NATIONAL CENTER Series 12 For HEALTH STATISTICS Number 12

VITAL and HEALTH STATISTICS DATA FROM THE NATIONAL HEALTH SURVEY

Marital Statuc and

Marital Status and Living Arrangements

Before Admission to Nursing and Personal Care Homes

United States - May-June 1964

Statistics on marital status and living arrangements before admission to nursing and personal care homes by type of care received, primary type of service, number of chronic conditions and impairments, selected chronic conditions and impairments, length of stay, frequency of visitors, age, and sex. Based on data collected during May-June 1964.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Public Health Service Health Services and Mental Health Administration

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CONTENTS

Page

Introduction	1
Primary Type of Service	1
Marital Status	1
Living Arrangements Before Admission	2
Care Received at Admission	3
Marital Status	3
Living Arrangements Before Admission	4
Number of Conditions	6
Marital Status	6
Living Arrangements Before Admission	7
Selected Chronic Conditions and Impairments	9
Marital Status	9
Living Arrangements Before Admission	10
Frequency of Visitors	11
Marital Status and Living Arrangements Before Admission	11
Age	11
Length of Stay	14
References	18
Detailed Tables	19
Appendix I.	34
A. Technical Notes on Survey DesignB. General Qualifications	36
 Appendix II. A. Definitions of Certain Terms Used in This Report B. Classification of Homes by Type of Service C. Rules for Coding Chronic Conditions and Impairments D. Basic List of Diagnostic Categories Reported for Residents in Nursing and Personal Care Homes 	39 39 40 40
Appendix III. Forms and Questionnaires	42

IN THIS REPORT residents of nursing and personal care homes are described by marital status, living arrangements before admission, and frequency of visitors in terms of their health and related characteristics and certain health services they received.

Data on which this report is based were collected in 1964 in the Resident Places Survey (RPS-2) of the Nation's nursing and personal care homes. At the time of the survey there were an estimated 554,000 residents in 17,000 nursing and personal care homes.

In the sense that nursing care homes provided more "sophisticated" types of health care than the other types of homes, married and widowed residents on a whole were receiving better care than residents in the other marital groups. Seventy-three percent of the married residents and 70 percent of the widowed were in nursing care homes compared with 64 percent of the divorced or separated and 58 percent of the never married.

A larger percent of residents who had lived with family or relatives or in hospitals prior to admission were in nursing care homes than residents of any other living arrangement group.

There was some difference by marital status in the rates for certain chronic conditions and impairments. The rank order of rates formed two distinct groups—those for the married and widowed and those for the divorced, separated, or never married. For example, "other" mental disorders ranked as the most prevalent condition for the divorced, separated, or never married and sixth and ninth for the married and widowed.

For certain conditions such as vascular lesions and diseases of heart, there was little difference in the rank order of rates by previous living arrangements, while for advanced senility and "other" mental disorders there were large disparities. For example, "other" mental disorders ranked very high among residents who had come from a mental hospital or a long-term hospital and somewhat lower for those who had lived with spouse or children.

Married and widowed residents had more visitors than those residents who were divorced, separated, or never married. Those who had previously lived with spouse and/or children were visited more often than residents from other living arrangement groups. Contrary to what might have been suspected, the older residents were visited more often.

SYMBOLS

Data not available	
Category not applicable	•••
Quantity zero	-
Quantity more than 0 but less than 0.5	0.0
Figure does not meet standards of reliability	
or precision	*

MARITAL STATUS AND LIVING ARRANGEMENTS BEFORE ADMISSION TO NURSING AND PERSONAL CARE HOMES

Roy Morgan, Division of Health Resources Statistics

INTRODUCTION

This report is one of a series of statistical reports on the institutional population of the United States. The reports present findings from a number of institutional population surveys which are part of the National Health Survey.¹

Data in this report are based on information collected in a nationwide sample survey of nursing and personal care homes. The survey—part of the Resident Places Survey-2 (RPS-2)—was conducted during May-June 1964. (For a general description of the survey, see appendix I.) Other data from the survey—describing employees of nursing and personal care homes, chronic conditions and impairments of residents, charges for care in the institutions, special aids, and levels of nursing care—have been published.²⁻⁸

For the first time in the series of reports on nursing and personal care homes, data are presented on marital status, living arrangements before admission, and frequency of visitors of residents.

PRIMARY TYPE OF SERVICE

Institutions in RPS-2 were classified into three type-of-service classes—nursing care homes, personal care homes with nursing, and personal care homes (see section B of appendix II). The level of care was highest (intensive care) in nursing care homes and lowest in personal care homes. In this section when marital status and living arrangement before admission to a home are discussed, emphasis will be on nursing care homes since over two-thirds of all residents were in this type of facility and since these residents received more intensive care. The survey data revealed these important differences:

A larger proportion of married and widowed residents were in nursing care homes than were residents of any other marital status group.

A larger proportion of residents who had previously lived with family or relatives or who had come from hospitals were in nursing care homes than were residents from any of the other living arrangements.

Marital Status

Seventy-three percent of the married residents and 70 percent of the widowed were in nursing care homes as were 64 and 58 percent, respectively, of the divorced or separated and never married residents (fig. 1). The proportion of married women (77 percent) in nursing care homes was higher than that of married men



Figure 1. Percent distribution of residents in nursing and personal care homes, by primary type of service according to sex and marital status.

(71 percent); the difference was even greater for the divorced or separated residents, with the proportion of women being 72 percent and of men 59 percent. There was little difference in the proportions of men and women in the widowed and the never married groups.

Of all the residents in nursing and personal care homes, 63 percent were widowed. Of these, 45 percent were males and 73 percent were females. Table 1 shows, as might be expected, that a higher proportion of the widowed residents were in the older age groups. Only 23 percent of those under 65 were widowed; this increased with age to 78 percent of those aged 85 and over. The range for males was from 12 percent of those under 65 to 67 percent of those 85 and over. The range for females was from 36 percent to 82 percent.

Living Arrangements Before Admission

For the purpose of this report, living arrangements before admission to nursing or personal care homes were classified into 11 groups (table 2). Residence in a nursing care home instead of a personal care home is a fairly good indicator of a person's need for intensive care or his ability to get into homes which provide better health care. Living arrangements prior to admission of residents by type of institution will point to any important differences in living arrangements which might determine the type of care a resident will receive.

Greater proportions of residents from hospitals and other places (73 percent) and from residence with family or relatives (71 percent) were in nursing care homes (fig. 2). Smaller proportions had come from boarding or nursing homes (67 percent) or had lived alone (60 percent). The proportions of males and females in nursing care homes who had lived with family or relatives or alone did not differ much. There were significant differences, however, among those who came from boarding or nursing homes—61 percent of males compared with 71 percent of females—and from hospitals and other places—67 percent of males compared with 77 percent of females (fig. 2).

Proportions of residents in nursing care homes from the 11 living arrangements shown in table 2 ranged from 50 percent of those from mental hospitals to 83 percent of those from short-stay hospitals. More residents in nursing care homes were from long-term hospitals (77 percent), had lived with spouse only (72 percent), or had lived with children only (75 percent) than those who had lived with spouse and children (63 percent), with other relatives (63 percent), or who had lived alone (60 percent).

0	PERCE 25	NT DISTRIE	BUTION 75	100
Living L	 20			1
arrangement	 			
Both sexes				
Total	67.4		26.2	
Family or relatives	70.6		23.9	
Alone or with nonrelatives	 59.6		33.5	
Boarding or nursing home	67.2		24.8	
Hospital or other place	 73.2		20.	4
<u>Male</u>	 			
Total	65.9		26.6	
Family or relatives	69.0		25.	
Atone or with nonrelatives	62.9		28.9	
Boarding or nursing home	 60.9		30.2	
Hospital or other place	 67.3		24.2	
<u>Female</u>				
Totel	 68.2		26.	
Family or relatives	71.5		23	.3 🖉 🖊 🖊
Alone or with nonrelatives	58.1		35,6	Ø
Boarding or nursing home	70.9		21.7	
Hospital or other place	 77.4	4		7.8
Nursing homes	Personal ca homes with		Personal o homes	are 🛛

Figure 2. Percent distribution of residents in nursing and personal care homes, by primary type of service according to sex and living arrangements before admission.

For residents in nursing care homes the range by living arrangement was greater than that by marital status—50 to 83 percent compared with 58 to 73 percent. It would appear, therefore, that a resident's living arrangement prior to admission, more so than marital status, influenced the type of home he entered. For example, it would be reasonable to assume that residents from mental hospitals (many needing only custodial supervision) would need less nursing care than those from long-term and shortstay hospitals.

CARE RECEIVED AT ADMISSION

The type of care given a resident at admission to a facility was determined from item 18 of the Resident Questionnaire (appendix III). This item asked whether the type of care a resident received was primarily nursing care, primarily personal care, or room and board only. The survey revealed that the type of care residents received differed by marital status and by living arrangement prior to admission.

More intensive care was given to married or widowed residents than to divorced, separated, or never married residents.

Residents who had lived in boarding or nursing homes or in hospitals prior to admission received more intensive care than those who had lived with family or relatives or alone.

Marital Status

The intensity of care which a resident received when admitted to a nursing or personal care home might have been determined by such factors as his state of health and his ability to pay for care. The type of care an older person received might have been influenced in part by his marital status-that is, married or widowed residents would probably have had someone to care for them in some kind of familial environment and would probably not have entered an institution until quite old and/or in very poor health. Divorced, separated, or never married residents probably would have been less likely to have had family or relatives to care for them as they grew older. Mean ages were greater for married (75 years) and widowed (80 years) residents than for divorced or separated (68 years) or never married (71 years) residents. Consequently, married or widowed residents would very likely have needed somewhat more intensive care—not so much because of their marital status but because of a situation which their marital status engendered.

Seventy percent of the married residents and 60 percent of the widowed received primarily nursing care (fig. 3). Smaller proportions of the divorced or separated or never married residents received primarily nursing care (52 and 49 percent, respectively). The percent of married residents who received only room and board (a type of care with no nursing or personal care services), was less than that of those who were not married.

As would be expected, when distributed by type of home, care received at admission corresponded roughly to the predominant type of care in the home. In nursing care homes most residents received primarily nursing care at admission with the percent of married residents



Figure 3. Percent distribution of residents in nursing and personal care homes, by primary type of care received at admission according to marital status.

being greater than that of residents who were not married (table 3). In personal care homes with nursing the percent of those receiving primarily nursing care was not as great, but again there was a greater percent of those married than of those in the other marital status groups.

Living Arrangements Before Admission

Living arrangements before admission to nursing or personal care homes were classified into 11 groups in order to give some idea of the type of care residents had received prior to admission. Like marital status, type of living arrangement before admission may have influenced the type of care received when admitted.

Table A combines these living arrangements into four major groups. The largest percent of residents receiving primarily nursing care was of those from hospitals or other places (74 percent), Sixty-three percent of those from boarding and nursing homes and 59 percent of those who had lived with family or relatives received primarily nursing care; the lowest percent (46) was of those who had lived alone. Again, as was the case with marital status, care received at admission corresponded to the predominant type of care given in the facility. In nursing care homes 86 percent of those from hospitals and other places and 80 percent from boarding and nursing homes received primarily nursing care. Of those who had lived with family or relatives, 73 percent received this type of care at admission. The lowest percent (66) of residents who received primarily nursing care was of those who had lived alone. In personal care homes with nursing, a similar distribution prevailed although the percents of residents were not as great.

The percent of women receiving primarily nursing care when admitted to nursing or personal care homes was greater than that of men for three of the four combined groups of living arrangements (fig. 4). Of the residents who came from boarding or nursing homes, 68 percent of the women and 54 percent of the men received primarily nursing care, while 78 percent of the women and 67 percent of the men from hospitals or other places received this type of care. There Table A. Number and percent distribution of residents in nursing and personal care homes, by type of care received at admission according to primary type of service and living arrangements before admission: United States, May-June 1964

		Type of	care receiv	ed at admis	sion
Primary type of service and living arrangement	Number of residents	A11 types	Primarily nursing	Primarily personal	Room and board only
All homes		P	ercent dist	ribution	_
All residents	554,000	100.0	58.2	17.6	24.2
Family or relatives Alone or with nonrelatives Boarding or nursing home Hospital or other place	215,600 164,300 71,800 102,300	100.0 100.0 100.0 100.0	58.7 46.0 62.5 73.6	18.1 17.2 18.1 16.8	23.2 36.7 19.4 9.5
Nursing care					
All residents	373,300	100.0	74.5	14.4	11.1
Family or relatives Alone or with nonrelatives Boarding or nursing home Hospital or other place	152,200 97,900 48,300 74,900	100.0 100.0 100.0 100.0	72.9 65.7 79.5 86.1	16.7 14.5 14.1 9.8	$10.4 \\ 19.8 \\ 6.4 \\ 4.1$
Personal care with nursing					
All residents	145,400	100.0	28.6	22.6	48.9
Family or relatives Alone or with nonrelatives Boarding or nursing home Hospital or other place	51,600 55,000 17,800 20,900	100.0 100.0 100.0 100.0	29.0 19.7 33.3 46.7	20.4 20.9 22.2 32.6	50.6 59.4 44.5 20.7
Personal care					
All residents	35,300	100.0	7.7	31.4	60.9
Family or relatives Alone or with nonrelatives Boarding or nursing home Hospital or other place	11,700 11,400 5,700 6,500	$ 100.0 \\ 100.0 \\ 100.0 \\ 100.0 $	5.6 3.8 9.3 17.0	26.5 23.1 39.9 47.0	67.9 73.1 50.8 36.1

were only small differences in the percents of men and women that had lived with family or relatives or that had lived alone or with nonrelatives.

It should be noted that the range of percents of those who received primarily nursing care at admission was only slightly greater for the four combined living arrangement groups—from 46 to 74 percent—than that for the marital status groups—from 49 to 70 percent. However, the range for the 11 living arrangement groups is even greater—ranging from 43 percent of those in the residual group and 46 percent of those who

5



Figure 4. Percent distribution of residents in nursing and personal care homes, by primary type of care received at admission according to sex and living arrangements before admission.

had lived alone to 79 percent of those who had come from long-term specialty hospitals and 85 percent who had come from short-stay general hospitals (table 4). These ranges suggest that living arrangement prior to admission may be more closely related to type of care received at admission than marital status. This is to be expected since the type of health care an older person would have received before admission would be better indicated by living arrangements prior to admission than by marital status because half of the living arrangements are types of institutions (boarding and nursing homes and hospitals) which are directly involved in providing health care. About a third of all residents had been transferred from these types of institutions.

NUMBER OF CONDITIONS

The total number of chronic conditions and impairments was determined for each sample resident in the survey. A resident's average number of conditions is useful as a general indicator of level of health and is not meant to be an exclusive measure. The next section will go into detail on selected conditions and will further illuminate this section. Data in this section will show that:

Residents who were divorced, separated, or never married had fewer conditions than married or widowed residents.

