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# Skin Conditions and Related Need for Medical Care Among Persons 1-74 Years United States, 1971-1974

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## SYMBOLS

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

## SKIN CONDITIONS AND RELATED NEED FOR MEDICAL CARE AMONG PERSON 1-74 YEARS

Marie-Louise T. Johnson, M.D., Ph.D., New York University School of Medicine; and Jean Roberts, M.S., Division of Health Examination Statistics

#### INTRODUCTION

This report contains estimates of the prevalence of the various types of skin pathology including those dermatological conditions about which the individual expresses concern, the extent of handicap or discomfort from such conditions, and the extent of need for related medical care among the civilian noninstitutionalized population of the United States 1-74 years of age. These national estimates are based on findings from the first Health and Nutrition Examination Survey of 1971-1974. The prevalence data are analyzed by age and sex.

An Advance Data report "Prevalence of Dermatological Disease Among Persons 1-74 Years of Age: United States" summarizing some of these findings has been published.<sup>1</sup>

The Health Examination Survey in which these data were obtained is one of the major programs of the National Center for Health Statistics authorized under the National Health Survey Act of 1956 by the 84th Congress as a continuing Public Health Service activity to determine the health status of the population.

The intent of the National Health Survey<sup>2</sup> is carried out through the programs of the Health Examination Survey; the Health Interview Survey which collects health information from samples of persons by household interviews focused primarily on the impact of illness and disability within various population groups; the Health Manpower and Facilities surveys which obtain data on hospitals, nursing homes and other resident institutions, and the entire range of personnel in the health occupations; and the Health Resources Utilization surveys.

Only in the Health Examination Survey programs are health data collected by direct physical examinations, tests, and measurements performed on samples of the population. Hence, it provides the best of the survey methods for obtaining diagnostic data on the prevalence of medically defined illness. It is the only one of the survey programs of the National Center for Health Statistics that secures information on previously unrecognized or undiagnosed conditions as well as on a variety of physical, physiological, and psychological measures within the population. Medical history, demographic, and socioeconomic data with which the examination findings may be interrelated are also collected on the sample population under study in these examination surveys.

Since it was organized, the Health Examination Survey has been conducted as a series of separate programs, called "cycles," each of which is limited to some specific segment of the U.S. population and to specific aspects of health. During the first cycle in 1960-1962, the prevalence of certain chronic diseases, including heart disease and arthritis, and the distributions of various physical and physiological measures were determined among a defined adult population.<sup>3,4</sup> For that program, a national probability sample of 7,710 adults, of whom 6,672 (86.5 percent) were examined, was selected to represent the 111 million civilian noninstitutionalized adults age 18-79 years in the U.S. population at that time.

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For the second and third cycles in 1963-1965 and 1966-1970, the target populations were the Nation's noninstitutionalized children age 6-11 years and youths age 12-17 years, respectively.<sup>5,6</sup> In both programs, the examination focused primarily on health factors related to growth and development. For the second program, a national probability sample of 7,417, of which 7,119 (96 percent) were examined, was selected to represent the nearly 24 million U.S. children age 6-11 years in the noninstitutionalized population. For the third program, a national probability sample of 7,514, of whom 6,768 (90 percent) were examined, was selected to represent the 22.7 million of that age in the civilian noninstitutionalized population.

The first Health and Nutrition Examination Survey (HANES I), from which the findings in this report were obtained, was designed to measure the nutritional status of the U.S. population age 1-74 years and to obtain some limited information on the general health status of the entire age group as well as more detailed information on the health status and medical care needs of adults age 25-74 years in the civilian noninstitutionalized population. A comprehensive description of the specific content and plan of operation of the HANES I program, including sample design, has been published.<sup>7</sup> Data collection operations were slowed during the survey because of budgetary limitations, making it necessary to extend HANES I through mid-1974 so that the entire probability sample selected in the original design for this program could be examined.

As in previous Health Examination Survey programs, the U.S. Bureau of the Census cooperated in the sample design and in the initial visits and interviewing at selected eligible households in the 65 primary sampling units (PSU's) throughout the United States. Additional household visiting, interviewing, history taking, and explaining of the examination portion of the program were done by members of the field teams of the mobile examination center. The selected sample persons for whom an appointment could be made were brought into the specially constructed mobile examination centers which were moved into a central location in each of the PSU's. The teams that traveled to the various survey locations throughout the country included medical and dental examiners as well as technicians, interviewers, and other staff.

The probability sample design used in the study provided for a sampling ratio of poor persons, preschool children, women of childbearing ages, and the elderly that was higher than the ratio among others in the civilian noninstitutionalized population.

Field data collection operations for HANES I were started in April 1971 and completed in June 1974. Of the 28,043 persons 1-74 years selected in the national probability sample to represent the 194 million of those ages at midsurvey time in the civilian noninstitutionalized population, 20,749 (74.0 percent) were examined. The response rate decreases with age from 83.7 percent among those 1-5 years to 64.3 percent among those 65-74 years. When adjustments are made for the differential sampling ratios used in the age-sex-income-defined population subgroups, this represents an effective response rate of 75.2 percent.

The findings in this report are shown as national estimates based on weighted observation; that is, the data obtained for each examined person are inflated to the size of the total population of which the sample was representative.

The estimates have been calculated as though the examined persons in each of the age (at interview), sex, and income classes are a random subsample of the sample persons in the same class. Although there is evidence from earlier examination surveys and medical history data from HANES I that this is not an unreasonable approximation, it is clear that some estimates are subject to considerable risk of bias when more than one-quarter of the sample persons in a particular age-sex-income class were not examined. All age-specific data in this report are shown as age at the time of examination.

The dermatology component of HANES I was planned at the request of and in cooperation with the Committee on Planning for the National Program for Dermatology of the National Academy of Dermatology. Dr. Marie-Louise T. Johnson, Chairman of the Data Collection Unit for the National Program, was primarily responsible for planning the content of the dermatology examination, recruiting the dermatologists, and training them in the examination methodology so as to minimize interobserver variation.

Statistical notes on the sample design, reliability of the data, and sampling and measurement error are included in appendix I. The dermatology examination form is reproduced in appendix II, and a glossary of the most prevalent dermatological diseases or conditions may be found in appendix III.

### DERMATOLOGY EXAMINATION

The dermatological part of the HANES I examination included a complete clinical examination of the skin and subcutaneous tissue that considered normal variations in texture and color, certain manifestations of aging, and all pathological changes. Whenever possible, significant diagnoses such as malignancy were documented by tissue biopsy and suspected infections by Tzanck smear or by culture to identify fungi or bacteria. Estimates were made of actinic exposure experienced, as well as actinic damage sustained, and of occupational risk from irritant and allergic contractants. For an examinee with a significant hand, foot, or generalized problem, a judgment was made about the burden to the examinee in terms of discomfort or disability, about care sought, and about the effect that could be expected from the current best care available in the present state of the art.

The Dermatology Examination form which provided for the recording of the examiner's findings was divided into five parts. The first gave a summary of the major dermatological findings and procedures as well as significant historical and environmental data. The second provided for information about the skin in general such as color, texture, the ectodermal appendages, vascular lesions, pigmented nevi, and those pathological changes that occur in a generalized fashion such as purpura, seborrheic keratoses, or warts. The third part was for regional findings peculiar to an anatomical area as the head or neck, such conditions as xanthelasma, cheilosis, or scrotal tongue. The fourth part focused on disease-oriented information giving more detail on such common problems as acne, psoriasis, atopy, and others. The last part represented an effort to evaluate the impact of

the dermatological condition observed-how it had modified the individual's life through physical or psychic incapacitation, and how it may have precluded a preferred activity. An estimation was made by the examiner of the degree of disfigurement the condition had produced as well as the symptoms the examinee had suffered. Information was obtained from the examinee about care sought for the skin problem or, if no care was sought, why not. Had it been a matter of not knowing about available therapy on the part of the examinee or his physician? Had it been a problem of finances or inconvenience in travel, or the unavailability of care at any price or distance? If the person was receiving treatment, a judgment was made by the examiner concerning the adequacy of therapy, and if inadequate, whether the current best care in the present state of the art in medicine would improve the condition.

#### **Mycological Studies**

All lesions that the examiner considered to be fungous or to include fungous in the differential were scraped, as were all scaling lesions of the hands and feet and all circumscribed scaling lesions anywhere on the body that might be considered "ringworm" not only by the nondermatological physician but by the layman or the pharmacist.

The lesions were scraped with a scalpel or slide, and the scrapings, sealed between two glass slides, were sent the same day to Dr. William Epstein, Department of Dermatology, University of California Medical Center, for examination and culture to identify any fungus present.

### **Biopsies**

Biopsies were taken only from adults who could provide consent. With lesions on the head or neck, only those were biopsied that were clinically suggestive of malignancy or of a diagnosis of grave importance such as lupus erythematosus, the granulomatous diseases; tuberculosis; leprosy; sarcoid; and similar conditions. On the covered areas of the body, any significant lesion or any lesion of obscure or uncertain identification was biopsied as needed by the examiner, but only if the examinee understood the reasons for the procedure and consented to biopsy in writing.

### Photography

Lesions biopsied were photographed whenever possible (but always with the examinee's permission) and especially if they occurred in a cosmetically significant area, or if, after excision, the defect would require suturing, or if there were some question about the diagnosis. These photographs were used in later review to support the diagnoses when the biopsy findings were available.

# Classification of Disease Conditions

Both the significant skin pathology and the skin conditions of concern to the examinee were identified and classified by the dermatologist examiner using the Code of Skin Diseases of the Department of Dermatology, New York University School of Medicine.<sup>8</sup> For a glossary defining the more prevalent of these conditions see appendix III.

### **Quality Control**

From the National Academy of Dermatology, Dr. Marie-Louise Johnson, Chairman of the Data Collection Unit for the Committee on Planning for their National Program was primarily responsible for recruiting the 101 survey dermatologists and for training them in the standard dermatology examination procedures used at the 65 examination locations of the Health and Nutrition Examination Survey in 1971-1974.

After concluding the examinations, findings from the mycological studies and biopsies were used to complete and modify the diagnostic impressions of the dermatology examination. A full review was then made with Dr. Johnson to ensure that all examiners followed the examination protocol for identifying the various types of skin pathology and for diagnosing significant conditions.

As might be expected, despite the standard protocol, frequent review, and constant surveillance, there is considerable variation among examiners in the observations recorded. Closer inspection would indicate that these reflect to a greater extent geographic and environmentally related differences in the distribution among those examined rather than a true examiner vari-

ability. However, the conscientiousness of some examiners in recording all freckles, for example, was apparent in contrast to others who tended to underreport banal lesions and normal variations. However, there was also a considerable difference among examiners in numbers of patients considered to have significant skin pathology. The given guide of significance, a condition that should be seen at least once by a physician for assessment or care, permitted a range of interpretation according to the examiner's training and personal experience. When the effect of any difference in the distribution among those examined by the 101 dermatologists was removed by direct adjustment (applying the age-sex-specific rates for each examiner against the total number of examinees in each age-sex group), there were substantial differences among examiners in the findings of significant skin pathology and in conditions about which the examinee expressed concern. Ageadjusted prevalence rates of significant skin pathology range from 0 to 90.4 percent, the average being 31.2 percent. Half of the examiners found between 14 and 46 percent of their examinees to have such pathology. The range in the proportion expressing complaints about skin conditions to the examiner was from 0 to 70.8 percent per examiner, the average being 11.4 percent with half of the examiners showing rates between 2.7 and 19.8 percent. Further detail on examiner variability is given in appendix I.

### FINDINGS

### Prevalence

Skin pathology.—Nearly one-third (312.4 per 1,000 population), or an estimated 60.6 million of the U.S. population age 1-74 years have some skin pathology—one or more significant skin conditions (table 1) that should be evaluated by a physician at least once. These national estimates are based on findings from the standardized examination given by a dermatologist among a national probability sample of the civilian noninstitutionalized population in the Health and Nutrition Examination Survey of 1971-1974.

The prevalence of significant skin pathology increases rapidly with age from a rate of 142.3 per 1,000 children age 1-5 years to 362.0 per 1,000 youths age 12-17 years and to 365.1 per 1,000 young adults age 18-24 years, due primarily to the increase in acne vulgaris associated with endocrine changes occurring around the time of puberty  $9 \cdot 12$  (table 2 and figure 1). After a slight decline at age 25-34 years, the prevalence of skin pathology again increases with age but at a slower rate than among children and adolescents, reflecting the rapid increases with age in the prevalence of such diagnoses as psoriasis and vitiligo and such problems as malignant and benign tumors, actinic and seborrheic keratoses.

Skin pathology is consistently more prevalent among males than among females from 6 through 74 years (tables 3, 4, and figure 2), although the differences in the rates across the age range are too small to be consistently statistically significant (at the 5-percent probability level) among children and young to middle-age adults; among youths age 12-17 years and adults age 35-44 years the differences are negligible (less than 3 per 1,000 difference). About onefifth of the population (21.7 percent or 42.0



Figure 1. Prevalence rates for significant skin pathology and significant skin conditions among persons 1-74 years, by age: United States, 1971-1974



Figure 2. Prevalence rates for significant skin pathology among persons 1-74 years, by age and sex: United States, 1971-1974

million persons) have only one such skin condition, 6.4 percent or 12.4 million have two, and 3.2 percent or 6.1 million persons have three significant types of conditions (table 5). Because the dermatologist examiner was limited to identifying no more than the three most serious conditions, the true prevalence rates of some of the specific conditions in the population may be slightly underestimated.

Types of conditions.—The increase with age in the prevalence of significant skin conditions is more rapid than that shown for skin pathology in the individual. This is true among youths age 12-17 years, young adults age 18-24 years, and adults age 35-74 years, indicating that over the age of 12 years the individuals with essentially normal skin are somewhat less likely to develop skin pathology than those with some skin pathology are to develop a new problem. Furthermore, males age 12-74 years are also more likely than are females of comparable age to have more than one type of significant skin condition (figure 3).

The most frequently occurring groups of significant skin conditions are those affecting the sebaceous glands (84.8 per 1,000 persons); dermatophytoses or fungal diseases (81.1 per 1,000); malignant or benign tumors (56.5 per 1,000); seborrheic dermatitis (28.5 per 1,000); atopic dermatitis and eczema (18.4 per 1,000); and contact dermatitis (13.6 per 1,000). Among



Figure 3. Prevalence rates for significant skin pathology and significant skin conditions among persons 1-74 years, by age and sex: United States, 1971-1974

males, the most prevalent skin conditions are the dermatophytoses, diseases of the sebaceous glands, tumors, and seborrheic dermatitis; among females, the diseases of the sebaceous glands are the most prevalent followed by tumors (malignant and benign), dermatophytoses, and seborrheic dermatitis (figure 4).

Among the individual types of significant skin pathology diagnosed, the most prevalent are acne vulgaris (68.1 per 1,000 population); fungal conditions on the feet, tinea pedis (38.7 per 1,000); benign tumors (38.2 per 1,000); seborrheic dermatitis, type not identified (28.2 per 1,000); fungal conditions around the nails, tinea unguium (21.8 per 1,000); precancerous and unspecified tumors (12.4 per 1,000); verruca vulgaris (8.5 per 1,000); folliculitis (8.0 per 1,000) and atopic dermatitis (6.9 per 1,000).

The trend with age in the prevalence of the principal types of skin conditions shows the rapid increase in diseases of the sebaceous glands (primarily acne vulgaris) to age 12-17 years, when it is most prevalent, followed by a steady decrease from age 18-45 years with essentially no change from age 55-74 years. The rates for the dermatophytoses increase with age from 6-54 years then decline slightly, while tumor prevalence generally increases from age 6 years on with the most rapid increase observed among older adults ages 55-64 and 65-74 years (table A, figures 5 and 6).

Among males and females, the trends with age in the prevalence rates for the most frequently occurring skin conditions show a generally similar pattern of peak prevalence for diseases of the sebaceous glands (primarily reflecting the pattern for acne vulgaris) at age 12-17 years for both males and females (figure 7). The prevalence rates for the dermatophytoses increase substantially more rapidly with age from 12-54 years among males and remain higher among males than among females across the age range 6-74 years. Among men, the prevalence of tumors increases consistently with age from 35-74 years, the rate of increase with age being more rapid than that for women at age 35-54 years, but similar for both sexes from age 55-74 years.

Occupational exposure.—Nearly one-fourth (23.9 percent) of adults 18-74 years of age with significant skin pathology indicate an exposure in their work environment to various types of chemicals, fumes, vapors, oils, or insecticides, or to prolonged immersion of the hands or feet at work. Except for contactants and allergans, no data were generated to infer causal relationships.

The proportion with skin conditions associated with occupational exposure is more than twice as high among men (32.4 percent) as women (14.4 percent). There is a general increase with age in this rate among women but not men age 18-64 years. Among both sexes the rates drop off at age 65-74 years (figure 8).

Suppressed conditions.-In addition to the significant skin conditions active at the time of



Figure 4. Prevalence rates for the 7 most frequently occurring types of skin pathology among persons 1-74 years, by sex: United States, 1971-1974

1-5 years	6-11 years	12-17 years
Actopic dermatitis, eczema (24.9)	Diseases of sebaceous glands (21.4)	Diseases of sebaceous glands (249.9)
Tumors, malignant and benign (21.7)	Atopic dermatitis, eczema (20.0)	Dermatophytoses (33.2)
Contact dermatitis (13.9)	Tumors, malignant and benign (18.9)	Tumors, malignant and benign (31.3)
	Ichthyosis, keratosis (15.5)	Seborrheic dermatitis (18.8)
	Verruca vulgaris (13.1)	Atopic dermatitis, eczema (17.0)
		Ichthyosis, keratosis (16.7)
		Verruca vulgaris (15.5)
18-24 years	25-34 years	35-44 years
Diseases of sebaceous glands (191.1)	Diseases of sebaceous glands (99.6)	Dermatophytoses (121.5)
Dermatophytoses (61.7)	Dermatophytoses (87.7)	Tumors, malignant and benign (46.8)
Tumors, malignant and benign (43.0)	Seborrheic dermatitis (41.9)	Diseases of sebaceous glands (44.1)
Seborrheic dermatitis (38.7)	Tumors, malignant and benign (39.6)	Seborrheic dermatosis (41.6)
Folliculitis (18.9)	Atopic dermatitis, eczema (28.0)	Contact dermatitis (17.0)
Atopic dermatitis, eczema (15.4)	Folliculitis (15.4)	Atopic dermatitis, eczema (14.7)
Contact dermatitis (14.2)	Ichthyosis, keratosis (11.5)	Folliculitis (12.8)
Verruca vulgaris (12.4)		
45-54 years	55-64 years	65-74 years
Dermatophytoses (155.7)	Dermatophytoses (150.8)	Tumors, malignant and benign (184.1)
Tumors, malignant and benign (84.9)	Tumors, malignant and benign (100.2)	Dermatophytoses (126.8)
Seborrheic dermatitis (31.9)	Diseases of sebaceous glands (32.0)	Seborrheic dermatitis (36.4)
Diseases of sebaceous glands (21.5)	Seborrheic dermatitis (28.7)	Diseases of sebaceous glands (25.5)
Contact dermatitis (16.7)	Contact dermatitis (23.6)	Seborrheic keratosis (24.4)
Atopic dermatitis, eczema (13.9)	Seborrheic keratosis (18.3)	Contact dermatitis (20.4)
Psoriasis (11.4)	Atopic dermatitis, eczema (12.8)	Atopic dermatitis, eczema (18.3)
	Vitiligo (12.6)	Vitiligo (13.6)

Table A. Rank order and rates (greater than 10.0 per 1,000 population) of the most prevalent types of skin pathology, within each agegroup: United States, 1971-1974



Figure 5. Prevalence rates for the 4 most frequently occurring types of skin pathology among persons 1-74 years, by age: United States, 1971-1974

the examination and diagnosed by the dermatologist examiner, those previously diagnosed significant skin conditions that were suppressed or in remission at the time of the examination were also recorded for each examinee. Recording was limited to the two most serious of such conditions.

One in eight persons (124.9 per 1,000) has at least one such clinically inactive condition, the rate increasing with age from 69.6 per 1,000 at age 1-5 years and 69.1 per 1,000 at age 6-11 years to 162.6 per 1,000 at age 35-44 years then declining slowly to 123.4 per 1,000 at age 65-74 years (table 5). The proportion of persons with such conditions is slightly higher among females than among males, but the pattern across the age range is not consistent. Less than 15 percent of these persons have two significant conditions in remission.



Figure 6. Prevalence rates for the principal types of skin pathology within each age group among persons 1-74 years: United States, 1971-1974



Figure 7. Prevalence rates for the 4 most frequently occurring types of skin pathology among persons 1-74 years, by age and sex: United States, 1971-1974



Figure 8. Prevalence rates for significant skin pathology with occupational exposure among persons 18-74 years, by age and sex: United States, 1971-1974

Approximately one in six persons with active significant skin pathology diagnosed also has a significant skin condition suppressed or in remission at the time of the examination; among those with significant skin conditions in remission, about one-third also have active pathology. The prevalence rate of significant active and suppressed pathology is 47.4 per 1,000 persons, the rate generally increasing with age from 12.4 at age 1-5 years to 68.4 per 1,000 at age 55-64 years.

The coexistence of active and suppressed skin pathology is greater among males than among females from age 6-64 years (table 5).

The most prevalent of the specific types of skin condition suppressed or in remission are the contact dermatitides (31.9 per 1,000 persons), diseases of the sweat and sebaceous glands (19.3 per 1,000), atopic dermatitis and eczema (16.0 per 1,000), dermatophytoses (11.0 per 1,000), benign and malignant tumors (10.5 per 1,000), and infections of the skin including evidence of a history of verruca vulgaris (10.4 per 1,000) as shown in table 6.

Nonsignificant pathology.—The dermatologists recorded all skin pathologies identified in various stages of the examination, whether the condition was considered significant or not. Mild seborrheic dermatitis, for example, would not be considered sufficiently serious to warrant a visit to a physician. Nevertheless, it would be recognized as an other-than-normal scalp condition and its presence recorded. By gathering such data it is possible to determine the total prevalence of the various types of skin conditions in the U.S. population as identified in this survey examination and the extent to which each was considered a significant health problem (table 6).

The most prevalent of the skin conditions, as shown in table B, is the group of disorders that includes traumatic and surgical scars, ephelides, and other dermatitides that affect more than half the population age 1-74 years; ichthyosis and keratosis, 43 percent; malignant and benign tumors, 36 percent; diseases of the sweat and sebaceous glands, 21 percent; diseases of the circulatory system, other than the veins, including Osler-Weber's disease, telangiectasis, and similar

## Table B. Prevalence rates for selected significant and nonsignificant types of skin conditions and proportion of each type rated as significant among persons 1-74 years: United States, 1971-1974

	SI	Skin conditions				
Condition and NYU code <sup>1</sup>	Total	Signif- icant	Nonsig- nificant	classed as sig- nificant		
	Rate pe	er 1,000 p	opulation	Percent		
Other skin disorders (vitiligo, traumatic scars, ephelides, etc.)716	516.2	27.5	488.7	5.3		
Ichthyosis, keratosis710	432.7	21.8	410.9	5.0		
Tumors, malignant and benign, and leukemias 19X,20X,22X,23X,23Y, excluding	357.1	56.7	300.4	15.9		
22X,44X Malignant tumors	11.6	5.9	5.7	50.9		
Diseases of sweat and sebaceous glands714	209.5	87.0	122.5	41.5		
Other diseases of circulatory system (Osler's disease, telangiectasis, etc.)	182.7	1.0	181.7	0.5		
Corns, callosities	156.9	3.2	153.7	2.0		
Lichen planus	140.6	0.8	139.8	0.6		
Seborrheic keratosis	124.1	5.2	118.9	4.2		
Seborrheic dermatitis	116.7	28.5	88.2	24.4		
Diseases of veins (varicose veins, phlebitis, etc.)	95.6	7.5	88.1	7.8		
Dermatophytoses131	81.1	81.1	-	100.0		
Diseases of buccal cavity, salivary glands, lips, pancreas, etc	62.0	2.4	59.6	3.9		
Infections of skin (boils, impetigo, infectious warts, etc.)	60.0	15.9	44.1	26.5		
Contact dermatitides703	53.9	13.6	40.3	25.2		
Diseases of hair and hair follicles713	50.5	15.8	34.7	31.3		
Pruritus	25.8	13.7	12.1	53.1		
Psoriasis	14.3	8.8	5.5	61.5		
Malignant tumors	11.6	5.9	5.7	50.9		
Deep fungal infections132-134	4.4	2.4	2.0	54.5		
Injuries, adverse effects of chemicals and other external conditions	3.8	3.7	0.1	97.4		
Zoonoses	1.0	0.8	0.2	80.0		
Leishmaniasis and other parasitic diseases	0.2	0.1	0.1	50.0		

<sup>1</sup>See reference 8.

conditions, 18 percent; corns and callosities, 16 percent; lichen planus, 14 percent; seborrheic keratoses, 12 percent; and seborrheic dermatitis, nearly 12 percent.

# Extent of Concern for Skin Pathology

Nearly one-eighth (118.2 per 1,000 persons) or an estimated 22.9 million of the U.S. popula-

tion 1-74 years of age have one or more skin conditions about which they complain or express concern (table 7). For most of these persons (96 percent with such conditions or a rate of 113.6 per 1,000 in the population), a specific condition affecting their hands, feet, or other part of the body was identified as the cause of their concern (table 8). For the remaining 4 percent (rate of 4.6 per 1,000 in the population) with multiple types of skin complaints, the pathology was more generalized, not limited to one or two specific areas of the body.

For some 9 percent of those who complained about an identified type of skin condition, it is one that affected their hands; for 16 percent, their feet; and for 75 percent, their face, neck, or other area of the body.

Nearly one-third (31 percent) of persons with significant skin pathology diagnosed by the dermatologists express concern about these specific skin conditions; nearly 18 percent of those who complain about their skin conditions are concerned about conditions not considered serious or significant by the dermatologists (table 7).

Skin complaints are more prevalent among youths and adults than among children age 1-11 years, the prevalence rates being 2½ to 3½ times greater than those among children, but showing no other significant trend with age. Rates for significant pathology not of concern to the affected individual increase with age from 1-24 years, drop back at age 25-44 years, then steadily increase with age; the proportion with nonsignificant pathology of concern tend to decrease slightly with age among adults (table 7 and figure 9).

Skin conditions of concern to the affected individual are slightly, but not significantly, more prevalent among males and among females (rates of 128.2 per 1,000 and 108.8 per 1,000, respectively), but only from 18-74 years of age are the rates among males consistently the higher (figure 10).

Males are slightly more likely to be concerned about a significant type of skin pathology at age 35-64 years than are females, and preschool-age girls are somewhat more likely to be concerned than are boys of like age. Concern regarding nonsignificant skin pathology is about as likely to be expressed by males as by females except at ages 1-5 years, 12-17 years, and 55-64



Figure 9. Prevalence rates for skin conditions of concern (complaints), significant skin pathology not of concern, and nonsignificant skin pathology of concern among persons 1-74 years, by age: United States, 1971-1974



Figure 10. Prevalence rates for skin conditions of concern (complaints) among persons 1-74 years, by age and sex: United States, 1971-1974

years where these rates are higher among females and age 45-54 where the rate among males is the higher.

Types of conditions of concern.—The most frequently reported skin complaints are those affecting the sebaceous glands (28.2 per 1,000 persons 1-74 years of age), dermatophytoses (fungal conditions—21.6 per 1,000 persons), atopic dermatitis and eczema (allergies and related conditions—10.8 per 1,000 persons), malignant and benign tumors (8.1 per 1,000 persons), Table C. Rank order and rates (greater than 3.0 per 1,000 population) of the most prevalent types of skin conditions of concern (complaints), within each age group: United States, 1971-1974

1-5 years	6-11 years	12-17 years
Atopic dermatitis, eczema (10.9)	Actopic dermatitis, eczema (14.5)	Diseases of sebaceous glands (86.4)
Contact dermatitis (3.9)	Verruca vulgaris (6.8)	Dermatophytoses (9.0)
	Contact dermatitis (3.7)	Atopic dermatitis, eczema (8.4)
	Dermatophytoses (3.1)	Contact dermatitis (5.5)
		Tumors, malignant and benign (4.4)
		Ichthyosis, keratosis (3.4)
		Verruca vulgaris (3.1)
18-24 years	25-34 years	35-44 years
Diseases of sebaceous glands (71.4)	Diseases of sebaceous glands (35.4)	Dermatophytoses (39.8)
Dermatophytoses (15.6)	Dermatophytoses (27.7)	Diseases of sebaceous glands (17.6)
Contact dermatitis (8.7)	Atopic dermatitis, eczema (16.4)	Contact dermatitis (10.3)
Atopic dermatitis, eczema (7.7)	Seborrheic dermatitis (9.9)	Atopic dermatitis, eczema (9.2)
Folliculitis (4.6)	Contact dermatitis (6.7)	Seborrheic dermatitis (5.9)
Tumors, malignant and benign (4.2)	Psoriasis (3.9)	Folliculitis (5.2)
Psoriasis (3.1)		Tumors, malignant and benign (3.6)
45-54 years	55-64 years	65-74 years
Dermatophytoses (49.6)	Dermatophytoses (22.9)	Tumors, malignant and benign (34.6)
Tumors, malignant and benign (14.6)	Tumors, malignant and benign (19.6)	Dermatophytoses (21.8)
Seborrheic dermatitis (12.3)	Atopic dermatitis, eczema (8.9)	Atopic dermatitis, eczema (10.5)
Psoriasis (10.4)	Contact dermatitis (8.3)	Malignant tumors <sup>1</sup> (8.5)
Atopic dermatitis, eczema (9.0)	Psoriasis (7.2)	Seborrheic dermatitis (7.6)
Malignant tumors <sup>1</sup> (7.5)	Diseases of sebaceous glands (5.4)	Contact dermatitis (5.8)
Contact dermatitis (4.4)	Malignant tumors <sup>1</sup> (5.2)	Psoriasis (4.9)
	Seborrheic dermatitis (4.4)	Seborrheic keratosis (4.7)
		Vitiligo (3.3)

<sup>1</sup>Subgroup of tumors, malignant and benign.

contact dermatitis (6.4 per 1,000 persons), seborrheic dermatitis (chronic inflammation-5.4 per 1,000 persons), and psoriasis (3.8 per 1,000 persons) (table 8). These are the principal conditions of concern among both males and females, although the proportion of females concerned about fungal conditions (8.2 per 1,000) is substantially less than that of males (35.9 per 1,000), consistent with the lower prevalence of such conditions among females.

