Profile of Chronic Illness in Nursing Homes United States: National Nursing Home Survey August 1973-April 1974

Statistics on reported chronic conditions and impairments; primary diagnosis at last examination and at admission; behavioral problems; impairments in vision, hearing, and speech; and use of dentures and special aids. Based on information collected in the 1973-74 National Nursing Home Survey. Comparisons made with data from previous nursing home surveys and from surveys of the noninstitutional population.

DHEW Publication No. (PHS) 78-1780

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Public Health Service National Center for Health Statistics Hyattsville, Md. December 1977



Library of Congress Cataloging in Publication Data

Ingram, Donald K Profile of chronic illness in nursing homes, United States, August 1973-April 1974.

(Vital and health statistics: Series 13, Data from the National Health Survey, Data on health resources utilization; no. 29) (DHEW publication; no. (PHS) 78-1780)

Bibliography: p.

1. Nursing home patients—United States—Statistics. 2. Chronic diseases—United States—
Statistics. I. United States. National Center for Health Statistics. II. Title. III. Series: United
States. National Center for Health Statistics. Vital and health statistics: Series 13, Data from
the National Health Survey, Data on health resources utilization; no. 29. IV. Series: United
States. Dept. of Health, Education, and Welfare. DHEW publication; no. (PHS) 78-1780.
RA407.3.A349 no.29 [RA997]
362.1'1'0973s
ISBN 0-8496-0096-8 [312.3]

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Vital and Health Statistics-Series 13-No. 29

DHEW Publication No. (PHS) 78-1780 Library of Congress Catalog Card Number 77-22564

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PROFILE OF CHRONIC ILLNESS IN NURSING HOMES

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THE SURVEY

OVERVIEW OF FINDINGS

Presented in this report are descriptive statistics which provide a profile of the health of the over 1 million persons in the United States who reside in 15,700 nursing homes. Based on the results of a nationwide survey conducted between August 1973 and April 1974, the size of this institutionalized population is estimated at 1,075,800 persons—approximately 1 person out of every 200 living in the country. If only persons 65 years and over are counted, it is estimated that 5 percent of the Nation's older population resided in a nursing home at the time of the survey. About 11 percent of the nursing home population were younger than 65 years, 82 years being the median age.

It is the inability to care adequately for chronic illness outside an institution which has been assumed to be the primary reason motivating the great number of admissions to nursing homes. Statistics on chronic illness among persons living outside institutions support this During 1972 approximately 26 assumption.¹ million persons, representing 13 percent of the noninstitutionalized population, were reported to be limited in their daily activities as a result of a chronic condition. The impact of chronic illness was felt most severely in the elderly segment of the noninstitutionalized population. In particular, around 9 million elderly persons, or 43 percent of those 65 years and older, had a chronic health problem that limited their daily

activity in some way. For nearly 4 million of the elderly, chronic illness was severe enough to cause a limitation in their mobility, and over 1 million were confined to the house. With such a great prevalence of chronic illness among the elderly in general it is understandable that many of those who found it difficult, if not impossible, to be cared for at home eventually were admitted to nursing homes.

Inside nursing homes the health profile of the residents is dominated by chronic illness. The current survey found that practically all residents had to cope with at least one type of chronic condition or impairment. Fifty-eight percent reportedly suffered from senility. Two other major chronic conditions were heart trouble and arthritis or rheumatism, both of which affected about 34 percent of the nursing home population. In addition, sensory impairments were very prevalent. For about 13 percent of all residents vision was either severely impaired or completely lost; around 32 percent had impaired hearing. The speech of about 26 percent of the population was considered impaired. Around 64 percent had dentures. Behavioral problems were also associated with chronic illness. Approximately 42 percent of the residents were described as agitated or nervous, while 39 percent were reported to act depressed at least once a week. The high level of chronic illness was also reflected in the use of special aids. About half of the population used at least one type of special aid. For about 35 percent of

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all residents this aid was a wheelchair, and around 15 percent used a walker for moving about.

OVERVIEW OF THE REPORT

The health status of the nursing home population during August 1973-April 1974 is the focus of this report. In effect, to examine the health status of this institutionalized population was to examine the profile of chronic illness among its members. The survey data provided several different perspectives through which the profile of chronic illness could be analyzed.

The prevalence of various chronic conditions and impairments provided the primary perspective. One source of prevalence data was the information on 11 major chronic conditions and impairments reported by the nurse or other staff member most familiar with the resident's health condition. Another source was drawn from the medical records of the resident. Of interest was the primary diagnosis noted at the last examination as well as at the time of admission. In addition to these prevalence data on medical problems, the profile of chronic illness was also viewed from the perspective of the behavioral problems affecting the residents. Finally, the relative extent of chronic disability was assessed by two other measures of chronic impairments. One such source was derived from the detailed information which dealt with the extent of visual, hearing, speech, and dental impairments. This included data on the use of eyeglasses, hearing aids, and dentures. The last source concerned data on the use of special aids such as wheelchairs, walkers, canes, braces, and crutches.

The analysis of these main variables provided the statistical profile of chronic illness which constitutes the scope of this report. Secondary variables providing additional detail to the analysis include the age and sex of residents. The one facility variable analyzed in detail was certification status. Certification status refers to whether or not the facility was certified for Medicare (Title XVIII of the Social Security Act), Medicaid (Title XIX of the Social Security Act), or both. A detailed description of this classification is provided in appendix II.

SOURCES AND QUALIFICATIONS OF DATA

The data presented in this report were obtained in a sample survey conducted by the National Center for Health Statistics (NCHS) between August 1973 and April 1974. This survey is referred to in the report as the 1973-74 National Nursing Home Survey (1973-74 NNHS). Detailed information concerning the development of the survey and its methodology are presented in appendix I.

The 1973-74 NNHS represents an expansion of previous NCHS surveys of nursing homes and related facilities which were on an *ad hoc* basis. Background on the establishment of these surveys has been reported previously.² The first was a mail-out survey conducted during 1963. It was succeeded by two interview surveys conducted during 1964 and 1969.

Since the information herein was derived from a sample survey, the reader should be aware of the exact sources of the data and the qualifications which bear upon their interpretation. There are three appendixes provided to aid in understanding the more technical aspects of the survey operation and methodology.

Contained in appendix I is a general description of the survey, including the sample design and the survey procedures. Since the statistics in this report are estimates based on a sample of nursing homes, they are of course subject to sampling variability. Therefore the reader should pay particular attention to the tables of standard errors located in appendix I. The survey terminology is found in appendix II. Definitions of various terms should be noted as they are essential to the proper interpretation of the data. In particular the reader is directed to the criteria for classifying nursing homes. The information on the facilities was obtained in a personal interview with the administrator. Responses to items contained in the Facility Questionnaire were used to determine the certification status of the institution. The Resident Questionnaire was used to gather information on a sample of residents within each facility. This was administered during a personal interview with a nurse, usually the one who provided care for the sample resident. During the interview the respondent was asked to refer to the resident's medical record. A facsimile of the Resident Questionnaire is exhibited in appendix III.

This report represents a followup to previous NCHS reports on the health of nursing home residents.³⁻⁶ Wherever appropriate, comparisons were made with data from the 1964 and 1969 nursing home surveys previously described. Special care should be taken in analyzing these comparisons, however, since there were differences in scope. The 1964 and 1969 surveys included all nursing homes, whereas the 1973-74 NNHS included only those homes providing

some level of nursing care (i.e., personal care homes were excluded). This exclusion should have minimal impact on comparisons, however, because residents of personal care homes comprised only about 5-6 percent of the total resident population of the 1964 and 1969 surveys.

The Health Interview Survey (HIS) provides the main source of data for comparisons with the noninstitutionalized population. This national household survey, also conducted by NCHS, relies upon the respondent's knowledge of his own health condition. Differences in survey material and method of data collection should be taken into account, especially since data are not supplied by medically trained personnel from the medical record.