Residents who had lived alone or in mental hospitals prior to admission had fewer conditions than residents from other types of living arrangements.

Marital Status

The percent distribution of married residents by number of conditions was fairly similar to that of widowed residents (table B); that of divorced or separated and of never married residents was similar to each other. About 60 percent of the married or widowed residents had three conditions or more compared with 51 percent of the divorced or separated and 48 percent of the never married. The median number of conditions for each marital status group also revealed this: the median number of conditions for married residents was 3.5 and for widowed, 3.4. The median for divorced was 3.1, for separated, 3.0, and for never married, 2.9 (table 5).

Median numbers of conditions were larger for nursing care homes than for personal care homes with nursing; the medians for the latter homes were in turn larger than those for personal care homes. The marital status groups in nursing care homes had somewhat close medians. In personal care homes with nursing the median numbers of conditions for the married and widowed were similar and larger than the medians for the other marital status groups. In personal

Table B.	Number and percent	distribution of	residents	in nursing	and	personal care
homes,	by number of chronic	conditions and	impairments	according	to n	marital status:
United	States, May-June 1964	+				

Marital status	Number of	Numb		hronic mpairme		ons.
	residents	Total	None	1 - 2	3 - 4	5+
		Percent distribution				
All statuses	554,000	100.0	3.7	40.0	36.3	20.0
Married Widowed Divorced or separated Never married	54,900 348,100 28,200 122,700	100.0 100.0 100.0 100:0	1.8 3.8 3.3 4.3	38.2 37.1 45.5 47.8	37.9 37.5 32.2 33.1	22.1 21.6 19.0 14.8

care homes separated residents had the highest median number of conditions. Medians for the other marital status groups were about the same.

Living Arrangements Before Admission

When distributed by number of conditions, there was no great disparity in the percents for three of the four combined living arrangement groups (table C). The exception was for those residents who had lived alone prior to admission. Median numbers of conditions reveal even more clearly this similarity in distribution. Except for those residents who had lived alone (with a median of 3.0 conditions), the median number of conditions for residents in the living arrangement groups was 3.4.

It should be noted that generally within each type of home the greatest disparity, as for total residents, among the percent distributions by living arrangement was for those residents for whom no conditions or just one condition was reported. By type of home the proportion of residents reporting no conditions was greater for those who had lived alone prior to admission than for any other living arrangement group-3 percent for nursing care homes, 11 percent for personal care homes with nursing, and 14 percent for personal care homes.

As for total residents, the median number of conditions for residents from each of the living arrangement groups in nursing care homes and personal care homes with nursing was almost the same except for the smaller medians for those who had lived alone (table C). In personal care homes the medians were lowest for those who had lived alone and for those who had come from hospitals or other places. The difference between medians for males and females was small.

The range of medians for total residents did not differ much by marital status (2.9 to 3.5, table 5) from the expanded 11 living arrangement groups (2.7 to 3.7, table 6). There was some difference by type of home, however, especially for personal care homes, where the ranges were from 2.0 to 2.8 for marital status and from 0.6 to 2.6 for living arrangements (tables 5 and 6). It would appear, since the ranges of median number of conditions by marital status and by living arrangements are almost the same for the other two types of homes, that the number of conditions of these residents was related to intensity of care in these homes and not to marital status or living arrangements prior to admission.

Table C.	Number and perc	ent distribution	n of residents	in nursing	g and per	sonal care	homes, by
		tions and impain			ry type o	f service	and living
arrange	ments before adm	ission: United St	tates, May-June	e 1964			

Primary type of			Numbe	r of c	hronic	condi	tions	and im	pairmen	ts	
service and living arrangement	Number of residents	Total	None	1	2	3	4	5+	Both sexes	Male	Fe- male
All homes			Pe	rcent	distri	bution				Median	
All residents	554,000	100.0	3.7	17.0	23.0	21.4	14.9	20.0	3.3	3.3	3.3
Family or relatives Alone or with non-	215,600	100.0	3.1	15.3	23.3	21.9	16.3	20.2	3.4	3.4	3.4
relatives Boarding or nursing	164,300	100.0	6.8	19.3	23.1	20.4	13.2	17.2	3.0	3.2	3.0
home	71,800	100.0	2.1	16.1	21.8	22.7	14.4	22.9	3.4	3.3	3.5
Hospital or other place	102,300	100.0	1.0	17.8	22.8	21.3	14.9	22.1	3.4	3.3	3.4
Nursing care			l.								
All residents	373,300	100.0	1.8	12.9	21.4	23.0	16.5	24.4	3.6	3.7	3.6
Family or relatives Alone or with non-	152,200	100.0	1.6	12.2	22.0	22.6	17.2	24.4	3.6	3.6	3.6
relatives	97,900	100.0	3.3	15.1	21.7	23.5	14.9	21.5	3.4	3.6	3.4
Boarding or nursing	48,300	100.0	1.3	10.5	20.3	24.3	16.2	27.4	3.7	3.8	3.7
Hospital or other place	74,900	100.0	0.6	12.8	20.7	22.4	17.2	26.3	3.7	3.8	3.7
Personal care with nursing											
All residents	145,400	100.0	7.1	23.1	26.1	19.2	12.6	11.9	2.8	2.7	2.8
Family or relatives	51,600	100.0	5.8	20.6	26.1	21.0	15.6	10.8	2.9	2.9	2.9
Alone or with non- relatives	55,000	100.0	11.4	23.7	25.0	17.0	11.4	11.5	2.6	2.8	2.5
Boarding or nursing home	17,800	100.0	3.4	27.3	24.4	19.5	10.0	15,4	2.8	2.5	3.1
Hospital or other place	20,900	100.0	2.4	24.1	30.5	20.3	10.3	12.5	2.8	2.6	2.9
Personal care											
All residents	35,300	100.0	9.4	36.1	26.8	14.2	7.1	6.3	2.2	2.2	2.2
Family or relatives Alone or with non-	11,700	100.0	11.2	31.6	28.5	16.3	6.3	6.1	2.3	2.3	2.2
relatives Boarding or nursing	11,400	100.0	14.0	34.0	26.9	10.6	7.3	7.2	2.1	2.2	2.0
home	5,700	100.0	5.6	28.8	26.8	18.7	12.7	7.6	2.6	2.5	2.7
Hospital or other place	6,500	100.0	1.7	54.5	23.4	13.1	3.4	4.1	1.9	1.8	2.0

SELECTED CHRONIC CONDITIONS AND IMPAIRMENTS

The survey used a list of 58 basic chronic conditions and impairments to determine which conditions each sample resident had. Tables 7 and 8 present rates for a condensed list of 35 conditions. The six most prevalent conditions are analyzed in this section. Data reveal two highlights:

For certain chronic conditions and impairments rates per 1,000 residents and rank order of conditions fell into two distinct groups—those for married and widowed and those for divorced, separated, and never married.

For certain conditions such as vascular lesions and diseases of heart there is little difference by rank order of rates for living arrangement prior to admission, while for other conditions such as advanced senility and "other" mental disorders there are large disparities.

Marital Status

An interesting characteristic of residents shown by marital status was the tendency toward two fairly distinct groups of rates for certain chronic conditions and impairments. This was true of "other" mental disorders and advanced senility; married and widowed residents were close to each other in rank order of rates, and divorced, separated, and never married residents formed a distinct group with close rank orders. Table D illustrates this point, particularly for advanced senility and for "other" mental disorders and to a lesser extent for vascular lesions and diseases of heart. Such distinct groupings into these two broad marital status groups were not evident for other conditions by rank order or by rate per 1,000 residents.

As shown in table 7, vascular lesions was the most prevalent condition for married and widowed residents (with rates of 429 and 363) and the second most prevalent for those residents who were divorced, separated, or never Table D. Rank order of selected chronic conditions and impairments among residents of nursing and personal care homes, by primary type of service and marital status: United States, May-June 1964

Primary type of service and			ic c impa			s
marital status		в	с	D	Е	F
All homes		R	ank	orde	r	
All residents-	1	2	3	4	5	6
Married Widowed Divorced Separated Never married	1 1 2 2 2	2 2 3 3 3	5 3 5 4 4	3 4 9 6	8 5 10 6 5	6 9 1 1
Nursing care						
All residents-	1	2	4	3	5	6
Married Widowed Divorced Separated Never married	1 1 2 1	2 2 3 3 3	5 4 4 5	3 3 9 7 4	8 5 10 8 6	9 11 2 1 2
Personal care with nursing						
All residents-	3	1	2	6	5	4
Married Widowed Divorced Separated Never married	1 3 5 2 3	3 1 3 13 4	4 2 4 2	10 5 13 27 11	5 4 17 5 5	2 6 1 1
Personal care						
All residents-	5	3	4	7	2	1
Married Widowed Divorced Separated Never married	2 5 7 9 7	10 3 2 3 5	4 2 10 - 10	1 7 3 - 14	9 1 8 2 2	3 4 1 1

¹Chronic conditions and impairments are as follows:

- A Vascular lesions
- B Diseases of heart
- C Arthritis and rheumatism
- D Advanced senility
- E Hearing impairments
- F Other mental disorders

married (with rates of 303, 267, and 244). Diseases of heart had the second highest rates for married (263) and widowed (324) residents and the third highest for divorced (208), separated (202), or never married (190) residents.

The most obvious change in rates was for "other" mental disorders, which ranked sixth and ninth for the married and widowed and first for the divorced, separated, or never married. Rates per 1,000 residents for the married and widowed were 176 and 134, and those for the divorced, separated, or never married were 327, 300, and 288.

The change in rank order was apparent for advanced senility—third highest for married residents (223) and fourth highest for widowed (246). The rank order was lower for the other marital groups—eighth for the divorced (129), ninth for the separated (116), and sixth for the never married (159).

In ranking by type of facility, "other" mental disorders ranked fairly low for married and widowed residents, particularly in nursing care homes. For the divorced, separated, or never married this condition ranked highest or second highest in all of the facilities (table D). Vascular lesions ranked low for the divorced, separated, or never married in personal care homes, but higher for the married and widowed. For the married and widowed residents in personal care homes with nursing, vascular lesions ranked first and third; for the divorced, separated, or never married the rank was fifth, second, and third. In nursing care homes, however, vascular lesions ranked first for all marital status groups except the separated (second). It would seem therefore that residents with vascular lesions required the more intensive care provided by nursing care homes and that patients with "other" mental disorders required less intensive care.

Living Arrangements Before Admission

There was little difference in rank order by living arrangement groups for the two highest ranked conditions, vascular lesions and diseases of heart (table E). When living arrangements were combined into four groups, vascular lesions ranked highest for all four groups. Diseases of heart ranked second for all of the groups except hospitals or other places for which the rank was third. This situation was generally true for these two conditions when living arrangements were expanded to 11 groups. For the other four con-

Table E. Rank order of selected chronic conditions and impairments among residents in nursing and personal care homes, by living arrangements before admission: United States, May-June 1964

Living arrangement					diti ment	
	A	В	с	D	Е	F
		R	ank	or	der	
Total	1	2	3	4	5	6
Combined group		}				
Family or relatives Alone or with	1	2	4	3	5	6
nonrelatives Boarding or nursing	1	2	3	5	4	8
home	1	2	4	3	5	6
place	1	3	7	4	5	2
Expanded group						
Spouse only Children only Spouse and children Other relatives Alone or with	1 1 1 1	2 2 3 3	4 4 5 4	3 3 2 5	6 5 10 6	9 11 6 2
nonrelatives Boarding home Nursing home Mental hospital	1 3 1 2	2 1 2 5	3 4 4 8	5 5 3 3	4 2 5 9	8 6 6 1
Long-term speciality hospital General or short-stay	1	4	3	9	8	2
hospital	1 2	2 1	6 4	3 7	4 3	8 8

¹Chronic conditions and impairments are as follows:

- A Vascular lesions
- B Diseases of heart
- C Arthritis and rheumatism
- D Advanced senility
- E Hearing impairments
- F Other mental disorders

ditions shown in table E, there was great diversity in rank order by the 11 living arrangement groups. This was especially true for "other" mental disorders.

Table 8 shows that the rate for "other" mental disorders was high among residents who had come from a mental hospital (705), a long-term hospital (342), or who had lived with other relatives (263). However, this condition ranked ninth among those who had lived with a spouse and 11th among those who had lived with their children.

Like the rate for "other" mental disorders the rate for advanced senility was high in rank order for those from mental hospitals. Mental hospitals probably released a high number of residents with mental disorders and advanced senility to nursing and personal care homes. Residents with advanced senility can probably be as well cared for in nursing and personal care homes as in mental hospitals, and presumably the movement of residents to these homes relieves some of the load on the services of the mental hospitals. It should be noted that the rate for advanced senility was fairly low (ninth in order) for those residents who had come from long-stay hospitals, but high (third in order) for those who had come from short-stay hospitals.

FREQUENCY OF VISITORS

Frequency of visitors is a variable which has not been presented in any of the previous reports describing data collected in RPS-2. As a measure of isolation, item 7 of the Resident Questionnaire (appendix III) was designed to determine how often a resident was visited by friends or relatives. It was recognized that this form of question was not the only measure of isolation which could have been used. However, the simplicity of the question was dictated by the difficulty respondents would have had in answering a more involved question such as one concerned not only with visits but with calls and letters to residents.

Marital Status and Living Arrangements Before Admission

The percent distributions of frequency of visitors by marital status and living arrangements indicated that neither had much influence on frequency of visitors, except for the living arrangement groups of mental hospitals and "other" places. There were notable differences, however, within each of the two variables.

Married and widowed residents were visited more often than those residents who were divorced, separated, or never married.

Those who had previously lived in a residence with spouse and/or children were visited more often than residents from other living arrangement groups.

About 85 percent of those married or widowed were visited at least once a month, and about 15 percent were visited less than once a month or never. About 60 percent of those residents who were divorced, separated, or never married were visited at least once a month, and about 40 percent were visited less than once a month or never.

Over 80 percent of the residents who had lived with spouse and/or children or who had come from a general or short-stay hospital were visited at least once a month. Most of the percents of residents by living arrangements of those who were visited at least once a month ranged from 57 to 92 percent (table F). The two exceptions were residents who had come from mental hospitals (40 percent) and those who had come from "other" places (44 percent). Otherwise, the range of percents by marital status of those residents who were visited at least once a month (from 58 to 86 percent) did not differ much from the range of percents by living arrangements (from 57 to 92 percent).