Among children 1-11 years, atopic dermatitis is the most prevalent skin complaint; at ages 12-34 years the major complaint is about diseases of the sebaceous glands; from 35-64 years, the dermatophytoses; and in the oldest group 65-74 years, malignant and benign tumors (tables 9-11, C, and figure 11). The trend with age for the more prevalent skin conditions of concern is generally similar to that for the significant conditions diagnosed, although the rates for the former are, as expected, consistently lower (figures 5 and 12).

Persons with significant skin conditions diagnosed in the survey examination are most likely to express concern if the condition is psoriasis (of those diagnosed 69 percent expressed concern), atopic dermatitis (59 percent concerned), contact dermatitis (47 percent concerned),



Figure 11. Prevalence rates for the major types of skin conditions of concern (complaints) within each age group among persons 1-74 years: United States, 1971-1974



Figure 12. Prevalence rates for the major types of skin conditions of concern (complaints) among persons 1-74 years, by age: United States, 1971-1974

malignant tumors (34 percent concerned) and diseases of the sebaceous glands (33 percent concerned) (tables 1, 8, and D).

Males are the most likely to express concern about conditions of psoriasis (64 percent concerned), atopic dermatitis and eczema (60 percent concerned), contact dermatitis (50 percent concerned), malignant tumors (36 percent concerned), and diseases of the sebaceous glands (33 percent concerned). Among females, the most

 Table D. Proportion of persons with selected specific types of significant skin pathology who complained about the condition, within each age group: United States, 1971-1974

1-5 years	6-11 years	12-17 years
None	Contact dermatitis (76%)	Psoriasis (88%)
	Atopic dermatitis, eczema (72%)	Contact dermatitis (64%)
	Verruca vulgaris (52%)	Urticaria (56%)
18-24 years	25-34 years	35-44 years
Seborrheic keratosis (225%)	Seborrheic keratosis (175%)	Atopic dermatitis, eczema (63%)
Psoriasis (207%)	Contact dermatitis (70%)	Contact dermatitis (61%)
Contact dermatitis (61%)	Psoriasis (63%)	
Atopic dermatitis, eczema (50%)	Atopic dermatitis, eczema (59%)	
Herpes simplex (50%)	Vitiligo (53%)	
45-54 years	55-64 years	65-74 years
Psoriasis (91%)	Folliculitis (71%)	Ichthyosis, keratosis (100%)
Malignant tumors <sup>1</sup> (79%)	Atopic dermatitis, eczema (70%)	Atopic dermatitis, eczema (57%)
Atopic dermatitis, eczema (65%)	Psoriasis (66%)	Psoriasis (52%)

<sup>1</sup>Subgroup of tumors, malignant and benign.



Figure 13. Percent of persons 1-74 years with selected significant skin pathology who are concerned about the condition, by sex: United States, 1971-1974

frequently cited conditions of concern are psoriasis (74 percent), atopic dermatitis and eczema (58 percent), contact dermatitis (44 percent), urticaria (38 percent), malignant tumors (34 percent), diseases of the sebaceous glands (34 percent), and vitiligo (32 percent) as shown in tables 1 and 8 and figure 13.

## Recurrence and Duration of Skin Pathology of Concern

An estimated 62.8 per 1,000 in the U.S. civilian noninstitutionalized population age 1-74 years or 56 percent of those with skin complaints indicate that the condition or conditions are recurrent. Those conditions affecting the hands and feet are slightly more likely to be recurrent (66 and 64 percent, respectively) than those on the face or other parts of the body (54 percent) (tables 7, 12, and E).

Skin conditions affecting the feet are significantly more likely to be recurrent among males (70 percent) than among females (45 percent) as are those affecting the hands (70 percent compared with 60 percent for females); those skin conditions affecting the face and other parts of the body are only slightly less likely to be recurrent in males (52 percent) than in females (56 percent).

The recurrence of skin conditions of concern shows no consistent increasing or decreasing

trend with age among youths or adults. For all types of such conditions the proportion that recurred is highest at age 25-44 years and lowest among children age 1-5 years. Conditions affecting the hands are the most likely to be recurrent among young children age 1-5 years (100 percent) and adults age 45-54 years (78 percent), but least likely to be recurrent among the oldest adult age group in this study (46 percent at age 65-74 years) and children age 6-11 years (50 percent). Skin conditions affecting the feet are the most likely to be recurrent among younger adults age 25-44 years (77 percent at 35-44 years and 70 percent at 25-34 years) and least likely to be a (recurrent) problem among children 1-11 years (0 percent at 1-5 years and 35 percent at 6-11 years). The recurrence rate for conditions affecting the face and other parts of the body is highest among young adults 18-34 years (66 percent at 25-34 years and 56 percent at 18-24 years) among whom acne vulgaris and other diseases of the sebaceous glands (although just past the peak prevalence for such conditions at 12-17 years) are still the most prevalent of the skin conditions of concern in those age groups, making up about one-half and one-quarter of all skin conditions of concern at 18-24 and 25-34 years, respectively.

Nearly half (49 percent) of recurrent skin conditions have been active in the preceding 7-12 months, 30 percent longer ago than 12 Table E. Percent of persons 1-74 years with skin conditions of concern (complaints), by the recurrence and duration of condition, the degree of resultant handicap or disfigurement, part of body affected, and sex, showing selected standard errors: United States, 1971-1974

Desume duration and bandian		or more ody affe	areas of cted		Hands	5		Feet		Other area(s)		
Recurrence, duration, and handicap	Both sexes	Male	Female	Both sexes	Maie	Female	Both sexes	Maie	Female	Both sexes	Maie	Female
	Percent of persons with skin condition of concern											
Condition recurrent	56.3	57.5	55.0	65.8	70.2	60.0	63.5	69.6	45.2	53.6	51.8	55.5
Recurrent condition active in: Past 12 months <sup>1</sup> Past 3 months <sup>1</sup>	69.7 11.8	69.7 10.6	69.6 13.3	73.2 22.0	71.4 22.4	75.5 21.4	70.8 9.5	77.9 10.6	49.7 6.1	69.0 11.0	66.8 8.9	71.1 13.2
Past 6 months <sup>1</sup>	20.7	20.1	21.4	36.2	38.1	33.6	18.1	21.0	9.6	19.3	17.2	21.4
Condition present: Less than 2 years 2-4 years	16.8 21.5	16.1 19.0	17.8 24.6	23.8 20.1	23.3 14.0	24.6 28.1	10.0 14.7	8.9 14.8	13.4 14.3	17.4 23.2	17.4 21.0	17.5 25.3
5 years or more	61.6	70.1	57.7	56.1	62.7	47.3	75.3	76.3	72.3	59.4	61.6	57.2
Condition limits activity: To any extent	8.9 6.0	7.7 5.4	10.3 6.8	14.9 10.4	12.0	18.7 1 <b>4</b> .0	8.2 5.8	6.6 5.6	13.0 6.2	8.3 5.5	7.4 4.9	9.1 6.1
More than 25 percent	0.8	0.5	1.1	1.0	1.1	0.8	1.4	0.3	4.9	0.6	0.5	0.7
Degree of handicap to employment or housework:												
Severe Minimal None	1.4 8.5 90.1	1.3 9.7 89.0	1.6 6.5 91.9	2.4 23.6 74.0	1.6 14.6 83.8	3.5 35.9 60.6	1.4 7.7 90.9	0.3 6.6 93.1	4.7 11.0 84.3	1.3 6.8 91.9	1.6 7.2 91.2	1.0 6.4 92.6
Degree of handicap to social relations: Severe	1.3	0.7	1.8	1.1	-	2.5	0.7	0.1	2.5	2.4	1.1	1.7
Minimal None	31.4 67.3	27.0 72.3	36.5 61.7	27.4 71.5	25.8 74.2	29.4 68.1	9.0 90.3	8.6 91.3	10.2 87.3	36.6 62.0	32.9 66.0	40.1 58.2
	1				St	andard erro	or of per	cent				
Condition recurrent		⊧		8.39	7.35	6.01	4.99	5.12	8.08	3.05	3.57	3.77
Recurrent in past 12 months				5.96	7.72	7.72	5.17	4.97	8.04	3.52	3.46	2.96
Present—less than 2 years				2.84	3.67	3.55	3.08	3.86	2.62	1.08	1.73	1.34
Condition limits activity				4.53	3.72	7.73	2.66	3.04	4.01	1.69	1.19	2.33
Employment-housework handicap:												
Severe Minimal				1.41 6.15	1.63 4.82	2.42 9.22	0.79	0.30 2.95	3.20 4.72	0.80	0.61 1.98	0.73 1.56
None				6.09	4.72	8.97	2.38	2.98	4.51	1.72	2.26	1.66
Social handicap:					0.05							•
Severe Minimal				1.40 4.19	2.35 4.33	2.45 8.42	3.61 1.86	2.24	2.62 3.03	0.82 3.37	2.53 2.71	2.42 4.88
None				4.28	4.33	8.49	1.92	2.24	3.59	3.37	2.57	5.01

<sup>1</sup>Percent of those whose skin condition is recurrent.

months, and 21 percent within the preceding 6 months (table E).

Duration.—The majority of skin complaints have been present for 5 years or longer (62 percent). Those affecting the feet are more likely to have been present this length of time (75 percent) than those affecting the hands (56 percent) and other parts of the body (59 percent). Males are more likely to have skin conditions of concern that have persisted at least 5 years (70 percent) than are females (58 percent), the rates being significantly lower among females only for skin conditions affecting the hands (table E).

### Handicap From Skin Condition

Activity limitation.-Skin complaints are reported to limit activity of 10.5 per 1,000 of the population age 1-74 years or 9 percent of those persons with such skin conditions (table E). However, only about one-third of these persons indicated that their activity is more than minimally limited (more than 10 percent) by their skin condition(s). Males are slightly less likely than females are (8 percent compared with 10 percent) to report any limitation but among those with some degree of this the proportion with more than minimal limitation is similar in both sexes (3 percent). No consistent trend with age is evident in the proportion with such limitation from a skin condition, although adults 55-64 years of age and children 6-11 years of age are slightly more likely than those of other ages to have such limitation (12 percent compared with 5-10 percent).

Conditions affecting the hands are more likely to limit activity (15 percent) than are those affecting the feet (8 percent) or other parts of the body. Females are more likely than males are to have skin conditions affecting their hands and feet, which limit their activity.

Degree of handicap to employment or housework.-About 10 percent of those persons with skin complaints consider the condition(s) to be a handicap to their employment or housework (table E). Only 1 percent indicate they were severely handicapped, and the remaining 9 percent consider the handicap to be minimal. Conditions on the hands are more likely than those on the feet or other parts of the body to be considered a handicap (26 percent of skin conditions of concern on the hands compared with 9 percent of those on the feet and  $\overline{8}$  percent of those on other parts of the body) and such conditions on the hands are somewhat more likely than those on the feet or elsewhere to be considered a severe handicap (2 percent on the hands compared with 1 percent elsewhere).

The proportion with handicapping (for employment or housework) skin conditions among all those with skin complaints is, as expected, lowest among children age 1-11 years (less than 3 percent) and highest at 25-34 years (12 percent), 55-64 years (12 percent), and 18-24 years (11 percent) (figure 14). Among males, only at age 18-24 years does the proportion considered handicapping exceed 1 in 8, reaching the maximum of 15 percent; among females, this proportion is exceeded at ages 25-



Figure 14. Percent of skin conditions of concern (complaints) considered social or employment-housework handicap by the individual or to be disfiguring to at least some extent by the examiner, by age: United States, 1971-1974

34 years (16 percent) and 35-54 years (13 percent) (tables 7 and 12).

Although there is no consistent age-related trend in the proportion with handicapping (for employment or housework) skin conditions, girls of age 12-17 years are more likely to consider skin conditions of the hands and feet to be a handicap than not (58 percent of those skin conditions affecting the hands are rated as a handicap compared with 42 percent not so rated, and 60 percent of conditions affecting the feet are considered handicapping). Adult women 55-64 years of age are also more likely to consider skin conditions on the hands (but not the feet) as being handicapping than not (63 percent compared with 37 percent not considered handicapping); about one-half of those women 18-34 years of age consider skin conditions on their hands to be handicapping.

The handicap from skin conditions of concern is substantially more likely to be minimal than severe, except for those affecting the hands and feet of girls 12-17 years of age and those affecting parts of the body other than hands and feet of men age 45-54 years.

Social handicap.—An extimated 35.1 per 1,000 of the U.S. population 1-74 years of age or about one-third (33.0 percent) of those persons with skin conditions that concern them indicate that the condition(s) is (are) a handicap in their social relations (tables 12 and E). The proportion increases with age among children from less than 10 percent among those of preschool age to a maximum of 47 percent among youths age 12-17 years, then decreases with increasing age among adults to less than 17 percent at age 65-74 years (figure 14). The proportion socially handicapped from their skin condition is substantially greater among females (34 percent) than among males (25 percent), the pattern being consistent across the age range in this study.

Extent of disfigurement.-More than twothirds (68.1 percent) of the skin conditions of concern to the individual affected are rated as disfiguring by the dermatologist examiner (table F). The disfigurement is substantially more likely to be minimal (48 percent) than moderate or severe (20 percent). Skin conditions on the face and parts of the body other than the hands and feet and skin conditions on the hands are more likely to be rated as disfiguring (71 percent and 69 percent, respectively) than skin conditions on the feet (54 percent). The examiners are slightly more likely to rate skin conditions of females as disfiguring to any extent and as moderately or severely disfiguring than those of males whether the hands, feet, or other parts of the body were affected. For each sex, skin conditions on the feet are the least likely of the three sites to be considered (by the examiner) as disfiguring to any extent, as well as the least likely to be considered moderately or severely disfiguring.

Children ages 1-11 and adults 45-54 years are least likely to have skin conditions rated as disfiguring to any extent by the examiner (about 50 percent of those with skin conditions of concern to person affected); these rates are highest among youths age 12-17 years and adults 55-74 years of age. Moderately or severely disfiguring skin conditions are least prevalent among preschool-age children 1-5 years old and adults age 45-54 years, but most prevalent among those older adults age 55-64 years (figure 14).

### **Discomfort From Skin Condition**

Pain or burning.—An extimated 22.6 per 1,000 in the U.S. civilian noninstitutionalized population age 1-74 years or nearly one-fourth (22.8 percent) of those with skin complaints indicate they felt a burning sensation or pain to some degree from the condition(s) (tables 12 and F). The pain or burning sensation is rated as moderate or severe for nearly one-third of these people (6.4 percent of those with skin conditions of concern). Conditions affecting the hands or feet are less likely than those affecting other parts of the body to be reported to cause at least some pain or burning.

School-age children 6-17 years old are the least likely to have these symptoms (16 percent at 6-11 years and 14 percent at 12-17 years); preschool age children are the most likely (32 percent). Young adults age 25-34 years are slightly more likely to have these symptoms (25 percent) than older or younger adults.

Males are less likely than females to report symptoms of burning or pain from skin conditions on their hands and feet, but are slightly more likely to do so for conditions affecting the face or other parts of their bodies.

Itching.-Nearly one-half (45.4 percent) of persons with one or more skin complaints indicate that the condition(s) itched minimally (25 percent) or to a moderate or severe degree (20 percent). Preschool-age children 1-5 years of age are most likely to have such symptoms (58 percent) and, when they do, to have moderate or severe itching (64 percent) than minimal (36 percent); young adults age 18-24 years are the least likely to indicate that the skin condition(s) itched (26 percent), but those 25-34 years of age are the least likely to have a moderate or severe itching (30 percent). Males are slightly more likely to report such symptoms (48 percent compared with 42 percent of females) but, when they do, to consider the itching minimal (table F).

Motion limitation.—Skin condition(s) are extensive enough or located in areas so that they cause limitation of motion for nearly 6 percent of persons who have skin conditions that concerned them (table F). The rates are highest among the oldest adults, age 65-74 years and the lowest among adults age 45-64 years. Males are about as likely as females are to have such limitation from skin conditions that concerned them (5 percent of males, 6 percent of females) and both sexes are more likely to have a minimal (4 percent) than moderate or severe limitation (1 Table F. Percent distribution of persons 1-74 years with skin conditions of concern (complaints) by extent of discomfort from condition, according to part of body affected and sex, showing selected standard errors: United States, 1971-1974

The second states of the second second		or more ody affe	areas of cted		Hand			Foot		c	)ther are	a(s)
Extent of discomfort	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
			Perc	ent distr	ribution	of persons	with ski	n condit	ions of cor	ncern		
Extent of disfigurement:												_
Moderate-severe	20.4	19.1	21.7	18.8	19.4	18.1	12.1	9.7	19.2	22.3	22.1	22.4
Minimal	47.7	46.4	49.4	50.0	48.1	52.5	41.5	41.7	40.7	48.8	47.6	50.0
Noпе	31.9	34.5	28.9	31.2	32.5	29.4	46.4	48.6	40.1	28.9	30.3	27.6
Causing pain or burning:												
Moderate-severe	6.4	5.9	7.0	7.9	6.5	9.7	9.8	7.0	18.3	5.5	5.4	5.5
Minimal	16.4	17.3	15.2	31.6	28.6	35.7	25.6	25.7	25.2	12.5	13.1	11.9
None	77.2	76.8	77.8	60.5	64.9	54.6	64.6	67.3	56.5	82.0	81.5	82.6
Causing itching:												
Moderate-severe	20.4	19.3	21.7	20.6	10.8	33.8	18.5	19.6	14.9	20.8	20.4	21.1
Minimal	25.0	28.9	20.2	40.2	46. <del>9</del>	31.1	35.7	40.0	22.1	20.8	22.8	18.8
None	54.6	51.8	58.1	39.2	42.3	35.1	45.8	40.4	63.0	58.4	56.8	60.1
Causing motion limitation:								1				
Moderate-severe	1.3	1.1	1.6	0.5	0.2	1.0	1.4	] _	5.6	1.4	1.5	1.3
Minimal	4.3	4.3	4.2	9.8	11.2	7.7	3.8	2.9	6.7	3.7	3.8	3.6
None	94.4	94.6	94.1	89.7	88.6	91.3	94.8	97.1	87.7	94.9	94.7	95.1
Causing overall discomfort:												
Moderate-severe	16.3	14.4	18.6	11.4	6.4	18.5	14.2	12.9	18.2	17.4	16.0	18.7
Minimal	41.7	44.4	38.4	52.8	56.3	48.0	52.8	55.0	46.0	37.9	39.3	36.6
None	42.0	41.2	43.0	35.8	37.3	33.5	33.0	32.1	35.8	44.7	44.7	44.7
					s	tandard er	ror of pe	rcent				
Disfigurement:												
Moderate-severe												
Minimal				5.19	7.07	5.95	4.15	5.95	9.50	2.07	2.33	. 2.70
None				5.42	6.61	5.95	4.64	5.92	7.77	2.33	3.23	2.55
Pain or burning:												
Moderate-severe				2.42	3.83	3.63	2.34	2.41	4.91	0.90	1.20	1.02
Minimal				4.90	6,06	7.82	4.92	5.67	6.34	1.22	1.88	1.69
None	• - •											
Itching:	[										1	
Moderate-severe				3.31	4.10	5.30	2.70	3.60	2.90	1.35	2.01	1.98
Minimal				4.74	6.30	5,58	4.74	5.68	6.05	1.48	2.62	1.73
None												
Masing limitation .	1			)				1				
Motion limitation: Moderate-severe				0.34	0.18	0.80	1.07	Ι.	4.49	0.28	0.52	0.31
Minimal				2.44	3.53	3.49	1.12	1.07	2.48	0.28	0.61	0.86
None												
Overall discomfort: Moderate-severe				2.70	2.28	5.45	3.10	5.10	6.90	2.10	2.69	2.30
Minimal				4.87	5.49	7.52	4.08	5.09	6.80	2.48	3.54	2.80
None											1	

percent of males and nearly 2 percent of females).

Overall discomfort.—More than half (58.0 percent) of those persons with skin complaints have some overall discomfort from the condition, the rates being slightly higher at age 1-5

years and lower at age 12-17 years than at other ages (table F). Only about one-fourth (28 percent) of those with some overall discomfort from the skin condition(s) indicate the discomfort was more than minimal; this proportion ranges from a maximum at age 6-11 years (60 percent) to a minimum at 12-17 years (46 percent). Females are nearly as likely as males to have some overall discomfort from a skin condition (57 for females, 59 for males), but when they do to indicate moderate or severe discomfort (33 percent compared with 24 percent).

Disfigurement-handicap or disabilitv.-Nearly all (89 percent) of those persons who consider their skin condition(s) a social handicap to some degree are also rated as disfigured by the examiners. This agreement is slightly closer among adults age 45-64 years and youths age 12-17 years (nearly 95 percent) than other persons among whom the proportion rated as disfigured of those considering themselves socially handicapped by their skin condition ranges from 80 percent at age 35-44 years to 88 percent at age 65-74 years with no consistent age-related trend. The agreement is slightly better for females (92 percent) than for males (86 percent) (table G and figure 15).

The agreement between the examiner's rating of some disfigurement and the individual's indication that his or her skin condition is a handicap to employment or housework is slightly less than that for social handicap, the proportion being 80 percent and again being somewhat higher among females (82 percent) than among males (77 percent).

More than two-thirds of those persons with some overall discomfort from their skin condi-



Figure 15. Percent of males and females 1-74 years with skin conditions of concern (complaints) rated as disfiguring by examiner or causing some type of handicap to the affected person: United States, 1971-1974

tion(s) are also rated as disfigured to some degree by the examiners. No consistent trend with age is evident in this agreement, the proportion with some discomfort who are also rated as disfigured ranges from 57 percent at ages 6-11 years and 45-54 years to 82 percent at age 55-64

 housework, social, or overall discomfort—by examiner's rating of extent of disfigurement, age, and sex: United States, 1971-1974

 Type of handicap and degree of disfigurement
 Both sexes 1-74 years
 1-5 years
 6-11 years
 12-17 years
 18-24 years
 25-34 years
 35-44 years
 55-64 years
 65-74 years
 1-74 years

 Male
 Female

Table G. Percent distribution of persons 1-74 years with skin conditions of concern (complaints) reporting some degree of resultant handicap-employment-

Type of handicap and degree of disfigurement	1-74 years	years	years	years	years	years	years	years	years	years	Maie	Female
Employment-housework handjcap with dis-		Percent	distributio	on of pers	ions with	some deg	ree of sp	ecified ha	ndicap fr	om skin d	complair	ıt
figurement rated:												
Moderate-severe	39.3	-	100.0	63.2	34.2	37.2	35.6	36.3	34.0	42.4	35.8	42.4
Minimal	40.7	-		26.4	47.3	44.8	32.2	41.8	49.2	37.2	41.6	39.9
None	20.0	100.0	•	10.4	18.5	18.0	32.2	21.9	16.8	20.4	22.6	17.7
Social handicap with disfigurement rated:												
Moderate-severe	37.2	73.2	31.6	34.4	34.5	39.5	36.4	31.7	53.7	39.6	35.6	38.4
Minimal	51.9	8.1	52.8	60.2	51.2	47.4	44.1	62.6	41.1	48.4	50.1	53.4
None	10.9	18.7	15.6	5.4	14.3	13.1	19.5	5.7	5.2	12.0	14.3	8.2
Overall discomfort with disfigurement rated:												
Moderate-severe	25.6	19.2	21.5	37.2	24.8	22.7	20.9	17.5	38.1	25.6	23.8	27.8
Minimal	43.8	43.6	36.1	38.1	50.1	50.1	43.3	39.6	44.0	46.9	43.6	44.2
None	30.6	37.2	42.4	24.7	25.1	27.2	35.8	42.9	17.9	27.5	32.6	28.0

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years and is slightly lower among males (67 percent) than among females (72 percent).

## Adequacy of Treatment for Skin Condition

More than 2 percent (21.5 per 1,000) of the U.S. civilian noninstitutionalized population

1-74 years of age or nearly one-fifth (18.9 percent) of those persons with skin condition(s) about which they express concern are now under the best care possible for the condition(s) (tables 13 and H). The proportions are slightly higher among children age 1-11 years and lower among young adults age 18-24 years than among adults age 35-74 years. The proportion that the

 
 Table H.
 Percent of persons 1-74 years with skin conditions of concern (complaints), by type of care sought, adequacy of present treatment, reasons for not seeking care, part of body affected, and sax, showing selected standard errors: United States, 1971-1974

<b>0</b>	One or more areas of Hands body affected							Feet		c	ther are	B(S)
Care status	Both sexes	Male	Female	Both sexes	Male	Femalë	Both sexes	Male	Female	Both sexes	Male	Female
				Percen	t of per	sons with s	kin cond	litions of	concern			
Care sought from:												
Nonprofessional	16.2		14.7	18.5	18.7	18.2	17.4	19.8	10.2	15.7	16.6	14.8
Pharmacy	5.1	5.4	4.7	4.5	2.2	7.5	7.9	10.4	0.5	4.6	4.3	4.8
Physician Dermatologist	24.1 18.2	21.3	27.5 21.3	28.9 19.4	27.8	30.3 20.5	19.6 9.2	18.0 10.6	24.3 5.0	24.5 19.9	21.4	27.5 23.1
Dermatologist	10.2	15.0	21.J	19,4	10.5	20.5	9.2	10.0	5.0	19.9	10.0	23.1
Under best care now	18. <del>9</del>	15.1	23.5	21.0	17.2	26.0	10.2	6.5	21.0	20.5	17.5	23.5
Expert care would improve	93.7	93.8	93.4	91.9	88.2	97.2	92.3	92.4	91.9	94.2	95.1	93.2
No advice sought	50.1	55.8	43.7									
Inadequate advice given	14.9	13.9	16.0							•••		
Did not cooperate with doctor	6.1	6.3	5.9									
Other reasons for not seeking medical care:												
Too far to doctor	0.9	0.7	1.1				•••	••••	•	••••		
No transportation	0.5	0.3	0.8							• • • •		
Insufficient money Other	3.7 7.9	3.2 7.0	4.2 9.0		···		•••				••••	
Other	1.91	1 7.0	0.01			1						
					St	tandard err	or of per	cent				
Care sought from:				• • • • • •								
Nonprofessional		]		4.52	5.38	6.19	3.70 3.38	4.57	2.71	2.36 1.32	2.94	2.82 1.45
Pharmacy				2.50 4.08	1.85	5.49 5.18	2.91	4.51	5.44 6.62	1.52	2.01	2.42
Physician Dermatologist				3.82	4.33	5.16	2.91	2.96	2.86	1.56	1.99	1.61
Dermatologist				5.02	4.33	5.55	2,55	2.50	2.00		1.55	1.01
Under best care now			••••	3.16	3.92	5.23	3.05	2.95	6.02	1.73	2.68	2.76
Expert care would improve				2.66	3.80	1.77	2.31	2.49	4.30	1.18	1.35	1.47
No advice sought	1.69	2.37	2.14		]				•••			
Inadequate advice given	1.44	1.72	1.79						••••			
Did not cooperate with doctor	0.82	1.19	1.02						••••			•••
Other reasons for not seeking medical care:												
Too far to doctor	0.24	0.35	0.40		• • •					•••		• • •
No transportation	0.21	0.27	0.33									
Insufficient money	0,68	0.91	0.80									• • •
Other	1.10	0.98	1.53			•••			•••			

dermatologist examiner consider as now receiving the best care ranges from 27 percent of preschool children age 1-5 years to 13 percent among young adults age 18-24 years (table H and figure 16). Females are more likely than males are to be receiving the best care possible (24 percent compared with 15 percent of those with skin complaints).

Skin conditions affecting the feet are substantially less likely than those on the hands or other parts of the body to be receiving the best available treatment (10 percent for those on the feet compared with 21 percent for those on the hands and 20 percent for those on the face or other parts of the body). Males are less likely than females are to have skin condition(s) under the best care, regardless of the location of the condition(s), the difference being greatest (and large enough to be statistically significant) for those on the feet (6 percent for males compared with 21 percent for females).



Figure 16. Percent distribution of persons with skin conditions of concern (complaints), by adequacy of treatment for condition(s) and age: United States, 1971-1974

Among the remaining (81 percent) persons 1-74 years of age with skin conditions that concern them but who are not now receiving the best care available for the condition, about 94 percent of the persons with complaints have conditions that could be improved with expert care. These proportions range from 84 percent among preschool-age children 1-5 years to 96 percent in the oldest age group 65-74 years (table J). The proportion that could be improved is similar among males and females and is nearly as high for conditions affecting the hands or feet (92 percent) as those on other parts of the body (94 percent).

About one-half of the U.S. population 1-74 years of age with skin conditions of concern to them have not sought medical advice for the problem. The proportion is lowest among children 1-11 years of age (37 percent) and adults 55-64 years (38 percent), and highest among youths 12-17 years (66 percent).

Males are more likely than females are to have not sought medical care for skin conditions that concern them (56 percent compared with 44 percent) and across the ages from 12-74 years the proportion who had not sought such care is consistently higher among males.

In addition to those (50 percent) not seeking medical care, nearly 15 percent have been given medical advice that the dermatologist examiner considered inadequate. This proportion ranges from 8 percent at age 12-17 years to 20 percent at age 55-64 years but shows no consistent trend with age (table J). Males are about as likely as females are to have received inadequate medical advice concerning their skin problem (14 percent compared with 16 percent).

About 6 percent of those with skin conditions that concern them did not cooperate with the doctors they had consulted, the proportion being similar among males and females.