THE POPULATION

In order to provide a backdrop to the chronic illness profile of nursing home residents, this section will highlight some demographic features of this institutionalized population. There were an estimated 15,700 nursing homes in operation during the survey period. The size of the resident population within these facilities totaled 1,075,800 persons.

AGE AND SEX

The age distribution of the nursing home population has always been a very skewed one. As shown in figure 1, the population for the 1973-74 survey period was no exception. The median age of the population was 82 years. The modal age class was 75-84 years, which accounted for 36 percent of all residents.

In addition to the skewness in the age distribution, the nursing home population has also been traditionally characterized by its preponderance of female residents. An estimated 70 percent of the population was female, compared to 30 percent who were male. The sex ratio was



Figure 1. Percent distribution of nursing home residents by age: United States, August 1973-April 1974

42 men for every 100 women. In contrast, the proportion of male residents under 65 was twice that of female residents.

In general, female residents were also older than male residents (table A). The median age of women was 82 years, while the median age of men was 78 years.

Sex	Number of residents	All ages	Under 65 years	65-74 years	75-84 years	85 years and over	Median age	
			Percent distribution					
Both sexes	1,075,800	100,0	10.6	15.2	35,8	38,4	82	
Male Female	318,100 757,700	100.0 100.0	16.5 8.2	20.5 12.9	32.2 37.3	30.9 41.6	78 82	

 Table A. Number, percent distribution, and median age of nursing home residents by age, according to sex: United States, August 1973

 April 1974

CERTIFICATION STATUS OF FACILITY

The nursing homes included in the 1973-74 NNHS were:

- Those certified as extended care facilities by Medicare (Title XVIII of the Social Security Act).^a
- Those certified as skilled nursing homes by Medicaid (Title XIX of the Social Security Act).^a
- Those certified as intermediate care facilities by Medicaid.

• Those not certified by either program but providing some level of nursing care.

Of the homes which were certified, some were certified under both the Medicare and the Medicaid programs. Other homes certified by the Medicaid program were certified to participate as both a skilled nursing home and an intermediate care facility. In order to provide detailed data by certification status, some small certification subgroups were combined with larger ones when both provided a similar level of care. Thus those 406,900 residents classified in table B as residing in facilities certified by both Medicare and Medicaid (BM&M) include 23,500 which were in facilities certified by Medicare only. Similarly, the 292,500 residents in facilities certified by Medicaid as skilled

Table B. Number of nursing homes and number and percent distribution of nursing home residents by sex and age, according to certification status of home: United States, August 1973-April 1974

· · · · · · · · · · · · · · · · · · ·	Number of nursing homes	Number of residents	Sex			Age				
Certification status			Both sexes	Male	Female	All ages	Under 65 years	65-74 years	75-84 years	85 years and over
					F	ercent di	stribution			
All homes	15,700	1,075,800	100.0	29.6	70.4	100.0	10.6	15.2	35.8	38,4
Both Medicare & Medicaid "	4,200	¹ 406,900	100.0	27.7	72,3	100.0	9.3	15.1	37.1	38.4
Medicaid only Skilled nursing home Intermediate care	3,500	² 292,500	100.0	29.7	70.3	100.0	9.8	15,3	35,6	39.3
facility	4,400	236,700	100.0	32.4	67.6	100.0	12.5	15.8	34.0	37.8
Not certified	3,600	139,800	100.0	29.8	70.2	100.0	12.9	13.9	35.2	37.9

 $1_{23,500}$ of the residents were in facilities certified by Medicare only.

 2 129,600 of the residents were in facilities certified as both SNH and ICF.

^aThe extended care facility and skilled nursing home designations are used in this report because most of the survey was conducted prior to the legislation which created the skilled nursing facility.

nursing homes (SNH's) included 129,600 which were in homes also certified as intermediate care facilities (ICF's).

Although the homes certified by both Medicare and Medicaid or by Medicare only (the BM&M group in this report) comprised about 27 percent of all homes, they housed about 38 percent of all residents. Similarly, those certified as skilled nursing homes by Medicaid (the SNH's in this report) comprised only about 22 percent of the Nation's nursing homes but had 27 percent of the population in residence. Those homes certified only by Medicaid as intermediate care facilities (the ICF's in this report) comprised 28 percent of all homes but had only about 22 percent of all residents. Finally, homes not certified for Medicare or Medicaid comprised 23 percent of all homes but housed about 13 percent of the residents.

Sex and age of the residents did not vary greatly across the facility types (table B). The only significant differences were found in ICF's and not certified homes, which had significantly greater proportions of younger residents than found in the other two types of facilities.

THE PROFILE OF CHRONIC ILLNESS

This section provides a quantitative index of chronic illness in the nursing home population during the 1973-74 survey period. Prevalence patterns by age and sex of the residents and by certification status of the facilities can be drawn directly from the data collected on the reported chronic conditions and impairments, on the condition identified as the primary diagnosis at admission and at the last examination, and on the reported behavioral problems affecting the residents. In addition, an assessment of chronic disabilities can be made by analyzing data on particular impairments related to vision, hearing, and speech and on use of dentures and special aids.

REPORTED CONDITIONS

Listed in table C are the chronic conditions for which reported prevalence was sought from the nurse respondents. This information was obtained from item 9 of the Resident Questionnaire. Based on the findings of previous NCHS surveys of nursing homes, it was thought that these 11 conditions were the most relevant to the population under study, particularly in terms of their prevalence. About 95 percent of the residents had at least one of these conditions, with the average number of conditions per resident at 2.2.

Previous reports have shown that residents are likely to have multiple conditions.^{3,6} For the 1969 survey the mean was computed to be 3.4 conditions, however, that survey used a more extensive and open-ended listing of reported conditions. An estimated 98 percent of all residents were reported to have at least one of the conditions in that listing. Because the 1973-74 NNHS did not include all the chronic conditions used in the previous surveys, the comparison of averages for these two time periods is not valid.

By far, senility was found to be the most prevalent condition among nursing home residents. Well over half the population was reported to have this chronic illness. As observed in table C, the rate of 58 percent was similar to that reported in the 1969 survey and over twice the rate reported 10 years earlier in the 1964 survey. For the noninstitutionalized population during July 1966-June 1968, senility was reported in HIS as the major reason that 154,000 persons, or 9 percent of those persons aged 55 years and over, received home care.⁷

As discussed in a previous report, the classification of senility as a disease entity presents many nosological difficulties.⁵ Senility may refer specifically to advanced types which in-

Reported chronic conditions	197:	3-74	10002	100. ³
and impairments	Number of residents	Percent ¹	1969 ²	1964
			Perc	ent ¹
Senility Arthritis or rheumatism	627,000 368,500	58.3 34.3	56.4 33.2	26.8 22.1
Heart trouble Mental illness ⁴	360,500 200,400	33.5 18.6	36.3 18.1	28.2 18.2
Amputation of extremities or limbs, or permanent stiffness or any deformity of foot, leg, fingers, arm, or back	150.000	13.9	23.8	15.6
Diabetes	142,700	13.3	23.8	8.0
Paralysis due to stroke	122,100	11.3	25.1	12.0
Glaucoma or cataracts	110,900	10.3		6.2
Any chronic trouble with back or spine	106,100	9.9	10.0	
Mental retardation	72,800	6.8		
Paralysis or palsy not related to stroke, arthritis, or rheumatism None of these conditions	66,200 57,700	6.2 5.4	9.8 	4.7

Table C. Number and percent of nursing home residents by selected reported chronic conditions and impairments: United States, 1973-74, 1969, and 1964

 $\frac{1}{2}$ Figures may not total to 100 percent because residents may have had more than one condition.