Age

It might be thought that the relationship between age and frequency of visitors would be that as age increases, the frequency of visitors

before admission: United States,						
			Frequ	ency of vis	itors	
Marital status and living arrangement	Number of resi- dents	Total	At least once a week	Less than once a week but at least once a month	Less than once a month	Never visited
Marital status			Perc	ent distrib	oution	
All statuses	554,000	100.0	58.1	19.4	13.0	9.5
Married Widowed Divorced or separated Never married	54,900 348,100 28,200 122,700	100.0 100.0 100.0 100.0	73.5 64.1 39.4 38.5	12.5 19.6 18.3 22.0	7.2 10.4 24.2 20.3	6.8 5.9 18.1 19.2
Living arrangement						
All arrangements	554,000	100.0	58.1	19.4	13.0	9.5
Family or relatives	215,600	100.0	67.7	18.1	10.0	4.1
Spouse only Children only Spouse and children Other relatives	42,400 108,600 3,100 61,400	100.0 100.0 100.0 100.0	73.3 75.8 68.2 49.5	13.5 16.2 13.5 24.8	8.9 6.4 8.4 17.4	4.4 1.6 9.9 8.2
Alone or with nonrelatives	164,300	100.0	52.6	22.0	15.2	10.2
Boarding or nursing home	71,800	100.0	54.9	17.4	14.9	12.8
Boarding home Nursing home	11,200 60,600	100.0 100.0	40.1 57.7	16.9 17.5	$\substack{18.2\\14.3}$	24.7 10.5
Hospital or other place	102,300	100.0	48.8	19.2	14.4	17.7
Mental hospital Long-term speciality hospital General or short-stay hospital Other place	27,100 5,800 65,500 4,000	100.0 100.0 100.0 100.0	22.0 50.1 60.7 32.8	17.8 14.2 20.7 11.4	24.8 17.2 9.1 25.4	35.4 18.5 9.5 30.4

Table F. Number and percent distribution of residents in nursing and personal care homes, by frequency of visitors according to marital status and living arrangements before admission: United States, May-June 1964

decreases. This situation might be based on the assumption that the older a resident, the fewer friends or relatives he has and the more he is neglected or forgotten. However, the opposite was true:

The older residents were visited more often.

As age increased, the percents of those visited at least once a week increased, and those of residents visited less than once a month or never decreased (fig. 5). The proportion of those visited at least once a week increased from 43 to 63 percent for the four age groups shown in figure 5.

The increase in frequency of visitors with increasing age occurred in each of the three types of facilities shown in table 9. It should be noted that the increase with age for those visited at least once a week was even greater in personal care homes (from 20 to 61 percent) than in personal care homes with nursing (from 32 to 59 percent) or in nursing care homes (from 53 to 65 percent). Similarly, the decrease in percents of those who were never visited as age increased was greater in personal care homes than in the other two types of homes. The mean age of those visited at least once a week (78.4 years) and of those visited less than once a week but at least once a month (77,5 years) was greater than that of those visited less than once a month (74.5 years) or of those never visited (71.9 years). The mean ages of those visited at least once a week and of those visited less than once a week but at least once a month did not change much by type of facility-about 78 and 77 years, respectively. The mean ages of those visited less frequently did vary, however, by type of home: the



Figure 5. Percent distribution of residents in nursing and personal care homes, by frequency of visitors according to age.

more "sophisticated" the type of care in the home, the older the residents who were visited less than once a month or never. Note that the median ages shown in table 9 differed from the mean ages by only 2 or 3 years in almost all cases, and the same relationship between frequency of visitors and age holds for the medians.

These unexpected higher percents of frequency of visitors for the older residents might be connected to other factors such as the number of conditions, which increases with age; to mobility, which decreases with age (see reference 4); or to intensity of level of nursing care, which increases with age (see reference 7).

Frequency of visitors to the older residents might be expected to be related to living arrangements prior to admission. Eighty-six percent of the residents who had lived with friends or relatives were visited at least once a month compared with 75 percent of those who had lived alone, 72 percent of those who had come from boarding or nursing homes, and 68 percent of those who had come from hospitals or "other" places (table F). Therefore, if there were larger proportions of residents who had lived with family or relatives in the older age groups, this would explain to a large extent the more frequent visits to the older residents. Actually, it is difficult to draw this conclusion from the data on living arrangements by age. The proportion of residents in each age group who had lived with family or relatives did not change much-it was around four out of every 10 residents (table G). To further confound such a conclusion, the percents of residents who had lived alone increased with age up to age 85 years.

There appears to be a relationship between marital status and frequency of visitors to older residents. The frequency of visitors was high for married and widowed residents (probably because they had more family or relatives) and low for divorced, separated, or never married residents (table F). Married and widowed residents constituted a sizable proportion of residents in each age group, and this proportion increased impressively for the widowed in each succeedingly older age group (table G). The percent of the divorced, separated, or never mar-

Living arrangement and marital status	All ages	Under 65 years	65-74 years	75 - 84 years	85 years and over
		Numbe	r of resi	dents	
All residents	554,000	66,200	104,500	230,900	152,400
Living arrangement		Perce	nt distri	bution	
All arrangements	100.0	100.0	100.0	100.0	100.0
Family or relatives Alone or with nonrelatives Boarding or nursing home Hospital or other place	38.9 29.7 13.0 18.5	17.7 14.8	27.5 12.9	32.4	
Marital status					
All statuses	100.0	100.0	100.0	100.0	100.0
Married Widowed Divorced or separated Never married	9.9 62.8 5.1 22.2	22.9	53.7 8.4		6.2 77.6 1.6 14.6

Table G. Number and percent distribution of residents in nursing and personal care homes, by living arrangements before admission and marital status according to age: United States, May-June 1964

ried in each age group decreased dramatically (from 65 to 16 percent), and these residents were visited less frequently than the married or widowed.

Length of Stay

It could be expected that the longer a resident stays in a nursing or personal care home the more likely he would be to lose contact with friends or relatives and to have fewer visitors. Data show that:

Frequency of visitors decreased with length of stay.

The relationship between length of stay and frequency of visitors is shown in table 10. The percent of total residents visited at least once a week in each length of stay group decreased from 72 to 38 percent. There was a concomitant increase in the percents of residents who were visited less than once a month or never—from 14 percent of those who had been in a facility less than 1 year to 40 percent of those who had been there 5 years or more.

This relationship occurred in each of the three types of homes with one small exception: in personal care homes the decrease in the percents of those visited at least once a week and the increase in the percents of those visited less than once a month or never visited were not entirely consistent with each succeedingly longer length of stay group (table 10).

Perhaps an even more important aspect we that residents in homes providing more "sophisticated" types of care were visited more frequently. By type of home the percents of those visited at least once a week were 62 percent in nursing care homes, 52 percent in personal care homes

with nursing, 43 percent in personal care homes. This may be an indication of some difference in quality of service which made visits to one type of institution more appealing than visits to other types. Also, it could be related to the distribution by marital status since 24 percent of residents in nursing care homes were divorced, separated, or never married compared with 33 percent of residents in personal care homes with nursing and 40 percent in personal care homes (table 1). As shown earlier, divorced, separated, or never married residents were visited less frequently than the married or widowed residents.

The median and mean lengths of stay shown in table 10 further illustrate that frequency of visitors declined with length of stay. Lengths of stay were greater for those who were visited less than once a month or never than for those who were visited more frequently. This relationship holds for both medians and means. Note that the mean lengths of stay were in some instances as much as a year and a half longer than the medians; this can be explained by the fact that many residents had long lengths of stay which made the means larger than the medians.

As it is conceivable that the sicker residents may be visited more often, a resident's state of health may have had something to do with the frequency of visitors. If residents with shorter lengths of stay were sicker than those with longer lengths of stay, the relationship of decreasing frequency of visitors with length of stay could be explained in part. The number of chronic conditions and impairments a resident has can be used as a general indicator of his state of health. However, this does not help explain the relationship mentioned above because table H shows that residents with shorter lengths of stay did not have higher median numbers of conditions. A previous report⁵ on RPS-2 data described length of stay by selected chronic conditions and impairments. It was found that residents with certain serious conditions had short median lengths of stay in contrast with the longer medians for residents with no reported conditions or with certain minor conditions. Therefore, the decrease in frequency of visitors for those with longer lengths of stay may be explained in part by the more serious conditions of residents with shorter lengths of stay.

Table H. Number and percent distribution of residents in nursing and personal care homes, by number of chronic conditions and impairments according to length of stay: United States, May-June 1964

Length of stay	Number of	Number of chronic conditions and impairments						
	residents	Total	None	1-2	3-4	5+	Median	
All lengths of stay	554,000	100.0	3.7	40.0	36.3	20.0	3.3	
Under 6 months 6-11 months 1 to 2 years	106,500 77,700 113,000 76,100 82,400 98,200	100.0 100.0 100.0 100.0 100.0 100.0	3.6 2.5 3.2 4.0 4.4 4.7	42.6 40.7 40.2 37.3 37.0 42.1	36.3 41.6 37.0 36.0 36.5 33.3	17.5 15.2 19.6 22.7 22.1 19.9	3.2 3.3 3.4 3.5 3.5 3.2	

	Length of stay						
Marital status	Tota1	Under 1 year	l to 3 years	3 to 5 years	5 years or more		
		Number	of resid	ents			
All residents	554,000	184,200	189,100	82,400	98,200		
	Percent distribution						
All statuses	100.0	100.0	100.0	100.0	100.0		
Married Widowed Divorced or separated Never married	9.9 62.8 5.1 22.2	14.3 63.3 5.7 16.7	9.3 65.8 5.1 19.8	$5.9 \\ 63.7 \\ 4.4 \\ 26.0$	6.2 55.4 4.6 33.8		

Table J. Number and percent distribution of residents in nursing and personal care homes, by marital status according to length of stay: United States, May-June 1964

Further, there may be some explanation of the relationship of frequency of visitors to length of stay. Table J shows that as length of stay increased the percents of those who were divorced, separated, or never married increased from 22 percent of those who had been in a facility less than 1 year to 38 percent of those who had been there 5 years or more. The decreasing proportions of married or widowed residents (who were visited more frequently) and the increasing proportions of divorced, separated, or never married residents (who were visited less frequently) provide some insight into the relationship between frequency of visitors and length of stay.

As almost two-thirds of the nursing and personal care home population were female, most of the visits to these facilities were to females. In addition the survey revealed this fact:

Females were visited at a higher rate than males.

Sixty-four percent of the females in nursing and personal care homes were visited at least once

a week compared with 48 percent of the males. Thirty-three percent of the males were visited less than once a month or never compared with 17 percent of the females. The explanation for this is probably in marital status-40 percent of all males were divorced, separated, or never married (again, that least visited group) contrasted with 21 percent of all females (table 1). The case cannot be made in a similar fashion for living arrangements as percents of those residents who had lived with family or relatives (the group more frequently visited than other living arrangement groups) did not differ much by sex-38 percent of the males and 40 percent of the females (table 11). It would appear that the females' greater propensity for social acquaintances would have to be explained by the data on marital status.

Not only were females visited more often than males, but the decrease in frequency of visitors with length of stay was not as great for females as for males—frequency of visitors by the four length of stay groups decreased for males from 64 to 23 percent contrasted with a



Figure 6. Percent distribution of residents in nursing and personal care homes, by frequency of visitors according to sex and length of stay. Table K. Number and percent distribution of residents in nursing and personal care homes, by sex according to length of stay: United States, May-June 1964

Length of stay	Number of resi- dents	Total	Male	Fe- male			
		Percent distribution					
Total	554,000	100.0	34.9	65.1			
Under 1 year- 1 to 3 years- 3 to 5 years- 5+ years	184,200 189,100 82,400 98,200	100.0 100.0 100.0 100.0	38.9 33.6 32.0 32.6	61.1 66.3 68.0 67.4			

decrease for females from 76 to 46 percent (fig. 6).

If the proportion of males in each type of facility had declined to more insignificant portions in the longer length of stay groups, there might be some explanation for the large decline in frequency of visitors to males with increased length of stay. Actually, it is not easy to make a case for this reasoning as the proportions of males did not decrease much by length of stay, especially after the first year (table K).

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2



DETAILED TABLES

Table	1.	Number and percent distribution of residents in nursing and personal care homes and in the general population, by marital status according to age and sex: United States, May-June 1964	21
	2.	Number and percent distribution of residents in nursing and personal care homes, by primary type of service according to sex and living arrangements before ad- mission: United States, May-June 1964	22
	3.	Number and percent distribution of residents in nursing and personal care homes, by type of care received at admission according to primary type of service and marital status: United States, May-June 1964	23
	4.	Number and percent distribution of residents in nursing and personal care homes, by type of care received at admission according to primary type of service, living arrangements before admission, and sex: United States, May-June 1964	24
	5.	Number and percent distribution of residents in nursing and personal care homes, by number of chronic conditions and impairments according to primary type of service and marital status: United States, May-June 1964	26
	6.	Number and percent distribution of residents in nursing and personal care homes, by number of chronic conditions and impairments according to primary type of service and living arrangements before admission: United States, May-June 1964	27
	7.	Number of residents and rate per 1,000 residents in nursing and personal care homes with selected chronic conditions and impairments by marital status: United States, May-June 1964	28
	8.	Number of residents and rate per 1,000 residents in nursing and personal care homes with selected conditions and impairments, by living arrangements before ad- mission: United States, May-June 1964	29
	9.	Number and percent distribution of residents in nursing and personal care homes, by frequency of visitors according to age and primary type of service: United States, May-June 1964	31
:	10.	Number and percent distribution of residents in nursing and personal care homes, by frequency of visitors according to length of stay and primary type of service: United States, May-June 1964	32
1	11.	Number and percent distribution of residents in nursing and personal care homes, by living arrangements before admission according to age and sex: United States, May-June 1964	33

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19

Page

Table 1. Number and percent distribution of residents in nursing and personal care homes and in the general population, by marital status according to age and sex: United States, May-June 1964