Other obstacles to improvement cited by the persons with skin conditions of concern are that they were too far from the doctor (0.9 percent), that transportation to the doctor was not available (0.5 percent), that they had insufficient money for such medical care (3.7 percent), and a variety of other reasons (7.9 percent) including "not being aware the condition could be treated," "under care but discouraged because

Table J. Percent of persons with skin conditions of concern (complaints), by reason no care was sought and adequacy of treatment sought, according to age and sex: United States, 1971-1974

Treatment status	Both sexes 1-74 years	1-5 years	6-11 years	12-17 years	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	1-74 years	
											Male	Fémale
	Percent of persons with skin complaints											
Total	100.0	100.0	100.0	100.0	100,0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No medical advice sought	50.1	36.8	36.5	66 <i>.</i> 9	49.4	55.1	49.1	43.3	37.7	52.5	55.8	43.7
Too far to doctor No transportation Insufficient money Other reason No reason given	0.9 0.5 3.7 7.9 37.1	2.8 1.0 3.5 11.0 18.5	8.7 9.2 18.6	1.9 7.1 56.9	0.4 0.4 5.8 7.3 35.5	1.0 0.5 2.0 7.0 44.6	1.2 0.3 2.2 12.8 32.6	1.8 1.7 4.9 7.9 27.0	0.9 5.0 3.5 28.3	1.2 1.0 2.1 8.5 39.7	0.7 0.3 3.2 7.0 44.6	1.1 0.8 4.2 9.0 28.6
Medical advice sought	49.9	63.2	63.5	34.1	50.6	44.9	50.9	56.7	62.3	47.5	44.2	56.3
Care inadequate Did not cooperate with doctor Under best care now Care could be improved	14.9 6.1 18.9 10.0	14.8 4.7 30.4 13.3	16.7 8.2 23.7 14.9	8.0 3.4 16.7 6.0	15.0 7.6 14.3 13.7	14.7 3.4 17.7 9.1	16.1 4.2 20.8 9.8	17.5 9.0 19.5 10.7	20.2 6.4 20.6 15.1	14.9 11.5 20.9 0.2	13.9 6.3 15.1 8.9	16.0 5.9 23.5 10.9
No medical advice sought	50.1	36.8	36.5	65.9	49.4	55.1	49.1	43.3	37.7	52.5	55.8	43.7
Expert care would improve Expert care would not improve	44.9 5.2	25.9 10.9	33.1 3.4	60.4 5.5	44.4 5.0	50.3 4.8	43.3 5.8	33.9 9.4	32.8 4.9	49.1 3.4	50.5 5.3	38.7 5.0
Medical advice sought	49.9	63.2	63.5	34.1	50.6	44.9	50.9	56.7	62.3	47.5	44.2	56.3
Under best care now Expert care would improve	18.9 31.0	30.4 32.8	23.7 39.8	16.7 17.4	14.3 36.3	17.7 27.2	20.8 30.1	19.5 37.2	20.6 41.7	20.9 26.6	15.1 29.1	23.5 32.8
Total not under best care	81.1	69.6	76.3	83.3	85.7	82.3	79.2	80.5	79.4	79.1	84.9	76.5
Could be improved with expert care Could not be improved with expert care	75.9 5.2	58.7 10.9	72.9 3.4	77.8 5.5	80.7 5.0	77.5 4.8	73.4 5.8	71.1 9.4	74.5 4.9	75.7 3.4	79.6 5.3	71.5 5.0

there was no improvement so stopped," "treatment was too painful," "medication needed for other condition was causing the skin eruption," "condition does not bother person that much," "person knows cause," and "person is treating himself or herself." In each category of other obstacles to improvement the proportions are slightly higher among females than among males.

Care for skin conditions is most likely to have been sought from a nondermatologist physician (24.1 percent of those with skin conditions that concerned them), a dermatologist (18.2 percent), or a nonprofessional (16.2 percent), and least likely from a pharmacist (5.1 percent) or from a podiatrist or osteopath (less than 1 percent) (table H). As expected, physicians are usually consulted for such conditions of preschool-age children 1-5 years (42 percent compared with 17 percent for whom care was sought from a dermatologist, pharmacist, or nonprofessional). Among school-age children 6-11 years, a nondermatologist physician (31 percent) or dermatologist (21 percent) is more likely to have been consulted than is a nonprofessional (8 percent) or pharmacist (0.4 percent). Among youths, a nonprofessional is the most likely to have been consulted rather than a nondermatologist physician or dermatologist. Females are more likely than males are to have consulted either a nondermatologist physician (25 percent for females compared with 21 percent for males) or a dermatologist (20 percent for females compared with 15 percent for males); the males are more likely than females are to have sought care from a nonprofessional (17 percent compared with 14 percent for females).

# Comparison With Previous Studies

Published national estimates of the prevalence of various types of chronic skin conditions among the U.S. civilian noninstitutionalized population of all ages based on findings from the Health Interview Survey of 1969<sup>13</sup> are available for comparison with the findings in this report from the dermatology examination of the 1971-1974 Health and Nutrition Examination Survey. In comparing the estimates based on findings from the national probability samples in the two surveys, it should be kept in mind that the Health Interview Survey data were obtained through household interview of a responsible adult for all members of the household in answer to the question "During the past 12 months did anyone in the family have any of these conditions?" Skin conditions on the list used by the interviewer included tumor, cyst, or growth; eczema or psoriasis; trouble with dry or itching skin; trouble with acne; skin ulcer; any kind of skin allergy; dermatitis or other skin trouble. These conditions were later classified using the Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA).<sup>14</sup> Conditions considered chronic irrespective of onset and those which had their onset more than 3 months prior to the week of the interview and lasted more than 3 months were all considered chronic.

The national prevalence estimates for the 10 groups of skin conditions identified in the Health Interview Survey (HIS) and the rates for these groups based on significant pathology, nonsignificant pathology, and skin complaint findings from the dermatology component of the Health and Nutrition Examination Survey are shown in table K. Estimates for the fungal conditions-dermatophytoses or dermatomycoses-and for chronic infections of the skin and subcutaneous tissue are substantially less, and the rates for corns and callosities and diseases of the nails are substantially higher from HIS than the HANES estimates based on significant pathology or skin complaints. The prevalence of corns and callosities and diseases of the nails, which increase markedly with age, would also be expected to be somewhat higher from HIS than from HANES since only the former survey included persons 75 years and older.

The national prevalence estimates for acne among youths 12-17 years of age from the 1971-1974 Health and Nutrition Examination Survey and that from the standard physician examination in the 1966-1970 Health Examination Survey among a probability sample of youths are in close agreement-25.0 per 100 youths from the present HANES data and 28.3 per 100 youths from the 1966-1970 HES data when the latter are limited to the moderate to severe (II-IV) grades of acne.<sup>15</sup>

Information on the extent of medical care received by the civilian noninstitutionalized U.S. population, characteristics of the persons seeking such care, and the type of care given by physicians (doctors of medicine and doctors of

Table K. Prevalence of selected skin conditions from the Health Interview Survey (HIS) of 1969 and the dermatology component of the Health and Nutrition Examination Survey (HANES) of 1971-1974: United States

			HANES, 1971-1974			
Condition	ICDA code used in NYU code used in HIS, 1969 HANES, 1971-1974		HIS, 1969	Signifi- cant pathol- ogy	Nonsig- nificant pathol- ogy	Skin com- plaints
		ates per 1,0 lation <sup>1</sup>	es per 1,000 tion <sup>1</sup>			
Dermatophytoses and dermatomycoses	110,111	131	2.7	81.1		21.6
Chronic infections of skin and subcutaneous tissue	680-682,684-686	690-698	1.5	15.9	44.1	<sup>2</sup> 2.8
Eczema, dermatitis, and urticaria	690-693,708	700,701,703,704p,243	30.2	53.8	161.5	17.6
Psoriasis and similar disorders		706	6.5	8.8	5.5	<sup>2</sup> 3.8
Other inflammatory conditions of skin and subcutaneous tissue	694,695,697,698	704p,705,707,708	7.2	19.3	158.5	
Corns and callosities		709	41.5	3.2	153.7	0.6
Other hypertrophic and atrophic diseases of skin		710	8.8	21.8	410.9	1.3
Diseases of nail	703	712	22.9	2.7		0.5
Diseases of sebaceous glands		7141-7149	19.7	84,8	120,4	28.2
Other diseases of skin and subcutaneous tissue	702,704,705,707, 709.0p,709.1,709.9	713,7140,715, 716	5.4	45.7	525.5	

<sup>1</sup>National estimates for the civilian noninstitutionalized population of all ages from HIS and for ages 1-74 years from HANES.

<sup>2</sup>Prevalence of complaints for these 2 groups will slightly exceed these values.

osteopathy) in their offices is obtained through national probability samples of physician practice in the National Ambulatory Medical Care Survey (NAMCS). From the 1975 findings of NAMCS,<sup>16</sup> there were an estimated 28.6 million visits to physicians offices for conditions in which the primary diagnosis was a disease of the skin and subcutaneous tissue (ICDA codes 680-709). Nearly half of these (49 percent) were return visits to the same physician.

The prevalence of chronic conditions and related information among the U.S. institutionalized patients living in nursing homes is obtained through national probability samples of such homes in the National Nursing Home Survey (NNHS). From the findings of the NNHS of August 1973-April 1974,<sup>17</sup> an estimated 6,000 of the 1,075,800 residents or 5.6 per 1,000 residents had a primary diagnosis at their last examination of a disease of the skin and subcutaneous tissue (ICDA codes 680-709). At that time, 75 percent of the residents of such homes were 75 years or older.

#### SUMMARY

Skin condition findings as well as the extent of resultant handicap and related need for medical care among persons 1-74 years of age in the civilian noninstitutionalized population of the United States as determined through the Health and Nutrition Examination Survey of 1971-1974 are described and analyzed in this report. Age and sex differences in these factors are included.

The dermatology examination component of this survey was planned and closely supervised by the Data Collection Unit of the Committee on Planning for the National Program of the National Academy of Dermatology. For the survey, a national probability sample of 28,043 persons was selected to represent the 194 million of that age at midsurvey time in the target population. Of these sample persons, the 20,749 or 74 percent examined by the survey dermatologists (when the data are adjusted for the differential sampling ratios used in the age-sex-incomedefined population subgroups) represent an effective response rate of 75 percent.

Nearly one-third (312.4 per 1,000 popula-

tion) or an estimated 60.6 million of the U.S. civilian noninstitutionalized population age 1-74 years have some skin pathology that should be evaluated by a physician at least once.

The most prevalent of the significant skin conditions are those affecting the sebaceous glands (84.8 per 1,000 population) including acne vulgaris; dermatophytoses or fungal diseases (81.1 per 1,000); malignant or benign tumors (56.5 per 1,000); seborrheic dermatitis (28.5 per 1,000); atopic dermatitis and eczema (18.4 per 1,000); and contact dermatitis (13.6 per 1,000).

The prevalence of significant skin pathology increases rapidly with age from 142.3 per 1,000 preschool-age children to 365.1 per 1,000 young adults age 18-24 years due primarily to the increase in acne vulgaris; then decreases slightly at 25-34 years before starting the consistent increase with age from such skin conditions as psoriasis, vitiligo, malignant and benign tumors, and actinic and seborrheic keratoses.

Nearly one-eighth (118.2 per 1,000) or an estimated 22.9 million of the U.S. population age 1-74 years have one or more skin conditions about which they complained or expressed concern. Nearly one-third of the persons with skin conditions that the survey dermatologists determined should be evaluated by a physician at least once express concern about their condition; an additional one-fifth (18 percent) complain about skin conditions the examiners did not feel were serious.

The majority of skin complaints have been present 5 years or longer, with skin conditions affecting the feet more likely than those affecting the hands or other parts of the body to have been present this long.

Among persons with skin complaints, 9 percent indicate the condition limited their activity to some extent, 10 percent consider it a handicap in their employment or housework, and about one-third feel it was a social handicap to at least some extent.

The dermatological examiners rated more than two-thirds of those persons with skin complaints as disfigured to some extent from the condition; about one-fifth of those were rated moderately or severely disfigured.

More than half of those persons with skin

complaints report some overall discomfort from the condition, such as itching or burning. For nearly 6 percent of those with skin complaints, the condition is extensive enough to cause limitation of motion.

Nearly one-fifth of those persons with skin complaints are receiving the best possible care for the condition. Of the remaining 81 percent who are not, nearly all (94 percent) could, in the judgment of the survey dermatologist examiners, be improved with more expert care; this proportion ranges from 84 percent among preschoolage children to 96 percent among the oldest age group in this study (65-74 years).

About one-half of those persons with skin

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complaints have not sought medical advice for the condition; an additional 15 percent who did are, in the opinion of the dermatologist examiner, given inadequate medical advice. About 6 percent did not cooperate with the doctors they had consulted. Other obstacles to improvement are cited by 13 percent of persons with skin complaints, including insufficient money (nearly 4 percent), too far from the doctor or transportation not available (1.4 percent), not being aware the condition could be treated, discouraged with the treatment, treatment was too painful, medication needed for other condition was causing eruptions, and persons were treating themselves.

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 Table 1. Prevalence of significant skin pathology of all types and the most frequently occurring types of conditions among persons 1-74 years, by sex, showing rates, number of persons affected, and selected standard errors: United States, 1971-1974

Condition and NYU code <sup>1</sup>	Both sexes	Male	Female	Both sexes	Male	Female
	Rate pe	er 1,000 p	opulation	Number in thous		sands
Persons with one or more significant skin conditions Significant skin conditions, all types	312.4 439.7	339.8 499.4	286.6 383.4	60,601 85,287	31,988 47,018	28,613 38,269
Diseases of sebaceous glands	84.8	87.9	81.9	16,465	8,279	8,186
Acne vulgaris714150	68.1	70.5	65.9	13,217	6,638	6,579
Cystic acne714180	1.9	3.3	0.6	375	312	63
Acne scars	1.7	2.0	1.3	321	192	129
Xerosis714930	6.5	5.3	7.7	1,260	497	763
Dermatophytoses	81.1	131.4	33.7	15,733	12,372	3,361
Tinea pedis1310	38.7	68.4	10.7	7,509	6,438	1,071
Tinea unguium	21.8	30.3	13.9	4,232	2,856	1,376
Tinea versicolor	8.4	10.9	6.0	1,623	1,022	601
Tinea cruris13131	6.7	12.9	0.9	1,301	1,214	87
Tumors <sup>2</sup>	56.5	59.6	53.7	10,968	5,606	5,362
Malignant	5.9	6.4	5.3	1,136	602	534
Basal-cell epithelioma19X1	4.1	4.7	3.5	796	445	351
Benign <sup>2</sup> 22X	38.2	35.8	40.5	7,412	3,372	4,040
Lipoma	2.1	2.6	1.6	401	244	157
Precancerous and not specified	12.4 9.6	17.4 13.9	7.9 5.5	2,420 1,858	1,632 1,306	788 552
Actinic keratosis23×061	9.0	13.9	5.5	1,000	1,300	. 552
Seborrheic dermatitis	28.5 28.2	26.7 26.4	30.1 29.9	5,520 5,476	2,514 2,490	3,006 2,986
Atopic dermatitis, eczema701,708300,708310,708320	18.4	19.5	17.4	3,575	1,837	1,738
Atopic dermatitis	6.9	8.2	5.6	1,332	771	561
Lichen simplex chronicus708320	4.5	4.7	4.4	882	441	441
Hand eczema701000	1.6	1.1	2.1	311	105	206
Nummular eczema	1.7	1.0	2.4	332	92	240
Dyshidrotic eczema701030	2.1	3.1	1.2	405	288	117
Contact dermatitis703	13.6	13.8	13.4	2,641	1,303	1,338
Ichthyosis, keratosis710130,710150	9.5	9.3	9.6	1,835	880	955
Verruca vulgaris	8.5	10.3	7.2	1,684	967	717
Folliculitis	8.0	12.3	4.0	1,553	1,154	399
Psoriasis	5.5	5.9	5.1	1,070	556	514
Seborrheic keratosis	5.2	4.6	5.8	1,010	431	579
Vitiligo	4.9	3.6	6.2	957	341	616
Urticaria (hives, etc.)	4.8	3.8	5.8	933	354	578
Herpes simplex	4.2	4.0	4.5	824	376	448
All other skin conditions	106.2	106.7	105.0	20,519	10,048	10,472
	Standard error of rate					
Persons with one or more significant skin conditions	20.05	21.06	20.13			

 ${}^{1}$ See reference 8.  ${}^{2}$ Excludes seborrheic keratosis (22X44X) which is listed with benign tumors in the NYU classification.

Condition and NYU code <sup>1</sup>	1-5 years	6-11 years	12-17 years	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years
	Rate per 1,000 population								
Persons with one or more significant skin conditions Significant skin conditions, all types	142.3 166.4	174.2 195.4	362.0 468.5	365.1 499.9	318.0 452.9	328.2 475.2	356.8 529.7	361.0 563.9	409.5 654.8
Diseases of sebaceous glands7141-7149	6.3	21.4	249.9	191.1	99.6	44.1	21.5	32.0	25.5
Acne vulgaris714150 Cystic acne	0.4	11.9	231.9 2.0	172.2 5.4	83.6 5.2	25.4 2.6	8.7	2.5	0.7
Acne scars	2.8	6.7	4.5 3.9	5.2 3.7	0.9 4.0	1.7 6.8	0.9 5.4	15.3	14.9
Dermatophytoses	3.4	8.4	33.2	61.7 24.9	87.7 49.1	121.5	155.7 80.9	150.8 57.9	126.8 59.6
Tinea pedis1310 Tinea unguium	0.4	4.0 0.9	14.1 1.9	7.0	13.4	24.9	46.2	68.5	54.7
Tinea versicolor131910 Tinea cruris	1.1	1.5	10.2 4.7	17.8 6.7	9.9 10.2	13.0 11.7	7.2 13.1	7.3 8.9	2.3 1.3
Tumors <sup>2</sup>	21.7	18.9	31.3 0.5	43.0 0.1	39.6 0.1	46.8 3.2	84.9 9.5	100.2 18.9	184.1 36.4
Basal-cell epithelioma19X1	-	-	-	0.1	- 1	3.2	9.1	13.3	19.9
Benign <sup>2</sup>	21.7	18.9 0.8	30.7	40.7 0.9	38.9 0.6	38.2	52.9 5.3	44.9	68.1 7.7
Precancerous and not specified	-	-	0.1	2.2	0.6	5.4	22.5	36.4	79.6
Actinic keratosis	-	-	-	-	-	1.5	15.9	32.8	65.1
Seborrheic dermatitis700 Seborrheic dermatitis, type not indicated700010	9.8 9.6	6.7 6.7	18.8 18.5	38.7 38.7	41.9 41.9	41.6 41.1	31.9 31.9	28.7 27.4	36.4 36.3
Atopic dermatitis, eczema	24.9 19.3	20.0 13.8	17.0 10.7	15.4 5.1	28.0 6.0	14.7 1.4	13.9 2.4	12.8 1.0	18.3 1.7
Lichen simplex chronicus708320	-	1.7	4.1	1.2	5.8	5.5	5.2	9.4	10.3
Hand eczema701000 Nummular eczema701010	1.9	1.3	0.2	0.3	4.9 2.5	3.7 0.1	1.5 0.7	1.9 0.6	0.9
Dyshidrotic eczema		1.9	0.4	2.6	5.9	1.3	4.0	-	0.4
Contact dermatitis703	13.9	4.9	8.6	14.2	9.6	17.0	16.7	23.6	20.4
Ichthyosis, keratosis710130,710150	8.6	15.5	16.7	8.8	11.5	7.7	2.7	7.0	1.5
Verruca vulgaris696030	4.7	13.1	15.5	12.4	6.3	6.2	8.9	2.4	3.6
Folliculitis	1.2	3.2	5.3	18.9	15.4	12.8	5.5	2.1	1.1
Psoriasis706090	3.1	1.9	2.5	1.5	6.2	4.9	11.4	10.9	9.5
Seborrheic keratosis	0.2	-	-	0.4	0.4	4.5	9.7	18.3	24.4
Vitiligo716210	0.6	5.5	1.0	3.6	3.0	3.4	5.9	12.6	13.6
Urticaria (hives, etc.)242-243	3.1	1.8	3.4	4.3	4.6	3.6	8.8	7.6	7.4
Herpes simplex	3.4	5.3	5.1	3.2	5.2	4.8	2.8	3.3	4.9
All other skin conditions	61.5	68.8	60.2	82.7	93.9	141.6	149.4	151.6	177.3
				Stand	ard error	of rate			
Persons with one or more significant skin conditions	13.03	18.45	28.57	27.50	24.90	25.28	23.08	23.27	24.91

Table 2. Prevalence of significant skin pathology of all types and the most frequently occurring types of conditions among persons 1-74 years, by age, showing rates and standard errors: United States, 1971-1974

 $^{1}$ See reference 8.  $^{2}$ Excludes seborrheic keratosis (22X44X) which is listed with benign tumors in the NYU classification.

## Table 3. Prevalence of significant skin pathology of all types and the most frequently occurring types of conditions among males 1-74 years, by age: United States, 1971-1974

	Male								
Condition and NYU code <sup>1</sup>		6-11 years	12-17 years	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years
	Rate per 1,000 males								
Persons with one or more significant skin conditions Significant skin conditions, all types	135.9 155.8	182.4 209.7	363.6 477.2	393.4 564.7	358.4 532.8	335.8 508.4	438.0 677.4	424.4 717.9	467.8 782.4
Disease of sebaceous glands         .7141-7149           Acne vulgaris         .714150           Cystic acne         .714180           Acne scars         .714190           Xerosis         .714930	4.9 - - 3.1	19.5 6.7 - 9.1	248.0 232.5 2.4 3.5 3.9	206.6 182.8 9.3 8.9 2.7	102.6 85.1 10.8 1.5	38.2 17.7 3.5 3.1 5.5	30.0 15.3 - 1.2 4.6	31.7 5.3 - 9.6	25.7 1.6 0.2 - 11.8
Dermatophytoses	3.6 0.8 - 1.0 -	12.4 7.1 1.2 2.5	54.0 26.0 3.7 10.9 9.2	101.8 46.7 10.0 24.7 13.8	152.9 94.0 21.4 11.5 19.3	198.4 106.4 34.2 17.7 21.8	268.5 153.4 64.7 9.4 24.6	247.5 98.8 103.2 10.2 18.5	186.5 95.9 71.3 4.9 2.9
Tumors <sup>2</sup> 19X,22X,23Y,23Y         Malignant       19X         Basal-cell epithelioma       19X1         Benign <sup>2</sup> 22X         Lipoma       22X959         Precancerous and not specified       23X,23Y         Actinic keratosis       23X081	14.5 - 14.5 - -	22.1  22.1	25.5 1.0 - 24.3 - 0.2	44.9 - 42.1 1.8 2.8 -	41.4 - 40.1 1.3 1.3	41.1 3.5 30.8 0.9 6.8 1.8	92.3 11.3 10.7 48.0 5.7 33.0 25.4	128.4 20.6 15.5 50.2 8.1 57.6 53.2	222.7 44.0 27.1 65.5 10.9 113.2 96.3
Seborrheic dermatitis700 Seborrheic dermatitis, type not indicated700010	7.1 7.1	5.5 5.5	13.9 13.9	37.6 37.6	40.5 40.5	28.8 28.8	40.1 40.1	32.0 29.3	39.3 39.3
Atopic dermatitis, eczema	21.2 17.0 - - -	29.3 19.7 3.0 2.6 2.5	19.4 15.5 2.5 - -	10.7 5.6 1.1 - 3.5	28.9 5.7 6.9 3.1 2.9 8.1	10.1 - 1.1 4.3 - 2.4	17.4 3.6 4.7 1.2 7.7	14.2 - 11.9 2.3 -	23.3 1.6 18.0 1.6 0.2
Contact dermatitis703	11.2	5.7	6.9	19.5	9.6	14.2	14.1	33.1	18.0
Ichthyosis, keratosis710130,710150	10.7	18.4	12.7	10.3	10.4	6.8	3.1	3.5	2.0
Verruca vulgaris	5.2	12.8	14.8	21.5	7.4	8.5	8.7	2.6	4.5
Folliculitis	2.0	3.5	7.5	29.9	25.4	22.2	6.3	1.2	2.5
Psoriasis	5.8	1.2	-	-	9.9	3.1	10.4	15.2	, 14.4
Seborrheic keratosis	-	-	-	-	-	4.3	10.4	15.3	24.4
Vitiligo	0.2	4.3	1.1	3.1	2.1	-	3.5	9.5	16.4
Urticaria (hives, etc.)242-243	4.4	1.7	1.3	4.0	2.0	0.8	10.5	4.8	7.1
Herpes simplex	2.7	4.8	7.4	0.5	7.6	3.1	4.4	0.6	1.8
All other skin conditions	62.3	68.5	64.7	74.3	92.1	128.8	157.7	178.3	193.8

<sup>1</sup>See reference 8. <sup>2</sup>Excludes seborrheic keratosis (22X44X) which is listed with benign tumors in the NYU classification.
# Table 4. Prevalence of significant skin pathology of all types and the most frequently occurring types of conditions among females 1-74 years, by age. United States, 1971-1974

	]				Female				
Condition and NYU code <sup>1</sup>	1-5 years	6-11 years	12-17 years	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years
				Rate p	er 1,000	females			
Persons with one or more significant skin conditions Significant skin conditions, all types	148.9 177.4	166.0 180.7	360.4 459.3	338.5 439.2	281.2 380.0	321.1 444.8	282.3 394.0	306.1 426.5	365.5 558.5
Disease of sebaceous glands	7.7 0.7 - 2.5	23.5 17.3 - 4.1	251.8 231.3 1.6 5.5 3.9	177.1 162.2 1.7 1.9 4.5	96.7 82.2 - 1.8 6.4	49.5 32.4 1.8 0.4 8.0	13.7 2.7 0.7 6.2	32.2	25.3 - - 17.5
Dermatophytoses	3.2 - 1.0	4.1 0.8 0.7 0.6	11.4 1.5 - 9.4	22.3 4.5 4.2 11.4	28.3 8.3 6.1 8.5 1.7	51.1 21.3 16.3 8.5 2.4	52.2 14.5 29.2 5.1 2.5	64.6 21.1 37.7 4.7 0.4	81.8 32.2 42.2 0.4
Tumors <sup>2</sup> 19X,22X,23Y,23Y         Malignant       19X         Basal-cell epithelioma       19X1         Benign <sup>2</sup> 22X         Lipoma       22X959         Precancerous and not specified       23X,23Y         Actinic keratosis       23X081	29.2 - 29.2 - -	15.7 - 15.7 1.7 -	37.4 - 37.4 -	41.1 0.2 0.2 39.4 - 1.5	38.1 0.2 37.9 - -	52.1 3.0 3.0 45.2 2.4 3.9 1.2	78.3 8.0 7.6 57.5 4.9 12.8 7.3	75.2 17.5 11.4 40.3 1.0 17.4 14.6	154.8 30.5 14.6 70.2 5.2 54.1 41.6
Seborrheic dermatitis700 Seborrheic dermatitis, type not indicated700010	12.6 12.3	7.9 7.8	23.8 23.3	39.8 39.8	43.2 43.2	53.3 52.4	24.3 24.3	25.7 25.7	34.2 34.1
Atopic dermatitis, eczema	28.7 21.4 - 4.0	10.6 7.7 0.4 1.3	14.4 5.5 5.7 0.3 1.2 0.7	19.7 4.6 1.2 0.7 9.6 1.7	27.2 6.3 4.7 6.6 2.1 3.9	18.9 2.6 9.6 3.2 0.2 0.3	10.8 1.3 5.7 2.9 0.2 0.7	11.7 1.9 7.1 1.6 1.1	14.6 1.6 4.4 1.6 4.4 0.4
Contact dermatitis703	16.8	4.1	10.4	9.2	9.4	19.5	19.1	15.3	22.3
Ichthyosis, keratosis710130,710150	6.4	12.5	20.8	7.3	12.6	8.2	2.3	10.1	1.1
Verruca vulgaris696030	4.1	13.4	16.4	4.0	5.1	4.1	9.2	1.1	2.1
Folliculitis713908	0.4	2.8	3.1	8.7	6.1	4.1	4.7	2.8	
Psoriasis	0.2	2.8	5.1	3.1	2.6	6.5	12.4	7.1	5.8
Seborrheic keratosis	0.5	-	-	0.8	0.9	4.7	9.1	21.1	24.5
Vitiligo	1.1	6.7	0.8	4.0	3.9	6.5	8.2	15.4	11.5
Urticaria (hives, etc.)242-243	1.8	1.9	5.6	4.6	6.9	6.2	7.3	10.1	7.7
Herpes simplex	4.1	5.9	2.8	5.6	2.9	6.5	1.2	1.5	7.1
All other skin conditions	60.6	68.8	55.5	91.9	96.1	153.6	141.2	132.6	165.7

 $^{1}$ See reference 8.  $^{2}$ Excludes seborrheic keratosis (22X44X) which is listed with benign tumors in the NYU classification.