²See reference 4 for source of estimate.

³See reference 5 for source of estimate.

⁴Estimates for 1969 and 1964 include mentally retarded residents; for 1973-74 the estimate for mental retardation is presented separately.

volve psychosis, such as chronic brain syndrome or senile dementia, and consequently are classified as mental disorders under the Eighth Revision International Classification of Diseases. Adapted for Use in the United States (ICDA).⁸ Under more generalized lay terminology, senility may refer simply to symptoms such as a decline in intellect, memory, and judgment, a loss of orientation, difficulty in speaking, or feebleness. In the 1973-74 NNHS this later definition was used. Thus senility was considered as a very broad category encompassing disease etiology and symptomology generally associated with deteriorating effect of the aging process on mental functioning. Since senility has been linked with other diseases, most notably with cerebral arteriosclerosis, and with impairments in perception and sensation, there may have been many physical causes leading to a prevalence rate of 58 percent in the nursing home population.⁵ There is also the possibility that the term senility as defined in the survey represented a classification so broad that the respondent may have equated this condition with old age when responding.

After senility the most frequently reported conditions were arthritis or rheumatism (34 percent) and heart trouble (34 percent). Arthritis or rheumatism is a category which represents a variety of diseases that are generally considered to be associated with the degeneration and resultant inflammation of joint tissue.

For noninstitutionalized persons 65 years and over during 1969-70 it was the leading cause of limitation of activity, affecting 21 percent of the persons limited in activity.⁹ As seen in table C, the proportion of the current nursing home population reported to have arthritis or rheumatism (34 percent) was around the level reported in the 1969 survey. In the 5 years between the 1964 and 1969 surveys, however, the proportion increased from 22 to 33 percent, although the age distribution of the population remained relatively constant.

During 1973-74 heart trouble was third in the ranking of prevalence. The rate of 34 percent from the current survey was nearly the same as the 1969 rate, but higher than the 1964 rate (28 percent). Like senility, heart trouble represents a very broad often ill-defined disease category. This classification can include rheumatic heart disease, hypertensive heart disease, ischemic heart disease, and other diseases of the circulatory system. Thus some respondents may have included residents with arteriosclerosis, or hardening of the arteries, and possibly some of those suffering from cerebrovascular disease, or stroke. Nevertheless, heart trouble would undoubtedly remain among the top three conditions for reported prevalence in the nursing home population even if these miscellaneous categories were eliminated. During 1972 heart conditions were reported by the Health Interview Survey (HIS) as the most prevalent condition among noninstitutionalized persons with limitations of activity.¹ It was second only to arthritis or rheumatism as an activity limiting condition among persons 65 years and over during 1969-70.⁹

At 19 percent, mental illness was the fourth most reported condition in the 1973-74 nursing home population. Although the prevalence rate remained constant since 1964, this comparison ignores the fact that in the current survey mental retardation was a distinct category separate from mental illness, whereas in the previous two surveys both mental illness and mental retardation were combined in one category (labeled mental illness). Although in the 1973-74 NNHS only 7 percent of the residents were reported as mentally retarded, the addition of mentally retarded residents to those with mental illness gives a total of 25 percent with mental disorders. This represents a substantial increase from the 1969 prevalence rate of 18 percent. Among the 1969-70 noninstitutionalized population only about 4 percent of all persons with activity limitations reported mental and nervous conditions as the chronic condition causing their limitation.⁹

The fifth most prevalent chronic condition among nursing home residents was another broad category—amputation of extremities or limbs; or permanent stiffness or any deformity of the foot, leg, fingers, arm, or back (to be abbreviated amputation, stiffness, or deformity). As shown in table C, 14 percent of all residents were included under this category as having at least one of these orthopedic impairments. This rate is similar to that for 1964 but represents a 10 percent drop since 1969. The factors influencing this decline were not apparent.

An estimated 13 percent of the nursing home population were reported to be diabetic. Among those with activity limitations in the noninstitutionalized population during 1969-70, HIS reported diabetes as the cause of the limitation for 4 percent of those persons 65 years and over.⁹

Eleven percent or less of the nursing home population were reported to have the following conditions: paralysis or palsy due to stroke (11 percent), glaucoma or cataracts (10 percent), chronic trouble with back or spine (10 percent), mental retardation (7 percent), and paralysis or palsy not related to stroke, arthritis, or rheumatism (6 percent).

Age and Sex

Comparisons across age and sex groups in the nursing home population yielded some interesting patterns in the prevalence of the 11 reported conditions. As illustrated in Figure 2, the prevalence of several of the conditions increased markedly with age. The top three in overall prevalence-senility, arthritis or rheumatism, and heart trouble-all approximated a fourfold increase when rates for residents under 65 years of age were compared with those residents 85 years and over. Particularly noteworthy was the fact that around 7 out of every 10 of the older residents were reported to be senile. Glaucoma or cataracts also approximated a fourfold increase between the youngest and the oldest groups. As a result of these trends, the four conditions mentioned above rank-ordered as the most prevalent among older residents.

In contrast to the pattern of increased prevalence, several conditions markedly decreased with age-mental illness; mental retardation; paralysis not related to stroke, arthritis, or rheumatism; and amputation, stiffness, or deformity. In general these were the ones with the highest prevalence rates among younger residents, or those under 65 years. Mental illness and mental retardation were the most prevalent conditions reported for younger residents. The prevalence of mental retardation showed the steepest

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Figure 2. Prevalence rates per 1,000 nursing home residents for selected reported chronic conditions, by age: United States, August 1973-April 1974

decline with age. Figure 2 depicts a drop in rate of nearly twentyfold between the youngest and the oldest age groups.

Comparing male and female residents as groups, differences were found in the prevalence

of reported conditions; but these were relatively small in comparison to the age differences. An overall sex-age comparison on prevalence of reported conditions can be found in table 1.

Mental retardation was the only condition

for which the prevalence rate among male residents was distinctly higher than that reported for females. The rate of 100 per 1,000 males was nearly twice the rate for females (54 per 1,000). Other conditions for which the prevalence rate among men exceeded that for women included amputation, stiffness, or deformity, and paralysis or palsy both due to stroke and other causes.

Female residents experienced higher prevalence rates on five of the reported conditions arthritis or rheumatism, senility, heart trouble, glaucoma or cataracts, and chronic back or spine trouble. The greatest sex differential was estimated for arthritis or rheumatism, 379 cases per 1,000 women as compared to 256 per 1,000 males.

Certification Status of Facility

Provided in table 2 are the prevalence patterns of reported conditions according to the certification status of the home. For several conditions these patterns varied considerably among the different types of facilities. Regardless of certification status senility remained as the most frequently reported condition.

Both Medicare and Medicaid (BM&M) certified homes accounted for the highest rates of residents with paralysis or palsy due to stroke, heart trouble, and paralysis or palsy not due to stroke. At 14 percent the rate of stroke aftereffects among residents of BM&M's was slightly higher than that for the SNH's or ICF's, while it was considerably higher than the rate of 8 percent reported for residents of not certified facilities. In general this pattern was repeated for residents with heart trouble and those with other types of paralysis or palsy. In these cases, however, the differences in rates between BM&M's and SNH's were not statistically significant.

Conversely, residents in BM&M's accounted for the lowest rates of mental illness and mental retardation. With rates over 9 percent, mentally retarded residents were much more prevalent in ICF's and homes not certified than they were in other facilities. Other conditions which varied to any significant degree by certification status were diabetes and amputation, stiffness, or deformity. The lowest rates for both these conditions were reported among residents of not certified homes, with estimates of about 10 percent.

Although not statistically significant for several conditions, the figures suggest that BM&M's and SNH's tended to provide care for residents with more medically serious conditions such as heart trouble or paralysis or palsy; whereas ICF's and not certified homes had larger shares of residents with conditions such as mental illness and mental retardation which require custodial care.