All ages	65	vear		5 years and over	75-84 years	85 years and over	Median
		Numbe	r of	resident	s		
554,000	66,20	0 104,5	00	383,300	230,900	152,400	79.8
193,800 360,200	36,20 30,00	0 40,4 0 64,0	00	117,200 266,200	74,100 156,800	43,100 109,300	78.3 80.5
		Percen	ıt dis	tributio	n		
100.0 100.0 100.			.0	100.0	100.0	100.0	79.8
9.9 62.8 5.1 22.2	22. 16.	9 53 3 8	.7	8.6 72.2 2.3 16.9	10.2 68.7 2.7 18.4	6.2 77.6 1.6 14.6	77.1 81.5 68.8 76.6
100.0	.0 100.0 100.0		100.0	100.0	100.0	78.3	
16.1 44.5 9.5 30.0	11.8 18.2 12.2 36.0 20.6 12.6 55.5 33.2		16.7 57.4 4.9 21.0	18.2 52.1 5.6 24.0	14.0 66.6 3.7 15.7	78.1 81.1 68.7 74.1	
100.0	100.0 100.			100.0	100.0	100.0	80.5
6.6 72.7 2.7 18.0	12.1 10.4 35.8 64.9 11.1 5.7 40.9 19.0		•9 •7	5.1 78.7 1.1 15.1	6.4 76.5 1.3 15.8	3.2 81.9 0.8 14.2	75.2 81.6 69.0 78.4
			-74 years		years 1 over		
		N	lumber	of resi	dents		
1.33,7	21,000	115	,974,	000	11,372,00	10 6,	376,000
64,2 69,5	18,000 03,000						673,000 703,000
		Pe	rcent	distrib	ution		•
	100.0		10	0.01	100.	0	100.0
	64.3 8.0 4.5 23.3			3.4 4.7	29. 4.	2	35.4 54.2 2.5 7.9
L	100.0		10	0.0	100.	0	100.0
66.6 3.3 3.7 26.4				1.1 3.6	12. 4.	1 8	57.0 32.4 3.6 7.1
	100.0		10	0.0	100.	0	100.0
	62.1 12.3 5.3 20.3		66.5 5.4 5.6 22.4		45.6 43.3 3.6 7.6		19.7 70.0 1.8 8.6
	ages 554,000 193,800 360,200 100.0 9.9 62.8 5.1 22.2 100.0 16.1 44.5 9.5 30.0 100.0 6.6 72.7 2.7 18.0 Total, years an 133,7 64,2	A11 65 ages 65,200 193,800 36,200 360,200 30,000 100.0 100. 9.9 11. 62.8 22. 5.1 16. 22.2 48. 100.0 100. 16.1 11. 44.5 12. 9.5 20. 30.0 55. 100.0 100. 16.1 11. 44.5 12. 9.5 20. 30.0 55. 100.0 100. 64.6 12. 72.7 35. 133,721,000 64.3 8.0 40. 100.0 64.3 4.5 23.3 100.0 64.3 4.5 23.3 100.0 66.6 3.3,7 26.4 100.0 62.1 10.0.0 62.1 12.3 5.3	ages 03 years year Numbe 554,000 66,200 104,5 193,800 36,200 40,4 360,200 30,000 64,0 Percer 100.0 100.0 100 9.9 11.9 13 53 5.1 16.3 8 22.2 48.9 24 100.0 100.0 16.1 11.8 18 16.3 22.2 48.9 24 100.0 100.0 100 16.1 11.8 18 44.5 12.2 36 9.5 20.6 12 30.0 55.5 33 100.0 100.0 100 6.6 12.1 10 72.7 35.8 64 2.7 11.1 51 18.0 40.9 19 Total, 14 14-64 14 9,503,000 59 59 64,3	All 65 $0.2-74$ $years$ a Number of 554,000 66,200 104,500 193,800 36,200 40,400 360,200 30,000 64,000 Percent dis 100.0 100.0 100.0 100.0 100.0 9.9 11.9 13.4 14.4 14.5 22.2 48.9 24.5 100.0 100.0 100.0 100.0 100.0 100.0 100.0 16.1 11.8 18.2 36.0 9.5 20.6 12.6 30.0 55.5 33.2 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 State of the second s	All ages 65 years 03-74 years 75 years and over Number of resident 554,000 66,200 104,500 383,300 193,800 36,200 40,400 117,200 360,200 30,000 64,000 266,200 Percent distributio 100.0 100.0 100.0 9.9 11.9 13.4 8.6 62.8 22.9 53.7 72.2 5.1 16.3 8.4 2.3 22.2 48.9 24.5 16.9 100.0 100.0 100.0 100.0 16.1 11.8 18.2 16.7 44.5 12.2 36.0 57.4 9.5 20.6 12.6 4.9 30.0 55.5 33.2 21.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 66.6 12.1 10.4 5.1 72.7 35.8 64.9 78	All ages 65 years 92-74 years 73-84 and over 73-84 years Number of residents 554,000 66,200 104,500 383,300 230,900 193,800 36,200 40,400 117,200 74,100 360,200 30,000 64,000 117,200 74,100 360,200 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.1 100.0 100.0 100.0 100.0 16.1 11.8 18.2 16.7 18.2 44.5 12.2 36.0 57.4 52.1 30.0 55.5 33.2 21.0 24.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 66.6 12.1 10.4 5.1 65.74 18.0 40.9 19.0	All ages 65 years 05-24 years 75 years and over 75-24 years 05 years and over Number of residents 554,000 66,200 104,500 383,300 230,900 152,400 193,800 36,200 40,400 117,200 74,100 43,100 100.0 100.0 100.0 100.0 100.0 100.0 9 19 13,4 8.6 10.2 6.2 22.2 48.9 24.5 16.9 18.4 14.6 100.0 100.0 100.0 100.0 100.0 100.0 16.1 11.8 18.2 16.7 18.2 14.0 44.5 12.2 33.2 21.0 24.0 15.7 100.0 100.0 100.0 100.0 100.0 100.0 100.1 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 6.6 12.1 10.4

Table 2. Number and percent distribution of residents in nursing and personal care homes, by primary type of service according to sex and living arrangements before admission: United States, May-June 1964

		Primary type of service					
Sex and living arrangement	Number of residents	All types	Nursing care	Personal care with nursing	Personal care		
Both sexes			Percent d	istribution			
All arrangements	554,000	100.0	67.4		6.4		
Spouse only	42,400	100.0	72.0	24.2	3.9		
Children only	108,600	100.0	74.7	20.6	4.6		
Spouse and children	3,100	100.0	63.1	31.7	5.3		
Other relatives	61,400	100.0	62.8	29.3	7.9		
Alone or with nonrelatives	164,300	100.0	59.6	33.5	6.9		
Boarding home	11,200	100.0	57.4	29.7	12.9		
Nursing home	60,600	100.0	69.1	24.0	7.0		
Mental hospital	27,100	100.0	49.5	35.6	14.9		
Long-term specialty hospital	5,880	100.0	77.1	17.4	5.5		
General or short-stay hospital	65,500	100.0	83.4	13.6	3.0		
Other place	4,000	100.0	60.7	34.0	5.3		
Male							
All arrangements	193,800	100.0	65.9	26.6	7.5		
Spouse only	21,300	100.0	71.3	24.9	3.8		
Children only	28,700	100.0	72.5	22.6	4.9		
Spouse and children	1,500	100.0	59.7	33.3	7.0		
Other relatives	21,400	100.0	62.5	28.2	9.3		
Alone or with nonrelatives	52,200	100.0	62.9	28.9	8.2		
Boarding home	6,200	100.0	50.4	36.5	13.1		
Nursing home	20,200	100.0	64.2	28.2	7.6		
Mental hospital	12,800	100.0	43.8	38.7	17.5		
Long-term specialty hospital	2,600	100.0	70.2	19.2	10.7		
General or short-stay hospital	25,100	100.0	79.4	16.6	4.1		
Other place	1,900	100.0	61.3	33.3	5.4		
Female							
All arrangements	360,200	100.0	68.2	26.0	5.8		
Spouse only	21,200	100.0	72.6	23.5	3.9		
Children only	80,000	100.0	75.5	19.9	4.6		
Spouse and children	1,600	100.0	66.3	30.1	3.6		
Other relatives	40,000	100.0	63.0	29.9	7.2		
Alone or with nonrelatives	112,100	100.0	58.1	35.6	6.3		
Boarding home	5,000	100.0	66.2	21.1	12.7		
Nursing home	40,400	100.0	71.5	21.8	6.6		
Mental hospital	14,300	100.0	54.6	32.8	12.7		
Long-term specialty hospital	3,200	100.0	82.7	15.9	1.4		
General or short-stay hospital	40,400	100.0	85.9	11.8	2.3		
Other place	2,100	100.0	60.2	34.7	5.1		
			L		ļ		

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		r and percent								
		received at a		ording t	to primary	/ type o	f servi	.ce and	marita	l status:
United	States	, May-June 196	54							

	Newborn		Type of care	received				
Primary type of service and marital status	Number of residents	All types	Primarily nursing	Primarily personal	Room and board only			
All homes			Percent distribution					
All statuses	554,000	100.0	58.2	17.6	24.2			
Married Widowed Divorced Separated Never married	54,900 348,100 19,500 8,700 122,700	100.0 100.0 100.0 100.0 100.0	69.8 60.1 52.3 51.5 49.1	13.4 16.9 26.2 18.2 20.2	16.8 23.0 21.5 30.3 30.7			
Nursing care								
All statuses	373,300	100.0	74.5	14.4	11.1			
Married Widowed Divorced Separated Never married	40,300 243,900 12,100 5,800 71,100	100.0 100.0 100.0 100.0 100.0	81.9 75.2 70.7 63.7 69.3	11.0 14.6 18.1 17.3 14.9	7.1 10.2 11.2 19.0 15.7			
Personal care with nursing								
All statuses	145,400	100.0	28.6	22.6	48.9			
Married Widowed Divorced Separated Never married	$12,500 \\ 85,200 \\ 5,100 \\ 2,200 \\ 40,400$	100.0 100.0 100.0 100.0 100.0	41.4 28.5 29.7 29.1 24.7	16.8 20.7 34.5 18.3 27.0	41.9 50.8 35.9 52.7 48.4			
Personal care								
All statuses	35,300	100.0	7.7	31.4	60.9			
Married Widowed Divorced Separated Never married	2,100 18,900 2,300 600 11,300	100.0 100.0 100.0 100.0 100.0	7.5 7.1 4.9 17.6 8.8	38.5 29.6 50.8 26.2 29.2	54.0 63.2 44.4 56.2 62.0			

Table 4. Number and percent distribution of residents in nursing and personal care homes, by type of care received at admission according to primary type of service, living arrangements before admission, and sex: United States, May-June 1964

			Both sexes					
Primary type of service and living arrangement	Number		Type of care received					
	of residents	All types	Primarily nursing	Primarily personal	Room and board only			
All homes			Percent dis	ercent distribution				
All arrangements	554,000	100.0	58.2	17.6	24.2			
Spouse only	$\begin{array}{r} 42,400\\ 108,600\\ 3,100\\ 61,400\\ 164,300\\ 11,200\\ 60,600\\ 27,100\\ 5,800\\ 65,500\\ 4,000\end{array}$	$ \begin{array}{c} 100.0\\ 0\\ 100.0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0$	63.2 62.2 58.4 49.5 46.0 48.7 65.0 49.5 79.0 85.0 42.9	13.3 18.6 23.3 20.3 17.2 12.9 19.1 32.1 13.1 10.5 21.8	23.5 19.2 18.3 30.2 36.7 38.4 15.9 18.4 7.8 4.5 35.3			
Nursing care	373,300	100.0	74.5	14.4	11.1			
Spouse only Children only	30,500 81,200 2,000 38,600 97,900 6,400 41,800 13,400 54,600 2,400 145,400 145,400 10,300 22,400 1,000 18,000	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	76.2 74.4 66.4 67.2 65.7 63.7 81.9 68.8 87.6 91.0 68.5 28.6 33.6 29.9 52.2 24.0 19.7	12.6 17.5 17.7 18.2 14.5 15.0 13.9 18.0 7.9 10.7 22.6 10.2 20.4 20.4 26.5 25.8 20.9	$ \begin{array}{c} 11.2\\ 8.1\\ 15.8\\ 14.5\\ 19.8\\ 21.2\\ 4.2\\ 13.1\\ 4.5\\ 1.1\\ 20.8\\ 48.9\\ 56.2\\ 49.7\\ 21.2\\ 50.2\\ 59.4\\ \end{array} $			
Boarding home	3,300 14,500 9,600 1,000 8,900 1,300	$ \begin{array}{c} 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ \end{array} $	37.8 32.3 39.0 66.0 59.3 3.7	7.6 25.6 38.2 24.1 26.2 40.9	54.7 42.1 22.8 9.9 14.5 55.3			
All arrangements Spouse only Children only	$\begin{array}{c c} 35,300 \\\hline 1,600 \\5,100 \\200 \\4,900 \\11,400 \\1,500 \\4,200 \\4,000 \\300 \\2,000 \\200 \end{array}$	$\begin{array}{c} 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\end{array}$	7.7 6.5 8.5 2.4 3.8 7.2 10.0 10.6 34.6	31.4 45.1 29.0 69.9 16.2 23.1 15.3 48.4 64.1 51.7 13.0 26.4	60.9 48.4 62.5 30.1 81.3 73.1 77.5 41.6 25.3 48.3 52.5 73.6			

Table 4. Number and percent distribution of residents in nursing and personal care homes, by type of care received at admission according to primary type of service, living arrangements before admission, and sex: United States, May-June 1964-Con.

		Male					Female		
Number		Type of ca	re received	1	NT		Type of ca	ire received	 [
of residents	A11 types	Primarily nursing	Primarily personal	Room and board only	Number of residents	A11 types	Primarily nursing	Primarily personal	Room and board only
		Percent di	stribution				Percent di	stribution	
193,800	100.0	56.3	19.9	23.8	360,200	100.0	59.2	16.4	24.4
21,300 28,700 1,500 21,400 52,200 6,200 20,200 12,800 2,600 2,600 2,600 1,900	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	63.9 60.0 63.0 45.9 47.7 39.6 58.0 43.0 66.5 81.3 42.9	14-5 20.7 13.6 20.3 19.4 13.3 22.7 38.0 25.4 13.3 29.1	21.6 19.2 23.4 33.7 32.9 47.0 19.3 19.0 8.2 5.4 28.0	$\begin{array}{c} 21,200\\ 80,000\\ 1,600\\ 40,000\\ 112,100\\ 5,000\\ 40,400\\ 14,300\\ 3,200\\ 40,400\\ 2,100\end{array}$	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	62.5 63.0 54.1 51.3 45.3 60.0 68.5 55.3 89.2 87.3 42.8	12.1 17.9 32.5 20.3 16.2 12.3 17.3 26.8 3.3 8.8 15.2	25.4 19.2 13.4 28.4 38.5 27.7 14.2 17.9 7.5 3.9 42.0
127,600	100.0	73.0	15.3	11.7	245,700	100.0	75.3	14.0	10.8
15,200 20,800 900 32,800 3,100 12,900 1,800 1,800 1,200	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	78.6 71.4 72.0 64.3 59.4 78.6 67.2 83.5 90.1 70.0	13.0 21.1 5.5 17.9 14.1 14.9 16.8 23.5 13.6 8.4 13.1	8.3 7.5 22.5 21.6 21.6 9.3 4.6 9.8 1.5 16.9	15,400 60,400 1,000 65,100 3,300 28,900 7,800 2,600 34,700 1,200	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	73.8 75.5 61.6 68.8 66.4 67.8 83.4 70.0 90.4 91.5 67.2	12.2 16.3 28.2 18.5 14.6 15.2 12.7 14.1 4.0 7.6 8.5	14.0 8.3 10.1 12.8 18.9 16.9 4.0 15.9 5.6 0.9 24.4
51,600	100.0	28.6	27.2	44.2	93,800	100.0	28.6	20.0	51.4
5,300 6,500 6,000 15,100 2,300 5,700 4,900 4,200 600	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	31.4 34.1 60.0 20.3 24.6 26.6 24.0 28.5 40.9 49.5 -	12.3 17.8 19.6 29.9 28.2 11.1 27.0 43.3 49.0 36.4 63.2	56.3 48.1 20.4 49.9 47.2 62.3 48.9 28.2 10.1 14.1 36.8	5,000 15,900 12,000 39,900 1,100 8,800 4,700 500 4,800 700	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	35.9 28.2 44.0 25.9 17.9 61.8 37.6 50.1 90.4 67.9 7.0	8.0 21.4 33.9 23.8 18.2 24.6 32.7 17.4 21.3	56.0 50.4 22.1 50.3 63.9 38.2 37.7 17.2 9.6 14.8 71.7
14,600	100.0	7.9	34.4	57.7	20,700	100.0	7.6	29.2	63.2
800 1,400 2,000 4,300 1,500 2,200 300 1,000 100	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	11.4 2.5 10.1 14.3 39.5	56.1 29.4 53.8 8.3 28.7 13.8 56.4 62.8 60.0 14.3 -	43.9 59.2 46.2 91.7 68.8 86.2 33.5 22.9 40.0 46.1 100.0	800 3,600 100 2,900 7,100 600 2,700 1,800 100 900 100	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	$ \begin{array}{r} 12.7 \\ 7.4 \\ 4.1 \\ 4.6 \\ 16.3 \\ 10.0 \\ 6.1 \\ - \\ 29.2 \\ - \\ \end{array} $	34.6 28.8 100.0 21.8 19.8 17.3 43.7 65.8 - 11.5 52.4	52.7 63.8 74.2 75.6 66.4 46.3 28.2 100.0 59.3 47.6