Table 5. Prevalence of significant active skin pathology, significant skin pathology now in remission, and the coexistence of significant active skin pathology and condition(s) in remission among persons 1-74 years, by age and sex, showing rates, selected standard errors, and number of persons affected: United States, 1971-1974

	Signi	ficant acti	ve skin	Sig	nificant sk	in patholo	ogy
Age and sex		condition	IS .	1	n remissior	1	Active
•	Three types	Two types	One type	One or two types	Only one type	Two types	and in remis- sion
			Rate pe	r 1,000 po	pulation		
Both sexes, 1-74 years	31.6	64.1	216.7	124.9	106.4	18.5	47.4
1-5 years	*4.1	16.0	122.2	69.6	65.0	*4.6	*12.4
6-11 years	*2.7	15.7	155.8	69.1	63.5	*5.6	*16.7
12-17 years	*18.4	69.7	273.9	94.1	82.7	*11.4	41.1
18-24 years	*31.6	71.6	261.9	131.2	117.8	*13.4	51.1
25-34 years	*29.9	75.1	213.0	156.1	133.6	*22.5	60.4
35-44 years	*35.7	75.7	216.8	162.6	131.1	*31.5	52.4
45-54 years	46.7	79.4	230.7	161.3	131.1	*30.3	62.5
55-64 years	63.2	75.6	223.1	145.5	123.8	*21.7	68.4
65-74 years	70.1	105.1	234.3	123.4	111.2	*12.2	62.3
Male, 1-74 years	43.2	73.3	223.3	121.4	104.4	*17.0	51.4
1-5 years	*3.3	*13.3	119.3	62.4	59.5	*2.9	*12.0
6-11 years	*4.6	*18.1	159.7	53.6	46.9	*6.7	*17.5
12-17 years	*24.6	64.4	274.6	92.5	87.5	*5.0	*41.9
18-24 years	*43.7	84.0	265.7	132.1	118.3	*13.8	51.7
25-34 years	*41.0	92.5	224.9	145.5	132.3	*13.2	71.3
35-44 years	*48.2	76.2	211.4	176.4	137.3	*39.1	56.4
45-54 years	*65.0	109.4	263.6	159.5	122.9	*36.6	66.8
55-64 years	99.5	94.6	230.3	152.7	131.3	*21.4	88.3
65-74 years	92.5	129.7	245.6	116.1	101.8	*14.3	62.4
Female, 1-74 years	*20.7	55.4	210.5	128.3	110.3	*18.0	43.6
1-5 years	*4.8	*18.9	125.2	77.1	70.7	*6.4	*12.8
6-11 years	*0.8	*13.2	152.0	85.0	80.6	*4.4	*15.9
12-17 years	*11.8	75.3	273.3	95.7	77.5	*18.2	40.3
18-24 years	*20.3	60.0	258.2	130.4	117.4	*13.0	50.5
25-34 years	*19.8	59.2	202.2	165.8	134.9	*30.9	50.3
35-44 years	*24.2	75.3	221.6	149.9	125.4	*24.5	48.7
45-54 years	*29.9	51.9	200.5	162.9	138.6	*24.3	58.5
55-64 years	*30.8	58.7	216.6	139.1	117.2	*21.9	50.6
65-74 years	53.2	86.6	225.7	128.9	118.3	*10.6	62.2
Both sexes, 1-74 years	7.46	15.10	31.30				
Male, 1-74 years	8.65	14.70	27.80				
Female, 1-74 years	6.50	17.40	38.00				
	Number of persons affected in thousands						
Both sexes, 1-74 years	6,127	12,433	42,044	24,236	20,834	3,402	9,193
Male, 1-74 years	4,063	6,904	21,021	11,427	9,826	1,601	4,839
Female, 1-74 years	2,064	5,529	21,020	12,809	11,008	1,801	4,354

 Table 6.
 Prevalence of significant active skin pathology, significant skin pathology in remission, and nonsignificant skin pathology among persons 1-74 years, by type of condition, showing rates and number of persons affected: United States, 1971-1974

Condition and NYU code <sup>1</sup>		ant skin ology	Nonsig- nificant skin	Signific patho	ant skin ology	Nonsig- nificant skin
	Active	Remis- . sion	pathol- ogy	Active	Remis- sion	pathol- ogy
	Rate pe	er 1,000 po	opulation		of persons n thousand	
Syphilis	0.1	0.7	2.8 ( <sup>2</sup> )	8	136	537
Other venereal diseases	2.5	0.1	(2)	494	13 21	( <sup>2</sup> )
Other spirochetal diseases	0.2	0.0	(2)	4	7	( <sup>2</sup> ) ( <sup>2</sup> )
Viral diseases	4.5	5.9	(2)	878	1,141	(2)
Rickettsial diseases	0.3		(2)	62		(2)
Leishmaniasis and other parasitic diseases	0.1	0.1	0.1	23 15,734	24 2,126	14
Deep fungal infections	2.4	0.7	2.0	463	140	380
Zoonoses	0.8	0.1	0.2	164	16	35
Sarcoidoses and other parasitic diseases	-	0.0	0.1	· ·	4	27
Malignant tumors	5.9	5.6	5.7	1,136	1,077	1,112
Bowen's disease, Paget's disease, erythrophasia	0.2	3.4	( <sup>2</sup> ) ( <sup>2</sup> )	36 796	668	( <sup>2</sup> ) ( <sup>2</sup> )
Baso-squamous epithelioma or carcinoma and related conditions	0.7	- 1	(2)	145		(2)
Malignant melanoma, lentigomaligna 19X6	0.4	0.2	(2)	72	47	(2) (2) (2) (2) (2)
Squamous-cell carcinoma	0.3	0.6	( <sup>2</sup> )	51	111	( <sup>2</sup> )
Adenocarcinoma and related conditions	0.2	1.1	( <sup>2</sup> ) ( <sup>2</sup> )	. 36	219	( <sup>2</sup> )
Malignant tumor, skin, NOS	0.1	0.2	0.1	12	32	12
Benign tumor <sup>3</sup>	38.2	4.8	158.6	7,412	926	30,770
Seborrheic keratosis	5.2	0.4	118.9	1,010	74	23,073
Precancers	12.1	2.5	136.0	2,347	493	13,704
Tumor, malignancy unknown	0.4 4.8	0.1 5.9	( <sup>2</sup> )	72	16	( <sup>2</sup> )
Urticaria	4.8	3.3	21.8 ( <sup>2</sup> )	933 52	1,141 639	4,235 ( <sup>2</sup> )
Other aliergy	0.0	0.1	(2)		20	(2)
Diseases of thyroid glands	-	0.0	( <sup>2</sup> )	-	5	(2)
Diabetes mellitus	0.9	0.3	(2)	184	57	(2)
Other endocrine disorders	0.1 0.0	0.1	( <sup>2</sup> ) 0.1	29	- 11	( <sup>2</sup> ) 28
Lipoidoses and other metabolic diseases	1.2	0.1	4.7	1 235	31	904
Anemias		0.1	(2)		14	( <sup>2</sup> )
Other blood dyscrasias	0.6	0.0	41.5	116	5	8,053
Psychophysiological and related conditions	3.6	0.4	( <sup>2</sup> )	703	69	( <sup>2</sup> )
Diseases of nerves	0.6	0.0	( <sup>2</sup> ) 17.0	123	2	( <sup>2</sup> ) 3,298
Diseases of eyes (arcus serinis, etc.)	0.0	0.1	0.4	29	27	80
Rheumatic fever	0.1	-	( <sup>2</sup> )	24		(2)
Diseases of arteries, connective tissue	1.0	0.1	7.5	195	24	1,449
Diseases of veins	7.5	1.1	88.1	1,464	218	17,087
Other diseases of circulatory system	1.0 2.4	0.0 1.4	181.7 59.6	188 462	9 268	32,250 11,557
Diseases of genito-urinary system	0.3		1.8	56	200	358
Infections of skin, subcutaneous tissue	15.9	10.4	44.1	3,081	2,008	8,552
Seborrheic dermatitis	28.5	4.1	88.2	5,520	801	17,101
Eczema	6.8	8.3	11.2	1,325	1,608	2,176
Contact and other dermatitides703 Pemphigus and related conditions	13.6 0.2	31.9 0.0	40.3 ( <sup>2</sup> )	2,641 48	6,184 2	7,810 ( <sup>2</sup> )
Erythemas	4.7	0.7	6.6	915	139	1,285
Psoriasis	8.8	5.1	5.5	1,710	992	1,076
Lichen planus and related conditions	0.8	0.1	139.8	156	20	27,122
Pruritis and related conditions	13.7	7.7	12.1	2,663	1,500	2,349
Other hypertrophic and atrophic skin conditions	3.2 21.8	0.2	153.7 410.9	622 4,234	41 211	29,818 79,708
Diseases of nails	2.7	0.2	( <sup>2</sup> )	522	44	(2)
Diseases of hair, hair follicles713	15.8	2.1	34.7	3,067	408	6,729
Diseases of sweat, subcutaneous glands	87.0	19.3	122.5 ( <sup>2</sup> )	16,878	3,735	23,754
Chronic ulcers of skin	0.2 27.5	0.3 4.1	488.7	32 5,340	63 788	( <sup>2</sup> ) 94,787
Diseases of bones, organs of movement	0.2	0.1	( <sup>2</sup> )	35	14	( <sup>2</sup> )
Congenital malformations	4.1	0.4	12.1	789	72	2,339
Diseases of early infancy	-	0.0	( <sup>2</sup> )		9	(2)
Symptoms, senility, and ill-defined conditions	1.9	0.3	20.7	378	53	4,016
Injuries, adverse effects of chemicals, and other external conditions such as sun- burn	3.7	1.3	0.1	713	260	29
000-939	3.7	1.0	0.1	713	200	49

<sup>1</sup>See reference 8.
 <sup>2</sup>Condition not specifically identifiable on record.
 <sup>3</sup>Excludes seborrheic keratosis (22X44X) which is listed with benign tumors in the NYU classification.

NOTE: NOS  $\approx$  not otherwise specified.

Table 7. Prevalence of skin conditions of concern (complaints), significant skin pathology of concern and not of concern to the affected individual, and nonsignificant skin pathology of concern to the individual among persons 1-74 years, by age and sex, showing rates, selected standard errors, and number of persons affected: United States, 1971-1974

		Both	sexes			Ma	ale			Fe	male	
Age	Skin con-	Significa patholo		Nonsig- nificant	Skin con-	Significa patholo		Nonsig- nificant skin	Skin con- dition	Significant skin pathology of:		Nonsig- nificant skin
- 95-	dition of con- cern	Con- cern	No con- cerл	skin pathol- ogy of concern	dition of con- cern	Con- cern	No con- cern	pathol- ogy of concern	of con- cern	Con- cern	No con- cern	pathol- ogy of concern
	<b>_</b>	Rate per 1,000 population										
Total, 1-74 years	118.2	97.1	215.3	21.1	128.2	108.0	231.8	20.2	108.8	86.9	199.7	21.9
1-5 years 6-11 years 12-17 years 18-24 years 25-34 years 35-44 years 45-54 years 55-64 years 65-74 years	40.4 46.2 148.1 150.0 134.0 130.6 141.0 122.6 136.6	30.8 40.4 126.8 116.5 107.1 108.9 113.4 97.3 126.2	111.5 133.8 235.2 248.6 210.9 219.3 243.4 264.6 283.3	9.6 5.8 21.3 33.5 26.9 21.7 27.6 25.3 10.4	33.2 51.3 139.2 159.0 148.8 146.5 184.5 130.5 155.8	28.0 46.0 120.5 124.5 121.8 125.0 152.7 111.8 144.1	107.9 136.4 243.1 268.9 236.6 210.8 285.3 312.5 323.6	10.2 5.3 18.7 34.5 27.0 21.5 31.8 18.7 11.7	47.9 41.0 157.3 141.5 120.5 116.0 100.9 115.4 122.2	33.8 34.6 133.4 109.1 93.6 94.2 77.3 84.4 112.6	115.0 131.3 227.0 229.4 187.6 226.9 205.0 221.8 252.9	14.1 6.4 23.9 32.4 26.9 21.8 23.6 31.0 9.6
Total, 1-74 years	7.58	6.23	13.82	1.35					7.64	<b>i</b> 6.10	14.02	<b>i</b> 1.61
			N	umber of p	ersons (in t	housands)	with one	or more suc	h conditio	ns		
Total, 1-74 years	22,929	18,841	41,760	4,088	12,072	10,168	21,820	1,904	10,857	8,673	19,940	2,184

Table 8. Prevalence rates for skin conditions of concern (complaints), all types and the most frequently reported types, among persons 1-74 years, by sex and part of bod affected: United States, 1971-1974	y
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		Both	sexes		Ī	Ma	le			Fen	nale	
Condition and NYU code <sup>1</sup>	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other
					Rate	per 1,00	0 popul	ation				
Skin conditions of concern, total Skin conditions of concern with site and type specified	118.2 113.6	10.8 10.8	17.9 17.9	84.9 84.9	128.2 127.7	12.6 12.6	27.6 27.6	87.5 87.5	108.8 100.3	9.0 9.0	8.8 8.8	82.5 82.5
Diseases of sebaceous glands	28.2 23.6 1.7 0.3 0.9	0.1 0.1 - -	0.1 0.1 0.0 - 0.1	28.0 23.4 1.7 0.3 0.8	29.0 23.1 3.1 - 0.8	-	0.0 0.0 0.0	29.0 23.1 3.1 0.8	27.5 24.1 0.3 0.7 0.9	0.2 0.2 - 0.0	0.2 0.1 - - 0.1	27.1 23.8 0.3 0.7 0.8
Dermatophytoses	21.6 9.7 4.5 2.7 3.2	1.1 0.1 0.2	12.5 9.3 3.1 -	8.0 0.3 1.2 2.7 3.2	35.9 17.8 5.7 3.5 6.3	1.8 0.2 0.3 -	21.3 17.1 3.8 -	12.8 0.5 1.6 3.5 6.3	8.2 2.0 3.2 2.0 0.2	0.4 0.0 0.2 -	4.4 2.0 2.3 -	3.4 0.0 0.7 2.0 0.2
Tumors <sup>2</sup> 19X,22X,23X,23Y         Malignant       19X         Basal-cell epithelioma       19X1         Benign <sup>2</sup> 22X         Lipoma       22X959         Precancerous and not specified       23X,23Y         Actinic keratosis       23X081	8.1 2.0 1.7 2.4 0.1 3.7 3.1	0.6 0.0 0.1 0.5 0.5	0.4 0.1 0.2 0.0 0.1	7.1 1.9 1.6 2.1 0.1 3.1 2.6	8.3 2.3 2.1 1.5 0.2 4.5 3.8	0.5 - - 0.5 0.5	0.2 0.2 0.2	7.6 2.1 1.9 1.5 0.2 4.0 3.3	8.1 1.8 1.3 3.4 0.0 2.9 2.4	0.8 0.1 0.3 0.4 0.4	0.5 0.4 0.0 0.1	6.8 1.7 1.3 2.7 0.0 2.4 2.0
Seborrheic dermatitis	5.4 5.4	0.1 0.1	0.0 0.0	5.3 5.3	4.8 4.8	0.2 0.2	0.1 0.1	4.5 4.5	5.9 5.9	-	-	5.9 5.9
Atopic dermatitis, eczema	10.8 4.5 1.9 1.1 0.8 1.6	3.1 0.6 0.1 1.1 0.2 1.0	1.3 0.1 0.2 0.2 0.5	6.4 3.8 1.6 0.4 0.1	11.7 5.1 2.1 1.0 0.8 2.1	3.4 0.8 1.0 0.3 1.0	1.9 0.1 0.4 0.3 1.1	6.4 4.2 1.7 - 0.2	10.0 3.8 1.8 1.2 0.8 1.2	3.0 0.3 0.1 1.2 1.0	0.6 0.1 0.0 - 0.0	6.4 3.4 1.7 0.8 0.2
Contact dermatitis703	6.4	2.5	0.4	3.5	6.9	2.7	0.6	3.6	5.9	2.3	0.2	3.4
Ichthyosis, keratosis710130,710150	1.3	-	-	1.3	1.3	-	-	1.3	1.3	-	-	1.3
Verruca vulgaris696030	1.4	0.8	0.2	0.4	0.9	0.3	0.1	0.5	1.8	1.3	0.2	0.3
Folliculitis	1.8	-	-	1.8	2.7		-	2.7	0.9	-	-	0.9
Psoriasis	3.8	0.5	0.0	3.3	3.8	0.7	· ·	3.1	3.8	0.2	0.1	3.5
Seborrheic keratosis	0.7		-	0.7	0.4	· -	-	0.4	1.1		-	1.1
Vitiligo	1.4	0.1	0.0	1.3	0.7	0.1	0.1	0.5	2.0	0.0	0.0	2.0
Urticaria (hives, etc.)242-243	1.4	-	· -	1.4	0.6	-	-	0.6	2.2		-	2.2
Herpes simplex096	0.8	-	-	0.8	0.6		-	0.6	0.9	-	-	0.9
All other conditions	20.5	1.9	3.0	15.6	20.1	2.9	3.3	13.9	20.7	0.8	2.6	17.3
Type and location not specified	4.6				0.5			••••	8.5			

 $^1 See$  reference 8.  $^2 Excludes$  seborrheic keratosis (22X44X) which is listed with benign tumors in the NYU classification.

		1-5 ,	/ears			6-11	years			12-17	years	<u></u>
Condition and NYU code <sup>1</sup>	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other
		u			Rate	per 1,00	luqoq 0	ation		J	اليوجي المراجع	·
Skin conditions of concern, total Skin conditions of concern with site and type specified	40.4 34.8	0.5	1.1	33.2	46.2 42.6	6.2	5.7	30.7	148.1 141.6	8.3	6.5	126.8
Diseases of sebaceous glands	1.7 - - 0.8	-		1.7 - - 0.8	2.2 0.8 - 1.3	-	-	2.2 0.8 - 1.3	86.4 79.3 1.2 0.9 0.1	0.7 0.7 - -		85.7 78.6 1.2 0.9 0.1
Dermatophytoses	0.8 - - -	-		0.8 - - -	3.1 2.1 0.2		1.7 1.7 - -	1.4 0.4 - 0.2	9.0 2.4 3.2 2.8	0.7 - - -	2.4 2.4 - -	5.9 - 3.2 2.8
Tumors <sup>2</sup> 19X,22X,23X,23Y         Malignant       19X         Basal-cell epithelioma       19X1         Benign <sup>2</sup> 22X         Lipoma       22X959         Precancerous and not specified       23X,23Y         Actinic keratosis       23X081	2.5 - 2.5 -	-	0.5	2.0 - 2.0 - -	1.9 - 1.2 - 0.7		-	1.9 - 1.2 - 0.7	4.4 - 4.4 -	0.8 - - - -	0.8 - 0.8 -	2.8 - 2.8 -
Seborrheic dermatitis	2.7 2.7		-	2.7 2.7	0.6 0.6	-	-	0.6 0.6	2.0 2.0	-	-	2.0 2.0
Atopic dermatitis, eczema	10.9 8.3 - 0.7 -	0.1	0.5 0.2 - -	10.3 8.1 0.7	14.5 10.0 - 1.3 1.9	1.7 - - 1.0	2.3 0.3 1.3 0.2	10.5 9.7 - - 0.7	8.4 5.8 1.7 - 0.6	1.9 1.5 - -	0.4 0.4 -	6.1 4.3 1.3 0.6
Contact dermatitis703	3.9	- 1	-	3. <del>9</del>	3.7	0.6	· -	3.1	5.5	1.4	0.7	3.4
Ichthyosis, keratosis710130,710150	0.1	-	-	0.1	2.7	-	-	2.7	3.4	-	-	3.4
Verruca vulgaris	-	-	-	-	6.8	3.9	0.9	2.0	3.1	1.3	0.6	1.2
Folliculitis713908	-	-	-	-	0.3	-	-	0.3	0.5	-	-	0.5
Psoriasis	0.6	-	- 1	0.6	0.6	-	-	0.6	2.2	-	-	2.2
Seborrheic keratosis	-	-	-	-	•	-	-	-		-		
Vitiligo	-	-	- (	-	0.5	-	-	0.5	0.2	-	-	0.2
Urticaria (hives, etc.)242-243	1.2	-	-	1.2	-	-	-	-	1.9	-	-	1.9
Herpes simplex	0.9	-	-	0.9	•	-	-	-	1.9	.	-	1.9
All other skin conditions	9.5	0.4	0.1	9.0	5.7	- 1	0.8	4.9	12.7	1.5	1.6	9.6

Table 9. Prevalence rates for skin conditions of concern (complaints), all types and the most frequently reported types, among persons 1-74 years, by age and part of body affected: United States, 1971-1974

See footnotes at end of table.

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Table 9. Prevalence rates for skin conditions of concern	(complaints), all types and the most frequently reported types, among persons 1-74 years, by age and part of boo	dv
	affected: United States, 1971-1974—Con.	

Condition and NYU code <sup>1</sup>		18-24	years			25-34	years			35-44	years	
	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other
					Rate	per 1,00	00 popul	ation	. <u></u>	· · · · · · · · · · · · · · · · · · ·	A	<b></b>
Skin conditions of concern, total Skin conditions of concern with site and type specified	150.0 141.0	9.1	13.2	118.7	134.0 131.1	16.2	22.2	92.7	130.6 130.9	15.3	31.3	84.3
Diseases of sebaceous glands	71.4 64.0 4.8 0.9 0.2		-	71.4 64.0 4.8 0.9 0.2	35.4 28.5 4.5 0.9 0.3	-	0.1 0.1 - -	35.3 28.4 4.5 0.9 0.3	17.6 12.7 2.7 0.1 0.5	-	0.5 0.4 0.1	17.1 12.3 2.6 0.1 0.5
Dermatophytoses	15.6 3.6 2.7 3.9 5.1	0.3 - - -	5.8 3.5 2.3 -	9.5 0.1 0.4 3.9 5.1	27.7 13.9 4.5 4.0 5.1	0.1 - -	14.9 13.8 1.1	12.7 0.1 3.4 4.0 5.1	39.8 20.7 5.1 3.6 5.5	5.0 1.6 -	23.1 18.8 3.5 -	11.7 1.9 3.6 5.5
Tumors <sup>2</sup>	4.2 3.4	0.1 - - 0.1	0.4 - -	3.7 3.3	1.5 - 1.5 -	0.1 - - 0.1		1.4 - 1.4	3.6 0.2 0.2 1.8	-	-	3.6 0.2 0.2 1.8
Precancerous and not specified	0.8 0.4	-	0.4 -	0.4 0.4	-	-	-	-	1.6 0.2		-	1.6 0.2
Seborrheic dermatitis	2.8 2.8	-	•	2.8 2,8	9.9 9.9	-	0.2 0.2	9.7 9.7	5.9 5.9		-	5.9 5.9
Atopic dermatitis, eczema	7.7 4.6 0.1 - 0.3 2.8	2.3 1.1 0.1 1.2	1.7 0.1 1.6	3.7 3.4 0.0 - 0.3	16.4 5.3 2.0 4.0 0.4 2.7	7.5 1.2 0.3 4.0 -	2.4 0.4 0.4 - 1.3	6.5 3.7 1.3 - 0.4	9.2 0.6 2.7 1.2 0.4 3.4	3.9 - 1.2 0.4 2.0	1.4 - - 1.4	3.9 0.6 2.7
Contact dermatitis703	8.7	4.6	0.8	3.3	6.7	3.6	0.7	2.4	10.3	3.3	0.8	6.2
Ichthyosis, keratosis710130,710150	0.6	•	•	0.6	0.5	-	- [	0.5	0.8	·	-	0.8
Verruca vulgaris696030	1.0	1.0		-	0.2	0.1	-	0.1	0.4	0.4	-	. ·
Folliculitis	4.6	-	-	4.6	2.0	-	-	2.0	5.2	-	-	5.2
Psorjasis	3.1	-	-	3.1	3.9	1.8	-	2.1	1.8	-	-	1.8
Saborrhaic keratosis	0.9	-	-	0.9	0.7	-	-	0.7	- ]	-	-	•
Vitiligo716210	1.1	•	-	1.1	1.6	-	-	1.6	1,0	-	-	1.0
Urticaria (hives, etc.)	1.6	- [	- [	1.6	0.3	- [	-	0.3	1.2	-	- [	1.2
Herpes simplex	1.6	-	-	1.6	0.4	-	-	0.4	1.7	-	-	1.7
All other skin conditions	16.1	0.8	4.5	10.8	23.9	3.0 l	3.9	17.0	32.4	2.7	5.5	24.2

See footnotes at end of table.

Table 9. Prevalence rates for skin conditions of concern (complaints), all types and the most frequently reported types, among persons 1-74 years, by age and part of affected: United States, 1971-1974-Con.	body
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Condition and NYU code <sup>1</sup>		45-54	4 years			55-64	4 years			65-74 years			
	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other	
					Rate	e per 1,0	00 popu	lation		и	L	I	
Skin conditions of concern, total Skin conditions of concern with site and type specified	141.0 137.2	13.6	39.4	84.2	122.6 114.4	15.1	18.1	81.2	136.6 134.5	9.7	22.1	102.	
Diseases of sebaceous glands7141-7149	2.9			2.9	5.4		0.4	5.0					
Acne vulgaris	0.7	-	-	0.7	0.2		0.4	0.2	2.7 0.2	0.2	0.3	2. 0.	
Xerosis	2.2	-		2.2	1.2	-	0.4	0.8	- 1.8	0.2	- 0.3	1.	
Dermatophytoses	49.6	2.3	37.5	9.8	22.9	0.5						1	
linea pedis	25.6	0.9	24.7	3.0	5.8	0.5	10.1 5.8	12.3	21.8 11.0	0.3	16.3 11.0	5.3	
Tinea unguium	12.8	-	12.1	0.7	8.2	0.2	4.2	3.8	8.0	0.1	5.3	2.6	
Tinea versicolor	3.9 2.9	-	-	3.9 2.9	4.1	•	-	4.1	0.4		5.5	0.4	
Tumors <sup>2</sup>					4.3	-	-	4.3	0.8	-	-	0.8	
Malignant	14.6	1.1		13.5	19.6	1.5	1.1	17.0	34.6	3.2	0.5	30.9	
Basal-cell epitheliome	7.5	- 1	•	7.5	5.2	-	1.1	4.1	8.5	0.6	0.5	7.9	
Basal-cell epithelioma19X1 Benim <sup>2</sup>	7.5	-	-	7.5	3.9	-	1.1	2.6	6.1	0.0	_	6.1	
Benign <sup>2</sup>	2.4	l •	-	2.4	1.4	-		1,4	3.7	0.1	0.5	3.1	
Lipoma	•	-	-		0.2			0.2	1.2	0.1	0.5		
Precancerous and not specified	4.7	1.1	-	3.6	13.0	1.5		11.5	22,4	2.5	0.1	1.1	
Actinic keratosis	4.7	1.1	-	3.6	11.5	1.5	-	10.0	20.4	2.5		19.9 17.9	
Seborrheic dermatitis	12.3	0.9											
Seborrheic dermatitis, type not indicated	12.3	0.9	-	11.4 11.4	4.4 4.4	:	-	4.4 4.4	7.6 7.6	:	:	7.6 7.6	
Atopic dermatitis, eczema	9.0	3.8	0.3	4.9	8.9	3.6	0.7	4.7	40 -				
Atopic dermatitis	1.3			1.3	1.8	0.8	0.7		10.5	1.3	0.5	8.7	
Lichen simplex chronicus	3.0		0,2	2.8				1.0	1.2		•	1.2	
Hand eczema	1.7	1.7	0.2	2.8	4.4		0.7	3.7	4.9	-	-	4.9	
Nummular eczema701010	0.7	1.7	•		1.6	1.6	- 1	•	1.0	1.0	-	-	
Dyshidrotic eczema		2.1		0.7	1.1	1.1	-	-	2.5	-	.	2.5	
	2.2	2.1	0.1	•	-	-	-	·	0.2	0.2	-		
Contact dermatitis703	4.4	2.3	-	2.1	8.3	4.2	-	4.1	5.8	1.7	-	4.1	
chthyosis, keratosis710130,710150	-	-	-	-	1.6	-	-	1.6	1.5	-	-	1.5	
/erruca vulgaris696030	-		-		-	-	-		.	_	_		
olliculitis	0.8	-	.	0.8	1.5	-	-	1.5	_				
soriasis706090	10.4	0.9		9.5	7.2	1.2	_	6.0	4.9	ĺ	0.6	-	
eborrheic keratosis	0.9		.	0.9	1.2		_	1.2	4.7		0.0	4.3	
itiligo716210	2.9			2.9	2,7	0.2	-	2.5				4.7	
rticaria (hives, etc.)	2.8	_	-	2.8	2.5	0.2		2.5	3.3	0.6	0.6	2.1	
erpes simplex		.	.		2.0		-	2.5	1.4	-	-	1.4	
Il other skin conditions	26.6	2.3	1.6	22.7	43.9		-		-	•	-		
<sup>1</sup> See reference 8			1.0	44.1	43.9	3.9	5.8	18.4	35.7	2.4	3.3	30.0	

 $^{1}$ See reference 8.  $^{2}$ Excludes seborrheic dermatosis (22X44X) which is listed with benign tumors in the NYU classification.

Table 10. Prevalence rates for skin conditions of concern (complaints), all types and the most frequently reported types, among males 1-74 years, by age and part of body affected: United States, 1971-1974
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						Ma	ile					
Condition and NYU code <sup>1</sup>		1-5 y	rears			6-11	ears			12-17	years	
	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other
					Rate	per 1,00	0 popula	ation				
Skin conditions of concern, total Skin conditions of concern with site and type specified	33.2 28.9	0.7	0.1	28.1	51.3 48.0	6.1	 7.3	34.6	139.2 139.0	9.1	9.8	120.1
Diseases of sebaceous glands7141-7149 Acne vulgaris	0.2	•	-	0.2	1.9 - -	-	-	1.9 - -	83.3 74.1 2.1	•	-	83.3 74.1 2.1
Acne scars	0.2	-	•	0.2	- 1.9	-	-	- 1.9	0.2	-	•	0.2
Dermatophytoses	0.2	-	-	0.2	4.1 4.1	-	3.3 3.3	0,8 0,8	14.7 4,6	1.4 -	4.6 4.6	8.7 -
Tinea unguium1312 Tinea versicolor131910 Tinea cruris	-	-	-	•		-	-	-	3,2 5.5	-	:	3.2 5.5
Tumors <sup>2</sup>	1.3	-	-	1.3	1.9 -	-	-	1.9		-	-	-
Basal-cell epithelioma	1.3	-	-	1.3	0.4 1.5		-	0.4 - 1.5	-	-	-	-
Precancerous and not specified		-	-	0.5	1.2	-	-	1.2	2.7	-	-	2.7
Seborrheic dermatitis700 Seborrheic dermatitis, type not indicated700010	0.5 0.5		-	0.5	1.2			1.2	2.7	- 3.0	- 0.8	2.7
Atopic dermatitis, eczema	6.1 5.0	-	-	6.1 5.0	22.3 15.8	3.4	2.9	16.0 15.8	9.8 0.8	3.0	0.8	6.8
Hand eczema701000 Nummular eczema701010 Dyshidrotic eczema701030		-		-	2.6 2.3	2.0	2.6 0.3			-		
Contact dermatitis703	4.8	-	-	4.8	4.2	1.2	-	3.0	5.6	2.7	1.4	1.5
Ichthyosis, keratosis710130,710150	0.2	-	-	0.2	3.2	-	-	3.2	2.3	-	-	2.3
Verruca vulgaris696030		-	-	-	3.8	1.5	1.1	0.7	2.4 1.0			2.4
Folliculitis	1.3	· ·	-	1.3	0.7	-		1.2				
Psoriasis	1.3				··						- 1	-
Vitiligo					1.1	-	.	1.1	0.3			0.3
Urticaria (hives, etc.)242-243	1.7		.	1.7	-	-	.	.	· ·	-	-	.
Herpes simplex096	1.0	-	.	1.0	-	-	-		3.4		-	3.4
A <sup>1</sup> other skin conditions	11.6	0.7	0.1	10.8	2.4	11 -	-	2.4	12.7	2.0	3.0	7.7

See footnotes at end of table.

Table 10. Prevalence rates for skin conditions of concern (complaints), all types and the most frequently reported types, among males 1-74 years, by age and part of body affected: United States, 1971-1974-Con.