PRIMARY DIAGNOSIS

To complement the data on reported chronic conditions and impairments, the nurse respondent was asked to consult the medical record of each sample resident to obtain medical information based on a physician's diagnosis. The respondent was asked to extract the primary diagnosis from both the most current examination and from the examination given when the resident was admitted. For each of these specific time references the primary diagnosis was then classified according to the categories listed in item 8 of the Resident Ouestionnaire. This classification was fashioned to correspond to the major disease categories of the ICDA.⁸ Exception to this format was made in the major category Diseases of the Circulatory System. As noted in table D, this category was subdivided according to the ICDA classification into heart attack, stroke, hardening of the arteries, and other diseases of the circulatory system.

Primary Diagnosis at Last Examination

A primary diagnosis at last examination was obtained for 99 percent of the population. Since by definition only one condition was noted, these estimates are not to be considered actual prevalence rates. Instead, this question was intended to determine the condition which was currently the most serious one affecting the resident. It is assumed that the difference between the rates of a reported condition and its corresponding primary diagnosis is a rough

		1973-74	1	1969 ¹			
Primary diagnosis at last examination in rank order for 1973-74	Rank	Number of residents	Percent distribution	Rank	Number of residents	Percent distribution	
Diseases of the circulatory system ² Hardening of the arteries Senility, old age, or other symptoms and ill-defined	 1	241,800	22.5	1 	298,400	39.1	
conditions	2	146,800	13.6	3	77,200	10,1	
Mental disorders ³	3	115,800	10.8	2	84,600	11.1	
Stroke Diseases of the musculoskeletal system and	4	113,400	10.5				
connective tissue	5	73,100	6.8	5	49,500	6.9	
Diseases of the nervous system and sense organs	6	64,200	6.0	4	57,700	7.0	
Heart attack	7	55,700	5.2				
Accidents, poisonings, and violence	8	49,300	4.6	7	36,700	4.8	
Endocrine, nutritional, and metabolic diseases Diseases of the circulatory system other than	9	48,100	4.5	6	39,400	5.1	
hardening of the arteries, stroke or heart attack	10	39,400	3.7				
Neoplasms	11	25,600	2.4	11	16,900	2.3	
Diseases of the respiratory system	12	22,200	2.1	12	14,900	2.0	
Diseases of the digestive system	13	20,500	1.9	10	18,100	2.4	
Other diagnoses ⁴	14	16,100	1.5				
Diseases of the genitourinary system	15	15,600	1.5	13	8,900	1.	
Jnknown diagnoses	16	9,600	0.9	9	24,400	3.	
Diseases of the blood and blood-forming organs	17	7,600	0.7	14	3,900	0.	
Diseases of the skin and subcutaneous tissue	18	6,000	0.6	15	2,800	0.	
Congenital anomalies	19	3,100	0.3	16	1,900	0.	
nfective and parasitic diseases	20	*	*	8	28,700	3.	

 Table D. Number and percent distribution of nursing home residents by primary diagnosis at last examination and rank in August 1973

 April 1974 and June-August 1969: United States

¹See reference 11 for source of estimates.

²In the 1973-74 National Nursing Home Survey, this category was subdivided into specific categories of hardening of the arteries, stroke, heart attack, and other diseases of the circulatory system. These categories were not reported separately in the 1969 survey. ³Includes mental retardation and mental illness.

⁴Includes certain causes of perinatal morbidity, complications of pregnancy and childbirth, and other diagnoses not listed.

indication of overall severity. For example, the more severe the condition the less difference there should be between its reported prevalence rate and its frequency as a primary diagnosis. Table 3 provides a cross-tabulation of primary diagnosis at last examination and reported conditions to permit this comparison.

Table D provides a rank ordering of primary diagnosis at last examination and a comparison with data from the 1969 survey.¹⁰ Hardening of the arteries was the primary diagnosis for 23 percent of all the residents and was highly related to reported conditions (table 3). It was the most frequent primary diagnosis for the following conditions: senility; arthritis or rheumatism; glaucoma or cataracts; amputation, stiffness, or deformity; and heart trouble. For all other conditions (except mental retardation) it was the second most frequent primary diagnosis.

Although senility was reported to affect 58 percent of the nursing home population, its frequency as a primary diagnosis was far less. At 14 percent it was the second most frequent primary diagnosis. (Actually, the percent of residents whose primary diagnosis was senility was slightly less than 14 percent because the classification also included old age, other symptoms, and ill-defined conditions such as coma and uremia.) The difference in the reported rate (58 percent) and the frequency of primary diagnosis (14 percent) is due to the fact that senility had been considered a secondary rather than a primary condition at the last examination. There is also the possibility, mentioned earlier, that the respondents could have overreported this condition because it was so broadly defined.

Mental disorder was the major diagnosis for an estimated 11 percent of the residents. This rate is only about half of that reported as a chronic condition (19 percent). Table 3 shows that only about 38 percent of those residents with reported mental illness and 53 percent of those with reported mental retardation had mental disorders as their primary diagnosis. Apparently there were more severe conditions affecting residents with reported mental problems.

The fourth most prevalent primary diagnosis was stroke. Nearly 11 percent of all residents had this condition as the primary diagnosis at their last examination. This rate was nearly comparable to its reported prevalence rate of 11 percent, a fact indicating the severity of this chronic condition. Diseases of the musculoskeletal system and connective tissue comprised a category that included many other chronic conditions besides arthritis or rheumatism. As seen in table D, the diagnosed rate for this ICDA category was 7 percent, far below that of the reported rate for arthritis or rheumatism at 34 percent. The category of diseases of the nervous system and sense organs represented a primary diagnostic rate of 6 percent. This diagnosis should have encompassed two major reported conditions-glaucoma or cataracts and paralysis and palsy not related to stroke, arthritis or rheumatism.

Although approximately 34 percent of all residents reportedly had heart trouble, only an estimated 5 percent had heart attack as their primary diagnosis. With an overall ranking of seventh in prevalence, this diagnosis specifically referred to those residents with ischemic heart disease. Tenth in overall ranking, residents with diseases of the circulatory system other than hardening of the arteries, stroke, and heart attack accounted for about 4 percent of all primary diagnoses. Adding this to the rate for heart attack would yield better comparability with the classification for reported heart trouble, but the total of around 9 percent would still fall far short of the reported prevalence figure (34 percent). An examination of table 3

reveals the reason for this discrepancy. Hardening of the arteries was by far the most prevalent diagnosis of residents with reported heart trouble.

The category of accidents, poisonings, and violence was eighth in the rank ordering of primary diagnoses, with a rate of 5 percent. It was assumed that the great majority of the residents in this category had suffered from some type of bodily injury, most particularly a fracture resulting from accidents. In support of this assumption, a fracture of the femur had been reported for about 3 percent of the 1964 nursing home population.⁴

In ninth position in overall ranking of primary diagnoses, the category of endocrine, nutritional, and metabolic diseases yielded a rate of nearly 5 percent. Based on table 3, there was little doubt residents with diabetes comprised the largest proportion of this rate. The reported rate of diabetes (13 percent) was almost 3 times greater than the diagnosed rate for the broader category of endocrine, nutritional, and metabolic diseases, which possibly included other conditions such as goiter.

The remaining 10 categories of primary diagnoses account for only 12 percent of the total. Each was estimated to have a rate of about 2 percent or less.

With regard to comparisons between the 1973-74 NNHS and the 1969 survey, table D shows that relatively little change occurred in the pattern of primary diagnoses. About the only conspicuous difference was that for the rate of infective and parasitic diseases. This category, which includes primarily acute diseases, occupied a significant position among primary diagnoses in 1969; it ranked eighth and included 4 percent of the residents. In 1973-74, however, the rate was not even reportable because so few residents were in this category. A comparison to the 1969 survey can be made for a primary diagnosis involving diseases of the circulatory system by combining the four subcategories used in the 1973-74 survey -hardening of the arteries, stroke, heart attack, and other diseases of the circulatory system. The resulting total rate of 42 percent for 1973-74 was only slightly higher than the 39 percent obtained in the 1969 survey.



