y 2 N	1 Y 2 N } *(Reask 19a)*

20a. In general do you feel -- is getting as much medical care as he needs?	1 Y *(21)* 2 N
Hand Card M b. Which of those statements describes why -- isn't getting enough medical care? Any other reason? *Circle all reasons given*	1 2 3 4 5 Other *(Specify)* _____
21. During the past 12 months, has -- received any services from any of the following persons –	
a. A chiropractor?	1 Y 2 N
b. An optometrist?	1 Y 2 N
c. A podiatrist or chiropodist?	1 Y 2 N
d. A physical therapist?	1 Y 2 N

RM **RESPONDENT**	Show who responded for the Hypertension and Medical Care Pages.	1 ☐ Responded for self Person _____ was respondent
	If other than self respondent, give reason for accepting a proxy.	0 ☐ Under 17 1 ☐ Mentally incompetent 2 ☐ Physically incompetent

CARD D

1. HAVEN'T NEEDED A DOCTOR.
2. HAVEN'T BEEN ABLE TO FIND THE RIGHT DOCTOR.
3. GO TO A NUMBER OF DIFFERENT DOCTORS DEPENDING UPON WHAT IS WRONG.
4. OTHER REASON.

USUAL SOURCE OF CARE

1. Is there a particular clinic, health center, doctor's office or other place that -- usually goes to if he is sick or needs advice about his health?	1.	1 Y 2 N *(7)*
2. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place? IF HOSPITAL: **Is this an outpatient clinic or the emergency room?** IF CLINIC: **Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?**	2.	1 ☐ Doctor's office (group practice or doctor's clinic) 2 ☐ Hospital outpatient clinic 3 ☐ Home 4 ☐ Hospital emergency room 5 ☐ Company or industry clinic 6 ☐ Health center 7 ☐ Other *(Specify)* → _____
3. Is there ONE particular doctor -- usually sees at (place in 2)?	3.	1 Y 2 N
If "Home" in 2, go to 6; otherwise ask: **4. In what city (town), county and State is the (place in 2) located?**	4.	City _____ County _____ State _____
5. About how long does it usually take -- to get to the (place in 2)?	5.	_____ Minutes
6. The LAST time -- saw a doctor was it at the SAME (place in 2) or some other place?	6.	1 ☐ Same place *(NP)* 2 ☐ Other place *(8)*
Hand Card P **7. Many people do not have a particular place they usually go when they are sick or need advice about their health. Could you please give me the number of the statement which is the MAIN reason -- does not have a particular place he usually goes?** 1 – Have two or more usual doctors or places depending on what is wrong. 2 – Haven't needed a doctor. 3 – Previous doctor no longer available. 4 – Haven't been able to find the right doctor. 5 – Recently moved to area. 6 – Other reason – *Please specify*	7.	1 2 3 4 5 6 *(Specify)* → _____
Mark box or ask: **8. The LAST time -- saw a doctor was it at a clinic, a health center, a hospital, a doctor's office, or some other place?** IF HOSPITAL: **Is this an outpatient clinic or the emergency room?** IF CLINIC: **Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?**	8.	☐ 2 week DV in CI *(NP)* 1 ☐ Doctor's office (group practice or doctor's clinic) 2 ☐ Hospital outpatient clinic 3 ☐ Home 4 ☐ Hospital emergency room 5 ☐ Company or industry clinic 6 ☐ Health center 7 ☐ Other *(Specify)* → _____

CARD P

1. Have two or more usual doctors or places, depending on what is wrong.

2. Haven't needed a doctor.

3. Previous doctor no longer available.

4. Haven't been able to find the right doctor.

5. Recently moved to area.

6. Other reason – Please specify.

IF PERSON DECEASED, OR CURRENTLY IN INSTITUTION, ARMED FORCES, OR OUTSIDE U.S., GO TO NEXT PERSON.

I now have some questions about the places you (and your family) usually go to when you are sick or need advice about your health.

ASK Q's. 1 THROUGH 8 FOR ONE PERSON BEFORE ASKING Q's 1 THROUGH 8 FOR NEXT PERSON

PERSON 1

1. Is there a particular clinic, health center, doctor's office, or other place that (PERSON) usually goes to if (PERSON) is sick or needs advice about his health?

1 Yes . . . . . 01(A)
No. . . . . 02(7)
Don't know. . . . . 94(7)

A. What kind of place is that -- a clinic, a health center, a hospital, a doctor's office or some other place?

IF HOSPITAL - Is that an outpatient clinic or an emergency room?

IF CLINIC - Is that a hospital outpatient clinic, a company clinic, or some other kind of clinic?