	Male												
Condition and NYU code <sup>1</sup>		18-24	years			25-34	years			35-44	years		
	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other	
					Rate	e per 1,00	0 popula	ation					
Skin conditions of concern, total Skin conditions of concern with site and type specified	159.0 151.3	13.0	21.7	116.6	148.8 151.4	16.4	38.1	96.9	146.5 156.5	16.8	49.5	90.2	
Diseases of sebaceous glands	76.6 67.6 8.8 -	-		76.6 67.6 8.8	36.0 25.1 9.1			36.0 25.1 9.1 -	17.4 11.0 4.7 -	-	0.3 0.3	17.1 11.0 4.4 -	
Dermatophy toses	25.5 7.2 3.4 4.2 10.6	-	10.7 7.2 3.4	14.8 - 4.2 10.6	49.4 23.4 8.9 6.4 10.7	-	25.7 23.4 2.3 - -	23.7 6.6 6.4 10.7	70.9 40.8 4.2 4.8 11.1	8.7 2.1	40.6 36.9 2.1 -	21.6 3.9 4.8 11.1	
Tumors <sup>2</sup> 19X,22X,23X,23Y         Malignant       91X         Basal-cell epithelioma       19X1         Benign <sup>2</sup> 22X         Lipoma       22X959         Precancerous and not specified       23X,23Y         Actinic keratosis       23X081	2.1 - 2.1 -		-	2.1 - 2.1 -	1.2 - 1.2 -			1.2 - 1.2 -	3.1 - - 3.1 0.5			3.1 - - 3.1 0.5	
Seborrheic dermatitis	1.1 1.1	- -	-	1.1 1.1	8.3 8.3	-	0.5 0.5	7.8 7.8	3.3 3.3	-	-	3.3 3.3	
Atopic dermatitis, eczema	7.4 3.0 - - 4.5	2.7 1.5 - - 1.3	3.2 - - 3.2	1.5 1.5 - - -	16.4 5.5 2.8 3.1 2.8	4.8 1.7 3.1	4.5 0.9 0.8 - 2,8	7.1 2.9 2.0 -	8.1 - 0.6 0.8 6.6	5.2 0.6 0.8 3.7	2.9 - - 2.9		
Contact dermatitis	13.1	7.6	1.6	3.9	4.8	3.5	-	1.3	6.0	-	1.6	4.4	
Ichthyosis, keratosis710130,710150	-		-		0.8	-	-	0.8	1.7			1.7	
Verruca vulgaris696030	1.0	1.0	- 1	-	-	- 1	.	-		-	-	-	
Folliculitis713908	6.2	- 1	-	6.2	4.2		} -	4.2	9.5	-	-	9.5	
Psoriasis	2.4		-	2.4	7.3	3.7	} -	3.6	1.8	-	.	1.8	
Seborrheic keratosis22X44X	1.9	· -	-	1.9	· ·	-	-	-	-		-	-	
Vitiligo		<b>  </b> .	-	.	0.8	-	-	0.8		-	-	-	
Urticaria (híves, etc.)242-243	0.4	-	-	0.4	- 1		-		-	-	-	ļ	
Herpes simplex	-	-	-	-	].	-	-	-	0.9	-	-	0.9	
All other skin conditions	13.6	1.7	6.2	5.7	22.2	4.4	7.4	10.4	33.8	2.9	4.1	26.8	

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See footnotes at end of table

Table 10. Prevalence rates for skin conditions of concern (complaints), all types and the most frequently reported types, among males 1-74 years, by age and part of body
affected: United States, 1971-1974–Con.

					-	Ma	ale						
Condition and NYU code <sup>1</sup>		45-54	years			55-64	years			65-74	years		
	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other	
·····					Rate	per 1,00	0 populi	ation					
Skin conditions of concern, total Skin conditions of concern with site and typespecified	184.5 185.8	19.5	66.0	100.3	130.5 128.1	21.7	28.5	 77.9	155.8 152.3	6.4	22.4	123.5	
Diseases of sebaceous glands	3.4 1.5 - 1.9	-		3.4 1.5 - 1.9	7.3 0.3 1.8		-	7.3 0.3 - 1.8	2.7 0.5 1.3	-	0.2 - - 0.2	2.5 0.5 1.1	
Dermatophy toses	86.4 49.4 16.7 6.1 5.2	4.4 1.6 -	66.0 47.8 16.7 -	16.0 - 6.1 5.2	36.0 10.5 12.8 3.4 8.7	0.6 - - -	18.5 10.5 8.0 -	16.9 - 4.8 3.4 8.7	28.8 17.5 6.8 0.9 1.8	0.7 - 0.2 -	19.7 17.5 2.2 -	8.4 4.4 0.9 1.8	
Tumors <sup>2</sup> 19X,22X,23X,23Y         Malignant       19X         Basal-cell epithelioma       19X1         Benign <sup>2</sup> 22X         Lipoma       22X959         Precancerous and not specified       23X,23Y         Actinic keratosis       23X081	22.9 9.9 9.9 5.0 - 8.0 8.0	2.4 - - 2.4 2.4		20.5 9.9 9.9 5.0 5.6 5.6	20.6 5.3 5.3 0.8 0.4 14.5 14.5	0.4 - - 0.4 0.4	2.4 2.4 2.4 -	17.8 2.9 2.9 0.8 0.4 14.1 14.1	42.4 10.2 7.5 4.7 2.2 27.5 25.1	2.9 - - 2.9 2.9	-	39.5 10.2 7.5 4.7 2.2 24.6 22.2	
Seborrheic dermatitis	16.5 16.5	1.9 1.9	-	14.6 14.6	2.7 2.7		-	2.7 2.7	6.9 6.9	-	-	6.9 6.9	
Atopic dermatitis, eczema	9.2 1.3 2.6 2.7 1.2	4.0 - 2.7		5.2 1.3 2.6 1.2	11.0 6.3 2.3 2.4	4.7 2.3 2.4	1.5 - 1.5 - -	4.8 4.8	11.5 0.7 10.6 - -	0.2		11.3 0.7 10.6 - -	
Contact dermatitis703	6.9	2.7	-	4.2	10.3	5.0	-	5.3	6.4	-	-	6.4	
Ichthyosis, keratosis710130,710150	-	-	-	-	1.1	-	-	1.1	1.6	-	.	1.6	
Verruca vulgaris696030	-	-	-		-	-	-	-	-		-	-	
Folliculitis713908	0.4	-	-	0.4	-	-	.	-	-	-	-	-	
Psoriasis	8.8	-	-	8.8	7.6	2.6	.	5.0	6.2	-	-	6.2	
Seborrheic keratosis	-	-	-	· ·	-	-	-	-	2.5	-	-	2.5	
Vitiligo	-	-	-	-	0.4	-	-	0.4	5.5	1.3	1.1	.3.1	
Urticaria (hives, etc.)242-243	2.7	-	-	2.7	-	-	-	-	1.3	-	•	1.3	
Herpes simplex096	.	-	-	·	-	-	-	-	·		•	-	
All other skin conditions	28.6	4.1	-	24.5	31.1	8.4	6.1	16.6	36.5	1.3	1.4	33.8	

 $^{1}See$  reference 8.  $^{2}Excludes$  seborrheic keratosis (22X44X) which is listed with benign tumors in the NYU classification.

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Table 11. Prevalence rates for skin conditions of concern (complaints), all types and the most frequently reported types, among females 1-74 years, by age and part of body
affected: United States, 1971-1974

	Female												
Condition and NYU code <sup>1</sup>		1-5 y	ears			6-11	years			12-17	years		
	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other	
					Rate	per 1,00	lo popul	ation					
Skin conditions of concern, total Skin conditions of concern with site and type specified.	47.9 41.0	0.2	2.2	38.6	41.0 37.2	6.3	4.1	26.8	157.3 144.4	7.5	2.9	134.0	
		0.2	2.2			0.0	4.1		89.6		2.00		
Diseases of sebaceous glands	3.4		-	3.4	2.6 1.6			2.6 1.6	84.7	1.4 1.4		88.2 83.3	
Cystic acne	-	-		-	-	-		-	0.2	-	-	0.2	
Acne scars	l - I		- 1	-	-		-	-	1.9	-	-	1.9	
Xerosis	1.4	-	-	1.4	0.7	•	-	0.7	- 1	-	-	-	
Dermatophytoses	1.3	- 1	-	1.3	1.9	-	-	1.9	3.0	- 1	-	3.0	
Tinea pedis	-		-	-	-	-	-	-	-	-	•	•	
Tinea unguium		•		-		· ·	-	0.3		-	-	3.0	
Tinea versicolor	•	- 1	-	-	0.3	· ·	•	0.3	3.0	-		3.0	
	-			-			-		וין	-			
Tumors <sup>2</sup>	3.9	-	1.1	2.8	1.9	·	-	1.9	9.2	1.7	1.7	5.8	
Malignant	-	- 1	-	- 1	- 1	· ·			( ·	i -	- 1		
Basar-cen epimenoma	3.9		1.1	2.8	1.9			1.9	9.2	1.7	1.7	5.8	
Lipoma	0.0			2.0		1				l			
Precancerous and not specified	.	1 -		-		1 -	-	۱ -	1 .	- I	<b>!</b> _	- 1	
Actinic keratosis23X081	-	-	-	-	-	•	-	•	-	-	-	-	
Seborrheic dermatitis700	5.1	-	-	5.1	-	- 1	-		1.1	-	-	1.1	
Seborrheic dermatitis, type not indicated	5.1	-	-	5.1	•	•	-	-	1.1	-	-	1.1	
Atopic dermatitis, eczema701,708300,708310,708320	15.7	0.2	1.1	14,4	6.6		1.8	4.8	6.3	0.8	-	5.5	
Atopic dermatitis	11.6	-	0.4	11.2	4.2	-	0.7	3.5	1.6		•	1.6	
Lichen simplex chronicus	· ·	-	•	-	-	•		· ·	2.6	· ·	- 1	2.6	
Hand eczema		· ·	-	1.4	•	-	•		1.2	-	-	1.2	
Nummular eczerna	1.4	- 1	-	1.4	1.3			1.3	1.2			1.2	
	-	-	-							-			
Contact dermatitis703	3.0	-	•	3.0	2.4	-	-	2.4	5.4	-	-	5.4	
Ichthyosis, keratosis710130,710150	.	-	•	•	2.1	-	-	2.1	4.3	-	· ·	4.3	
Verruca vulgaris	-	-	-	-	9.7	6.3	0.7	2.7	3.7	2.6	1.1	· -	
Folliculitis713908	-	-	-	-	-	-	- İ			-		-	
Psoriasis	-	-	-	-	-	-	-	-	4.4	-	-	4.4	
Seborrheic keratosis	_	-	-		-	-	-	- 1	-		-	-	
Vitiligo			-			-	-	.	-	-	-	-	
Urticaria (hives, etc.)242-243	0.7	-	-	0.7		-	-	-	3.8	- 1	-	3.8	
Herpes simplex	1.0	-	-	1.0		-	-	-	0.4	- 11	-	0.4	
All other skin conditions	6.9	-	-	6.9	10.4	-	1.6	8.4	13.2	1.0	0.1	12.1	

See footnotes at end of table.

## Table 11. Prevalence rates for skin conditions of concern (complaints), all types and the most frequently reported types, among females 1-74 years, by age and part of body affected: United States, 1971-1974-Con.

						Fen	nale	1.1				
Condition and NYU code <sup>1</sup>		18-24	years			25-34	years			35-44	years	
	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other
					Rate	e per 1,00	0 popul	ation				
Skin conditions of concern, total Skin conditions of concern with site and type specified	141.5 131.2	5.4	5.2	120.6	120.5 112.5	16.0	7.7	88.8	116.0 107.5	13.9	14.7	78.9
Diseases of sebaceous glands7141-7149 Acne vulgaris	66.6 60.6 1.0 1.7 0.4			66.6 60.6 1.0 1.7 0.4	34.8 31.5 0.3 1.6 0.6		0.1 0.1 - -	34.7 31.4 0.3 1.6 0,6	17.9 14.3 1.0 0.2 0.9	-	0.8 0.8 - -	17.1 13.5 1.0 0.2 0.9
Dermatophytoses	6.3 0.2 1.9 3.6	0.5 - - -	1.2 1.2	4.6 0.2 0.7 3.6	7.9 5.2 0.6 1.8 0.1	0.2 - - - -	5.1 5.1 - -	2.6 0.1 0.6 1.8 0.1	11.3 2.3 6.0 2.2 0.4	1.6 - 1.2 -	7.1 2.3 4.8 -	2.6 - 2.2 0.4
Tumors <sup>2</sup> 19X,22X,23X,23Y         Malignant       19X         Basal-cell epithelioma       19X1         Benign <sup>2</sup> 22X         Lipoma       22X959         Precancerous and not specified       23X,23Y         Actinic keratosis       23X081	6.3 4.7 1.5 0.7	0.2	0.8 - - 0.8 -	5.3 4.5 0.7 0.7	1.7 - 1.7 - -	0.2 - - 0.2 - -		1.5 - 1.5 - -	4.1 0.4 0.4 3.4 0.3	-	-	4.1 0.4 0.4 3.4 - 0.3
Seborrheic dermatitis700 Seborrheic dermatitis, type not indicated700010	4.4 4.4	-	-	4.4 4.4	11.5 11.5	-	-	11.5 11.5	8.3 8.3	-	-	8.3 8.3
Atopic dermatitis, eczema	8.0 6.0 0.3 - 0.6 1.3	1.9 0.7 0.2 - 1.2	0.2 0.2 - - 0.1	5.9 5.1 0.1 - 0.6	16.5 5.1 1.3 4.9 0.8 2.7	10.0 0.7 0.6 4.9 - 2.7	0.6 - - - -	5.9 4,4 0.7 - 0.8 -	10.2 1.1 5.3 1.8 0.5	2.8 - 1.8 -	-	7.4 1.1 5.3 -
Contact dermatitis703	4.7	1.8*	0.1	2.8	8.4	3.7	1.4	3.3	14.2	6.3	-	7.9
Ichthyosis, keratosis710130,710150	1.2	-	-	1.2	0.2	-	-	0.2	.	-	-	.
Verruca vulgaris696030	1.0	1.0	-	.	0.3	0.2	-	0.1	0.7	0.7	-	.
Folliculitis	3.1	-	-	3.1		-	.	-	1.3	-	-	1.3
Psoriasis	3.8	-	-	3.8	0.6	-	-	0.6	1.8	-	-	1.8
Seborrheic keratosis	.	-	-	-	1.4	-	-	1.4	-	-		-
Vitiligo	2.1	-	-	2.1	2.4	-	-	2.4	1.9	-	•	1.9
Urticaria (hives, etc.)242-243	2.8	-	-	2.8	0.6	-	-	0.6	2.4	-		2.4
Herpes simplex096	3.1	-	-	3.1	0.9			0.9	2.4	-	-	2.4
All other skin conditions	17.8	-	2.9	14.9	25.3	1.7	0.5	23.1	31.0	2.5	6.8	21.7

See footnotes at end of table

Table 11. Prevalence rates for skin conditions of concern (complaints), all types and the most frequently reported types, among females 1-74 years, by age and part of body
affected: United States, 1971-1974—Con.

	Female													
Condition and NYU code <sup>1</sup>		45-54	years			55-64	years			65-74	years			
	Total	Hand	Foot	Other	Total	Hand	Foot	Other	Total	Hand	Foot	Other		
					Rate	per 1,0	00 popul	ation						
Skin conditions of concern, total Skin conditions of concern with site and type specified	100.9 92.4	8.1	14.8	69.5	115.4 102.1	9.1	8.8	84.2	122.2 121.0	12.2	21.8	87.0		
Diseases of sebaceous glands	2.5		-	2.5	3.7		0.7	3.0 -	2.6	0.3	0.4	1.9		
Cystic acne	2.5		-	2.5	0.7		0.7	-	- - 1.9		0.4	1.2		
Dermatophy toses	15.7	0.2	11.4	4.1	11.0	0.4	2.6	8.0	16.4		13.7	2.7		
Tinea pedis	3.7 9.3 1.9	0.2 - -	3.5 7.9	1,4 1,9	1.7 4.2 4.7	0.4	1.7 0.9	2.9 4.7	6.0 9.1 -	-	6.0 7.7 -	1.4		
Tinea cruris	0.8 7.0		•	0.8 7.0	0.4 18.6	2.4	•	0.4 16.2	- 28.6	3.4	- 0.8	24.4		
Malignant	5,3 5,3	-	-	5.3 5.3	5.2 2,4 1.9	- -		5.2 2.4 1.9	7,3 5,1 2,7	1.1 0.1	- - 0.8	6.2 5.1 1.8		
Lipoma	- 1.7 1.7	-	-	1.7 1.7	- 11.5 8.7	2.4 2.4	-	- 9.1 6.3	0.2 18.6 16.8	2.2 2.2 2.2	0.1 - -	0.1 16.4 14.6		
Seborrheic dermatitis	8.6 8.6		-	8.6 8.6	5.9 5.9			5.9 5.9	8.2 8.2	-	-	8.2 8.2		
Atopic dermatitis, eczema701,708300,708310,708320 Atopic dermatitis708310 Lichan simplex chronicus	8.9 1.3 3,4	3.7	0.6 0.3	4.6 1.3 3.1	6.9 3.4 2.6	2.5 1,5	-	4.4 1.9 2.6	9,9 1,6 0,7	2,2	0.8	6.9 1.6 0.7		
Hand eczema701000 Nummular eczema	0.8 0.2 3.1	0.8 2.9	0.2	0,2	1.0 - -	1.0	-	-	1,8 4,4 -	1,8 - -	- - -	4.4		
Contact dermatitis	2.0	1.9	-	0.1	5.0	2.1	-	2.9	5.3	3.0	-	2.3		
Ichthyosis, keratosis710130,710150	-	-		-	1.9	-	-	1.9	1.4	-	-	1.4		
Verruca vulgaris	-	•	-	-	-	-	-	-	-	-	-	-		
Folliculitis	1,1	] -	-	1.1	2.8		-	2.8	-	-	-	-		
Psoriasis	12.0	1.7	-	10.3	7.0	•	-	7.0	4.0	-	1.1	2.9		
Seborrheic keratosis 22×44×	1.7	•	•	1.7	2.2	-	•	2.2	6.3	-	-	6.3		
Vitiligo	5.5	-	•	5.5	4.6	0.3	-	4.3	1.6	0.1	0.1	1.4		
Urticaria (hives, etc.)242-243	3.0	-	-	3.0	4.7	-	•	4.7	1.5	-	-	1.5		
Herpes simplex	·	•	-	•	-	-	•	-		-	-	-		
All other skin conditions	24.4	0.6	2.8	21.0	27.8	1.4	5.5	20.9	35.2	3.2	4.9	27.1		

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<sup>1</sup>See reference 8, <sup>2</sup>Excludes seborrheic keratosis (22X44X) which is listed with benign tumors in the NYU classification.

Table 12. Prevalence of skin conditions of concern (complaints) among persons 1-74 years, by recurrence, duration, handicap, disfigurement and discomfort from condition, age and sex of persons affected, showing rates, selected standard errors, and number of persons affected: United States, 1971-1974

										,		
Age and sex	Recur- rent	Active in past year	Present less than 2 γears	Limits activ- ity	Handi- cap to employ- ment or house- work	Pre- cludes pre- ferred employ- ment	Social handi- cap	Some dis- figure- ment	Some pain or burn- ing	Some itching	Some motion limita- tion	Some overall discom fort
					Ra	te per 1,000	0 populati	on				
Both sexes, 1-74 years	62.8	77.1	12.3	10.5	10.2	1.5	35.1	71.4	22.6	46.7	5.6	59.2
1-5 years	14.6	22.0	9.0	2.9	0.6	1.0	3.0	19.5	10.2	20.0	2.1	20.0
6-11 years	20.9	26.3	11.6	5.5	1.2	0.7	7.4	21.3	6.9	23.0	2.7	25.7
12-17 years	77.8	100.4	25.5	12.4	6.9	2.2	68.8	99.6	19.7	41.9	4.9	71.0
18-24 years	76.5	97.1	17.4	14.4	16.5	0.7	62.5	93.4	28.7	36.6	8.2	64.8
25-34 years	88.7	100.4	10.5	11.8	16.8	3.0	44.2	80.9	32.9	60.0	8.0	69.4
35-44 years	74.8	85.9	7.7	12.3	11.9	0.2	35.3	79.0	26.4	56.3	6.4	71.3
45-54 years	70.4	83.2	8.3	8.2	9.1	1.8	26.2	73,3	27.0	72.1	3.1	77.3
55-64 years	58.0	75.6	8.4	14.1	14.9	1.6	27.1	80.7	22.6	51.8	5.3	55.2
65-74 years	68.0	89.8	8.0	11.6	12.6	2.2	22.0	88.8	26.4	56.4	11.4	70.2
Male, 1-74 years	69.6	83.9	12.6	9.8	9.9	1.3	32.6	74.7	25.9	55.0	6.1	66.0
1-5 years	10.4	15.7	6.5	2.5	1.1	0.2	1.6	15.7	7.2	13.9	1.9	12.9
6-11 years	25.5	33.5	9.5	6.3	2.4	1.1	6.1	21.8	7.8	31,5	2.8	33.9
12-17 years	74.7	94.1	25.1	7.6	2.6	3.0	58.5	87.1	22.8	40.9	1.9	70.9
18-24 years	82.0	102.7	17.5	14.4	23.3	-	59.3	92.4	34.8	39.1	10.1	65.6
25-34 years	97.8	107.5	12.0	7.0	14.5	-	43.8	82.8	34.7	71.2	9.3	79.7
35-44 years	88.3	102.0	4.2	15.6	8.8	-	38.2	90.2	27.0	73.1	8.8	83.0
45-54 years	89.7	108.1	15.9	8.8	10.9	3.7	28.6	95.4	39.2	100.6	5.2	103.5
55-64 years	67.1	80.8	9.3	18.1	15.3	1.1	17.4	91.6	30.9	60.4	6.6	64.1
65-74 γears	83.0	104.9	5.8	7.8	11.2	3.6	20.1	99.8	25.6	61.1	9.8	71.3
Female, 1-74 years	56.3	70.7	12.1	11.1	10.4	1.7	37.4	68.4	19.5	39.0	5.2	52.7
1-5 years	19.0	28.6	11.6	3.4	0.2	1.9	4.5	23.3	13.3	26.2	2.4	27.3
6-11 years	16.2	19.0	13.8	4.7	-	0.2	8.7	20.7	6.1	14.3	2.5	17.2
12-17 years	80.9	116.1	25.9	17.5	11.5	1.3	79.5	112.6	16.5	42.9	8.1	71.1
18-24 years	71.4	91.6	17.3	14.4	10.2	1.4	65.6	94.3	22.9	34.2	6.4	64.0
25-34 years	80.5	98.5	9.1	16.2	19.0	5.7	44.5	79.2	31.2	49.8	6.8	60.0
35-44 years	62.5	72.1	10.9	9.2	14.8	0.3	32,7	68.7	25.8	40.8	4.3	60.5
45-54 years	52.6	64.5	1.4	7.6	7.4		24.0	53.1	15.9	45.9	1.3	53.2
55-64 years	49.8 56.7	77.5 77.6	7.5 9.6	10.6 14.5	14.5 13.6	2.1 1.2	35.8 23.4	71.0 80.5	15.1 27.0	44.0 52.8	4.2 12.7	47.3 69.4
65-74 years	50.7	//.0	1 9.0	14.5	1 13.0	1.2	1 23.4	80.5	27.0	52.8	12.7	09.4
					+	Standard er	ror of rate	•				
Both sexes, 1-74 years	6.22	7.30	1.70	2.06	2.04	0.45	3.95	6.65	2.61	4.02	0.70	5.90
Male, 1-74 years	7.11	8.41	2.25	1.63	2.04	0.60	3.30	7.63	3.69	5.61	0.93	6.81
Female, 1-74 years	6.63	7.49	1.83	2.62	2.26	0.51	5.65	6.83	2.20	3.41		5.92
					Numt	er of perso	ns in thou	sands				
Both sexes, 1-74 years	12,174	13,569	2,072	2,031	1,976	290	6,809	13,857	4,380	9,065	1,096	11,475
Male, 1-74 years Female, 1-74 years	6,551 5,623	7,153 6,416	962 1,110	919 1,112	936 1,040	124 166	3,071 3,738	7,033 6,824	2,435 1,945	5,174 3,891	573 523	6,217 5,258
Folliais, 1*/4 years	3,023	0,410	1,110	1,112	1,040	100	3,130	0,024	טרייגי	5,031	523	5,200

 Table 13. Type of care sought and adequacy of treatment for skin conditions of concern (complaints) among persons 1-74 years, by age and sex, showing rates, selected standard errors, and number of persons affected: United States, 1971-1974

Age and sex	Care for	skin comp	laint sough	t from	Now under	Not now under	Could be improved with	All con- ditions could not be	Some con- ditions could
	Nonpro- fessional	Pharm- acy	Derma- tologist	Other physi- cian	best care	best care	expert çare	improved with care	not be improved with care
				Rate	per 1,000	) populatic	'n		
Both sexes, 1-74 years	18.4	5.9	20.7	27.4	21.5	82.0	79.5	5.9	6.2
1-5 years	1.6	1.6	3.5	17.1	10.9	22.8	20.3	4.9	4.9
6-11 years	3.8	0.2	9.8	14.5	10.7	28.5	28,5	<b>0.5</b>	0.5
12-17 years	30.4	13.1	18.5	17.6	24.4	108.9	110.0	4.6	4.6
18-24 years	26.7	9.1	29.7	22,2	20.6	110.2	104.3	8.9	8.9
25-34 years	25.0	7.5	29.0	28.1	24.8	96.1	93.3	7.0	7.0
35-44 years	17.6	4.6	19.4	43.9	25.1	89.7	86.4	10.4	10.4
45-54 years	17.9	6.8	26.0	40.5	26.9	95.0	87.3	6.9	9.0
55-64 years	18.6	3.4	25.5	31.6	22.7	76.2	75.5	3.9	3.9
65-74 years	17.3	3.1	20.4	33.2	27.5	98.7	98.9	5.7	5.8
Male, 1-74 years	21.7	7.0	19.3	27.2	19.3	93.0	90.5	6.2	6.4
1-5 years	1.0	1.3	1.4	13.6	7.9	18.7	16.1	3.9	3.9
6-11 years	3.8	···-	13.9	16.5	7.8	35.1	34.9	0.6	0.6
12-17 years	31.5	15.8	7.3	14.1	13.7	108.0	109.7	6.9	6,9
18-24 years	27.4	8.6	29.8	18.2	23.7	113.4	111.3	9.8	9.8
25-34 years	31.8	6.6	26.8	26.0	18.4	116.9	113.4	6.2	6.2
35-44 years	26.8	5.4	14.7	46.7	19.9	111.5	109.2	12.3	12.3
45-54 years	24.6	11.3	32.2	50.6	37.3	125.6	118.1	5.7	7.8
55-64 years	22.3	6.6	26.2	30.4	21.4	83.8	79.9	3.4	3.4
65-74 years	19.2	3.1	20.0	32.9	27.3	116.3	114.0	6.3	6.3
Female, 1-74 years	15.3	4.9	22.0	27.6	23.6	71.7	69.1	5.7	5.9
1-5 years	2.2	1.8	5.6	20.7	14.1	27.1	24.5	5.9	5.9
6-11 years	3.9	0.3	5.7	12.4	13.7	21.8	21.8	0.4	0.4
12-17 years	29.3	10.3	30.2	21.3	35.6	109.7	110.4	2.2	2.2
18-24 years	26.0	9.5	29.6	25.9	17.7	107.2	97.7	7.9	7.9
25-34 years	18.9	8.4	30.9	30.1	30.6	77.2	75.1	7.6	7.6
35-44 years	9.2	3.9	23.7	41.3	29.8	69.6	65.5	8.6	8.6
45-54 years	11.7	2.6	20.2	31.4	17.3	66.9	59.0	8.0	10.1
55-64 years	15.3	0.6	24.9	32.7	23.9	69.4	71.6	4.4	4.4
65-74 years	15.9	3.1	20.7	33.4	27.6	85.4	87.5	5.3	5.5
				Sta	andard eri	or of rate			
Both sexes, 1-74 years	2.87	1.68	1.75	2.60	2.36	7.68	7.29	1.30	1.39
Male, 1-74 years	3.79	2.16	2.30	2.96	2.81	9.72	9.30	1.71	1.71
Female, 1-74 years	2.98		2.14	3.16			7.19	1.19	1.37
				Number	of person	ns in thous	ands		
Both sexes, 1-74 years	3,567	1,142	4,018	5,315	4,179	15,914	15.419	1,147	1,197
Male, 1-74 years Female, 1-74 years	2,045 1,522	657 485	1,819 2,199	2,561 2,754	1,819 2,361	8,753 7,161	8,525 6,894	583 565	606 592
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#### APPENDIX I

### STATISTICAL NOTES

#### The Survey Design

The sampling plan for the first 65 stands of the Health and Nutrition Examination Survey (HANES) followed a stratified multistage probability design in which a sample of the civilian noninstitutionalized population of the coterminous United States, 1-74 years of age, was selected. Excluded from the selection were persons residing in Alaska and Hawaii and those within the coterminous United States confined to institutions or residing on reservation lands of American Indians. Successive elements dealt with in the process of sampling were the primary sampling unit (PSU), census enumeration district (ED), segment (a cluster of households), household, eligible persons, and finally sample persons.

The starting points in the first stage of this design were the 1960 Decennial Census lists of addresses and the nearly 100 PSU's into which the entire United States was divided. Each PSU is either a standard metropolitan statistical area (SMSA), a single county, or two or three contiguous counties. The PSU's were grouped into 357 strata for use in the Health Interview Survey and subsequently collapsed into 40 superstrata for use in Cycles II and III of the Health Examination Survey and HANES.

Fifteen of the 40 superstrata contained a single large metropolitan area of more than 2,000,000 population. These 15 large metropolitan areas were selected for the sample with certainty. The 25 noncertainty strata were classified into four broad geographic regions of approximately equal population and crossclassified into four broad population density groups in each region. Then a modified Goodman-Kish controlled selection technique was used to select two PSU's from each of the 25 noncertainty superstrata with the probability of selection of a PSU proportionate to its 1960 population so that proportionate representation of specified State groups and rate of population change classes was maintained in the sample. In this manner a total first-stage sample of 65 PSU's was selected. These 65 sample PSU's or stands are the areas within which a sample of persons would be selected for examination over a 3-year survey period.