Figure 3. Rate per 1,000 nursing home residents for selected primary diagnoses at last examination, by age: United States, August 1973-April 1974

Age and sex.-The frequency of many primary diagnoses varied greatly with age. Figure 3 illustrates the age trends for selected diagnoses. Mental disorders were the most prevalent conditions affecting residents under 65 years. As depicted in figure 3, the primary diagnosis rate of mental disorders dropped dramatically as age increased, from 396 per 1,000 under 65 years to 31 per 1,000 for 85 years or older. The rate for diseases of the nervous system and sense organs at 156 cases per 1,000 was the second most frequent primary diagnosis for the younger resi-This classification, too, showed an dents. unmistakable decline in rate with age to 35 cases per 1,000 for those 85 years and over.

Stroke was the third most frequent primary diagnosis among residents under 65 years of age

and the third ranked diagnosis for those over 65. The highest rates were for residents 65-74 and 75-84 years of age; the lowest, for residents under 65 years and those 85 years and over.

Hardening of the arteries ranked seventh among the young residents and showed the greatest increase in rates with age to rank first among older residents. Nearly 30 percent of those 85 years and over had this disease as their primary diagnosis at last examination. The next largest increase with age was in the category of senility, old age, other symptoms, and ill-defined conditions. With a rate of 185 per 1,000, these conditions were the second most prevalent primary diagnoses for residents 85 years and over. In contrast, the rate was 21 per 1,000 for those under 65 years. Other diagnoses with increased rates with age were diseases of the musculoskeletal system and connective tissue; heart attack; and diseases of the circulatory system other than heart attack, stroke, and hardening of the arteries.

In contrast, diseases of the respiratory system showed a small but significant decrease with age. Primary diagnosis by sex and age is presented in table 1. One of the diagnoses representing the greatest overall sex differential was hardening of the arteries. The rate for males was 190 per 1,000; the rate for females, 239 per 1,000. This difference appeared mainly among residents at least 65 years old. Female residents also experienced the highest rate of senility, old age, or other symptoms and ill-defined conditions. In addition, women had a higher rate of musculoskeletal diseases and accidents, poisonings, and violence than men had.

In contrast, men had higher rates than females for mental disorders and stroke. The rate for mental disorders was 143 per 1,000 males versus 93 per 1,000 females. When examined across age groups, this difference was not consistent. The sex difference in rates for stroke was more evident among residents over 65 years of age.

Among the less prevalent diagnoses there were two significant sex differences that were clearly evident. The rate for male residents with either diseases of the respiratory system or diseases of the genitourinary system was 3 times higher than that for female residents. Sex comparison on these conditions by age was not possible because of the small numbers in the younger age groups.

Certification status of facility.—Comparisons of how the current primary diagnosis varied according to certification status can be made from data presented in table 2. A primary diagnosis of stroke was observed to occur more frequently among residents of BM&M's than among residents of the other types of facilities. In fact, with a rate of 13 percent it was the second most prevalent primary diagnosis in these institutions, whereas it was the fourth or fifth leading diagnosis in other homes. Hardening of the arteries, which was the most frequent primary diagnosis for all facilities, was at its greatest rate of 25 percent among residents of SNH's. Accidents, poisonings, and violence constituted a primary diagnosis for which the rate among residents of BM&M homes was unmistakably greater than that for residents in the other facilities. The rate of 7 percent was 2 times higher than that in other types of homes.

In contrast, the pattern of primary diagnosis for mental disorders showed the lowest rate of 8 percent among residents of BM&M's. The highest rate of 16 percent was found in not certified homes, where mental disorders were the second most frequent primary diagnosis. Not certified homes also had the highest rate for diseases of the musculoskeletal system and connective tissue.

An overall rate for diseases of the circulatory system can be obtained by combining rates for heart attack, stroke, hardening of the arteries, and other diseases of the circulatory system. This procedure is possible since only one diagnosis per resident was given. Examining this overall rate by certification status, it is evident that diseases of the circulatory system were most prevalent among residents of BM&M's and SNH's, with rates of 45 percent and 44 percent, respectively. The rate was 40 percent in ICF's and only 33 percent in not certified homes. An opposite pattern is obtained when the categories for mental disorders and senility, old age, or other symptoms and ill-defined conditions are combined to provide a category for "mental problems." In this case, 32 percent of the residents in not certified homes are included in this category, whereas about 28 percent in ICF's are included, 24 in SNH's, and only 20 percent in BM&M's.

Primary Diagnosis at Admission

Information abstracted from medical records permitted classification of the primary diagnosis at the time of admission for over 99 percent of the residents. These data were considered to indicate the primary medical reasons for persons initially seeking institutionalization. Presented in figure 4 are the few primary diagnoses which showed significant differences between the rate at admission and that at last examination. Tables 1 and 2 provide additional data on the pattern of primary diagnosis at admission according to



Figure 4. Comparison of rates for those primary diagnoses showing significant changes between admission and last examination: United States, August 1973-April 1974

the age and sex of the residents and the certification status of the facility. The patterns emerging from an analysis of these variables generally reaffirmed the findings established from the data on primary diagnosis at last examination.

Comparing the admitting diagnoses to the current, the greatest difference in rates occurred in the category of accidents, poisonings, and violence. The difference showed that the number of residents in this category at admission was nearly twice the number at last examination. Nearly 9 percent of persons in nursing homes during the 1973-74 survey period were admitted as a result of injuries received from accidents, poisonings, and violence. Examined across age groups, this category showed the greatest difference between admission and current diagnosis among women, among residents 85 years and over, and among residents in BM&M's.

Rates for stroke represented another notable difference between diagnosis at admission and at last examination. Stroke was more likely to be the primary diagnosis at admission than at the most current examination. As shown in table 2, the prominence of stroke as an admission diagnosis was noted more particularly among residents of BM&M's. Taken together, stroke and accidents, poisonings, and violence apparently accounted for over a fifth of all admissions to these facilities.

In contrast to this pattern, the difference in rates for residents whose primary diagnosis was senility, old age, or other symptoms and illdefined conditions was in the opposite direction. This primary diagnosis was more frequent at the most recent examination that at admission. The same trend occurred for the primary diagnoses hardening of the arteries and diseases of the musculoskeletal system. When these three diagnoses were examined by age groups, the greatest differences in rates between the most recent and the admission diagnosis occurred in the eldest age group, 85 years and over.

Any remaining differences in rates between diagnosis at time of admission and time of last examination were not significant. For example, the rates for mental disorders were practically the same.

BEHAVIORAL PROBLEMS

Information on specific behavioral problems listed in item 15 of the Resident Questionnaire provided an additional source of prevalence data related to the state of the resident's mental health. The respondent reported how frequently the resident was depressed, agitated or nervous, abusive or aggressive, or confused or senile, had disturbed sleep, or exhibited other behavioral problems.

As shown in figure 5, the most prevalent problem was being confused or senile. This was the only behavioral problem affecting a majority of the residents, 57 percent being the estimated rate of occurrence. This figure was comparable to the rate of 58 percent for reported senility (see previous section on reported conditions for details). Despite the high prevalence rate, only about 10 percent were reported to exhibit this behavior more often than once a week. Agitation or nervousness was the second most prevalent behavioral problem. It affected over 42 percent of all residents, with 13 percent being affected more often than once a week. Depression was reported for 39 percent of the nurs-



Figure 5. Percent of nursing home residents with behavioral problems by problem and frequency: United States, August 1973-April 1974

ing home population. In terms of the "severity" of the behavioral problems (i.e., those occurring more often than once a week), depression had the highest reported frequency of 14 percent. Disturbed sleep affected a substantially smaller proportion of the population. About 19 percent of all residents apparently had problems affecting their sleep. For around 5 percent this condition occurred more often than once a week. The least prevalent of these problems was abusive or aggressive behavior. Only 17 percent of all residents were reported to display this type of behavior.