Table 5. Number and percent distribution of residents in nursing and personal care homes, by number of chronic conditions and impairments according to primary type of service and marital status: United States, May-June 1964

Primary type of service	Number	N	umber o	of chro	mic co	nditio	ns and	l impai	irments		
and marital status	of residents	Total	None	1	2	3	4	5+	Mean	Median	
411 1							<u> </u>				
All homes			Per	cent c	listrib	ution					
All statuses	554,000	100.0	3.7	17.0	23.0	21.4	14.9	20.0	3.1	3.3	
Married Widowed Divorced Separated Never married	54,900 348,100 19,500 8,700 122,700	100.0 100.0 100.0 100.0 100.0	1.8 3.8 2.9 4.1 4.3	14.5 15.2 19.3 22.1 22.6	23.6 21.9 26.0 24.0 25.2	20.7 22.5 17.3 18.4 19.6	17.3 15.0 14.3 15.2 13.4	22.1 21.6 20.2 16.3 14.8	3.2 3.2 3.0 3.0 2.8	3.5 3.4 3.1 3.0 2.9	
Nursing care							j	:			
All statuses	373,300	100.0	1.8	12.9	21.4	23.0	16.5	24.4	3.4	3.6	
Married Widowed Divorced Separated Never married	40,300 243,900 12,100 5,800 71,100	100.0 100.0 100.0 100.0 100.0	0.5 1.9 0.8 2.6 2.1	12.1 11.8 13.7 17.3 16.5	22.7 20.7 23.3 19.7 23.1	21.5 23.5 19.8 23.0 22.5	18.0 16.5 16.3 17.5 15.5	25.2 25.6 26.1 19.9 20.3	3.4 3.5 3.5 3.2 3.2	3.7 3.7 3.6 3.5 3.4	
Personal care	-										
with nursing											
All statuses	145,400	100.0	7.1	23.1	26.1	19.2	12.6	11.9	2.5	2.8	
Married Widowed Divorced Separated Never married	12,500 85,200 5,100 2,200 40,400	100.0 100.0 100.0 100.0 100.0	4.8 7.2 5.0 9.1 8.0	18.4 21.3 25.2 36.0 27.3	24.7 25.1 31.8 30.0 27.7	19.3 21.0 14.0 7.0 16.7	16.9 12.3 11.9 8.9 12.2	15.8 13.2 12.1 9.1 8.0	2.9 2.6 2.5 2.2 2.3	3.1 2.9 2.6 2.2 2.5	
Personal care											
All statuses	35,300	100.0	9.4	36.1	26.8	14.2	7.1	6.3	2.0	2.2	
Married Widowed Divorced Separated Never married	2,100 18,900 2,300 600 11,300	100.0 100.0 100.0 100.0 100.0	9.3 12.2 9.3 5.4	37.9 31.6 35.7 17.4 44.6	35.6 24.1 27.2 41.7 28.6	12.2 16.1 11.4 16.2 12.0	5.0 8.1 9.5 16.0 4.8	7.9 7.0 8.6 4.6	2.0	2.1 2.3 2.2 2.8 2.0	

						homes, by number of
				rimary type of	service and living	arrangements before
admissio	on: United	States, May-J	ne 1964			

Primary type of service	Number	r Number of chronic conditions and impairments								
and living arrangement	of residents	Total	None	1	2	3	4	5+	Mean	Median
All homes			Pe	ercent	distri	ibutior	1			
All arrangements	554,000	100.0	3.7	17.0	23.0	21.4	14.9	20.0	3.1	3.3
Spouse only	$\begin{array}{r} 42,400\\ 108,600\\ 3,100\\ 61,400\\ 164,300\\ 11,200\\ 60,600\\ 27,100\\ 5,800\\ 65,500\\ 4,000\end{array}$	100.0 100.0 100.0	2.7 3.3 4.9 2.9 6.8 3.6 1.9 1.3 0.9 3.8	13.1 14.7 13.3 17.9 19.3 16.1 16.1 27.1 15.1 13.8 22.9	23.0 21.9 24.6 26.1 23.1 21.8 21.9 28.9 17.1 20.6 26.5	20.1 23.1 21.1 21.0 20.4 22.1 22.8 19.0 24.1 22.3 17.9	18.8 15.0 15.8 13.2 14.3 14.4 11.9 18.2 16.1 11.0	22.3 21.5 21.1 16.4 17.2 22.2 23.0 11.7 25.5 26.3 17.9	3.3 3.0 3.0 2.8 3.1 2.6 3.5 3.5 3.1	3.6 3.4 3.3 3.0 3.4 3.4 2.7 3.7 3.7 2.9
Nursing care All arrangements	373,300	100.0	1.8	12.9	21.4	23.0	16.5	24.4	3.4	3.6
Spouse only	$\begin{array}{c} 30,500\\ 81,200\\ 2,000\\ 38,600\\ 97,900\\ 6,400\\ 41,800\\ 13,400\\ 4,500\\ 54,600\\ 2,400\end{array}$	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	1.3 1.7 2.8 1.5 3.3 1.5 1.2 1.2 1.2 0.5 2.1	11.2 11.9 12.8 13.7 15.1 12.5 10.2 15.6 7.8 12.6 12.3	21.3 21.1 22.9 24.4 21.7 16.6 20.9 27.4 16.6 18.9 31.7	20.7 24.3 20.4 20.6 23.5 21.8 24.7 20.1 26.8 22.9 14.4	19.0 16.2 13.2 18.3	26.5 24.9 27.9 21.6 21.5 28.3 27.3 17.6 27.3 28.5 28.5 25.4	3.5 3.3 3.3 3.2 3.6 3.6 3.1 3.7 3.6 3.7	3.8 3.6 3.5 3.4 3.9 3.7 3.3 4.0 3.8 3.3
Personal care with nursing										
All arrangements	145,400	100.0	7.1	23.1	26.1	19.2	12.6	11.9	2.5	2.8
Spouse only	$\begin{array}{c} 10,300\\ 22,400\\ 1,000\\ 18,000\\ 55,000\\ 3,300\\ 14,500\\ 9,600\\ 1,000\\ 8,900\\ 1,300\end{array}$	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	6.6 6.3 10.0 4.5 11.4 6.1 2.8 2.0 2.9 3.7	15.7 21.9 10.6 22.4 23.7 18.2 29.4 30.0 24.5 15.5 37.6	24.7 24.4 27.1 29.0 25.0 30.4 23.0 33.6 24.9 29.1 21.4	20.4 19.5 26.1 23.0 17.0 20.9 19.2 19.8 15.2 21.0 22.9	20.4 14.9 21.0 13.5 11.4 6.1 10.9 7.7 9.7 13.7 7.1	12.2 12.9 5.1 7.7 11.5 18.3 14.7 6.8 25.7 17.9 7.3	2.8 2.7 2.5 2.4 2.7 2.6 2.3 3.1 3.0 2.2	3.1 3.9 3.1 2.8 2.8 2.8 2.8 2.8 2.8 2.8 3.0 3.1 2.4
Personal care										
All arrangements	35,300	100.0	9.4	36.1	26.8	14.2	7.1	6.3	2.0	2.2
Spouse only	$1,600 \\ 5,100 \\ 200 \\ 4,900 \\ 11,400 \\ 1,500 \\ 4,200 \\ 4,000 \\ 300 \\ 2,000 \\ 200$	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	3.0 16.6 8.8 14.0 7.3 5.0 - 3.0 24.0	33.3 28.6 35.0 34.1 34.0 26.6 29.5 58.4 86.2 41.7 49.5	44.4 23.1 30.1 28.6 26.9 25.1 27.3 22.8 30.9	6.3 20.0 16.3 10.6 25.9 16.2 13.6 13.8 10.6 26.4	6.3 8.4 4.4 7.3 11.3 13.2 1.4 - 8.4 -	6.8 3.3 35.0 7.8 7.2 3.8 8.9 3.9 3.9 5.5	2.1 1.9 3.1 2.0 1.9 2.2 2.4 1.7 1.3 2.0 1.3	2.3 2.2 2.5 2.2 2.1 2.6 2.6 0.9 0.6 1.2 1.5

Table 7.	Number of re	sidents and	rate pe	r 1,000	residents	in nur	sing and	l personal	care	homes
with sel	ected chronic	conditions	and impa	irments,	by marital	status:	United	States, May	-June	1964

		<u> </u>	Marita	l status	<u></u>	
Chronic conditions and impairments	Total	Married	Widowed	Divorced	Separated	Never married
			Number of	residents		
All residents	554,000	54,900	348,100	19,500	8,700	122,700
		Ra	te per 1,	000 reside	8,700	
No reported conditions	36.8	18.2	37.8	29.1	40.5	43.4
Malignant neoplasms	33.3	50.8	34.7	26.1	28.5	23.2
Benign and unspecified neoplasms	12.3	21.7	11.3	7.6	22.5	11.1
Asthma	29.7	19.2	30.6	24.9	39.8	32.1
Diabetes mellitus	80.0	84.6	89.0	77.0	45.9	55.1
Advanced senility	218.4	222.6	246.1	128.7	116.0	159.4
Senility not psychotic	49.5	44.7	56.6	30.4	61.1	33.8
Other mental disorders	181.9	176.3	134.3	327.4	300,4	287.7
Vascular lesions affecting						
central nervous system	339.5	429.4	362.8	303.2		244.2
Parkinson's disease	22.6	31.5	20.7	26.6		23.4
Epilepsy	21.2	27.6	11.3	56.8		40.3
Chronic diseases of eye	62.5	29.7	67.9	61.8		63.3
Diseases of heart	282.6	263.2	324.4	207.8		190.2
Hypertension without mention of heart	63.3	39.8	64.5	33.2		75.4
General arteriosclerosis	78.5	72.4	85.6	43.6	57.4	68.3
Varicose veins	32.0	28.3	31.7	46.2	30.1	32.5
Hemorrhoids	38.2	41.3	38.8	41.6	46.2	33.8
Bronchitis and emphysema	40.2	37.2	36.1	77.9	64.5	45.5
Sinus and other respiratory conditions-	19.4	18.2	17.8	30.9	35.3	21.6
Ulcer of stomach and duodenum	17.6	18.6	17.4	18.4	24.3	17.3
Hernia of abdominal cavity	35.5	38.6	33.5	51.4	51.8	36.0
Other chronic conditions of digestive system	124.4	126.5	132.9	136.9	104.0	98.8
Diseases of urinary system	58.2	75.4	60.7	80.2	75.9	38.8
Diseases of prostate and other male genital organs	30.0	55.4	24.6	44.0	50.8	30.6
Arthritis and rheumatism	220.8	192.2	246.3	169.6	180.3	172.4
Fracture, femur (old)	31.1	30.0	35.8	18.4	11.7	21.6
All other chronic conditions	148.7	160.4	144.1	193.4		149.1
Visual impairments: inability to read newspaper with glasses	120.5	90.8	138.4	65.7		96.4
Other visual impairments	60.2	45.3	63.3	73.2	[55.5
Hearing impairments	187.6	161.0	205.6	113.3		162.7
Speech impairments, all types	98.6	167.5	77.6	109.0		122.8
Paralysis, palsy due to stroke	120.3	207.0	122.4	137.0		73.7
Paralysis, palsy due to other causes	46.9	56.6	35.0	72.9	1	71.8
	20.9	21.0	18.7	44.2		22.6
Absence, major extremities Impairments, limbs, back, trunk	135.8	123.7	139.0	128.5		132.2
	135.8	123.7	12.2	18.6	23.0	15.2
All other impairments	13.7	. 10.4	1.4.2	10.0		1.5.2

Table 8. Number of residents and rate per 1,000 residents in nursing and personal care homes with selected conditions and impairments, by living arrangements before admission: United States, May-June 1964

.