A Dr.'s office (group practice or drs.' clinic) 01
Hospital outpatient clinic. . 02
Health Center 03
Hospital emergency room . . . 04
Company/Industry clinic . . . 05
Patient's home. 06
Other 07
Don't know. 94

2. A. What is the name of the medical person (PERSON) usually sees?

2A Name: _____
No particular person. 00

B. What is the name of the medical place?

B Place: _____

C. In what city and state is that located?

C _____ / _____
CITY STATE

IF HEALTH CENTER, (Q. 1A ANSWERED "03"), ASK D

D. What is the street address and zip code of (NAME OF HEALTH CENTER)?

D _____
STREET ADDRESS

ZIP CODE: _____

ASK Q. 3 ONLY ONCE FOR EACH DIFFERENT PLACE OF MEDICAL CARE ENTERED IN Q. 2B OR Q. 2A

PERSON 1

		Yes	No	DK
3. Does the [NAME OF PLACE/doctor's office] . . .	3			
READ EACH ITEM A THROUGH F, AND CIRCLE ONE CODE FOR EACH.				
A. have regular office hours on any nights during the week?	A	01	02	94
B. have regular office hours on Saturday mornings?	B	01	02	94
C. have regular office hours on weekends, besides Saturday mornings?	C	01	02	94
D. Does the medical staff from the [NAME OF PLACE/doctor's office] make house calls?	D	01	02	94
E. Does it provide treatment for emergencies after office hours?	E	01	02	94
F. Does it have a separate charge for filling out forms for Medicare, health insurance or public assistance programs such as (STATE NAME FOR MEDICAID)?	F	01	02	94

WHEN EDITING, ENTER ALL ANSWERS OBTAINED IN Q. 3A-F ABOVE INTO THE COLUMN(S) OF OTHER PERSON(S) WITH SAME PLACE OF MEDICAL CARE REPORTED IN Q. 2B OR Q. 2A.

4. How does (PERSON) usually get there -- by walking, driving, being driven by someone else, by taxi, other public transportation, or some other way? — 4

Walking 01
Driving 02
Being driven. 03
Taxi. 04
Other public transportation . 05
Other (SPECIFY)_____
_____ 06
Dr. usually seen at home . . . . . 07(8)
Don't know. 94

5. About how long does it usually take (PERSON) to get there? — 5

[ ] MINS. OR [ ] HRS.
Don't know. 94

6. About how long does (PERSON) usually have to wait before seeing a medical person after (PERSON) arrives at the (NAME OF PLACE/doctor's office)--about how many minutes or hours? — 6

[ ] MINS.(8) OR [ ] HRS.(8)
Don't know. . . . . 94(8)

FOR EACH PERSON WHO DOES NOT HAVE A PARTICULAR PLACE FOR MEDICAL CARE ("NO" OR "DK" TO Q.1), ASK Q.7

		PERSON 1		
		Important Reason	Not Important Reason	DK
7. I am going to read you some reasons that people have given for not having a usual place for medical care. For each one, please tell me whether or not it is an important reason in (PERSON's) case. READ EACH ITEM, A THROUGH D, AND CIRCLE ONE CODE FOR EACH.	7			
A. There is no reason to have a usual source of medical care because (PERSON) seldom or never gets sick. Is that an important reason that (PERSON) does not have a usual source of medical care, or not?	A	01	02	94
B. (PERSON) recently moved into the area.	B	01	02	94
C. (PERSON'S) usual source of medical care in this area is no longer available. (Is that an important reason that (PERSON) does not have a usual source of medical care, or not?)	C	01	02	94
D. (PERSON) likes to go to different places for different health care needs.	D	01	02	94

8. Is there a particular dental office or dental clinic that (PERSON) goes to for dental care? — 8

Yes . . . . . 01(A)

No. . . . . 02(NP)

Don't know. . . . . 94(NP)

A. About how long does it usually take (PERSON) to get there? — A

[ ] MINS. (NP) OR [ ] HRS. (NP)

Don't know. . . . . 94(NP)

(NEXT PERSON)

AFTER ASKING ABOUT LAST PERSON. . .

- (IF NEW PERSON IN RU, GO TO SUPPLEMENT #1).
- GO TO SUMMARY.
- GO TO PAGE 94 IN CORE QUESTIONNAIRE.

* U.S. GOVERNMENT PRINTING OFFICE: 1985-461-361:30000

ital and Health Statistics
ries descriptions

IES 1. **Programs and Collection Procedures**—Reports describing the general programs of the National Center for Health Statistics and its offices and divisions and the data collection methods used. They also include definitions and other material necessary for understanding the data.

IES 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. Studies also include comparison of U.S. methodology with those of other countries.

IES 3. **Analytical and Epidemiological 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.

IES 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.

IES 5. **Comparative International Vital and Health Statistics Reports**—Analytical and descriptive reports comparing U.S. vital and health statistics with those of other countries.

IES 10. **Data From the National 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 the continuing national household interview survey.

IES 11. **Data From the National Health Examination Survey and the National Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement of national samples of the civilian noninstitutionalized population provide the basis for (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.

IES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.

IES 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 15. **Data From Special Surveys**—Statistics on health and health-related topics collected in special surveys that are not a part of the continuing data systems of the National Center for Health Statistics.

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 in 1975. Reports from these sample surveys based on vital records are 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 periodic survey of a nationwide probability sample of ever-married women 15-44 years of age.

For answers to questions about this report or for a list of titles of reports published in these series, contact:

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

301-436-8500

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Public Health Service
National Center for Health Statistics
3700 East-West Highway
Hyattsville, Maryland 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

DHHS Publication No. (PHS) 85–1579, Series 10, No. 151