Although the 1970 Census data were used as the frame for selecting the sample with PSU's when they became available, the calendar of operations required that 1960 Census data be used for the 44 of the 65 stands in the sample of HANES. Census enumeration districts (ED's) in each PSU were divided into segments of an expected six housing units each. In urban ED's the segments were clusters of six addresses from the 1960 Census Listing Books. For ED's not having usable addresses, area sampling was employed and, consequently, some variation in the segment size occurred. To make the sample representative of the current population of the United States, the address or list segments were supplemented by a sample of housing units that had been constructed since 1960.

Within each PSU a systematic sample of segments was selected. The ED's that fell into the sample were coded into one of two economic classes. The first class, identified as the "poverty stratum," was composed of "current poverty areas" that had been identified by the U.S. Bureau of the Census in 1970 (pre-1970 Census), plus other ED's in the PSU with a mean income of less than \$3,000 in 1959 (based on 1960 Census). The second economic class, the "nonpoverty stratum," includes all ED's not designated as belonging to the poverty stratum.

All sample segments classified as being in the poverty stratum were retained in the sample. For those sample segments in nonpoverty stratum ED's, the selected segments were divided into eight random subgroups and one of the subgroups was chosen to remain in the HANES sample. This procedure permits a separate analysis with adequate reliability of those classified as being below the poverty level and those classified as being above the poverty level.

After identification of the sample segments, a list of all current addresses within the segment boundaries was made, and a person in each of the households was interviewed to determine the age and sex of each household member, as well as other demographic and socioeconomic information required for the survey.

To select the persons in sample segments to be examined in HANES, all household members age 1-74 in each segment were listed on a sample selection worksheet with each household in the segment listed serially. The number of household members in each of the six age-sex groups shown below were listed on the worksheet under the appropriate age-sex-group column. The sample selection worksheets were then put in segment number order and a systematic random sample of persons in each age-sex group was selected to be examined using the following sampling rates.

Age	Rate
1-5 years	1/2
6-19 years	1/4
20-44 years male	1/4
20-44 years female	1⁄2
45-64 years	1/4
65-74 years	1

The persons selected in the 65-stand sample of HANES make up a representative sample of the target population and include 28,043 sample persons 1-74 years of age of whom 20,749 or 74.0 percent were examined. When adjustments are made for differential sampling for high risk groups, the response rate becomes 75.2 percent.

All data presented in this report are based on "weighted" observations. That is, data recorded

for each sample person are inflated to characterize the subuniverse from which that sample person was drawn. The weight for each examined person is a product of the reciprocal of the probability of selecting the person, an adjustment for nonresponse cases (i.e., persons not examined), and a poststratified ratio adjustment that increases precision by making the final sample estimates of the population agree approximately with independent controls prepared by the U.S. Bureau of the Census for the noninstitutionalized population of the United States as of November 1, 1972 (approximate midsurvey point), by color, sex, and age shown in table I. Population estimates are included in some of the tables in greater detail than that used for weighting. These population figures, while not precise census estimates in this degree of age detail, are included to give a rough idea of the number in the population at risk.

A more detailed description of the survey design and selection technique can be found in the "Plan and operation of the Health and Nutrition Examination Survey, United States, 1971-1973," Vital and Health Statistics, Series 1-No. 10a.<sup>7</sup>

#### Nonresponse

In any health examination survey, after the sample is identified and the sample persons are requested to participate in the examination, the survey meets one of its more severe problems. Usually a sizable number of sample persons will not participate in the examination. Whether or not an individual participates is determined by many factors, some of them uncontrollable and, therefore, may be reasonably treated as an outcome of a random event with a particular probability of occurrence. If these probabilities of participation were known and greater than zero for all persons, then the examined persons would constitute a probability sample from which unbiased estimates of the target population could be derived. In this situation, the effect of nonparticipation would only be to reduce the sample size, thereby increasing the sampling

NOTE: A list of references follows the text.

Sex and color	Total	Age in years						
	Total	1-5	6-19	20-44	45-64	65-74		
Total	193,976,447	17,282,843	55,434,127	66,307,351	42,344,237	12,607,889		
Male	94,151,059	8,818,156	28,014,291	31,757,861	20,090,791	5,469,960		
White All other	82,652,067 11,498,992	7,407,500 1,410,656	23,911,243 4,103,048	28,195,112 3,562,749	18,190,148 1,900,643	4,948,064 521,896		
Femalé	99,825,388	8,464,687	27,419,836	34,549,490	22,253,446	7,137,929		
White All other	86,932,196 12,843,192	7,070,529 1,394,158	23,261,515 4,158,321	30,102,612 4,446,878	20,011,119 2,242,327	6,486,421 651,508		

Table I. United States civilian noninstitutionalized population, by age, sex, and color, November 1, 1972

Source: Unpublished estimates of September 27, 1974, from the U.S. Bureau of the Census.

errors of examination findings. In practice, however, a potential for bias due to nonresponse exists because the exact probabilities are never known. A further potential for bias exists if: (1) a sizable proportion of sample persons have a zero probability of participation, that is, they would never agree to participate in an examination survey of the same procedures and inducements, and also (2) these persons differ from other sample persons with respect to characteristics under examination. It is for these reasons that intensive efforts are made in HANES to develop and implement procedures and inducements that would reduce the number of nonrespondents and thereby reduce the potential of bias due to nonresponse. These procedures and inducements are discussed in the "Plan and operation of the Health and Nutrition Examination Survey, United States, 1971-1973," Series 1-No. 10a.7

Despite these intensive efforts, 24.8 percent of the sample persons from the 65 stands were not examined. Consequently, the potential for a sizable bias does exist in the estimates in this publication. From what we know about the nonrespondents and the nature of nonresponse, we believe that the likelihood of sizable bias is small. For instance, only a small proportion of persons gave reasons for nonparticipation which would lead to the belief that they would never agree to participate in examination surveys and that they may differ from examined persons with respect to the characteristic under examination. Only 15 percent of the nonrespondents gave as their reasons for nonparticipation personal illness, physically unable, pregnant, antidoctor, or fear of finding something wrong. Typical among the reasons given by the other nonrespondents were: unable because of work, school, or household duties; suspicious or skeptical of the program; just not interested in participating; and private medical care sufficient or just visited doctor.

An analysis of medical history data obtained for most nonexaminees as well as examinees also supports the belief that the likelihood of sizable bias due to nonresponse is small. No large differences were found between the examined group and nonexamined group for the statistics compared. For example, 11 percent of persons examined reported having an illness or condition that interferes with their eating as compared to 9 percent of persons not examined but who had completed a medical history. The percent of persons examined reporting ever being told by a doctor that they had arthritis was 20 percent; the percent for high blood pressure was 18 percent and for diabetes, 4 percent. The corresponding percents for nonexamined persons were: arthritis, 17 percent; high blood pressure, 21 percent; and diabetes, 4 percent.

As was mentioned earlier, the data in this report are based on weighted observations, and one of the components of the weight assigned to an examined person was an adjustment for nonresponse. Because the probabilities of participation are not known for sample persons in HANES, a procedure was adopted that multiplies the reciprocal of the probability of selection of sample persons by a factor that brings estimates based on examined persons only up to a level that would have been achieved if all sample persons had been examined. This nonresponse adjustment factor is the ratio of the sum of sampling weights for all sample persons within a relatively homogeneous class defined by age, sex, and five income groups (under \$3,000; \$7,000-\$9,999; \$10,000-\$3,000-\$6,999; \$14,999; and \$15,000 and over) within each stand, to the sum of sampling weights for all responding sample persons within the same homogeneous class for the same stand. To the degree that homogeneous groups can be defined which are also homogeneous with respect to the characteristics under study, the procedure can be effective in reducing the potential bias from nonre-

Table II. Percent distribution of nonresponse adjustment factors: Health and Nutrition Examination Survey, stands 01-65, 1971-1974

Size of factor	Number of cells	Percent distri- bution
Total	325	100.0
1.00-1.24	106	32.6
1.25-1.49	125	38.4
1.50-1.74	59	18.2
1.75-1.99	24	7.4
2.00-2.49	9	2.8
2.50-2.99	1	0.3
3.00-3.03	1	0.3

sponse. For the 65-stand sample of HANES, the percent distribution of the nonresponse adjustment factors used for the 325 income groupstand cells is shown in table II.

#### **Missing Data**

Examination surveys are subject to the loss of information not only through the failure to examine all sample persons, but also from the failure to obtain and record all items of information for examined persons. The dermatology examination was not obtained for 111 or 0.54 percent of the 20,749 examinees in this HANES I program. The age-sex distribution of these nonexamined persons is shown in table III. In the detailed tables and findings of this report, no estimate has been made for what skin findings they might have had. Rather it has been assumed that they had normal skin.

#### Small Numbers

In some tables, magnitudes are shown for cells for which the sample size is so small that the sampling error may be several times as great as the statistic itself. Obviously in such instances the numbers, if shown, have been included to convey an impression of the overall story of the table.

# Sampling and Measurement Error

In the present report, reference has been made to efforts to minimize bias and variability

Table III. Total number of examinees and those not given the dermatological component, by age and sex: Health and Nutrition Examination Survey, United States, 1971-1974

Age	Both sexes	Male	Female	Both sexes	Male	Female
	Total number examined		r examined Number no		Number not examined	
All ages, 1-74 years	20,749	8,819	11,930	111	39	72
1-5 years         6-11 years         12-17 years         12-24 years         25-34 years         35-44 years         45-54 years         55-64 years         65-74 years	2,953 2,019 2,132 2,297 2,694 2,327 1,599 1,262 3,466	1,502 1,001 1,068 770 799 666 767 591 1,655	1,451 1,018 1,064 1,527 1,895 1,661 832 671 1,811	8 8 11 17 14 15 12 11 15	2 4 4 7 4 2 5 5 6	6 4 7 10 10 13 7 6 9

of measurement techniques. The potential of residual bias due to the high nonresponse rate has also been discussed.

The probability design of the survey makes possible the calculation of sampling errors. Traditionally, the role of the sampling error has been the determination of how imprecise the survey results may be because they come from a sample rather than from the measurement of all elements in the universe.

The estimation of sampling errors for a study of the type of the Health and Nutrition Examination Survey is difficult for at least three reasons: (1) measurement error and "pure" sampling error are confounded in the data--it is not easy to find a procedure that will either completely include both or treat one or the other separately, (2) the survey design and estimation procedure are complex and, accordingly, require computationally involved techniques for the calculation of variances, and (3) hundreds of statistics are presented in the tables in this report, many for subclasses of the population for which there are a small number of sample cases. Estimates of sampling error are obtained from the sample data and are themselves subject to sampling error when the number of cases in a cell is small or, even occasionally, when the number of cases is substantial.

Estimates of the standard errors for selected statistics used in this report are presented in most of the tables in this report. These estimates have been prepared by a replication technique that yields overall variability through observation of variability among random subsamples of the total sample.<sup>18,19</sup> Again, readers are reminded that these estimated sampling errors do not reflect any residual bias that might still be present after the attempted correction for nonresponse. 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 that arises in the measurement process. It does not include estimates of any biases that might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the differences would be less than twice the standard error and about 99 out of 100 that it would be less than  $2\frac{1}{2}$  times as large.

#### Tests of Significance

The procedure used in this report for testing the significance of the difference between the two means consisted of dividing the difference between the two means by the standard error of the difference; that is, a z statistic was computed. An approximation of the standard error of a difference d = x - y of the two statistics x and y is given by the formula

$$S_d = (S_x^2 + S_y^2)^{\frac{1}{2}}$$

where  $S_x$  and  $S_y$  are the sampling errors, respectively, of x and y. Of course, where the two groups or measures are positively or negatively correlated, this will give an overestimate or underestimate, respectively, of the actual standard error.

#### **Examiner Variability**

The Data Collection Unit of the Committee on Planning for the National Academy of Dermatology (NAD), under chairman Dr. Marie-Louise T. Johnson, was responsible for planning the content of the dermatology examination and for recruiting and training the 101 dermatologist examiners employed at the 65 examination locations in the Health and Nutrition Examination Survey of 1971-1974.

Advance training in the dermatology examination protocol was given each dermatologist before the survey examinations were started. In addition, members of the NAD Data Collection Unit periodically reviewed the methods used and the recording of findings by the dermatologists during the survey. After completion of the survey, Dr. Johnson thoroughly reviewed the 20,637 recorded examinations to ensure consistency with the standard examination protocol, including the selection of the significant diagnoses, and resolved the diagnoses of skin cancer and dermatophytoses on the basis of subsequent findings from the biopsy and fungal laboratory determinations, respectively. The number of examinees per dermatologist ranged from 4 to 638, with 27 percent examining fewer than 100 persons, 28 percent 100-199 persons, 26 percent 200-299 persons, and 20 percent 300 persons or more.

Variation would be expected among the examiners in the proportion of their examinees found to have significant skin pathology and in the proportion with skin complaints because of differences in the age-sex distribution among them in the groups examined, regional differences, and the extent or type of environmental exposure that may affect the prevalence of various types of skin pathology and other factors. To assess the extent of examiner variability and the effect that it may have had on the findings from this dermatology examination, the effect of age-sex differences in the groups examined by each dermatologist have been controlled through a direct adjustment method. In this the age-sexspecific rates for each examiner have been applied against the number of persons in that age-sex group for the total population and the age-sex-adjusted rate recomputed.

Among persons examined, the age-sexadjusted proportions found to have significant skin pathology range from 0 to 90.4 percent per examiner, with one-fourth of the dermatologists finding 13.7 percent or less of their examinees to have such pathology, one-half finding between 13.7 and 46.1 percent, and the remaining one-fourth finding 46.1 percent or more with significant skin pathology (tables IV and V). The range in such findings among examiners is negligibly greater among females (0 to 90.0 percent) than among males (0 to 88.2 percent).

Examiner variability in the proportion of their examinees with skin complaints, when the effect of age-sex differences among the groups are removed by direct adjustment is somewhat less than that for significant pathology because of the lower rates in general for the complaints. The range in the age-sex-adjusted rates of skin Table IV. Range, mean, median, and quartiles in the distribution of dermatologist examiners, by the age-sex adjusted proportion of examinees with significant skin pathology, skin conditions of concern (complaints), and their ratio: Health and Nutrition Examination Survey, 1971-1974

Measure and sex	Signifi- cant skin pathol- ogy	Skin condition of con- cern to examinee	Ratio– 100 × skin complaint/ significant skin pathology
Both sexes	Rate	per 1,000 po	pulation
Range Mean Median P <sub>25</sub> P <sub>75</sub>	0-903.9 312.4 265.4 136.7 461.1	0-707.8 113.6 88.6 27.3 198.0	<sup>1</sup> 0-428.9 36.4 43.5 8.5 84.8
Male			
Range Mean Median P <sub>25</sub> P <sub>75</sub>	0-882.5 339.8 279.7 149.2 508.3	0-805.6 127.7 118.8 30.0 261.5	<sup>1</sup> 0-617.6 37.6 43.5 9.9 99.0
Female			
Range Mean Median P <sub>25</sub> P <sub>75</sub>	0-900.2 286.6 241.0 122.8 429.5	0-827.4 100.3 90.6 25.8 204.9	<sup>1</sup> 0-4,424.6 35.0 47.5 84.0 92.8

<sup>1</sup>Excludes examiner finding of no significant pathology but with examinee having conditions of concern (24.2 percent).

complaints is from 0 to 70.8 percent per examiner, with one-fourth of the examiners recording 2.7 percent or less, one-half of the examiners between 2.7 and 19.8 percent, and the remainder 19.8 percent or more of their examinees with skin complaints.

The ratio of skin complaints to significant skin pathology per examiner ranges from 0 to 4.29, with one-fourth of the examiners showing 0.08 or less, one-half from 0.08 to 0.85, and the remainder 0.85 or more.

	·····			
Examiner number	Signifi- cant skin pathol- ogy	Skin com- plaints by the examinee	Ratio- 100 × com plaints/sig- nificant skin pathology	Number of examinees
		Rate per	1,000 persons	
All examiners	312.4	113.6	36.4	20,638
	94.5	141.0	149.2	274
	206.0	88.0	42.7	438
	403.9	400.5	99.2	. 91
	47.0	38.7	82.3	31
	184.4	203.0	110.1	22'
	170.0	146.6	86.2	303
	99.4	43.4	43.6	174
)	281.3	234.6	83.4	312
2	367.2 487.8	156.0	42.5	18
3	487.8	205.5	42.1	629
t	377.9	14.4 390.8	55.0 103.4	218
5	427.7	190.6	44.6	119
5	198.6	204.7	103.1	217
7	249.1	48.5	19.4	370
3	116.1	142.0	122.3	98
)	188.6	95.0	50.3	638
)	134.4	74.4	55.3	216
	217.0	129.0	59.4	266
	362.4	361.1	99.6	552
3	53.7	60.9	113.4	181
	96.0	0.0	0.0	160
5	436.8	352.1	80.6	116
	106.2	9.7	9.1	24
·	456.0	0.0	0.0	229
8	380.1	10.6	2.7	603
	581.6	236.7	40.7	427
)	244.8	12.5	5.1	417
	614.8	0.1	0.0	75
	198.3	196.5	99.1	43
	364.2	128.8	35.4	241
	89.2	18.3	20.5	258
	58.7	0.0	0.0	241
	314.5	196.2	62.4	404
	230.7 227.6	27.6 72.2	11.5	328
)	244.7	44.8	31.7 18.7	277
)	107.4	29.4	27.4	41 284
	164.0	107.5	65.5	20-
	256.8	90.4	35.2	234
	500.3	40.0	7.9	176
	275.6	153.6	55.7	89
	670.5	93.7	14.0	500
	250.7	57.4	22.9	217
	221.7	44.6	20.1	21
	715.9	33.2	4.9	481
	853.7	28.2	3.3	139
	466.2	10.8	2.3	166

			Ratio-	
	Signifi-	Skin	100 X com	
	cant	com-	plaints/sig-	Number
Examiner number	skin	plaints	nificant	of
	pathol-	by the	skin	examinees
	ogy	examinee	pathology	
		:	pathology	
		Rate per	1,000 persons	
	70.0			07
52,	70.3	0.0	0.0	67
53	592.6	592.6	100.0	80
54	261.4	13.3	5.1	93
55	243.7	127.6	52.3	102
56	45.9	35.2	76.7	116
57	135.4	250.0	184.6	39
58	764.9	5.2	0.7	131
59	162.9	19.1	11.6	140
60,	728.1	143.1	19.6	226
61,	601.0	357.4	59.4	40
62	171.3	82.0	47.8	79
63	514.3	233.4	45.4	55
64	431.9	445.2	103.1	173
65	137.9	591.4	428.9	9
66	903.9	30.8	3.4	209
67	501.3	37.4	7.4	326
68	396.9	131.7	33.2	253
69	272.7	144.5	53.0	136
70,	128.4	89.3	70.0	129
71	68.2	50.8	74.5	280
72	256.4	234.8	91.2	143
73	436.3	4.5	1.0	580 212
74	239.4	195.2	81.5	394
75	636.3	162.7	25.6	157
77	378.4	99.6	26.3	194
78	358.5	156.1	43.5	110
79	104.7	0.0	0.0	362
80	554.2	18.7	3.4	61
81	108.2	16.9	15.6	56
82	523.8	523.8	100.0	22
83	106.9	182.9	171.1	89
84	445.8	22.2	5.0	195
85	547.3	11.4	2.1	113
86	641.4			61
87	288.8	62.5	21.6	68
88	63.3	31.9	50.4	315
89	402.0	259.2	64.5	94
90	-	241.7	0.0	23
91	340.3	179.4	52.7	157
92	200.8	265.8	132.4	125
93	489.0	199.5	40.8	104
94	48.1	77.6	161.3	197
95	135.5		-	261
96	436.2	397.4	91.1	108
97	269.5	390.5	145.0	50
99	292.2	707.8	242.2	4
100	207.0	124.5	60.1	76
101	600.6	27.0	4.5	210
102	38.8	71.2	183.5	234
104	518.0	72.0	13.9	51
105	490.3	443.9	94.6	166

Examiner number	Signifi- cant skin pathol- ogy	Skin com- plaints by the examinee	Ratio— 100 X com plaints/sig- nificant skin pathology	Number of examinees
		Rate pe	r 1,000 males	
All examiners	339.8	127.7	37.6	8,780
1	137.8	234.4	170.1	121
3	250.2	113.0	45.2	189
4	505.8	505.8	100.0	' 44
5	29.2	149.8	513.0	15
6	240.0	254.8	106.2	92
8	210.7	168.6	80.0	123
9	76.7	16.8	21. <del>9</del>	79
10	299.1	248.6	83.1	137
11	395.3	154.6	39.1	90
12	523.2	218.3	41.7	268
13	10.6	3.6	34.0	84
14	511.8	501.8	98.0	49
15	496.7	253.9	51.1	92
16	301.5	301.6	100.0	88
17	266.2	10.9	4.1	156
18	68.3	98.7	144.5	42
19	255.4	111.0	43.5	253
20	156.3	92.5	59.2	91
21	231.6	126.5	54.6	101
22	390.8	390.8	100.0	245
23	51.2	26.8	52.3	82
24	149.4	0.0	0.0	67
25	506.8	394.4	77.8	52
26	101.8	11.5	11.3	115
27	551.6	0.0	0.0	91
28	401.3	17.0	4.2	259
29	664.0	278.3	41.9	182
30	293.0	16.0	5.5	185
31	653.0	0.0	0.0	40
32	130.4	380.7	291.9	17
33	431.1	111.8	25.9	96
14	129.4	21.8	16.8	102
15	64.2	0.0	0.0	113
6	357.0	221.2	62.0	163
7	246.0	17.2	7.0	145
8	256.7	103.1	40.2	121
9	281.4	331.8	117.9	14
0	139.5	37.9	27.2	123
1	191.0	118.0	61.8	108
2	282.4	119.0	42.1	97
3	575.6	22.8	4.0	72
4	314.2	235.4	74.9	43
5	708.8	98.2	13.9	205
6	224.0	43.9	19.6	83
7	170.9	46.1	27.0	92
8 o	692.4	27.8	4.0	219
9	865.3	44.5	5.1	56
1	556.0 945.6	1.0	0.2	71
	845.6	0.4	0.0	152

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	-			
			Ratio-	
	Signifi-	Skin	100 X com	
	cant	com-	plaints/sig-	Number
Examiner number	skin	plaints	nificant	of
	pathol-	by the	skin	examinees
	ogy	examinee	pathology	
			patrology	
		Rate per	1,000 males	
52		94.4		28
53,	355.6	684.3	192.4	32
54	213.8	11.6	5.4	35
55	368.2	172.6	46.9	42
56	19.9 149.0	122.9 422.6	617.6 283.6	52 17
58	730.0	422.6	16.4	47
59	200.6	34.1	17.0	55
60	705.4	132.5	18.8	105
61	486.9	530.4	108.9	17
62	97.2	30.3	31.2	39
63	548.2	286.6	52.3	27
64	518.3	583.8	112.6	69
65	136.0	690.8	507.9	5
66	882.5 538.9	37.4 45.9	4.2 8.5	80 164
67	509.8	45.9 154.3	30.3	112
68	279.7	175.9	62.9	59
70	94.8	60.0	63.3	47
71	59.3	53.9	90.9	115
72	230.7	193.9	84.0	62
73	449.6	6.6	1.5	233
74	417.9	0.0	0.0	90
75	216.2	130.8	60.5	171
76	648.3	138.4	21.3	69
77	514.6	61.8 95.7	12.0 23.0	81 40
78	416.7 142.6	0.0	23.0	150
80	519.3	0.0	0.0	24
81	199.6	48.0	24.0	25
82	235.3	728.4	309.6	7
83	51.0	44.2	86.7	37
84	473.7	11.5	2.4	82
85	528.2	18.6	3.5	46
86	685.6	-		28
87	266.3	59.9	22.5	28
88	41.6 455.1	29.7	71.4 74.5	132 40
89	400.1	339.0 449.6	/4.5	-+0
91	336.8	103.4	30.7	62
92	224.9	314.0	139.6	55
93	412.7	390.5	94.6	43
94	75.8	98.8	130.3	80
95	175.0	-	-	119
96	525.1	533.2	101.5	44
97	110.5	307.9	278.6	23
99	194.4	805.6	414.4	2
100	180.4 666.0	268.2 33.4	148.7 5.0	35 89
101	58.2	33.4 85.3	5.0 146.6	106
102	213.0	392.2	140.0	21
105	453.0		91.6	77

Examiner number	Signifi- cant skin pathol- ogy	Skin com- plaints by the examinee	Ratio– 100 × com plaints/sig- nificant skin pathology	Number of examinees
		Rate per	1,000 females	
All examiners	286.6	100.3	35.0	11,858
1 3	65.4 156.9	62.2	95.1	153
4	-	63.5	40.5	249
	214.0	210.4	98.3	47
5	51.2	224.4	438.3	16
6 9	129.2	146.3	113.2	129
8	120.1	110.7	92.2	180
9	98.6	57.9	58.7	95
10	246.4	192.0	77.9	175
11	327.6	156.4	47.7	93
12	443.6	200.8	45.3	361
13	35.5	19.5	54.9	134
14	236.0	268.3	113.7	70
15	376.3	166.8	44.3	, 125
16	103.0	113.1	109.8	128
17	241.0	83.3	34.6	214
18	125.6	148.4	118.2	56
19	135.1	80.8	59.8	385
20	125.6	47.9	38.1	125
21	188.5	124.6	66.1	165
22	304.4	302.4	99.3	307
23	47.0	91.3	194.3	99
24	68.1	0.0	0.0	93
25	359.9	401.0	111.4	64
26	111.8	4.4	3.9	132
27	366.9	0.0	0.0	138
28	363.7	3.6	1.0	344
29	502.9	199.8	39.7	245
30	196.4	14.0	7.1	232
31	571.6	0.0	0.0	35
32	212.6	220.1	103.5	26
33	315.6	94.5	29.9	145
34	69.1	15.5	22.4	156
35	55.9	0.0	0.0	128
6	276.4	163.8	59.3	241
37	288.8	37.5	13.0	183
38	222.8	30.1	13.5	156
39	173.4	119.0	68.6	27
0	221.9	25.4	11.4	161
1	80.4	84.6	105.2	143
2	114.3	88.3	77.3	137
із	230.8	54.4	23.6	104
4	460.6	64.1	13.9	46
5	218.4	90.6	41.5	295
6	636.6	55.0	8.6	134
7	258.6	39.0	15.1	123
8	245.2	40.3	16.4	262
9	829.2	8.0	1.0	83
0	467.9	16.7	3.6	95
1	736.3	4.8	0.7	205

Examiner number	Signifi- cant skin pathol- ogy	Skin com- plaints by the examinee	Ratio– 100 X com plaints/sig- nificant skin pathology	Number of examinees
		Rate per	1,000 females	
52	173.6	0.0	0.0	39
53	587.4	587.5	100.0	48
54	262.8 88.9	18.1 57.2	6.9 64.3	58 60
55 56	53.9	36.8	68.3	64
57	153.9	313.0	203.4	22
57	699.3	6.9	1.0	84
59	138.1	11.3	8.2	85
60	751.0	151.5	20.2	121
61	619.6	253.6	40.9	23
62	272.5	189.4	69.5 50.2	40 28
63	416.6 396.8	209.0 371.2	93.5	104
64 65	18.7	827.4	4,424.6	4
66	900.2	21.8	2.4	129
67	447.3	26.1	5.8	162
68	218.7	111.1	50.8	141
69	295.3	139.8	47.3	77
70	139.3	98.2	70.5	82
71	80.1	52.6	65.7	165
72	230.4	241.2	104.7	81
73	411.7	2.7 14.3	0.7	347 122
74	245.2	229.8	9.4	223
75 76	628.1	196.9	31.3	88
77	269.6	130.9	48.6	113
78	347.4	214.2	61.7	70
79	98.8	0.0	0.0	212
80	555.7	28.4	5.1	37
81	64.2	0.0	0.0	31
82	563.3	563.3	100.0	15
83	111.3	260.4	234.0	52 113
84 85	442.4	32.6	/.4	67
85	504.5	122.8	24.3	33
87	222.2	109.7	49.4	40
88	84.2	34.5	41.0	183
89	293.2	233.0	79.5	54
90,	-	440.4	•	15
91	344.1	246.2	71.5	95
92	195.6	258.4	132.1	70
93	512.8	88.3 44.1	17.2	117
94 95	71.6	44.1		142
95	450.8	384.5	85.3	64
97	364.7	490.5	134.5	27
99	222.5	777.5	349.4	2
100	248.0	195.6	78.9	41
101	541.3	22.1	4.1	121
102	37.5	35.5	94.7	128
104	625.1	181.1	29.0	30
105	539.0	l 476.7	88.4	89

### APPENDIX II THE DERMATOLOGY EXAMINATION FORM

HEALTH AND NUTRITION EXAMINATION SURVEY DERMATOLOGY EXAMINATION

Deck No. <u>151</u> (USE RED PENCIL TO FILL FORM) NAME (Last, First, Middle) SAMPLE NUMBER EXAMINER NO. STATE OR FOREIGN COUNTRY OF LONGEST RESIDENCE 10013 0021 Years OCCUPATIONAL EXPOSURE [003] 1 Yes EXPOSURE TO LIGHT 2[] No [009] (by history) IF YES: (CHECK ALL THAT APPLY) 
 007
 1
 Immersion (hands or feet)

 008
 1
 Other (SPECIFY)
 004 1 Chemicals, fumes, or vapors 1 Unimpressive 005 1 0ils 006 1 Insecticides 2 Moderate 3 Considerable SIGNIFICANT DERMATOLOGICAL DIAGNOSIS FROM THIS EXAMINATION Clinical Impression Code Biopsy 1 Refused 2 Other reason 1 Refused 011 1 Done 012 1. 2[ Not done 1 Done 013 014 0151 2. 2 Other reason 1 Refused 2 Other reason 2 Not done 016 [017] 018] 3. 2 Not done FINDINGS RELATING TO NUTRITION SIGNIFICANT DERMATOLOGICAL DIAGNOSIS MADE PREVIOUSLY PHOTOGRAPHY OF SKIN: Frame No. NOW SUPPRESSED OR IN REMISSION Lesion diagnosis code [019] Certain Code Probable Doubt ful 1. 020 021 1 2 3 2. 022 2 3 GENERAL APPEARANCE (1 - 3) 3. Skin Texture 025 Age at first 