	Living arrangement							
Chronic conditions and impairments	Total	Spouse only	Children only	Spouse and children	Other relatives	Alone or with non- relatives		
	Number of residents							
All residents	554,000	42,400	108,600	3,100	61,400	164,300		
	Rate per 1,000 residents							
No reported conditions	$\begin{array}{c} 36.8\\ 33.3\\ 2.3\\ 29.7\\ 80.0\\ 218.4\\ 49.5\\ 181.9\\ 339.5\\ 22.6\\ 21.1\\ 62.5\\ 282.6\\ 63.3\\ 78.5\\ 32.0\\ 38.2\\ 40.2\\ 19.4\\ 17.6\\ 35.5\\ 124.4\\ 58.2\\ 30.0\\ 220.8\\ 31.1\\ 148.7\\ 120.5\\ 60.2\\ 187.6\\ 98.6\\ 120.3\\ \end{array}$		$\begin{array}{c} 33.1\\ 34.9\\ 7.0\\ 26.9\\ 85.4\\ 282.1\\ 55.4\\ 106.2\\ 395.5\\ 26.0\\ 11.1\\ 66.3\\ 312.8\\ 60.1\\ 96.0\\ 37.0\\ 38.4\\ 32.6\\ 14.3\\ 14.9\\ 39.7\\ 137.0\\ 70.5\\ 25.3\\ 239.0\\ 32.0\\ 140.4\\ 146.7\\ 52.9\\ 200.6\\ 80.1\\ 136.5\\ \end{array}$	49.4 31.3 14.9 18.4 296.9 14.9 148.0 327.3 17.1 320 65.3 145.4 195.2 17.8 130.5 129.9 35.5 116.6 80.1 82.7	$\begin{array}{c} 29.3\\ 29.6\\ 11.4\\ 26.2\\ 56.3\\ 196.1\\ 41.4\\ 262.8\\ 281.1\\ 262.8\\ 281.1\\ 262.9\\ 42.0\\ 59.0\\ 233.3\\ 76.4\\ 62.4\\ 31.0\\ 37.0\\ 35.7\\ 29.0\\ 16.7\\ 32.1\\ 111.4\\ 40.1\\ 25.4\\ 211.0\\ 18.7\\ 135.1\\ 122.4\\ 58.1\\ 175.3\\ 126.9\\ 88.6\end{array}$	67.7 29.0 12.6 31.0 73.7 187.7 48.3 122.9 270.8 21.3 12.4 71.5 268.5 77.6 89.6 37.2 37.5 47.1 20.6 21.3 33.4 120.6 49.0 27.4 249.6 22.4 137.9 107.9 71.6 196.6 57.0 81.7		
Absence, major extremities Impairments, limbs, back, trunk All other impairments	46.9 20.9 135.8 13.7	47.9 16.9 117.2 14.2	41.1 17.9 138.2 11.7	80.1 212.6 65.3	86.5 16.8 145.1 9.0	28.8 15.2 133.8 14.2		

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Table 8. Number of residents and rate per 1,000 residents in nursing and personal care homes with selected conditions and impairments, by living arrangements before admission: United States, May-June 1964—Con.

	Living arrangement								
Chronic conditions and impairments	Boarding home	Nursing home	Mental hospital	Long-term specialty hospital	General or short-stay hospital	Other place			
			Number of	residents					
All residents	11,200	60,600	27,100	5,800	65,500	4,000			
		Ra	te per 1,0	00 resident	s				
No reported conditions	36.1 18.6 13.0 - 8.6								
Malignant neoplasms	22.7	31.7	14.9	52.9	49.9	36.4			
Benign and unspecified neoplasms	21.9	8.5	1.8	25.6	16.7	-			
Asthma	45.3	33.6	10.9	35.5	39.0	38.9			
Diabetes mellitus	67.4	99.3	46.6	93.9	106.0	73.7			
Advanced senility	186.4	230.1	156.5	151.6	226.1	152.8			
Senility, not psychotic	76.4	49.9	22.4	77.9	56.6	13.1			
Other mental disorders	172.9	181.8	704.5	342.4	177.3	152.8			
Vascular lesions affecting									
central nervous system	242,9	350.6	289.6	399.8	433.6	263.1			
Parkinson's disease	13.7	24.2	7.5	8.3	18.5	37.1			
Epilepsy	35,6	25.0	51.5	70.4	21.7	26.0			
Chronic diseases of eye	86.8	58.2	54.8	51.6	61.1	51.8			
Diseases of heart	270.5	316.6	130.2	219.6	352.9	284.1			
Hypertension without mention of heart-	63.0	52.8	61.8	34.6	32.3	100.0			
General arteriosclerosis	76.6	81.3	18.7	86.5	66.0	74.7			
Varicose veins	45.6	20.7	19.2	18.3	28.4	66.7			
Hemorrhoids	45.0	40.5	35.9	34.8	33.0	66.2			
Bronchitis and emphysema	94.5	34.1	26.2	36.0	39.0	62.9			
Sinus and other respiratory									
conditions	26.5	21.4	13.7	17.8	14.4	-			
Ulcer of stomach and duodenum	31.6	16.9	3.7	17.8	18.8				
Hernia of abdominal cavity	32.0	30.1	24.6	53.3	31.0	99.2			
Other chronic conditions of digestive	1 1 1 7	1101	65.0	101 5	125 1	00 7			
system	131.7	146.4	65.4	121.5	135.1	90.7			
Diseases of urinary system Diseases of prostate and other male	31.3	58.7	43.4	86.7	80.1	48.2			
genital organs	48.6	24.5	15.5	62.6	32.6	77.0			
Arthritis and rheumatism	219.4	217.7	86.8	228.9	191.9	227.5			
Fracture, femur (old)	26.6	30.0	9.4	25.8	73.8	39.4			
All other chronic conditions	167.5	166.9	116.9	140.0	193.2	168.4			
Visual impairments: inability to	107.5	100.7	110.5	140.0	175.2	100.4			
read newspaper with glasses	136.5	132.4	105.7	102.1	118.6	126.5			
Other visual impairments	54.7	65.5	32.4	17.6	60.7	38.1			
Hearing impairments	248.0	192.8	82.9	166.3	201.3	241.4			
Speech impairments, all types	81.6	114.3	152.9	207.3	129.0	89.1			
Paralysis, palsy due to stroke	71.6	143.2	40.9	182.2	181.1	72.0			
Paralysis, palsy due to other causes	39.9	56,8	46.9	88.6	50.3	52.8			
Absence, major extremities	40.6	29.4	15.2	16.6	39.1	12.6			
Impairments, limbs, back, trunk	150.8	151.0	77.1	183.4	138.2	165.7			
All other impairments	18.9	11.6	13.0	7.8	19.0	12.9			
	1					L			

Table 9. Number and percent distribution of residents in nursing and personal care homes, by frequency of visitors according to age and primary type of service: United States, May-June 1964

				Age				
Primary type of service and frequency of visitors	All ages	Under 65 years	65-74 years	75-84 years	85 years and over	Median	Mean	
Total								
All homes	554,000	66,200	104,500	230,900	152,400	79.6	77.1	
Nursing care homes	373,300	40,600	71,700	154,900	106,100	79.8	77.5	
Personal care with nursing homes	145,400	18,400	26,100	61,900	38,900	79.5	76.7	
Personal care homes	35,300	7,200	6,600	14,000	7,400	77.7	74.0	
All homes	Percent distribution							
Total	100.0	100.0	100.0	100.0	100.0	79.6	77.1	
At least once a week	58.1	43.1	53.7	60.9	63.3	80.4	78.4	
Less than once a week but at least once a month	19.4	16.7	20.0	19,7	19.5	79.8	77.5	
Less than once a month	13.0	20.2	13.7	11.8	11.2	78.0	74.5	
Never visited	9.5	20.0	12.5	7.6	6.0	75.1	71.9	
Nursing care								
Tota1	100.0	100.0	100.0	100.0	100.0	79.8	77.5	
At least once a month	61.8	52.5	58.3	63.5	65.1	80.3	78.3	
Less than once a week but at least once a month	18.5	16.8	19.5	18.5	18.6	79.8	77.8	
Less than once a month	11.1	14.4	11.5	10.4	10.5	79.1	76.1	
Never visited	8.6	16.3	10.7	7.6	5.7	76.5	73.3	
Personal care with nursing								
Total	100.0	100.0	100.0	100.0	100.0	79.5	76.7	
At least once a month	52.3	31.7	44.9	57.5	58.7	80.7	78.6	
Less than once a week but at least once a month	21.0	17.4	21.3	21.2	22.0	79.9	77.4	
Less than once a month	16.9	30.2	19.0	14.4	13.2	77.0	73.4	
Never visited	9.8	20.8	14.8	6.8	6.1	73.6	71.0	
Personal care			۰.					
Total	100.0	100.0	100.0	100.0	100.0	77.7	74.0	
At least once a week	42.9	19.5	38.8	47.3	60.8	80.4	78.3	
Less than once a week but at least once a month	21.5	14.0	20.5	26.7	19.7	78.8	76.1	
Less than once a month	17.6	27.7	17.4	15.9	11.0	74.6	68.4	
Never visited	18.1	38.7	23.2	10.1	8.5	67.6	67.0	

31

Table 10. Number and percent distribution of residents in nursing and personal care homes, by frequency of visitors according to length of stay and primary type of service: United States, May-June 1964

	Length of stay								
Primary type of service and frequency of visitors	Total	Under 1 year	l to 3 years	3 to 5 years	5+ years	Median	Mean		
Total									
All homes	554,000	1.8	3.0						
Nursing care homes	373,300	135,700	133,200	53,400	51,100	1.6	2.6		
Personal care with nursing homes	145,400	38,300	44,900	23,000	· 39,200	2.4	3.9		
Personal care homes	35,300	10,300	11,000	6,000	7,900	2.3	3.6		
All homes		Perce	ent distri	bution					
Total	100.0	100.0	100.0	100.0	100.0	1.8	3.0		
At least once a week	58.1	71.5	58.8	50.1	38.3	1.4	2.3		
Less than once a week but at least once a month	19.4	14.6	21.6	22.4	21.7	2.2	3.3		
Less than once a month	13.0	6.2	12.5	16.1	24.1	3.3	4.7		
Never visited	9.5	7.7	7.2	11.4	15.9	2.8	4.4		
Nursing care									
Tota1	100.0	100.0	100.0	100.0	100.0	1.6	2.6		
At least once a week	61.8	74.8	61.3	51.4	39.2	1.3	1.9		
Less than once a week but at least once a month	18.5	13.5	21.1	22.5	21.3	2.0	2.9		
Less than once a month	11.1	5.4	10.8	15.1	22.5	2.8	4.2		
Never visited	8.6	6.3	6.8	11.0	17.0	2.8	4.1		
Personal care with nursing				I					
Total	100.0	100.0	100.0	100.0	100.0	2.4	3.9		
At least once a week	52.3	66.4	53.5	49.3	38.9	1.9	3.0		
Less than once a week but at least once a month	21.0	16.6	22.5	22.4	22.7	2.7	3.2		
Less than once a month	16.9	7.3	17.1	19.1	24.7	3.8	5.6		
Never visited	9.8	9.7	6.9	9.3	13.7	3.4	5.3		
Personal care									
Total	100.0	100.0	100.0	100.0	100.0	2.3	3.6		
At least once a week	42.9	46.7	49.6	41.5	29.7	1.9	2.8		
Less than once a week but at least once a month	21.5	21.7	23.5	20.7	19.2	2.0	3.5		
Less than once a month	17.6	12.1	14.7	13.9	31.4	3.6	5.1		
Never visited	18.1	19.6	12.2	23.9	19.8	2.7	4.0		
Table 11. Number and percent distribution of residents in nursing and personal care homes, by living arrangements before admission according to age and sex: United States, May-June 1964

Living arrangement and sex	All ages	Under 65 years	65-74 years	75 years and over	75-84 years	85 years and over
All living arrangements	Number of residents					
Both sexes	554,000	66,200	104,500	383,300	230,900	152,400
Male Female	193,800 360,200	36,200 30,000	40,400 64,000	117,200 266,200	74,100 156,800	43,100 109,300
Both sexes						
All arrangements	100.0	100.0	100.0	100.0	100.0	100.0
Family or relatives Alone or with nonrelatives Boarding or nursing home Hospital or other place	38.9 29.7 13.0 18.5	36.7 17.7 14.8 30.9	37.6 27.5 12.9 22.0	39.7 32.3 12.7 15.4	38.9 32.4 12.3 16.4	40.7 32.2 13.2 13.9
Male						
All arrangements	100.0	100.0	100.0	100.0	100.0	100.0
Family or relatives Alone or with nonrelatives Boarding or nursing home Hospital or other place	37.6 26.9 13.6 21.9	33.6 18.9 15.5 32.0	33.5 28.5 13.7 24.3	40.2 28.9 13.0 17.9	38.9 28.3 13.0 19.8	42.4 29.9 13.1 14.5
Female			1			
All arrangements	100.0	100.0	100.0	100.0	100.0	100.0
Family or relatives Alone or with nonrelatives Boarding or nursing home Hospital or other place	39.6 31.1 12.6 16.6	40.4 16.2 13.9 29.5	40.2 26.8 12.4 20.5	39.4 33.8 12.5 14.2	38.9 34.4 12.0 14.7	40.1 33.1 13.3 13.6

APPENDIX |

A. TECHNICAL NOTES ON SURVEY DESIGN

General. - The Resident Places Survey-2 (RPS-2) was conducted during May and June 1964 by the Division of Health Records Statistics in cooperation with the U.S. Bureau of the Census. It was a survey of resident institutions in the United States which provide nursing or personal care to the aged and chronically ill, of their patients or residents, and of their employees. The institutions within the scope of the survey included such places as nursing homes, convalescent homes, rest homes, homes for the aged, other related facilities, and geriatric hospitals. To be eligible for the survey an establishment must have maintained three beds or more and must have provided some level of nursing or personal care. The procedure for classifying establishments for the RPS-2 universe is described in appendix II-B.

This appendix presents a brief description of the survey design, general qualifications of the data, and the reliability of estimates presented in this report. Succeeding appendixes are concerned with classification procedures, definitions, and questionnaires used in the survey for collecting information about residents, chronic conditions, employees, and services.

Sampling frame.—A "multiframe" technique was used in establishing the sampling universe for RPS-2. The principal frame was the Master Facility Inventory (MFI), which contained the names, addresses, and descriptive information for about 90-95 percent of the nursing and personal care homes in the United States. Establishments not listed in the MFI were, theoretically, on another list referred to as the Complement Survey list. A description of the MFI and the Complement Survey has been published.⁹

The Complement Survey is based on an area probability design, using the sample design of the Health Interview Survey,¹ In the Health Interview Survey, interviewers make visits each week to households located in probability samples of small segments of the United States. In addition to collecting information about the health of the household members, the interviewers are instructed to record the names and addresses of hospitals and institutions located wholly or partially within the specified areas. The Complement Survey list is composed of the establishments identified in these sample areas between January 1959 and July 1963 which were not listed in the MFI and which were in business as of July 1, 1962. The Complement Survey sample for RPS-2 included four establishments representing an estimated total of about 800 such facilities in the United States.

Sample design .- The sample design was a stratified, two-stage probability design. The first stage was a selection of establishments from the MFI and the Complement Survey; the second stage, a selection of employees and residents from registers of the sample establishments. In preparation for the first-stage sample selection, the MFI was divided into two groups on the basis of whether current information was available about the establishment. Group I was composed of establishments which had returned a questionnaire in a previous MFI survey. Group II contained places which were possibly within the scope of RPS-2 but were not confirmed in the MFI survey, e.g., nonresponses and questionnaires not delivered by the post office because of insufficient address. Group I was then sorted into three type-of-service strata: nursing care homes, including geriatric hospitals; personal care homes with nursing; and personal care homes. Group II was treated as a fourth type-of-service stratum. Each of these four strata was further sorted into four bed-size groups. producing 16 primary strata, as shown in table I. Within each primary stratum, the listing of establishments was ordered by type of ownership, State, and county. The sample of establishments was then selected systematically after a random start within each of the primary strata.