Besides the specific problems mentioned, about 5 percent of all residents had other behavioral problems. Included in this category were behavioral problems due to alcoholism, drug addiction, and unspecified reasons. These problems, however, affected only 1 percent of the population more often than once a week.

For purposes of comparison over time, the only available data on behavioral problems from nursing home surveys were from a 1956 survey of 13 States.¹¹ An estimated 56 percent of the residents in that survey were reported to act confused part or most of the time. This rate nearly matched that from the current survey. For data on behavioral problems in the noninstitutionalized population, the only available source was the 1960-62 Health Examination Survey.¹² An estimated 51 percent of all persons aged 65 years and over suffered feelings of nervousness. This rate compared with the rate of 42 percent of the nursing home population reported to be agitated or nervous.

Age and Sex

There were three behavioral problems that occurred more often among residents under 65 years of age than among older residents. In table 4 it can be seen that the youngest residents were more likely to be depressed (46 percent), to be agitated or nervous (52 percent), and to be abusive or aggressive (23 percent). The rate of occurrence of all three problems appeared to decline at every age level, although this trend was not statistically significant throughout. In contrast to the youngest residents, the eldest residents were reported as the least depressed (34) percent), the least agitated or nervous (37 percent), and the least abusive or aggressive (15 percent). Ranging from a rate of 10 percent in the youngest group to 4 percent in the eldest group, the category of other behavioral problems showed a similar trend. Residents 85 years and over were more often described as confused or senile. In fact, about 54 percent of this age group were reported to exhibit this behavior once a week or less. In comparison, only around 27 percent of those under 65 years of age fell into this category. The rate of occurrence for disturbed sleep did not reveal a significant age pattern.

There were significant sex differences in the prevalence of only three behavioral problems. Analagous to the pattern of reported senility, the frequency of confused or senile behavior was 59 percent among female residents, while it was 53 percent among male residents. Depression was also slightly more prevalent among women, 40 percent compared to 36 percent for men. On the other hand, it was very clear that males tended toward more frequent occurrence of abusive or aggressive behavior. Their rate for this problem was 22 percent compared to 14 percent for females. This difference was significant for both younger and older residents.

Certification Status of Facility

The certification status of a facility was related to the prevalence pattern of behavioral problems (table 5). The lowest rate of occurrence for every one of the specified problems was reported for residents in not certified homes. (The difference between the rates for abusive or aggressive behavior in not certified homes as compared to BM&M's was not statistically significant, however.) Although residents of SNH's appeared to have the greatest levels of depression (41 percent), abusive or aggressive behavior (18 percent), confused or senile behavior (60 percent), and disturbed sleep (20 percent) the differences among ICF's, SNH's, and BM&M's were relatively small and often insignificant compared to the decidedly lower occurrence for not certified homes. Residents of ICF's had the greatest rate of agitation or nervousness (45 percent). Table 6 presents data on conditions and primary diagnoses of residents with behavioral problems.

IMPAIRMENTS IN VISION, HEARING, AND SPEECH AND USE OF DENTURES

To complement the data on reported conditions and primary diagnosis, information was also collected on sensory impairments. Referring to questions 17, 18, and 19 of the Resident Questionnaire (appendix III), the respondent was asked whether visual, hearing, and speech impairments existed and if so whether they were partial, severe, or complete. To provide as reliable a status rating as possible, definitions were provided to the respondent. For instance, in order to rate a resident's vision status as partially impaired, the respondent had to judge whether the resident was able to watch television from 8 to 12 feet across the room. To rate a resident's speech as severely impaired, the respondent had to judge that the resident could not carry on a normal conversation and was understood only with difficulty. Questions 17, 18, and 19 of the Resident Questionnaire (appendix III) should be consulted for the definitions used to rate the extent of the resident's sensory impairments. In addition to the ratings of sensory impairments,

information was also obtained on the use of eyeglasses, hearing aids, and dentures.

Vision

As shown in figure 6, the majority of residents (54 percent) were considered to have unimpaired vision, i.e., they could read ordinary newspaper print. About 34 percent of the population had partially impaired vision, while 10 percent had a vision impairment that was considered severe. An estimated 30,400 residents, or about 3 percent of the population, were judged to be blind.

Overall the impairment pattern was similar for males and females. In contrast, differences in the extent of impairment for several age groups were distinctly significant. While the proportion of blind residents was nearly equal for all age groups, the proportion of residents 85 years and over with severe visual impairments (14 percent) was nearly triple that for residents younger than 65 (5 percent). Table 7 provides additional data on visual impairments according to whether or not the resident wore eyeglasses.



Figure 6. Percent distribution of nursing home residents by vision status, according to age and sex: United States, August 1973-April 1974



Figure 7. Percent of nursing home residents using eyeglasses, by age and sex: United States, August 1973-April 1974

Eyeglasses were reportedly used by 62 percent of the population. Figure 7 illustrates how the utilization of eyeglasses varied by age and sex. Since visual impairments are typically associated with the aging process, it was not surprising to find the utilization rate increased with age up to the 75-84 year group; but no difference was observed between those aged 75-84 and those 85 years and older. Utilization differed between the sexes also, with female residents having the higher utilization rate. This pattern was probably due in part to the preponderance of older females in the resident population.

Table 8 provides the prevalence pattern of visual impairments according to certification status. Among residents in BM&M's, SNH's, and ICF's, the differences in the degree of impairment were either relatively small or insignificant. The degree of visual impairments in not certified homes, however, appeared to be considerably less than that found in the other types of facilities. The proportion of residents in not certified homes with unimpaired vision was 62 percent, compared to 55 percent in ICF's, 51 percent in SNH's, and 52 percent in BM&M's.

Compared to the 1969 nursing home population, overall vision status for the 1973-74 survey period population appeared to have improved somewhat.⁵ A greater proportion of the 1969 population was counted as severely impaired (17 percent versus 10 percent). The proportion of blind residents was similar for both surveys (3-4 percent), as was the proportion of eyeglass users (60-62 percent).

Utilization of eyeglasses by nursing home residents has generally been at a much lower rate than that reported for the older noninstitutionalized population. In three different surveys conducted during 1960-62, 1965-66, and 1971 the rate was estimated to be over 90 percent for noninstitutionalized persons 65 years and over.¹³⁻¹⁵ When comparing vision status, the older noninstitutionalized population has not reported the prevalence of visual impairments anywhere near the 47 percent prevalence of the nursing home population. In 1971 only 5 percent of the noninstitutionalized population 65 years and over had a visual impairment considered serious enough to prevent the person from reading newsprint.¹⁶

Hearing

Impairments to hearing were less common among nursing home residents than were impairments to sight. Figure 8 illustrates that about 68 percent of the population were considered unimpaired in audition, i.e., they could hear a telephone conversation on an ordinary telephone. For around 26 percent of all residents, hearing was judged to be partially impaired. Severe impairments affected only about 5 percent of the population. And only 10,800 persons, or around 1 percent, were judged to be deaf.

As seen in figure 8, sex differentials in the degree of hearing impairment were insignificant. In contrast, age differences in the degree of impairment were well defined. Only about 12 percent of the residents under 65 years of age were impaired, whereas about 45 percent of those 85 years and over were reported to have some type of hearing impairment.