 3. Skin fexture

 031
 Surface 1

 032
 1

 032
 1

 033
 1

 031
 1

 032
 2

 Scaling
 3

 033
 1

 034
 1

 Moist

 1. Hair color (Natural) graying\_ \_ years (CHECK 1 BOX) Previous Hair 024 01 Gray 1, 2 Color if Grav 02 🗌 Gray 3, 4 or White 035] Dry 1 Senile 2 Winter 03 White 026 3 Both 4 Atopic Dry 04 Black 05 Dark brown 04 -----05 06 Medium to light brown 07 Chestnut or auburn 07 08 Red (titian, carrot, etc.) 081 09 Dark blonde 09 10 Light blonde 10 Complexion CHECK 'YES OR 'NO" FOR EACH Skin Color Code 027 1 Yes 2 No Dyed, tinted or bleached? Abdomen 0391 Flag signs? 028 1[] Yes Forearm 0401 2 No [041] 1 Florid 2 Pallid z. Eye Color - (CHECK 1 BOX) 042 1 Erythematous 2 Sallow 1 Dark brown 5 Dark blue 6 Light blue 7 Mismatch 2 Ē Light brown 3 Gray, green, hazel 8 Other (SPECIFY) 4 Speckled Nevus of Iris - (CHECK 1 BOX) 030 1 Right 2 Left 3 Both HSM 425-12 (Page 1) Form Approved 7-72

O.M.B. No. 68-R1184

4.	PIGMENT ABERRATIC Items 4-6> 02		FINDINGS (C	30 тс	) ITEM	7)	1				Impression		
17661	1 Melanin ger		~				†						
							r <del>~</del>	<b>5</b> 71	<b>س</b>	د. د.	lison's disea		
	1 Melanin ge			-									
045	1 🛄 Melanin ger	neral-cosm	etically dia	sfig	uring						inism - Tota		
									2	ALD	inism - Part	141	
	Melanin lo	calized											
	1 Face						<u>ا</u> ل						
	1 Body	_			Г		յա	60]	治	V1.0	iligo - Tota iligo - Part	11 	
0491	1 Extremitie	5						61	유덕	- Pos	t inflammato	141 	
[050]	1 Melanin lo	alized -	hyper					62]	iri	- Chr	t inflammato onically ill	(hyper)	
051		calized -	hypo					63	īĒ	ŌĒĒ	er (SPECIFY)		
052	I Melanin lo	calized co	smetically (	a151:	igur.		_						
							•						
	1 Senile dep	gmentatio	<u>n</u>								cant Trau-	Bot	Herbie
054	1 Icterus 1 Tatoo - ari						10	64	Sca	_	matic	Cal	Zoster
	1 Tatoo - tra	umatic					_	6		ophie		2 3	
			cosmetically	y dia	sfig.			661		oids	The second s	2 31	4
	NEVI												
5.	Pigmented and re-	lated lesi	$\frac{\text{ons}}{1}$	cm.									
Diagn	10515		Size		T	Scal				i t	ocation	1	Trunk
(Clin	ical	Tota1	of	1		and	٢						and
	ession)	No.	Largest		Face	Neck		Both		E	xtremities	Trunk	Extremities
		067]	0681										
	Junctional	071	18901	069	10	2		3		070	1	2	3
	Hutchingone fr	pm	072]	673	1	2		3	•	074	1	2[]	3
	Hutchinsons fr	0751	0761	1073		<u> </u>				V/4	<u>+L</u>		
	Mong. spot			077		2		3		078	1	2	3
		079]	0801										
	Blue nevus			081		2		_3		082	1	2	30
	Norma of Ota	083)	084	0051		2		3	Ì	086	1[]	2	3
	Nevus of Ota	0871	0881	000	┟┶╘┷┙╌╌╴	<u> </u>				000		<u> </u>	<u></u>
	Cafe au lait			089		2		3		090	1	2	3
	Senile Lentigenes			0911	11 ГП м	any (10-	+)						
	Ephilides					any (10-							
	-			<u>174</u>		any (10-	-)						
6.	Vascular	093]	~~~~>	r—									
	Araneus	09.51	>>	0941	10	2		3		095	1	2	3
		096]	097										
	Flammeus			098	10	2		3		099	1	2	3
		100	1011	100	1	2		3		103	1	2	3
	Vasculosus	1041	105	102	└╧┕╼┘─┤			ل_د	[]	10.3		_4	<u> </u>
				106	1	2	1	3		107	10	2	3
	Cavernous Senile	108]	$\sim$						- 11				
·	hemangioma	L		109		2		3		110		2	3
	VASCULAR CHANGES	OTHER THAT	N NEVT (7 -	101									
	ITEMS 7-10	111 1	NO FINDING		יד חיד ח	PEM 11)							
7.	ITEMS 7-10	NÔN		2-19	19-19-1:		-8.	VASCI	ŪLĀR	CHA	NGES OTHER T	HAN NEVI	
	Source (CHECK ONE		Locat	ion	(CHECK (	ONE)	Œ				pura-senile	117 1	Coldness
112	1 Observed						_				a (CHECK ONE)		Cyanosis
	2 By history		2	Feet			U.				umatic		
	3[] Both Duration		3	Both	1	1					. induced . related		a, chronic Persistent
113	years										opathic		Recurrent
لتعتقي											ology obscur	e [ <u>121</u> ] i 🗂	
	<u> </u>		······			L							marmorata
HSM 43 7-72	25-12 (Page 2)											rm Approved M.B. No. 68-	R1184
											0.		

Form Approved O.M.B. No. 68-R1184

9. ACTINIC DAMAGE  $\longrightarrow$ 

Outril impression       123       1       2       3         Sinc is impression       123       1       2       3         Acting kerscoses       123       1       2       3         Acting kerscoses       123       1       2       3         Acting kerscoses       123       1       2       3         INDER TRANSIECTSIA       123       1       2       3         Acting kerscoses       123       1       back and selp       12       2         IZB       1       Back and selp       12       1       2       3         IZB       1       Acting kerscoses       123       1       2       3         IZB       1       Back and selp       12       1       2       3         IZB       1       Acting kerscoses       123       1       2       1       2         IZB       1       Det tradition       123       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1 <th></th> <th>Minimal</th> <th>Moder</th> <th>ate Severe</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		Minimal	Moder	ate Severe						
Prine telanotic cital 124       12       3         Actina baroois 123       12       2       3         Actina baroois 123       12       2       3         OTHER TELANCIECTASIA       12       12       3         Interestion       12       12       3         Interestion       11       Presson       12       12         Interestion       12       12       12       12       12         Interestion       12       12       12       12       12       12         Interestion       12       12       12       12       12       12       12         Interestion       12	Overall impression									
Secile Hatcosta       123       1       2       3         Active Activ				the second se						
2.       OTHER TELANCISCIASIA         1.       VISCELANEOUS LESIONS OF COLOR AND TEXTURE         Location       IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		125 1	2	3						
Location       IIII (1)       IIIII (2)       IIIIII (2)       IIIIII (2)       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	<u>Actinic keratoses</u>	126 1	2	3						
Location       IIII (1)       IIIII (2)       IIIIII (2)       IIIIII (2)       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	0. OTHER TELANGIECTA	SIA		11	1. MISCELLAN	EOUS LESI	ONS OF COLOR	AND T	EXTURE	
Location       Clarus (feet)				1		_		Ē		Many
123) 1       Pace       129) 1       Detremities       Seborrheid herdfoes         2       Sealp and neck       2       Trunk and ack and chest       143       1       2         2       Scalp and neck       3       Trunk and ack and chest       143       1       2         1       Warts and neck       1       1       1       1       2         1       Nack and chest       143       1       2         1       Proce first dation       familia       Nact of there       143       1       2         1       Sclerodactyly       120       1       Poikiloderma       143       1       2         1       Sclerodactyly       120       1       Poikiloderma       143       2         1       Sclerodactyly       130       140				1			<u>ITEM 12</u>	$\boldsymbol{\Sigma}$	<u> </u>	5 +
IEE       10       Pace       IEE       Scorpatic keratoese       IEE         20       Funk and and neck       30       Funk and extremities       Scorpatic keratoese       IEE         20       Tunk and extremities       30       Tunk and extremities       Scorpatic keratoese       IEE         100       10       Weber Osler Rondou       III       Idiopathic       Scorpatic keratoese       IIII       IIIII       IIIIIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Location			1	Clavus (f	eet)		140	1	2
21       Scalp and neck       20       Trunk and extremities       Face and esclp       141       12         100       and neck       20       Trunk and extremities       Masclabial or other       143       12         100       10       Weber Osler Rondou       133       11       Idiopathic familial       Nasclabial or other       143       12       2         110       Post irradiation       131       11       Post irradiation       143       12       2         111       Post irradiation       133       11       Idiopathic familial       143       12       2         1120       11       Post irradiation       133       11       Other (SP2CIP)       133       12       2         1120       11       Post irradiation       133       10       2       133       10       2         1120       11       Nother       2       Pather       3       Both       3       10       2         1130       Mother       2       Pather       3       Both       12       2       10       2       10       2       10       2       10       2       10       2       10       2       10       10	[128] 1[] Face	129	1 1	Extremities	•					
30       Pace, scalp, and nock       30       Trunk and extremities and nock       Back and chest       122         120       10       Webr Osler Rondou [33]       11       Idopathic       143       1       2         130       10       Webr Osler Rondou [33]       11       Idopathic       Epithelial tage       143       1       2         131       11       Post iffaction       familial       Dermacofibromata       164       1       2         1321       11       Post iffaction       familial       Dermacofibromata       164       1       2         1321       11       Post iffaction       familial       Dermacofibromata       164       1       2         1321       11       Post iffaction       familial       Dermacofibromata       163       1       2         1321       11       Nother       2       Pather       3       Both       1       2         1321       11       Nother       2       Pather       3       Both       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1 </td <td></td> <td></td> <td></td> <td></td> <td>Face and</td> <td>scalp</td> <td></td> <td>141</td> <td>1</td> <td>2</td>					Face and	scalp		141	1	2
and neck       extremities       Nasolabial or other       143       1       2         1000       11       Post irradiation       133       1       Idopathic       Familial       Papulosa nigra       144       1       2         133       1       Post irradiation       133       1       Post irradiation       143       1       2         133       1       Post irradiation       133       1       Post irradiation       144       1       2         133       1       Post irradiation       133       1       Post irradiation       146       1       2         133       1       Other (SP2CIT)       133       1       2       2       2       1       2       2       1       2       2       1       2       2       1       2       2       1       2       2       1       2       2       1       2       2       1       2       2       1       2       2       1       2       2       1       2       2       1       2       1       2       1       2       1       2       1       2       1       2       1       2       1       2					Back and	chest		142	1	2
Impression       Weber Osler Rondou       III       Idiopathic       familial         III       Post irradiation       familial       Papulose migra145       IIII       22         IIII       Post irradiation       familial       Papulose migra145       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				extremities	Nasolabi	al or oth	er			
Impression       Weber Osler Rondou       III       Idiopathic       familial         III       Post irradiation       familial       Papulose migra145       IIII       22         IIII       Post irradiation       familial       Papulose migra145       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				1	body fol	.ds				
110       Post irradiation       10       Familial       Meurofibromata       10         110       Stierodactyly       110       Poikioderma       Dermacofibromata       107       12         110       Stierodactyly       110       Poikioderma       Dermacofibromata       107       12         110       Poikioderma       Dermacofibromata       100       110       20         111       Dermacofibromata       110       100       110       20         111       Dermacofibromata       111       110       20       110       20         111       Dermacofibromata       111       20       110       20       110       20         111       Dermacofibromata       111       20       110       20       110       20         112       Dermacofibromata       111       20       110       20       110       20         112       Dermacofibromata       111       20       110       20       110       20       110       20       110       20       110       20       110       20       110       20       110       20       110       20       110       20       110       20	Impression		_		Papulosa	nigra				
[132] 1] Sclerodactyly       [136] 1] Poikiloderma wasculare atrophic ans [135] 1] Other (SPECIFY)       Dermatofibromiza pidermal nevi [146] 1] 2 [147] 1] 2 [1	130 1 Weber	Osler Rondou 133	] 1		Epithelia	1 tags				
Image: Section of the section of th	[]]] 1[_] Post									
arrophic ans (T33) 1       cher (SP2GT- y)       Harts-fead	[]32] 1[] Scler	odactyly [ <u>134</u>	] []							
Image: State of the section of the				1 1						
FY       Warts-genical       132       12       2         Family history       133       12       2       2         T35       1       Paternal       3       Both       2       3       12       2         T35       1       Paternal       13       Both       Acanthosis nigracans       153       1       2         T35       1       Paternal       13       Both       Acanthosis nigracans       153       1       2         T35       1       Maternal       13       Both       Acanthosis nigracans       155       1       2         137       1       Maternal       1       Maternal       1       Lichen striatus       155       1       2       1 <td></td> <td></td> <td></td> <td></td> <td>Warts-har</td> <td>nds</td> <td></td> <td></td> <td></td> <td></td>					Warts-har	nds				
Family history       152       1       2         Tophi       133       1       2       1       2         Taster       2       Paternal       3       Both       2       1       2         Taster       13       10       Acanthosis nigracans       136       1       2         Taster       13       10       10       10       10       10       10         alignant       and       female       10		135			Warts-ree	25				
Family history       153 1       2         Image: State of the strict of the stri				<u>FY</u>						
Family history       Xanthomata       153       1       20       153       1       20       20       155       1       2       155       1       155       1       155       1       2       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1       155       1						•				
136       1       Mother       2       Paternal       3       Both         137       1       Paternal       2       Paternal       3       Both         137       1       Paternal       2       Paternal       3       Both         138       1       Maternal       2       Maternal       3       Both         138       1       Maternal       3       Both       1       1         21       NO FINDINGS (CO TO ITEM 13)       1       1       1       1       1         11       NO FINDINGS (CO TO ITEM 13)       1	Family history							154		2
Light 1       Poternal 1       Paternal 1       Soch       Lichen striatus       Lichen striatus         III       Paternal 1       Soch       IIIIII       Paternal 1       Soch         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			<u>-</u>	De L				155		
Image       Female       Female         Image       Female       Female         Image       Female       Solid         Image       Solid       Female         Image       Solid       Solid         Image       Solid       Solid         Image       Solid       Solid         Image       Solid       Solid       Solid         Image       Solid       Solid       Solid       Solid         Image       Solid       Solid       Solid       Solid       Solid         Image       Solid						•			1	2
[]33] 1. Maternal 2. Maternal 3. Both male       female         2. NEOPLASTIC CHANGE []352] 1. NO FINDINGS (GO TO ITEM 13)       biopsylem         alignant       Scalp         Type       Scalp			لـــاد	Both						
male       female         2.       NEOPLASTIC CHANCE         IIII       NO FINDINGS (GO TO ITEM 13)         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			3	Both						
2. NEOPLASTIC CHANCE DED 1 NO FINDINGS (GO TO ITEM 13) alignant Science Reck Both Trunk Extrem. Both Taken Type Rece neck Both Trunk Extrem. Both Taken Science Reck Both Trunk Extrem. Both Taken Size of large and and Science Reck Both Trunk Extrem. Both Taken Size of large tipoma			51_3	Boen						
asal Cell Bpith	alignant						Benign		Size of	large
uperficial BCE										code to
quamous Cell Carcinoma       164       1       2       3       166       1       2       3       166       1       3       166       1       2       3       166       1       2       3       166       1       2       3       166       1       2       3       168       1       2       3       168       1       2       3       168       1       2       3       171       1       2       3       174       1       2       3       177       1       2       3       174       1       2       3       177       1       2       3       174       1       2       3       177       1       2       3       177       1       2       3       178       1       plasm of       sweat glands       sweat glands       168       1       2       3       181       1       1       160       168       168       1       2       3       181       1       160       168       168       168       168       168       168       168       168       168       168       168       168       168       168       168       168       168       168										cm
Owen's disease167       1       2       3       168       1       2       3       169       1       ademoma1824								1183	J	cm
ymphoma, leukemia       70       1       2       3       171       1       2       3       172       1       plasm of         etastatic       173       1       2       3       174       1       2       3       175       1       plasm of         . F.       173       1       2       3       176       1       2       3       178       1       sweat glands         . F.       179       1       2       3       178       1       sweat glands       and ducts       ISS       cover fibro         . F.       179       1       2       3       180       1       2       3       178       1       sweat glands       and ducts       ISS       cover fibro       mata       cover fibro       0								TTOL	1	
etastatic       173       1       2       3       174       1       2       3       175       1       plasm of         . F.       176       1       2       3       177       1       2       3       175       1       sweat glands         ther (SPECIFY)       179       1       2       3       178       1       sweat glands       and ducts       185       c         ther (SPECIFY)       179       1       2       13       180       1       2       3       181       1       sweat glands       and ducts       185       c         ther (SPECIFY)       179       1       2       13       180       1       2       3       181       1       1       sweat glands       and ducts       mata         0       0        0        0       0        0       1       0       1       1       1       1       1       1 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>LT04</td><td>·</td><td><sup>Cu</sup></td></td<>								LT04	·	<sup>Cu</sup>
. F							-			
ther (SPECIFY)	$1. F_{4}$						•	6		
ECTODERMAL APPENDAGES       IST 1       NO FINDINGS (GO TO ITEM 14)         Eccrine       Activity       Forehead       Hands       Feet         Marked       1881       1891       1901       Iminimal       2001         Minimal       2001       1901       1001       1000       1000       1000         Minimal       2001       10000       1000       10000       10000       10000       10000       10000       10000       10000       10000       10000       100000       100000       100000       100000       100000       100000       100000       1000000       1000000       10000000       1000000000       1000000000       10000000	ther (SPECIFY)			The second s			and ducts	185	1	cn
ECTODERMAL APPENDACES Ectodermal glands 7157 1 NO FINDINGS (GO TO ITEM 14) Eccrine Activity Forehead Hands Feet Marked 188 1 190 1 Minimal 2 2 2 Dishydrotic 191 1 192 1 Minimal 20 1 191 1 192 1 Dishydrotic 193 1 Anhydrotic Apocrine (post pubertal) Mammary gland development Fox Fordyce diseass Marked 195 1 Axillary 197 1 Genital 2 Deficient 196 1 Para-areolar Sebaceous glands: Sebum production 198 1 Increased Inclusion cysts (no,199 1 2 4 2 2 4 4 Largest 200 cm. (9 or > code to 9) Location of cysts : 201 1 Chest 202 1 Face 203 1 Back 204 1 Other (SPECIFY)							Other fibro	-		
B. Ectodermal glands → 157 1 □ NO FINDINGS (GO TO ITEM 14) Eccrine Activity Forehead Hands Feet Marked 188 1 120 1 Minimal 20 2 Dishydrotic 199 10 199 10 Mammary gland development Fox Fordyce diseass Mammary gland development Fox Fordyce diseass Marked 195 10 Axillary 197 10 Genital 20 Deficient 196 10 Para-areolar Sebaceous glands: Sebum production 198 1 0 Increased Inclusion cysts (no,199 1 0 < 4 = 2 = 2 4 = - Largest 200 cm. (9 or > code to 9) Location of cysts : 201 10 Chest 202 10 Face 203 10 Back 204 10 Other (SPECIFY).						i	mata	. [186	1	cп
Eccrine       Activity       Forehead       Hands       Feet         Marked       1881       1891       1901       1901         Minimal       2       2       2         Dishydrotic       1911       1921       1         Mammary gland development       Fox Fordyce disease       1921       1         Mammary gland development       Fox Fordyce disease       1921       1         Mammary gland development       Fox Fordyce disease       1921       1         Genital       1951       Axillary       1927       1       Genital         2       Deficient       1950       1       Para-areolar       Sebaceous glands;         Sebum production       1981       Increased       1       1       Foreitor (9 or > code to 9)         Location of cysts       2001       cm. (9 or > code to 9)       2021       Face         2031       Back       2041       0 ther (SPECIFY)       1	ECTODERMAL APPENI	AGES								
Eccrine       Activity       Forehead       Hands       Feet         Marked       1881       1891       1900       1         Minimal       2       2       2         Dishydrotic       1911       1920       1         Manmary gland development       Fox Fordyce disease       1921       1         Marked       1951       Axillary       1927       1       Genital         2       Deficient       1961       Para-areolar       Sebum production       1931       1       Increased         Inclusion cysts (no.)[192]       1       4       2       2       4       1       1         Largest       2000	<ol> <li>Ectodermal glands</li> </ol>		] NO FI	and the second	ITEM 14)					
Marked       183       190       1         Minimal       2       2         Dishydrotic       191       192         Dishydrotic       191       192         Dishydrotic       191       192         Manmary gland development       Fox Fordyce disease         Manmary gland development       Fox Fordyce disease         Manmary gland development       Fox Fordyce disease         1       Absent 3       Marked         1951       Axillary       197         2       Deficient       19601         Sebaceous glands;       Sebum production       198         Sebum production       198       1         Inclusion cysts (no.)       199       1         Largest       200       cm. (9 or > code to 9)         Location of cysts :       201       1         203       1       Back       204         203       1       Back       204										
Minimal       2       2         Dishydrotic       191       192         193       1       Anhydrotic         Apocrine (post pubertal)       Fox Fordyce disease         Manmary gland development       Fox Fordyce disease         1       Absent 3       Marked         2       Deficient       196         2       Deficient       196         Sebaceous glands;       Sebum production       198         Sebum production       198       1         Inclusion cysts (no.)199       1       4         201       Cm. (9 or > code to 9)         Location of cysts :       201         203       1       Back         203       1       Back	Eccrine				Feet					
Dishydrotic		Marked		12811						
Dishydrotic			~ ~	1 2	201					
Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of the system         Image: space of the system       Image: space of			$\sim$	191,	1921,					
Apocrine (post pubertal) Mammary gland development       Fox Fordyce disease         Manmary gland development       Fox Fordyce disease         10       Absent 30       Marked       1951         20       Deficient       1961       Para-areolar         Sebaceous glands;       Sebum production       1981       Increased         Inclusion cysts (no.) [1991       1       4       2         Largest       2001       cm. (9 or > code to 9)         Location of cysts :	<u> و محمد ا</u>		·		_ <u>1</u>					
Manmary gland development       Fox Fordyce disease         1       Absent 5       Marked       1951       Axillary       1971       Genital         2       Deficient       1961       Para-areolar         Sebaceous glands;       Sebum production       1981       Increased         Inclusion cysts (no.)       1991       24       24       24         Largest       1200       cm. (9 or > code to 9)       Location of cysts :>       2011       Chest       2021       1         Location of cysts      >       2013       1       Back       204       1       Other (SPECIFY)										
1       Absent 3       Marked       1951       Axillary       1971       Genital         2       Deficient       1961       Para-areolar         Sebaceous glands;       Sebum production       1981       Increased         Sebum production       1981       Increased         Inclusion cysts (no.)       1991       24       24         Largest       200       cm. (9 or > code to 9)         Location of cysts :>       2011       Chest       2021         2031       Back       2041       Other (SPECIFY)			Fr	x Fordyce dise	ase					
2 Deficient <u>Sebaceous glands:</u> Sebum production 198 1 ☐ Increased Inclusion cysts (no,)199 1 ☐ < 4 2 ☐ ≥ 4 Largest 200 cm. (9 or > code to 9) Location of cysts :> 201 1 ☐ Chest 202 1 ☐ Face 203 1 ☐ Back 204 1 ☐ Other (SPECIFY)						Genital				
Sebaceous glands;         Sebum production       [198] 1       Increased         Inclusion cysts (no.)[199] 1       2       2         Largest       [200]       cm. (9 or > code to 9)         Location of cysts :										
Sebum production       198       1       Increased         Inclusion cysts (no.)       199       1       ∠       4       2       ∠       4         Largest       200        cm. (9 or > code to 9)        Location of cysts :>       201       1       Chest       202       1       Face         203       1       Back       204       1       Other (SPECIFY)										
Inclusion cysts (no.)[199]       1       2       2       4         Largest       [200]       cm. (9 or > code to 9)         Location of cysts :>       [201]       1       Chest       [202]       1         Location of cysts :>       [203]       1       Back       [204]       1       Other (SPECIFY)	Sebum production	100 Inc:								
Largest       [200]       cm. (9 or > code to 9)         Location of cysts :>       [201]       1 Chest       [202]       1 Face         [203]       1 Back       [204]       1 Other (SPECIFY)	Traluator andta 7			2     > 4	-					
[203] 1 Back [204] 1 Other (SPECIFY)	inclusion cysis (		-							
	Largest	[200]	cm. (9	or > code to 9		-				
ISM 425-12 (Page 3) Form Approved	Largest	0f cysts :>	cm. (9	or > code to 9	202 1					

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I.