Table I shows the distribution by primary strata of establishments in the MFI and in the sample and shows the final disposition of the sample places with regard to their response and in-scope status. Of the 1,201 homes originally selected, 1,085 were found to be in business and within the scope of the survey.

The second-stage sample selection of residents was carried out by Bureau of the Census interviewers in accordance with specific instructions given for each sample establishment as contained in the Resident Questionnaire (HRS-3c, appendix III), All the residents on the register of the establishment on the day of the survey were listed on the Establishment Questionnaire (HRS-3a). The interviewers were furnished with the numbers of predetermined sample lines for each home (e.g., every seventh line). The first three sample designations were entered on the questionnaire worksheet, and the interviewer entered the remaining predetermined numbers until the last selected number exceeded the total number now on the register. The name of the sample resident (patient) was entered opposite the sample designation number. For each sample resident a questionnaire was completed by the interviewer from information furnished by the respondent. The total

	Distribution														
Invento	ry and in the	RPS	-2 sample, by	pri	mary	stra	ita ((type d	of serv	ice	and	size	of i	nstitu	tion)
and by	response statu	is to	o the RPS-2: U	Jnit	ed S	tates									

		Number of homes in sample					
Type of service and size of institution	Number of homes in the MFI ¹		Out of	In scope and in business			
		Total homes ¹	scope or out of business	Nonre- sponding homes	Re- sponding homes		
A11 types	19,520	1,201	116	12	1,073		
Nursing care ²	8,155	634	37	8	589		
Under 30 beds	4,400	179	21	5	153		
30-99 beds	3,247	260	11	3	246		
100-299 beds	448	135	3	-	132		
300 beds and over	60	60	2	-	58		
Personal care with nursing	4,972	381	12	2	367		
Under 30 beds	3,168	128	10	1	117		
30-99 beds	1,423	114	1	1	112		
100-299 beds	345	103	1	-	102		
300 beds and over	36	36	-	-	36		
Personal care	3,621	113	13	2	98		
Under 30 beds	3,187	64	11	-	53		
30-99 beds	402	32	-	1	31		
100-299 beds	29	14	2	1	11		
300 beds and over	3	3	-	-	3		
Group II ³	2,772	73	54	-	19		
Under 25 beds	2,578	52	37	-	15		
25-99 beds	185	15	12	-	3		
100-299 beds	6	3	3	-	-		
300 beds and over	3	3	2	-	1		

¹The universe for the RPS-2 sample consisted of the MFI and the Complement Survey. Included in the RPS-2 sample were 4 homes from the Complement Survey.

²Includes geriatric hospitals.

³Group II consists of those institutions assumed to be in scope of the RPS-2 survey but for which current data were not available.

sample selected from establishments cooperating in the survey consisted of 10,560 residents.

Survey procedure.—The Bureau of the Census employed about 140 of their regular interviewers for the survey. All were experienced in the continuing surveys conducted by the Bureau of the Census; about half were employed in the Health Interview Survey, one of the major programs of the National Center for Health Statistics, and about half in other surveys. Since the interviewers were well trained in general survey methodology, it was relatively easy to train them in the specific methods used in RPS-2. Briefly, their training consisted of home study materials and observation by the Census Regional Supervisor on the first interview assignment.

The initial contact with an establishment was a letter signed by the Director of the Bureau of the Census. The letter (HRS-3f, appendix III) notified each administrator about the survey, requested his cooperation, and stated that a representative would contact him for an appointment. The interviewer's telephone call usually followed within 3 or 4 days.

During the course of the interview, the interviewer collected data on the establishment, the resident, and the employees. The establishment and resident information was obtained by personal interview, and the staff information was collected by personal interview and by means of a self-enumeration questionnaire. The respondent for the Resident (patient) Questionnaire (HRS- 3c) was a member of the staff who had close contact with the resident, thus having firsthand knowledge of the resident's health condition. This was usually a nurse who was responsible for the individual sample resident. One nurse might have completed questionnaires for all residents in a small home, or shared the responsibility in a large home. The interviewer was instructed to encourage maximum use of records by the respondent. For data on chronic conditions and impairments, medical records, if available, were routinely used to supplement the information provided by the respondent.

The Census regional offices also performed certain checks during the course of the survey to insure that the interviewers were conducting the survey according to specified procedures. They reviewed all questionnaires for completeness prior to transmittal to the Washington office and made inquiries as necessary to obtain the missing information.

The completed questionnaires were edited and coded by the National Center for Health Statistics, and the data were processed on an electronic computer. This processing included assignment of weights, ratio adjustments, and other related procedures necessary to produce national estimates from the sample data. It also included matching with basic identifying information contained in the Master Facility Inventory, as well as carrying out internal edits and consistency checks to eliminate "impossible" response and errors in editing, coding, or processing.

B. GENERAL QUALIFICATIONS

Nonresponse and imputation of missing data.—The survey was conducted in 1,073 homes, or about 89 percent of the original sample. About 7 percent of the sample places were found to be out of business, and an additional 3 percent were found to be out of scope of the survey, that is, they either did not provide nursing or personal care to their residents or maintained fewer than three beds. Only 12 homes, or about 1 percent of the sample, refused to cooperate in the survey (table I). The response rate for the in-scope sample was 98.9 percent.

Statistics in this report were adjusted for the failure of a home to respond by use of a separate nonresponse adjustment factor for each service-size stratum further stratified by three major ownership groups. This factor was the ratio of all in-scope sample homes in a stratum to the responding in-scope sample homes in the stratum.

Data were also adjusted for nonresponse of sample residents within an establishment by a procedure which imputed to residents for whom data were not obtained the characteristics of residents of the same age and in the same type of home. For nonresponse on the age item, the adjustment was restricted to characteristics of residents in the same type of home. Adjustment for nonresponse in resident data for responding homes ranged from 0.7 percent for age to 4.6 percent for 24-hour nursing service. The adjustment for the three major variables in this report was 1.6 percent for marital status, 3.0 percent for residence prior to admission, and 2.1 percent for frequency of visitors.

Rounding of numbers.—Estimates relating to residents have been rounded to the nearest hundred and homes, to the nearest ten. For this reason detailed figures within the tables do not always add to totals. Percents were calculated using the original unrounded figures and will not necessarily agree with percents which might be calculated from rounded data.

Estimation procedure.—Statistics reported in this publication are the result of two stages of ratio adjustments, one at each stage of selection. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The first-stage ratio adjustment was included in the estimation of establishment and resident data for all primary servicesize strata from which a sample of homes was drawn. This factor was a ratio, calculated for each stratum. The numerator was the total beds according to the Master Facility Inventory for all homes in the stratum. The denominator was the estimate of the total beds obtained through a simple inflation of the Master Facility Inventory data for the sample homes in the stratum. The effect of the first-stage ratio adjustment was to bring the sample in closer agreement with the known universe of beds. The second-stage ratio adjustment was included in the estimation of resident data for all primary strata. For resident data, the second-stage ratio adjustment is the product of two fractions: the first is the ratio of the total number of residents in the establishment to the number of residents for whom questionnaires were completed within the home; the second is the sampling fraction for residents on which the selection is based.

Reliability of estimates.—Since statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedures.

As in any survey, the results are also subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures.

The sampling error (or standard error) of a statistic is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error decreases. The standard error is primarily a measure of the variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. As calculated for this report, the standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. The chances are about two out of three that an estimate from the sample differs from the value which would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2½ times as large.

Relative standard errors of aggregates shown in this report can be determined from figure I. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. An example of how to convert the relative error into a





Example of use of figure 1. An estimate of 100,000 total residents has a relative standard error of 3.3 percent (read from scale at left side of figure). The estimate has a standard error of 3,300 (3.3 percent of 100,000).

	Estimated percent					
Base of per- cent (number of residents)	2 or 98	5 or 95	10 or 90	25 or 75	50	
	Standard error expressed in percentage points					
1,000 2,500 5,000 10,000	4.4 2.8 2.0 1.4	6.9 4.4 3.1 2.2	9.5 6.0 4.2 3.0	13.6 8.6 6.1 4.3	$15.8 \\ 10.0 \\ 7.1 \\ 5.0$	
20,000 30,000 40,000 50,000	1.0 0.8 0.7 0.6	$1.5 \\ 1.3 \\ 1.1 \\ 1.0$	$2.1 \\ 1.7 \\ 1.5 \\ 1.3$	3.0 2.5 2.1 1.6	3.5 2.9 2.5 2.2	
80,000 100,000 200,000 500,000	0.5 0.4 0.3 0.2	0.8 0.7 0.5 0.3	1.1 0.9 0.7 0.4	$1.5 \\ 1.0 \\ 0.8 \\ 0.5$	$1.8 \\ 1.6 \\ 1.1 \\ 0.7$	

Table II. Approximate standard errors of percentages shown in this report for residents (patients) and conditions

standard error is given with figure I. Standard errors of estimated percentages are shown in table II.

To determine the standard error of a mean value, of a median value, or of the difference between two statistics, the following rules may be used.

Standard error of mean number of conditions per person.— From figure I, obtain the relative standard error of the estimated number of conditions and of the estimated number of persons. The square root of the sum of the squares of these two relative standard errors provides an approximation for the relative standard error of the desired mean. The standard error of the mean may be obtained by multiplying the relative standard error by the mean value.

Example: For a mean of three conditions per person based on a denominator of 50,000 residents, the standard error may be obtained as follows:

- 1. The relative standard error of 150,000 conditions is about 2.7 percent, or .027 (curve A).
- 2. The relative standard error of 50,000 residents is about 4.6 percent, or .046 (curve A).
- 3. The relative standard error of the mean three

conditions per person is $\sqrt{(.027)^2 + (.046)^2}$ = .169.

-----000----

4. The standard error is .169 x 3 = .507 conditions per person.

Standard error of a median.—The medians shown in this report were calculated from grouped data. Approximate confidence intervals for these estimated medians can be computed as follows:

- (a) Determine the standard error of a 50-percent characteristic whose denominator is equal to the estimated number of persons in the frequency distribution on which the median is based. For example, the median age of males is 77.7 years. The estimated number of males is 193,800 (table 1). The standard error of a 50-percent characteristic whose base is 193,800 is shown in table II, by interpolation, to be 1.13 percentage points.
- (b) Apply this standard error to the cumulative frequency distribution to obtain a confidence interval around the median. The steps are as follows: For the above example, using the 95percent level of confidence, determine the points on the cumulative frequency distribution corresponding to the 47.74 percent (50 percent minus two standard errors) and 52.26 percent (50 percent plus two standard errors). The points are 92,500 (47.74 x 193,800) and 101,300 (52.26 x 193,800). From table 1, determine the ages that correspond to these points. They are 77.1 and 78.3 years, respectively. Therefore, the confidence limit for the estimated median age of 77.7 years is 77.1-78.3 years at the 95-percent level of confidence.

It is possible to investigate whether the observed differences between two estimated medians can be attributed to sampling error alone by obtaining the upper 68-percent confidence limit, U_1^{i} , of the smaller median, M_1^{i} , and the lower 68-percent confidence limit, L_2^{i} , of the larger median, M_2^{i} . These limits may be found by using the method outlined above, but using one standard error instead of two. The square root of the sum of the squared differences between M_1^{i} and U_1^{i} and M_2^{i} and L_2^{i} is the standard error of the difference between M_1^{i} and M_2^{i} ; that is,

$$S_{(M_1^{1} - M_2^{1})} = \sqrt{(M_1^{1} - U_1^{1})^2 + (M_2^{1} - L_2^{1})^2}$$

For the purpose of this report, any difference between M_1^i and M_2^i greater than $2S_{(M_1^i - M_2^i)}$ has been considered a significant difference.

Standard error of a difference between two estimates.—The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

38

APPENDIX II

A. DEFINITIONS OF CERTAIN 'TERMS USED IN THIS REPORT

Resident:

A resident is defined as a person who has been formally admitted to an establishment but not discharged. All such persons were included in the survey even though they were not physically present.

Chronic conditions and impairments:

These are defined as the conditions and impairments contained in Cards D and E of appendix III. This list was expanded, based on the further query "Does he have any other chronic conditions listed in his record you have not told me about?" and additional questions about specified conditions. The expanded list is contained in appendix II-D as a basic list of diagnostic categories used for coding purposes.

Condition:

This term is used synonomously with the term "chronic conditions and impairments" since no distinction has been made between the two groups in this report.

Length of stay;

Length of stay refers to the current period of stay in the institution. The period of stay starts with the date of last admission to the institution and ends with the date of the survey.

Type of care received when admitted:

The three types of care a resident received when admitted to the home were determined by questions 17 and 18 of the Resident Questionnaire in appendix III.

<u>Primarily nursing care</u>. If a resident received mainly the nursing care items 7-19 in question 17, he was classified as receiving "primarily nursing care" in question 18.

<u>Primarily personal care</u>. If a resident received mainly the personal care items 1-5 in question 17, he was classified as having "primarily personal care" in question 18.

<u>Room and board only</u>. This refers to a resident who received food and lodging only, with no provision of personal or nursing care.

B. CLASSIFICATION OF HOMES BY TYPE OF SERVICE

For purposes of stratification of the universe prior to the selection of the sample, the homes in the MFI were classified as either nursing care, personal care with nursing, personal care, or domiciliary care homes. The latter two classes were combined and designated as personal care homes. Details of the classification procedure in the MFI have been published.⁹

Due to the time interval between the MFI survey and the RPS-2 survey it was felt that for producing statistics by type of service for the RPS-2 survey, the homes should be reclassified on the basis of the current data collected in the survey. This classification procedure is essentially the same as the MFI scheme. The three types of service classes delineated by RPS-2 are defined as follows:

1. A *nursing care home* is defined as one in which 50 percent or more of the residents received

nursing care in the home during the week prior to the survey, with an RN or LPN employed 15 hours or more per week. In this report, geriatric hospitals are included with nursing care homes.

- 2. A personal care home with nursing is defined as one in which either (a) over 50 percent of the residents received nursing care during the week prior to the survey, but there were no RN's or LPN's on the staff; or (b) some, but less than 50 percent, of the residents received nursing care during the week prior to the survey, regardless of the presence of RN's or LPN's on the staff.
- 3. A *personal care home* is defined as one in which residents routinely received personal care, but no nursing care during the week prior to the survey.

C. RULES FOR CODING CHRONIC CONDITIONS AND IMPAIRMENTS

The list of diagnostic categories which was used for coding chronic conditions and impairments is shown below. This list represents an expansion of the two lists (Cards D and E) furnished to the interviewers. The classification scheme was based on the International Classification of Diseases with some modifications.¹⁰ Certain medical coding principles developed by the Health Interview Survey (HIS), from which statistics on the institutional population of the United States are derived,¹¹ were used in coding the data for RPS-2. The medical coding consisted of assigning a code to each codable chronic condition and impairment reported for a resident. All codable conditions which were not specified as chronic but which could be acute or chronic (i.e., sinusitis, bronchitis, gastritis, or a hearing or visual disturbance) were assumed to be chronic.