Although about 32 percent of the population was rated as impaired in hearing, only a comparatively small proportion, 4 percent, were reported to use a hearing aid. As depicted in figure 9, there was a pattern of increased utilization of hearing aids with age. There was no significant difference in utilization by sex, however.



Figure 8. Percent distribution of nursing home residents by hearing status, according to age and sex: United States, August 1973-April 1974



Figure 9. Percent of nursing home residents using a hearing aid, by age and sex: United States, August 1973-April 1974

Comparison of audition status on the basis of the use of hearing aids reveals some interesting patterns as shown in table 7. For about 31 percent of the residents using hearing aids, the use of the aid apparently resulted in eliminating the auditory impairment. For the remaining 69 percent, some impairment was evident in spite of the use of the hearing aid. Among those residents not using a hearing aid, 69 percent did not need one since they were considered unimpaired in hearing. As for the remaining 30 percent who had an auditory impairment, the reason for a hearing aid not being used could not be determined from the data. Whether or not the impairment could have been alleviated by the use of an aid remains unknown.

As shown in table 8, when the prevalence of auditory impairments was compared according to the certification status of the facilities, the pattern which emerged was similar to one previously discussed for visual impairments. Little difference in the degree of impairment appeared among residents in BM&M's, SNH's, and ICF's. The prevalence of auditory impairments among the residents of not certified homes was noticeably less than that found among the residents of the other types of homes. An estimated 75 percent of the residents in not certified homes were unimpaired in hearing, while 65 percent in SNH's, 67 percent in BM&M's, and 68 percent in ICF's were assigned this status.

Based on comparisons with data from the 1969 survey, it seemed that audition status, like vision status, improved in the 1973-74 nursing home population.⁵ Proportionately, there were 10 percent more residents in 1969 who had hearing impairments than reported by the current survey (43 percent versus 32 percent). The greatest difference was among those residents with severe impairments, including deafness. In 1969 this proportion was 13 percent, twice that of the more current estimate. This apparent improvement in audition status occurred in spite of any distinct increases in the use rate of hearing aids.

When compared to findings from surveys of the noninstitutionalized population, nursing home residents had more hearing impairments. During 1971 hearing problems were reported by 27 percent of those persons in the noninstitutionalized population aged 65 years and over.¹⁷

Speech

For the first time in an NCHS survey of nursing homes data were collected on the extent to which a resident's speech was impaired. Figure 10 illustrates that 74 percent of all residents had no speech impairment reported. Of those remaining, the ability to speak was judged to be partially impaired for an estimated 14 percent of the population and to be severely impaired for about 8 percent. Mute residents numbered 32,100 and comprised 3 percent of the population.

As depicted in figure 10, the pattern of speech defects varied appreciably with age. Unlike vision and audition impairments, speech impairments were more prevalent among younger residents, particularly those under 65 years. The proportion of younger residents who had severely impaired speech or were mute was nearly 3 times that for residents 85 years and over. Although less pronounced, there was also a



Figure 10. Percent distribution of nursing home residents by speech status, according to age and sex: United States, August 1973-April 1974

sex difference in the pattern of speech defects. Twenty-nine percent of the males had some level of impairment as compared to 24 percent of the females.

Similar to the pattern found for vision and auditory impairments across facility types, speech impairments were less prevalent in not certified homes. Table 8 reveals that 80 percent of the residents in not certified homes were not impaired in speech, while 74 percent of residents in ICF's and 73 percent in BM&M's and SNH's were included in this category.

According to the 1971 HIS, about 10 percent of all persons living outside institutions were reported to have a speech defect, which included cleft palate, harelip, stammering, stuttering, and other speech problems.¹⁶

Use of Dentures

Item 20 of the Resident Questionnaire pertained to the use of dentures. This information had not been collected in any previous NCHS survey of nursing homes. The resulting data are presented in figure 11. A sizable majority of



Figure 11. Percent distribution of nursing home residents by use of dentures, according to age and sex: United States, August 1973-April 1974

residents (59 percent) had dentures and used them, while 36 percent did not have dentures. An estimated 5 percent of the population had dentures but did *not* use them.

As expected, the use of dentures was related to age. Whereas only 26 percent of those residents under 65 years had dentures, 74 percent of those 85 years and over had dentures. Utilization also varied by sex; about 15 percent more women than men had dentures. According to the data provided in table 8, there was little discernable difference in the use of dentures across the various certification statuses.

SPECIAL AIDS

Data on the use of special aids were analyzed to provide an indication of the extent of chronic disabilities within the nursing home population. Each respondent was asked to specify from among the aids listed in table E those which the resident regularly used.

As shown in table 9, the total number of residents using one or more aids was estimated to be 558,300, 52 percent of the population. The total number of aids in use was estimated to be 662,700, an indication that some residents used more than one special aid.

As shown in table E, some aids were in much greater use than others. The wheelchair was the most frequently used special aid. Approximately 35 percent of all residents were reported to use this device regularly. About 15 percent of the population used a walker for aid in ambulation, while about 6 percent relied upon a cane for assistance. The remaining aids for which specific information was collected all had utilization rates of less than 2 percent. The category "other aids" (geriatric chairs, special shoes, triangle bars, and unclassified aids) included 2 percent of all residents.

Compared to previous nursing home surveys, the utilization pattern of special aids has not changed appreciably.^{6,18} The utilization rate of wheelchairs changed relatively little between 1969 (31 percent) and the 1973-74 survey period (35 percent) following a large increase from 1964, when only 21 percent of the population were reported to use this device. The walker was the one aid which continued to show a steady and considerable increase in utilization. In 1964 only about 9 percent of the population used walkers, in 1969 only 12 percent used this aid, and in the 1973-74 survey period the rate rose to 15 percent. Utilization of the remaining special aids has remained about the same over the years

Comparison of the utilization of special aids between nursing home residents and the noninstitutionalized population indicates the high degree of chronic disability of the nursing home population. Rates for wheelchairs and walkers showed the greatest differences in utilization and, thus, in the indicated level of disability for the two populations. According to the 1969 HIS, 3 percent of the noninstitutionalized population 65 years or older used either wheelchairs or walkers.¹⁹ In contrast, 35 percent of the nursing home population used wheelchairs and 15 percent used walkers.

Age and Sex

The pattern of utilization for some special aids varied as a function of age. For those using wheelchairs, table E illustrates that the rate remained practically unchanged (32-34 percent) until the oldest age group where the rate increased significantly (38 percent). There were clear and consistent increases, though, in the rates for walkers (from 6 to 17 percent) and canes (from 3 to 8 percent). In contrast, the use of braces shows a marked decrease between the under 65 and the 85 and over age group (from 4 down to 1 percent). Although the use of crutches appeared to decrease with age, the trend was not significant.

There were some sex differences in the utilization of special aids. Although female and male residents did not differ significantly in their utilization of the wheelchair, females were considerably more likely to be using walkers (17 versus 10 percent). Their utilization of the self-feeder was also significantly higher. On the other hand, males had significantly higher utilization of crutches and canes.