14.	NAILS>	[205]	1	NO FI	NDINGS	(GO TC	) ITEN	M 15	)						
	Fingernails (TOTA	L NUME	BER) 🕻	2061 _											
	Abnormalities (RE	CORD	NUMBER	OF NA	ILS IN	VOLVED									
	Color Quality Contour Surface Other Complete absence Bands	[207] [210] [212] [214] [216] of naj [219]	ils, no	ot tra	; ed; ed; kened; umatic	208 211 213 215 215 217 218 s: 220			yellow; Brittle Spooned Pitted Clubbed Pigmented			_ Green, bro	wn or	black	
		-		_					1 1 8						
	Clinical impressi	221 224		Fungus Lichen	planu	222		] Tr ] Ne	auma evus			Alopecia are Psoriasis	ata		
	Toenails														
	Abnormalities	<u>רסספו</u>	, L ,	Thicke	ned	1220	1 15	וחו	scolored	[230]	1	Pigmented ba	ands		
	Clinical impressi							., .,			~				
	CIINICAI Impressi	[231]	1	Fungus Trauma		232	] 1		soriasis cher (SPEC		1[]	Nevus			
15.	HAIR>	[236]	1	NO FIN	DINGS										
	Scalp: Alopecia		Min.		Mod.	Sev	ere	]		Impres of et:					
	Male Pattern	237	1		2	3				[240]	1	Areata	[241]	1	Infection
	Localized			1	2			1	>			Anti meta-	[243]	1	Trauma
	Diffuse	239			2			]		[244]	1	bolites Postcli- macteric	[245]	1	Familial
	<u>Texture</u> :	[246] [247]		ine ry sta:	2[] C	oarse 2		Casil	ly plucked	· <u> </u>	3	Both			
	Eyebrows:	248]	1 🛄 S	par <b>se</b>	2[ A	bsent									
	<u>Eyelashes</u> :	249]	1 🛄 S	parse	2 🗖 🗚	bsent									
	<u>Facial Hair</u> (pos	t pube	rtal)												
		Males [250]	1S	parse	2 🗔 🗚	bsent	1			[252]	1	Alopecia Areata	253]	1	Genetically determined
		Femal [251]		xcessiv	7 A					[254]	1	Post infec-	255	1	Post trauma
										[256]	1	tion Endocrine	[257]	1	Other (SPECI- FY)
	Axillary	[258]	1[]]s	parse	2 🗔 🗚	bsent				1					
	<u>Pubic</u>	[259]	1[_]s	DATSA	2	bsent	(not	sha	ved)	[260]	1	Inappropria	te esc	utche	on
	Body Hair	لمهجب			· • • •		,					•• •			
	Location	-	None	Minin		arked	Exce		ve						
	Anterior Thorax Posterior Thorax	261	$\frac{1}{1}$	2		3									
	Arms	263	1	2		3	4	40							
	Legs	264	10	2		3									
	General	265		2		·(	<u> </u>	<u>العا</u>					Annu-	ved	
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<u>REGIONAL EXAMINATION</u>		
16. HEAD AND NECK	18. THIGHS AND BUTTO	CKS
[266] 1 NO FINDINGS (GO TO ITEM 17)	[ <u>339</u> ] 1[] NO FINDING	S (GO TO ITEM 19)
Scalp	[ <u>340]</u> 1 Venous sta	rs
[267] 1 Scaling 2 Erythema 3 Both	[ <u>341]</u> 1 Pilonidal 2 Pilonidal	
Impressions:		cysts-no drainage
268 1 Seborrheic dermatities 269 1 Trauma	4 Pilonidal	cysts-repaired
270 1 Psoriasis	342 1 Rectal fis	
[271] 1 [] Other	3 Both	sure and ulceration
Eyes	[343] 1 Inter-glut	eal fissure
Ever Age Family History		
Observation Ever Age Family History Noticed? of onset Parents Sibs Both	19. GENITALIA	- /
Yes No	L (744) I NO LINDING	S (GO TO ITEM 20) Redness and scaling due to:
Xanthelasma272     272     1     2     273      274     1     2     3       Arcus senilis275     1     2     276      277     1     2     3		[347] 1[]Posriasis
Blepharitis	3 Both	2 Seborrheic derma-
(angular) <u>278</u> 1 2 279 280 1 2 3	[346] 1[] Ulcers	 [348] I Candida
Blepharitis (not angular) 28111 2 282 283 1 2 3		2 Parasites
Hordeolum $2841222222 285 28612 20132$		3 Both
Chalazion 287 1 2 288 289 1 2 3	<u>I</u>	4 Uncertain
Pterygium         290         1         2         291         292         1         2         3           Tumor         293         1         2         294         295         1         2         3	20. EXTREMITIES	
	[349] 1 NO FINDING	
<u>Ears</u> Deformed		everity Disfiguring Mod. Severe Yes No
296 1 Acquired 2 Congenital	Clubbing 350	
[297] 1[_] Chondodermatitis helicis nodularis	acquired 1	2 3 3 1 2
Nose	Clubbing <u>352</u> familial 1	
Deformed	familial 1[] Deformity 354]	
298 1 Acquired 2 Congenital (saddle, etc.)	acquired 1	
Mouth Buccal	Deformity, 356	
Observation Lips Mucosa Gingiva Tongue	familial 1	
Fissuring 299 1 300 1 301 1 302 1	Varicosities Min.	Mod.   Severe
Pigmented les. 303 1 304 1 305 1 306 1 Leukoplakia 307 1 308 1 309 1 310 1		
Leukoplakia307 1 308 1 309 1 310 1 Lichen Planus <u>311 1 312 1 313 1 314 1 314</u>	Left359 1	2 3
Tumor 315 1 316 1 317 1 318 1 1		No color Peri-foll.
Angular les. or	Follicular hyperkerat	
scars 319 1	Upper-outer arm	
Tongue (cont'd.) General macroglossia	Rest of upper extrem.	361 1 2
Mal developed generally	Entire arm	
321 1 Forked 322 1 Partial atrophy 2 Full atrophy Papillae	Upper-outer legs	
323 1 Atrophic 324 1 Geographic 3 Pyramidal	Rest of lower extrem.	
2 Black hairy 4 Scrotal		
Palate       325     1     Smokers     2     Glandulær hypertrophy     326     1     Arched	Entire leg	
(non-smokers) 2 Cleft	Upper back	
Color 3 Both	Abdomen	367 1 2
327 1 Beefy red 2 Magenta	Buttocks	368 11 21
Other findings: [328] 1] Serrations 2] Swelling(marginal 3] Both		
328] 1 Serrations 2 Swelling(marginal 3 Both (marginal bilateral) bilateral)		
17. THORAX AND ABDOMEN		
Supernumerary areolae: 330 number with glandular tissue		
[331] number without glandular tissue		
Gynecomastia;332] 1 Minimal Etiology 2 Marked 3333 1 Medication		
2 Marked 200 Medication	unction	
3 Both		
Striae: 334 1 Purple 335 1 White 337 1 Draining fistulae or other lesions	336] 1 🛄 Pigmen	ted
338 1 Congenital malformations		
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D	Ι	s	Е	А	S	Е	0	R	I	Е	Ν	т	Е	D	Е	х	A	М	I	N	Α	т	Ι	0	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[369] 1[ ] NO DISEASE [ (ITEMS 21-31) SKIP TO EVALUATION	
21. ACNE VULGARIS	26. (cont'd) Cause of Urticaria (CHECK ALL THAT APPLY)
370         1         Inactive         Min.         Mod.         Severe           2         Active         371         1         1         2         3	[408]         1         Food         [409]         1         Inhalant           [410]         1         Medication         [411]         1         Obscure or other
	(SPECIFY)
Acne cysts <u>372</u> 1 Quiescent 2 Active	
273 1 Dit coarring	27. CONTACT DERMATITIS (CHECK ALL THAT APPLY) [412] 1 Plant [413] 1 Rubber
[374] 1 Cystic scarring	[412] 1 Flanc [415] 1 Rubber [414] 1 Medication [415] 1 Leather
Extent of acne	[4]4         []         Medication         []         []         Leather           []
375 1 Face 377 1 Chest	[418] 1 [] Metal [419] 1 Obscure
376 1 Back	[420] 1 Fabrics 28. FUNGAL INFECTIONS
······································	Impression         KOH         Wood's         Lamp           Site         Yes         No_         Pos.         Neg.         N.D.         Pos.         Neg.         N.D.
22. SECONDARY ACNE (CHECK ONE)         378       1         Steriod       3         Anovulatory prepara         2       Halogen         tions	421 422 423
378 1 Steriod 3 Anovulatory prepara	Scalp 1 2 1 2 3 1 2 3
378     1     Steriod     3     Anovulatory preparations       2     Halogen     tions       4     011	424 425 426
	Feet <u>10 20 10 20 30 10 20 30</u>
ACNE ROSACEA 379 1 Minimal 3 Severe	Hands 427 428 429 Hands 1 2 1 1 2 3 1 2 3
2 Moderate	I have seen a few second a second sec
23. SEBORRHEIC DERMATITIS (CHECK ALL THAT APPLY)	
380 1 Naso labial fold 381 1 Eyebrows	Uther (SPECI - 433 434 435 435
[382] 1 Scalp [383] 1 Post auricula [387] 1 Avillan [385] 1 Conitalia	
380         1         Naso         1abial         fold         381         1         Eyebrows           382         1         Scalp         383         1         Post auricula           384         1         Axillae         385         1         Genitalia           386         1         Infra mammary         385         1         Genitalia	Culture taken for Fungi
Culture taken for Candida? 387 1 Yes 2 No	Feet: [437] 1 Nail 3 Glabrous skin
	Feet: [435] 1 None taken Feet: [437] 1 Nail 3 Glabrous skin 2 Webs 4 Combination
24. PSORIASIS     388   1   Inactive   Min. Mod. Severe	Hands: 438 1 Nail 3 Both
388         1         Inactive         Min.         Mod.         Severe           2         Active         389         1         2         3	2 Glabrous skin
	[439] 1 Groin [440] 1 Body
Location	29. VIRAL INFECTIONS (EXCEPT WARTS)
2 Extremities only 2 Seborrheic	Viral Vesicles: Diagnostic Impression
Location         3901       1         Scalp only       391         2       Extremities only         3       Both         3       Both	441       1       H. Simplex       3       M. Contagiosum         2       H. Zoster       4       Primary Varicella
3[] Both	Z_JH. Zoster 4_ Primary Varicella Tzanck smear
Toint Involved	442 1 Positive 2 Negative 3 Not done
3921         III         Fingers         2         Toes         3         Both           3933         I         Spine	30. BACTERIAL INFECTIONS
393         1         Spine           394         1         Other joint (SPECIFY)	Location
	Description/Severity Scalp Face Trunk Extrem. Butt. Cult?
Family History	Furuncles 443 444 445 4446 447 448
395 1 Parent 2 Sibs 3 Parents and sibs	Min. <u>1 1 1 1 1 1 1 1 1 Market</u> Mod. <u>2 2 2 2 2 2 1 1 Yes</u>
E326] 1] Near relatives	Severe 3 3 3 3 3 3
Did joint problem precede psoriasis?	Folliculitis 449 450 451 452 453 454
<u>397</u> ] 1 Yes 2 No	Min. 10 10 10 10 10 10 10 10 10 10 10 10 10
25. ATOPIC DERMATITIS	Mod. 2 2 2 2 2 2 1 Yes Severe 3 3 3 3 3 3
Severity	Impetigo 455 456 457 458 459 460
398 1 Minimal 2 Moderate 3 Severe	Min. 10 10 10 10 10
Distribution	Mod.         2         2         2         2         1         Yes           Severe         3 <td< td=""></td<>
[399] 1 Flexural areas only	TBC 461 462 463 464 465 466
2 Flexural areas and other (SPECIFY)	Min. 10 10 10 10 10
3 Generalized	Mod. 2 2 2 2 2 2 1 Yes
	Severe         3         3         3         3           Hansen's         4671         4683         4693         4701         4721
Family History [400] 1 Atopy	Disease Min. $1 1 1 1 1 1 1 1 1$
[401] 1 Urticaria and/or asthma	Mod. 2 2 2 2 2 1 Yes
	Severe 3 3 3 3 3 3
Personal History	Swim. Pool 473 474 475 476 477 478
Personal History [402] 1 Urticaria and/or asthma	Swim. Pool         473         1474         475         1476         1477         1478           Gran.         Min.         1
402       1       Urticaria and/or asthma         26.       URTICARIA (CHECK ALL THAT APPLY)	Swim. Pool     473     1474     475     1475     1477     1478       Gran.     Min.     1     1     1     1     1       Mod.     2     2     2     2     1     Yes       Severe     3     3     3     3     3
402       1       Urticaria and/or asthma         26.       URTICARIA (CHECK ALL THAT APPLY)         403       1       Cholinergic         404       1       Anglo-neurotic edema	Swim. Pool     473     1474     475     1476     1477     1478       Gran.     Min.     1     1     1     1     1       Mod.     2     2     2     2     1     Yes       Severe     3     3     3     3     3       31.     ARTHROPOD AND PROTOZOAN INFECTIONS
[402] 1       Urticaria and/or asthma         26. URTICARIA (CHECK ALL THAT APPLY)         [403] 1       Cholinergic         [406] 1       Glant         [406] 1       Glant	Swim. Pool     473     1474     475     1476     1477     1478       Gran.     Min.     1     1     1     1     1     1       Mod.     2     2     2     2     2     1     Yes       Severe     3     3     3     3     3     1       31.     ARTHROPOD AND PROTOZOAN INFECTIONS       [479]     1     Pediculosis capitis     1     Swimmer's itch
402       1       Urticaria and/or asthma         26.       URTICARIA (CHECK ALL THAT APPLY)         403       1       Cholinergic         404       1       Anglo-neurotic edema	Swim. Pool     473     1474     475     1476     1477     1478       Gran.     Min.     1     1     1     1     1       Mod.     2     2     2     2     1     Yes       Severe     3     3     3     3     3       31.     ARTHROPOD AND PROTOZOAN INFECTIONS

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EVALUATION OF DERMATOLOGICAL COMPLAINT

[486] 1 NO CONDITIONS (END OF EXAM)

	OND (END OF	EXAM)							
	<u>L (</u>	CATION				<u>. S</u> E	VER	ITY	
EVALUATION	HAND	FOOT	OTHER (S		THE REAL PROPERTY AND A DESCRIPTION OF A				
	487	[488]	LOCATIO [489]	1.4	EVALUATION	NONE	MIN.	MOD.	SEVERE
32. Diagnostic Code					ł	l l			
Recurrent?	4901	[491]	[492]	×	37. Disfigurement				
	1 门 Yes	1 🗌 Yes			(examiner eval.)	-	1	ļ	
IF YES-Months	2 No	2 🗍 No	2 No	$4 \vee$		5421 1	2	3	4
active in past 12	493]	494]	495	$  \land  $					
months				$ / \rangle$	Foot	543 1	2	3	4
	496]	[497]	498]	TOTAL	Other [	544] 1	2	3	4[]
Veene doorties				SKIN	-				
Years duration	4991	(500)	[501]	COMPLAINT 502	38. Discomfort (Paties	nt evaluat:	ion_)		
Percent limitation				AXE.	a. Pain or				
of activity	. I	<u> </u>		<u> </u>	Burning-				
33. <u>Handicap</u> to Gain-					Hand	54511	2	3	4
ful Employment or					Foot	54611	2	3	4
Housework	503	504	505	506	_		-		
Total				1	Other [	547]1	2	3	4
Part-severe	1	2	2	2	b. Itching				
Part-minimal		3	3[]	3					
None	4	4	4	4	Hand 🗋	548 1 🛄	2	3	4
Precludes preferm	5071	15081		510	Foot	54911 🗖	2	3[]	4
occupation	1 Yes	1 Yes	1 🗌 Yes	1 Yes					
34. Handicap to Socia	1				Other 🖸	550 1	2	3	4
Relations	<u>511)</u>	512	513)	514	c. <u>Limitation of</u>				
Severe		10	10	10	<u>Motion</u> -			•	
Minimal	2[]	2	2	2	Hand	5511	2	3	4
None		31-1	3[-]	3[]					
				<u> </u>	Foot [	552] <u>1 🗖 🔰</u>	2	3	4
35. <u>Care Sought(CHECK</u> ALL THAT APPLY)					Other [	553]1	2	3[-]	4
	515]	516]	517	1					
Non professional			1		d. <u>Overall</u> Discomfort				
Pharmacy	518		1		DIDEDMINIT				
	5211	1522]	523	1	Hand 🖸	5411	2	3	4
M.D	<u>1</u> 524]	1	10	-	Foot 1	55511	2[_]	3	4
Podiatrist		1	1		1000		<u> - L</u>		
	5271	1528)	529]	1	Other 🕻	5611	2	3	4
Osteopath	530	- 1		4					
Dermatologist		[ <u>531</u> ]	1		39. OBSTACLE TO IMPRO THAT APPLY)	OVEMENT OF	CONDIT	ION (CHE	CK ALL
				1	557 1 No medical	advice so	ught		
36. <u>Presently Under</u> Current Best Care	Yes No		Yes No	1	2 Inadequate	medical a	dvice		
Gurrent best care			535] 1 🗌 2 🔲		558] 1[] Patient co 559] 1[] Distance f	operation			
IF NO:With expert care		Concerning of the second se	5 38	t i	560 1 Availabili	ty of trar	isporta	Eion	
a. Would condition be improved?			<u>г іс го</u> г		561 1 Finances				
			1 <u>2</u>	1 1	562] I Other				·
b. Would condition permit Full Gain~	5391	1340)	541					, <del></del>	
Emp. or HW		1	1						
Part. Emp. or HW	2	2	2						
No change	3	3	3		•				
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Form Approved O.M.B. No. 68-R1184

#### APPENDIX III

### SKIN PATHOLOGY CLASSIFICATION AND GLOSSARY OF SELECTED TERMS

mycosis, Paronychia, Tinea Cru-

#### Classification

ris, Tinea Corporis, Favus, Tri-Inclusions in the groupings of conditions chophytids, Tinea Versicolor, from the Code of Skin Diseases of the Depart-Tinea Nigra Palmaria, etc. (exment of Dermatology, New York University cluding Monilial) School of Medicine (February 1968 edition)<sup>8</sup> Dermatophytoses of Foot, Ath-13100as used in this report are as follows: lete's Foot, Tinea Pedis (excluding Nails) NYU Condition Dermatophytoses of Nails, Tinea 1312--Codes Unguium, Onychia due to Dermatophytes, Onychomycosis, Par-020-029 Syphilis-Congenital, Early, Late, Latent, and Unqualified onychia (excluding Bacterial and 030-039 Other Venereal Diseases Monilial) 050-059 Bacterial Diseases-Scarlet Fever. 13131-Dermatophytoses-Crural, Tinea Erysipelas, Diphtheria, Meningo-Cruris (excluding Monilial and coccal Infection, Plague, Tula-Ervthrasma) Tinea Versicolor, Pityriasis Versiremia 131910 070-074 Spriochetal Diseases (excluding color Syphilis) Deep Fungus Infections-Actino-132-134 Diseases due to Viruses-Small-Coccidioidomycosis, 080-096 mycosis, pox, Rubeola, Rubella, Chicken Blastomycosis, Paracoccidiomy-Pox, Varicella, Herpes Zoster, cosis, Histoplasmosis, Cryptococ-Trachoma, Herpes Simplex, Foot cosis, Nocardiosis, Moniliasis, and Mouth Disease, etc. (Candidiasis), etc. 096 Herpes Simplex, Foot and Mouth Zoonoses - including Scabies, 135-137 Disease, etc. Mites, Pediculosis, Chiggers, Tick Rickettsial Diseases - Typhus, 100-108 Bites. etc. Rocky Mountain Spotted Fever, Sarcoidosis and other Infective 138 O Fever, etc. and Parasitic Diseases 120-130 Leishmaniasis and other Parasitic 19X Malignant Tumors Diseases-including Trypanoso-19X0 Malignant Tumors-Bowen's Dismiasis, Toxoplasinosis, Trichinoease, Erythroplasia, Paget's Dissis, Pin Worm, etc. ease (Breast and Extra-Mam-Dermatophytoses-including Ath-131 mary) lete's Foot, Tinea Pedis, Tinea 19X1 Malignant Tumors-Fibroepithelial Manuum, Tinea Capitis, Tinea Tumor, Basal-Cell Epithelioma Barbae, Tinea Unguium, Onycho-19X14X Malignant Tumors-Basal-Cell Epithelioma, Nodulo-Ulcerative or Solid

NOTE: A list of references follows the text.

19X18X	Malignant Tumors—Basal-Cell Epi- thelioma, NOS	250-254
19X2	Malignant Tumors – Baso-Squa- mous Epithelioma, Baso-Squa- mous Carcinoma, Intermediary Metatypical Epithelioma or Car- cinoma, Mixed Metatypical Epi- thelioma or Carcinoma, Prickle- Cell Epithelioma and Basal-Cell	260 270-277
19X6	Epithelioma, and Intraepidermal Epithelioma Malignant Tumors–Malignant Mel-	280-286
13710	anoma, Lentigomaligna	
19X8	Malignant Tumors–Squamous-Cell Carcinoma	288-289
19X9	Malignant Tumors-Adenocantho-	
	ma, Adenocarcinoma, Cutaneous Metastasis, Fibrosarcoma, Neuro- sarcoma, etc.	290-293
19XX	Malignant Tumors—on Skin NOS or NEC	294-299
20X	Lymphomas and Leukemias	
22X	Benign Tumors—including Nevus, Hemangioma, Cafe au Lait Spot, etc. (excludes 22X44X—Sebor-	320-324
	rheic Keratosis)	360-369
22X44X 22X959	Seborrheic Keratosis, NOS or NEC Benign Tumors–Lipoma	
23X	Precancers—including Actinic Ker- atosis, Burn (X-ray), Senile Kera- tosis, etc.	370-389
23X081	Actinic Keratosis	
23Y 242-243	Tumor–Malignancy not stated Urticaria–including Angioneurotic Edema, Nettle Rash, Lichen	390-398
	Urticatus, Telangiectasia Macu- laris Eruptiva Perstans, Masto-	400-402
944	cystosis, Ĥives	450-456
244 245	Allergic Eczema or Dermatitis due to external agent-Eczema, Aller- gic Eczema, Drug Eruption, "Auto-immune Syndrome," Der- matitis Medicamentosa Other Allergic Disorders-Allergic	460-466
	Conjunctivitis, Allergic Disorders of Skin	467-468
		107-100

- 0-254 Diseases of Thyroid Gland-Thyrotoxicosis, Myxedema, Cretinism
  - Diabetes Mellitus
  - 77 Other Endocrine Disorders–Pancreatic Disorders, Acromegaly, Gigantism, Hyperthyroidism, Dwarfism, Addison's Disease, Cushing's Syndrome, etc.
  - 86 Avitaminosis and Nutritional Deficiency States—including Beriberi, Pellagra, Scurvy, Rickets, Alopecia, Vitamin Deficiencies, etc.
  - 89 Lipoidoses and Other Metabolic Diseases—including Gout, Xanthelasma, etc.
    - Anemias-including Pernicious, Iron-Deficiency, Sickle-Cell, etc.
    - Other Blood Dyscrasias—including Polycythemia, Hemophilia, Purpura, etc.
  - 24 Psychophysiologic, Mental Psycho-Neurotic, and Personality Disorders
  - 69 Diseases of Nerve—including Bell's Palsy, Erythredema Polyneurotica, Meralgia Paresthetica
    - Diseases of Eye--including Conjunctivitis (nonallergic), Blepharitis, Sty(e), Chalazion, Ectropion, Entropion, Ptosis, etc.
  - 98 Disease of Ear-including Otitis Externa, Chondrodermatitis Nodularis Chronica Helicus
  - 402 Rheumatic Fever—with or without Heart Involvement
  - 56 Diseases of Arteries and Connective Tissue—including Gangrene, Arterial Embolism, Arterial Thrombosis, Lupus Erythematosus, Vasculitis, etc.
    - Diseases of Veins—including Statis Ulcer or Dermatitis, Varicose Veins, Hemorrhoids, Phlebitis, etc.
  - 68 Other Diseases of Circulatory System-including Osler-Weber's Disease, Telangiectasis (hereditary or NEC), Lymphedema, etc.

NOTE: NOS = not otherwise specified; NEC = not elsewhere classifiable.

530-587	Diseases of the Digestive System— Buccal Cavity, Salivary Glands, Lips, Anus, Pancreas
600-637	Diseases of the Breast and Genito- Urinary System
690-698	Infections of the Skin and Subcu- taneous Tissue—including Boils, Carbuncles, Cellulitis, Impetigo, Infectious Warts, and other local infections
696030	Infectious Warts–Verruca Vulgaris (includes Periungual)
700	Seborrheic Dermatitis
700010	Seborrheic Dermatitis, NOS or NEC
701	Eczema
701000	Hand Eczema or Dermatitis
701010	Nummular Eczema
701030	Dyshidrotic Eczema
703	Other Dermatitides – including
	Contact Dermatitis due to Plants,
	Oils and Grease, Solvents, Drugs,
	other Chemicals, Radiation, Cos-
	metic, other Agents (such as
	Dyes, Furs, Clothes, Dress, Wool,
	Clothing Finishes, Shoes, Leather,
	Rubber), DDT, Pyrethrum, Paint,
	Varnish, Cement, Photographic Agents, Wood, etc.
704	Pemphigus, Erythema Perstans
704	Group, Dermatitis Herpetiformis
705	Erythemas—including Toxic Ery-
705	thema, Erythema Simplex, Acne
	Rosacea, Rhinophyma, etc.
706	
700	Psoriasis including Parapsoriasis and other and unspecified types of Pityriasis
706090	Psoriasis (all types, NOS or NEC)
707	Lichen Planus and some other
101	Lichenoid Dermatoses
708	Pruritus and related conditions
708300	Infantile Atopic Dermatitis
708310	Neurodermatitis Disseminata and
100510	Atopic Dermatitis, NOS or NEC
708320	Lichen Simplex Chronicus, Cir-
100520	cumscribed Neurodermatitis
709	Corns and Callosities
709	Other Hypertrophic and Atrophic
110	Conditions of the Skin-including
	Scleroderma, Elastosis Senilis,
	etc.

710150	Keratosis Pilaris
712	Diseases of Nails—including In-
	growing Nail, Hangnails, Discolor-
	ations, etc.
713	Diseases of Hair and Hair Follicles—
	including Alopecia, Folliculitis, Dull Hair, etc.
713908	Folliculitis
714	Diseases of Sweat Glands and
	Sebaceous Glands
7141-7149	Diseases involving Sebaceous
	Glands
714150	Acne Vulgaris
714180	Acne, Cystic
714190	Acne, Scars or NOS or NEC
714930	Xerosis
715	Chronic Ulcers of Skin
716	Diseases of Skin, NEC-including
	Acne Scarring, Chickenpox Scar-
	ring, Smallpox Scarring, Cicatrix,
	Tattoo, Freckle, etc.
716210	Vitiligo, Albinism, Piebaldism
740-744	Diseases of Bones and Organs of
	Movement-including Bunion,
	Tenosynovitis, Dupuytren's Con-
851 850	tracture
751-759	Congenital Malformation
766-780	Certain Diseases of Early Infancy-
	including Ritter's Disease, Sclero-
	derma Neonatorum, Impetigo
701 705	Neonatorum, etc.
781-795	Symptoms, Senility and Ill-Defined Conditions
850-999	Injuries and Adverse Effects of
	Chemical and Other External
	Causes

Ichthyosis

### Glossary

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710130

For those who are not familiar with the dermatological terminology in the tables and examination form a glossary is included to identify and explain certain clinical observations. For further clarification and discussion, the reader is referred to a standard text of dermatology; three are cited:

Moschella, S. L., Pillsbury, D. M., and Hurley, H. J., Jr.: *Dermatology*, Vol. 2. Philadelphia. W. B. Saunders, Nov. 1975. Fitzpatrick, T. B., et al.: Dermatology in General Medicine. New York. McGraw-Hill, 1971.

Rook, A., Wilkinson, D. S., and Ebling, F. J. G.: *Textbook of Dermatology*, 2d ed. Oxford and Edinburgh. Blackwell Scientific Publications, 1968.

Acanthosis nigricans.—A warty velvety change in the skin of the axillae, groin, and about the neck that can be associated with obesity, endocrine disturbances, and in adults with visceral malignancy.

Actinic keratosis.—Adherent yellow to brown scale on a red-tinged base associated with solar damage, a premalignancy of the epidermis.

Addison's disease.—Primary adrenal cortical insufficiency. It can have secondary hyperpigmentation in the skin from an outpouring of pituitary hormones responding to the adrenal cortical failure.

Albinism.—The result of an inherited failure of the melanocyte to produce normal amounts of pigment in the skin, or eye, or both. Partial albinism (piebaldism), an autosomal dominant trait, involves only the skin and hair. All forms of albinism are present from birth.

Apocrine glands.—Developmentally associated with hair and sebaceous glands, they atrophy during fetal life but persist in the axillae and genital area to secrete at puberty an oily, colorless, odorless substance that undergoes bacterial decomposition to produce body odor.

Atopic dermatitis.—An inflammatory condition of the skin characterized by itching, redness, and occasionally vesiculation and weeping, that is found in individuals with the inherited diathesis called atopy. The patient may present one or several manifestations of the atopic state such as hay fever, allergic rhinitis, asthma, and urticaria or hives.

Basal-cell epithelioma.—An epithelial carcinoma arising in the basal cells of the surface epidermis. It may be further characterized as superficial erythematous or nodular, and may be pigmented or not.

Bowen's disease.—A precancerous dermatosis presenting as a defined brownish-red plaque without elevated border single or multiple, which may have an historical association with arsenic ingestion. Callus.—Hyperkeratosis of the epidermis adjacent to thinner skin and the apparent response to constant rubbing or pressure. A corn is similar but has a sharply demarcated translucent core. Neither lesion is vascularized.

Candida.—A yeast genus of which the species Albicans is the most common pathogen for man. It infects the mucous membranes of mouth and vagina most commonly but also body folds and can be widespread in the immune deficient patient.

Dermatofibromata.—Firm circumscribed papules of a half centimeter or so, in the skin, usually on legs and often hyperpigmented. They may represent a cellular reaction to injury.

Dermatophytosis.-Infection of the skin with fungus.

*Eccrine glands.*—Sweat glands that produce and transport to the skin surface a hypotonic, clear, odor-free solution (eccrine sweat) in response to heat or psychological factors.

Eczema.-See eczematous dermatitis.

*Eczematous dermatitis.*—Not a condition but an inflammatory response of the skin to a number of stimuli from within and without. Poison ivy can produce a characteristic weeping dermatitis that is eczematous, so too can sunlight in certain sensitive individuals. Ingested drugs, as well as the patient's own host response to a superficial infection as with fungus, can evoke a similar eruption. Because atopic dermatitis in children is often eczematous, it has been commonly called "eczema" with consequent confusion of the reaction pattern with the disease. "Atopic dermatitis" is the term to be preferred and should designate the active atopic condition whether in adults or children.

*Ephelides.*—Freckles, those circumscribed tan-brown macules scattered over light-exposed skin.

Epithelial tags.—Hyperplasia of the skin resulting in soft polypoid lesions less than a centimeter in diameter that are skin colored and multiple around neck, upper chest, and inner surface of the arms.

Herpes simplex.—A virus that induces an infection characterized by small vesicles on a red base (fever blisters or "cold sores") and recurrence. It can occur on head or neck, in the genital area, over the buttocks, and more rarely on the extremities.

Ichthyosis.—Accumulation of polygonal scale that gives a fishlike appearance to the skin. It may be congenital or acquired and in its sudden appearance can be associated with occult malignancy.

Lichen planus.—A papulosquamous eruption of violaceous polygonal lesions and characteristic histology that is often pruritic, can last 1 to 2 years, and is of obscure etiology.

Lichen striatus.—A self-limiting linear dermatitis of unknown etiology that appears inflammatory and occurs more often in children. Moniliasis—Infection with Candida

Moniliasis. – Infection with Candida.

Mycosis fungoides.—A chronic fatal disease, a T-cell lymphoma of the reticuloendothelial system, initially involving the skin, with a name descriptive of the large fungating lesions that can occur and should not imply fungal infection. The disease can be limited to the skin, but may also involve lymph nodes and viscera.

Neurofibromata.—An overgrowth of Schwann cells and endoneuria that results in a smooth soft to firm skin-colored papule that can be invaginated. In size they can range from a few millimeters to several centimeters in diameter. These lesions are found in large numbers in neurofibromatosis (Von Recklinghausen's disease).

Nevus.—The Latin for birthmark, is used most commonly for the clinical evidence of aggregates of normal melanocytes or pigment cells in the skin. In color they range from tan, brown to black, in size from millimeters to an entire trunk (giant hairy nevus). By histological level of melanocytes, they are divided into (1) a junctional nevus that histologically has all the melanocytes above the basement membrane, (2) a dermal nevus with all melanocytes in the dermis, and (3) a compound nevus with melanocytes in the dermis and epidermis.

Onychomycosis.—A fungous infection of the nails.

Papulosa nigra.—The hyperpigmented seborrheic keratoses of the more pigmented races occurring usually on the face.

Pityriasis versicolor.—See tinea versicolor. Psoriasis.—An inherited disease of the skin characterized by circumscribed red scaling patches with silvery scale that may be few in number or may extend to involve the skin totally. It can be associated with arthritis. Seborrheic dermatitis.—A persistent erythematous, scaling dermatitis, more greasy than dry, that involves the scalp, eyebrows, anterior chest, and the areas about the nose and behind the ears. It can be extremely banal as in mild dandruff or proceed to generalized redness and scaling.

Seborrheic keratoses.—Raised, greasy, warty lesions that appear tacked on, vary in pigment content from pale yellow to black, and in size from a millimeter to centimeters in diameter. They are found mostly on the trunk or face but may appear on the extremities.

Senile keratosis.-See actinic keratosis.

Squamous-cell carcinoma.—A tumor of the epidermis which in its invasive form has all the characteristics of malignancy including the ability to metastasize, but which usually has a more benign course when arising on sun-exposed skin.

Sweat glands.—May be eccrine or apocrine (see both).

Telangiectasia.—Dilated superficial vessels that appear as coarse or fine vascular threads on the skin. They can be a response to solar damage and are characteristic of the lesions of certain dermatological diagnoses.

Tinea.—A superficial infection with fungus. The term is usually further modified by anatomical site: T. capitis, of the scalp; T. corporis, of the body; T. pedis, of the foot; T. manuum, of the hand; T. unguium, of the nail; T. cruris, of the groin.

Tinea nigra palmaria.—A superficial fungous infection of the palms leaving residual pigmented macules seen largely in tropical climates.

Tinea versicolor.—A superficial fungous infection of the skin with Malassezia furfur.

Tophi.—Subcutaneous, firm to hard nodules of a salmon-pink color that occur most commonly on the helix of the ear, over the bursae of the elbow, and about the digits of the hands and feet. They consist of urate deposits from elevated uric acid levels of the blood and are seen in gout.

Trichophytids.-A generalized or localized skin reaction in individuals allergic to the fungus, Trichophyton.

Tumors.—Cellular aggregates that are clinically apparent in the skin.

Urticaria.-Hives or wheals.

Verruca.—Warts are epidermal responses to the human papilloma virus that appear on the skin as circumscribed elevated, rough-surfaced papules (verruca vulgaris or common warts); as threadlike polypoid growths (verruca filiformis, the filiform or digitate wart); as a smooth flat or slightly elevated skin-colored or gray-yellow papule (verruca plana, the plane wart); on the sole of the foot as a horny papule, (verruca plantaris or plantar wart); in the genital area as the venereally transmitted pink, elongated, occasionally filiform or pedunculated warts (condylomata acuminata or acuminate warts). Vitiligo.-A spontaneous loss of pigment with disappearance of the melanin-producing cells of the hair bulbs, skin, and mucous membranes but not other parts of the melanocyte system such as those in the eyes and brain. It is probably an inherited defect and is more commonly found in those with diseases associated with autoimmune mechanisms, pernicious anemia, hyperthyroidism, Addison's disease, and idiopathic hypoparathyroidism.

Xanthomata.—Erythematous papules with a yellow cast that appear singly or diffusely and are associated with abnormal concentrations or composition of plasma lipids.

l.

Xerosis.-Dry skin.

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