The medical coding principles developed by HIS were adapted to the coding of chronic diseases and impairments as follows: Impairments were coded in the same general manner as for HIS, but in less detail. Symptoms and conditions said to be due to other conditions were coded for the most part as for HIS. Heart, hypertensive, and arteriosclerotic conditions were combined as for HIS.

The coding rules allow for the assignment of one or more chronic conditions and impairments for each resident, with some loss of detail due to the restricted number of diagnostic categories. Some restriction exists for the assignment of impairments which are a result of the chronic condition. Some chronic conditions are not reported separately but are combined with other categories under coding rules.

Special coding procedures were followed in coding categories related to senility and mental conditions. Injuries and traumatic origin of chronic conditions were not identified as such except in cases of fracture of the hip. Also, specific coding procedures for other individual chronic conditions and impairments were followed.

D. BASIC LIST OF DIAGNOSTIC CATEGORIES REPORTED FOR RESIDENTS IN NURSING AND PERSONAL CARE HOMES

Condition Group

International Classification of Diseases Code Numbers, 1955 Revision

Malignant neoplasms, without mention of surgery Malignant neoplasms, with mention of surgery Benign and unspecified neoplasms	140-205 140-205 210-239 241 250-254 260 280-283, 285, 286 ¹
Senile psychosis with or without other mental condition- Senility without mention of psychosis	304 794 300-303, 305-324 330-334 345 350 353 340-343, 354-357, 361-369 385 387 370-379, 380-384, 386, 388 390-396
Diseases of the heart Hypertension without mention of heart General arteriosclerosis	410-443, 782.1, 782.2, 782.4 444-447 450

Varicose veins Hemorrhoids Other conditions of circulatory system	460, 462 461 400-403, 451-456, 463-468, 782.0, 782.3, 782.5-782.9
Chronic sinusitis	513
Bronchitis, with emphysema	502.0
Bronchitis, without emphysema	502.1
Emphysema without mention of bronchitis	527.1
Other chronic respiratory conditions	510.0, 512, 514-526, 527.0, 527.2, 783
Ulcer of stomach and duodenum	540-542
Hernia of abdominal cavity	560,561
Diseases of gallbladder and bile ducts	584-586
Other chronic conditions of the digestive system	530-539, 543-545, 552, 553, 570, 572-574, 577, 578, 580-583, 587, 784
Incontinence (urine or feces)	785.7, 786.2
Diseases of urinary system	591-594, 600-609, 786.0, 786.1, 786.3-786.5, 789
Diseases of male genital organs	610-617, 786.6
Diseases of breast and female genital organs	620, 621, 623, 625, 626, 630-637, 786.7
Diseases of skin and other subcutaneous tissue	700-716
Arthritis	720-725
Rheumatism	726.0, 726.1, 726.3, 727
Other specified diseases of bones and organs of move-	
ment	730.1, 730.3, 731-733, 735, 738, 740-744
Fracture, femur (old)	N820.9, N821.9
All other chronic conditions, excluding impairments	Residual
Visual impairment: inability to read newspaper with glasses ¹	
Other visual impairments ¹	
Hearing impairments ¹	
Speech impairments due to stroke ¹	
Speech impairments due to other or unspecified causes ¹	
Paralysis, palsy due to stroke ¹	
Paralysis, palsy due to other unspecified causes ¹	
Absence, fingers and/or toes1	
Absence, major extremities ¹	
Impairment, limbs, back, trunk ¹	
All other impairments ¹	
-	

¹Selected conditions and all impairments are classified by means of a special supplementary code developed for the Household Interview Survey. The details of this classification are contained in the *Medical Coding Manual and the Short Index*, NHS-HIS-1000, 1965.

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APPENDIX III

FORMS AND QUESTIONNAIRES

	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS WASHINGTON, D.C. 20233
-	٦
	 Dear Administrator:
	The Bureau of the Census, acting as the collecting agent for the United States Public Health Service, is conducting a nationwide survey of nursing homes, homes for the aged, and other establishments providing nursing, personal, and domiciliary care to the aged and infirm. The purpose of this survey is to collect much needed statistical information on the health of residents and on the types of employees in these homes. This survey is part of the National Health Survey program authorized by Congress because of the urgent need for up-to-date statistics on the health of our people.
	The purpose of this letter is to request your cooperation and to inform you that a representative of the Bureau of the Census will visit your establishment within the next week or so, to conduct the survey. Prior to his visit, the Census representative will call you to arrange for a convenient appointment time.
	All the information given to the Census representative will be kept strictly confidential by the Public Health Service and the Bureau of the Census, and will be used for statistical purposes only.
	Your cooperation in this important survey will be very much appreciated.
	Sincerely yours, Sincerely yours, Richard M. Scammon Director Bureau of the Census

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ESTABLISHMENT QUESTIONNAIRE

ORM HRS-3g	(Verily name and address and make any	necessary corrections)
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE		
U.S. NATIONAL HEALTH SURVEY ESTABLISHMENT QUESTIONNAIRE		
Is the person who supervises NURSING CARE a registered professional nurse, a lizunsed practical nurse, or someone else?	Registered Licensed	■ □ Someone else
a registered professional nurse, a licensed	1 professional 2 practical	

;

RESIDENT QUESTIONNAIRE

]	Budget B	ureau No. 68-R620.R2;	Approval Expires December 31, 1964
Es	tablishment number	• ••••	Resident's	(patient's) line No.	
1.	What is the month and year of this re	esident's (patient's) birth?	•	Month	Year
2.	Sex 1 Male (Ask question 3)		2 🔲 Female (Go to	question 4)
30.	Has he served in the Armed Forces of the United States? 1 Yes (2	Ask Q. 3b) 2 🗌 No (G	o to Q4)	3 🔲 Unknown	3c. NOTE TO INTERVIEWER: Source of veteran status information
þ.	Did he serve in World War !? 1 Yes	2 🛄 No		3 🛄 Unknown	1 Record 2 Sample person 3 Respondent
4.	Is this resident (patient) married, widowed, divorced, separated, or never married?	1 🛄 Married 2 🥅 Widowed	3 🛄 Di 4 🔛 Se	vorced 5 [parated	Never married
5.	In what month and year was he (last	admitted to this home?		Month	Year
6.	With whom did he live at the time of his admission? (Check the FIRST box that applies)	 t Spouse only 2 Children only 3 Spouse and children 4 Relatives other than children 5 Lived in apartment of alone or with unrelation 6 In boarding home 	spouse or	rela 8 [] In m 9 [] In a (exc 10 [] In a	nother nursing home or ted facility ental hospital long-term specialty hospital sept mental) general or short-stay hospital er place (Specify)
7.	How often do friends or relatives visit him? (Check the FIRST box that applies)	1 At least once a week 2 Less often than once least once a month			s than once a month er
8a,	Does he stay in bed all or most of th	ie day? 1 🛄 Ye	es (Go to que	estion y) 2 🗌 No'((Ask question 8b)
Ь.	Does he stay in his own room all or	most of the day? t 🛄 Ye	s	2 🛄 No ((Ask question 8c)
- c.	Does he go off the premises just to visit with friends or relatives and so		s	2 🛄 No	
9.	use? (Show card C)	Check all that apply)			
		Hearing aid	4 Brace		7 🔄 Eye glasses OR
ľ		Crutches	5 🔛 Whee 6 🔛 Artifi	icial limb(s)	8 🗌 None of these aids used
10.	During his stay here when did he las doctor for treatment, medication, or t examination by the doctor?		Month	Year	Never saw doctor while here
11a.	During his stay here, has he seen a dentist?	1 Yes (Ask question 1	15)	2 🛄 No (Go to que	estion 12)
ь.	Whon was the last time he saw a den	tist?		Month	Year
12a.	Has he lost ALL of his teeth?		1 🔄 Yes <u>(</u>	Ask question 12b)	2 🗌 No (Go to question 13)
ь.	Does he wear full upper and lower de	entures?	3 🔲 Yes		4 🗌 No
13.	Does this resident (patient) have any (Show card D. Record in Table 1 ea		ient has)	1 🗌 Yes 💈	2 🗔 No
14.	Does he have any of these conditions (Show card E. Record in Table 1 ea		ient has)	1 🛄 Yes 💈	2 🛄 No
	Does he have any other CHRONIC co If "Yes," ask: What are they? (Record in Table 1 each chronic con		rd that you h	ave not told me about	? 1 Yes 2 No

.

1

FORM HRS-3C (3-23-64)

Table 1						
	Enter conditions from questions 13, 14 or 15		For the following conditions ask these questions			
		SPEECH E PARALYS	IS. PERMANENT	Do not		
	Enter the words used by the respondent to describe the condition.	DEAFNES OR ANY E	STIFFNESS			
		(Incluae gi				
	(a)		(b)	(c)		
1.						
2.	·					
3.		,				
4.						
5.						
6.						
7.						
8.						
16.	If any eye conditions have been recorded in Ta Yeu told me about this resident's (patient's) ey Can he see well enough to read ordinary newsp	e condition.	No eye condition reported (Go to question 17)			
17.	During the post 7 days which of these services did this resident (patient) receive? (Show card F and check each one mentioned) 1 Help with dreasing, or care of hair 2 Help with tu bath or shower 3 Help with eating (feeding the residen check each one mentications or treat 6 Special diet 7 Application of steri dressings or bandag	nt (patient)) ment le	8 Temperature-pulse- respiration 17 Intravenous injection 9 Full-bed bath 18 Intranuscular injection 10 Enema 19 Nasal feeding 11 Catheterization OR OR 12 Bowel and bladder retraining 20 None of the above services received 13 Blood pressure services received 14 Irigation 13 15 Oxygen therapy 16 Hypodermic injection			
18.	At the time this resident (patient) was admitted this home, what kind of care did he receive-pri nursing care, primarily personal care, or room a board only? (Check one box only)	marily	care care	m and d only		
19.	What was the TOTAL charge for this resident's	(patient's)	care last month?			
20a.	What is the PRIMARY source of payment for his (Check ONE box only)	care?	20b. Are there any additional sources of payment?			
	 1 Own income or family support (Include pri retirement funds, social security, etc.) 	vate plans,	 (Check ALL boxes that apply) 1 Own income or family support (Include private retirement funds, social security, etc.) 	plans,		
	2 Church support		2 Church support			
1	Veterans benefits Public assistance or welfare	3 🛄 Veterans benefits 4 🛄 Public assistance or weifare				
	5 Initial payment - life care		5 Initial payment – life care			
	6 Other (Please describe)		6 Other (Please describe)			
		<u> </u>				
			7 No additional sources			
			USCOMM-DC 24	4499-264		

45

 Asthma CHRONIC bronchitis REPEATED attacks of sinus trouble Hardening of the arteries High blood pressure Heart trouble Heart trouble TROUBLE with varicose veins Hemorrhoids or piles Tumor, cyst or growth CHRONIC gall bladder or liver trouble Stomach ulcer Any other CHRONIC stomach trouble Stomach ulcer Any other CHRONIC stomach trouble Stomach ulcer Any other CHRONIC kidney trouble Mental illness CHRONIC nervous trouble Mental retardation Arthritis or rheumatism Diabetes Thyroid trouble or goiter Epilepsy Hernia or rupture ADVANCED senility 10. 11. 12. 13. 	Card D	
 Asthma CHRONIC bronchitis REPEATED attacks of sinus trouble Hardening of the arteries High blood pressure Heart trouble Heart trouble TROUBLE with varicose veins Hemorrhoids or piles Tumor, cyst or growth CHRONIC gall bladder or liver trouble Stomach ulcer Any other CHRONIC stomach trouble Stomach ulcer Any other CHRONIC stomach trouble Stomach ulcer Any other CHRONIC kidney trouble Mental illness CHRONIC nervous trouble Mental retardation Arthritis or rheumatism Diabetes Thyroid trouble or goiter Epilepsy Hernia or rupture ADVANCED senility 10. 11. 12. 13. 	LIST OF CHRONIC CONDITIONS	LI
 CHRONIC bronchitis REFEATED attacks of sinus trouble Hardening of the arteries High blood pressure Heart trouble TILL effects of a stroke TROUBLE with varicose veins Hemorrhoids or piles Tumor, cyst or growth CHRONIC gall bladder or liver trouble Stomach ulcer Any other CHRONIC stomach trouble Stomach ulcer Any other CHRONIC stomach trouble Kidney stones or CHRONIC kidney trouble Mental illness CHRONIC nervous trouble Mental retardation Arthritis or rheumatism Diabetes Thyroid trouble or goiter Epilepsy Hernia or rupture ADVANCED senility 10. 11. 12. 13. 	Does this resident have any of these conditions?	Does this re
 Stomach ulcer Any other CHRONIC stomach trouble Bowel or lower intestinal disorders Kidney stones or CHRONIC kidney trouble Mental illness CHRONIC nervous trouble Mental retardation Arthritis or rheumatism Diabetes Thyroid trouble or goiter Epilepsy Hernia or rupture Prostate trouble ADVANCED senility 1. 	 CHRONIC bronchitis REPEATED attacks of sinus trouble Hardening of the arteries High blood pressure Heart trouble Ill effects of a stroke TROUBLE with varicose veins Hemorrhoids or piles 	 Deafnes with on SERIOUS both ey Any spe Missing foot, c Palsy Paralys Any CHR PERMANE of the
10. 11. 12. 13.	 12. Stomach ulcer 13. Any other CHRONIC stomach trouble 14. Bowel or lower intestinal disorders 15. Kidney stones or CHRONIC kidney trouble 16. Mental illness 17. CHRONIC nervous trouble 18. Mental retardation 19. Arthritis or rheumatism 20. Diabetes 21. Thyroid trouble or goiter 22. Epilepsy 23. Hernia or rupture 24. Prostate trouble 	 Help wind hair Help wind Help wind Help wind Rub and Administic Special Application Temperation
	25. ADVANCED semility	9. Full be 10. Enema 11. Cathete 12. Bowel a 13. Blood p 14. Irrigat

ST OF SELECTED CONDITIONS

esident have any of these conditions?

- s or SERIOUS trouble hearing e or both ears
 - trouble seeing with one or es even when wearing glasses
- eech defect g fingers, hand, or arm--toes, or leg
- is of any kind
- ONIC trouble with back or spine
- INT stiffness or any deformity foot, leg, fingers, arm, or back

LIST OF SERVICES

Card F

- ith dressing, shaving, or care of
- ith tub bath or shower
- ith eating (feeding the patient)
- d massage
- stration of medications or treatment
- l diet
- ation of sterile dressings or es
- ature-pulse-respiration
- ed bath
- erization
- and bladder retraining
- pressure
- tion
- 15. Oxygen therapy
- 16. Hypodermic injection
- 17. Intravenous injection
- 18. Intramuscular injection

19. Nasal feeding

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