Certification Status of Facility

By examining the utilization of special aids according to certification status in table 10, it is

			1 aid	Special aid used ²							
Sex and age	Number of residents ¹	No aid used	or more used	Wheel- chair	Walker	Cane	Crutches	Braces	Artifi- cial limb	Self feeder	Other aids
Number of residents	1,075,800	517,500	558,300	374,800	156,400	68,800	9,300	16,700	4,400	11,400	20,900
Both sexes		Percent of residents ³									
All ages	1,075,800	48,1	51,9	34,8	14.5	6.4	0.9	1.6	0.4	1.1	1.9
Under 65 years 65-74 years 75-84 years 85 years and over	114,300 163,100 384,900 413,600		41.2 44.9 51.6 57.9	32.2 31.2 33.9 37.9	6.2 10.4 15.5 17.5	2.8 4.9 6.8 7.6	* 1.4 0.8 *	4.0 2.2 1.5 0.6	* * *	* 1.1 1.0	2.6 1.6 1.9 2.0
Male	040.400				10.0						
All ages	318,100	50,2	49.8	33,7	10.0	8.6	1.5	1.6	0.8	0.8	1.8
Under 65 years 65-74 years 75-84 years 85 years and over	52,400 65,100 102,300 98,300	60.3 56.4 47.4 43.7	39.7 43.6 52.6 56.3	30.2 31.3 35.1 35.8	5.1 7.4 11.0 13.2	* 7.0 9.6 11.7	* * *	* * *	* * *	* * *	* * *
<u>Female</u>											
All ages	757,700	47.2	52.8	35.3	16.5	5.5	0.6	1.6	*	1.2	2.0
Under 65 years 65-74 years 75-84 years 85 years and over	61,900 98,000 282,600 315,300	57.5 54.3 48.8 41.6	42.5 45.7 51.2 58.4	34,0 31,1 33,5 38,5	7.2 12.4 17.2 18.9	* 3.6 5.8 6.3	* *	4.1 2.5 1.6 0.7	* * *	* * 1.1 1.2	* 1.9 2.0

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 Table E. Number and percent distribution of nursing home residents by sex and age, according to special aids used: United States, August

 1973-April 1974

¹Includes all residents whether or not a special aid is used.

²Excludes eyeglasses and hearing aids.

³Figures may not total to 100 percent because residents may have more than one special aid.

cvident that differences existed in the utilization of special aids across the facility types. The greatest difference appeared between BM&M's, where about 60 percent of the residents used one or more special aids, and not certified homes, where only 40 percent of the residents used an aid.

A look at the pattern by type of aid revealed that most of the difference in overall utilization was attributable to the use of wheelchairs. In BM&M's approximately 44 percent of all residents used a wheelchair. This rate was 10 percent higher than for SNH's, about 14 percent higher than for ICF's, and 21 percent higher than for residents of not certified homes. Little difference, most of it insignificant, appeared among the certification types when the utilization of any of the other types of aids was examined. Data on the chronic conditions and primary diagnoses of residents using special aids are presented in table 11.

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Table 1. Number of nursing home residents	and rate per 1,000 residents by sex, reported chronic conditions
and impairments and primary diagnosis at 1973-April 1974	last examination and at admission, and age: United States, August

Sex, reported chronic conditions and impairments, and primary diagnosis at last examination and at admission	Number of residents	All ages	Under 65 years	65-74 years	75-84 years	85 years and over
BOTH SEXES						
Number of residents	1,075,800	1,075,800	114,300	163,100	384,900	413,600
Reported chronic conditions and impairments			Rate per	1,000 res	idents	
Senility Mental illness Mental retardation Arthritis or rheumatism Paralysis or palsy due to stroke	627,200 200,400 72,800 368,500 122,100	583.0 186.3 67.7 342.5 113.5	189.1 348.5 345.7 109.7 106.6	293.0 94.5 232.4	623.2 171.9 27.6 363.2 129.1	694.3 112.8 17.5 431.1 80.1
Paralysis or palsy not related to stroke, arthritis, or rheumatism	66,200 110,900 142,700 106,100	61.6 103.1 132.6 98.6	161.5 38.5 112.0 74.7	62.8 168.1	52.6 95.6 148.8 100.8	36.8 143.9 109.4 107.9
permanent stiffness or any deformity of foot, leg, fingers, arm, or back Heart trouble None of the above	150,000 360,500 57,700	139.4 335.1 53.6	189.2 110.2 64.5	160.8 271.9 62.2	133.0 354.7 53.9	123.2 403.9 47.0
Primary diagnosis at last examination Senility, old age, or other symptoms and ill-defined conditions	146,800 55,700 113,400 241,800	136.5 51.8 105.4 224.7	20.6 94.0 36.6	85.2 41.1 138.0 151.7	140.9 55.3 120.6 237.2	184.6 64.1 81.5 293.9
Accidents, poisonings, and violence Mental disorders Diseases of the musculoskeletal system and	39,400 49,300 115,800	36.6 45.8 107.6	39.6 395.8	31.4 35.8 185.1	39.9 45.8 72.1	40.4 51.4 30.5
connective tissue Endocrine, nutritional, and metabolic	73,100	67.9	48.3	58.5	70.7	74.4
diseases of the respiratory system Neoplasms	48,100 22,200 25,600	44.7 20.6 23.8	44.0 * 27.9	59.5 33.3 29.4	46.9 22.9 23.6	37.1 13.7 20.7
Diseases of the nervous system and sense organs	64,200 20,500 15,600	59.7 19.0 .* 14.5	156.0 * *	78.4 18.6 *	49.3 17.9 * 16.7	35.4 20.1 * 15.1
Diseases of the genitourinary system Diseases of the skin and subcutaneous tissue	6,000	14.5 5.6	*	*	6.1	*
Diseases of the blood and blood-forming organs	7,600 3,100 16,100 9,600	2.9 15.0	19.1 22.1	* * 15.9 *	7.6 * 15.0 9.3	8.8 * 12.6 9.8

See footnote at end of table.

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Sex, reported chronic conditions and impairments, and primary diagnosis at last examination and at admission	Number of residents	All ages	Under 65 years	65-74 years	75-84 years	85 years and over
BOTH SEXES-Con.						
Primary diagnosis at admission			Rate pe	r 1,000 re	sidents	
Senility, old age, or other symptoms and ill-defined conditions	110 700	102.9	15 0	60 7 İ	104 0	100 7
Heart attack	110,700	55.4	15.0	68.7 46.4	104.0 58.9	139.7
Stroke	59,600 132,800	123.4	104.9	165.9	142.3	94.2
Hardening of the arteries	219,900	204.4	27.4	138.3	212.4	272.1
Diseases of the circulatory system other						
than hardening of the arteries, stroke, or heart attack	34,300	31.8	*	23.9	36.5	35.4
Accidents, poisonings, and violence Mental disorders	95,700	89.0	55.0	54.6	89.9	111.0
Mental disorders	122,100	113.5	421.0	194.6	77.3	30.2
Diseases of the musculoskeletal system and	60, 600		17.0	53 0	(n -	
connective tissue Endocrine, nutritional, and metabolic	62,600	58.2	47.0	51.3	63.7	58.8
diseases	44,700	41.6	34.9	50.9	45.0	36.6
Diseases of the respiratory system Neoplasms	23,100	21.5	18.6	31.9	22.9	16.8
Neoplasms	24,200	22.5	28.1	28.0	23.0	18.3
Diseases of the nervous system and sense organs	60 500	56.0	147 0	74 0	16.0	20.0
Diseases of the digestive system	60,500 21,800	56.2 20.3	147.9	74.3 18.2	46.3 19.4	32.9 22.6
Infective and parasitic diseases	2,300	2.2	*	*	*	*
Diseases of the genitourinary system	15,300	14.2	*	*	15.8	15.8
Diseases of the skin and subcutaneous	F 000					
tissue of the blood and blood-forming	5,000	4.7	*	*	6.4	*
organs	6,700	6.2	*	*	*	8.2
Congenital anomalies	2,800	2.6	*	*	*	*
Diseases of the blood and blood-forming organs	24,800	23.0	22.7	21.5	22.7	24.1
Unknown diagnoses	6,900	6.4]	*	*	5.3	9.7
MALE						•
All residents	318,100	318,100	52,400	65,100 [102,300	98,300
Reported chronic conditions and impairments			Rate pe	er 1,000 re	sidents	
Senility	169,900	534.011	170.4	482.4	615.8	677.0
Mental illness	63,700	200.1	334.8	274.8	164.1	116.3
Mental retardation	31,600	99.5	362.4	104.1	37.9	*
Arthritis or rheumatism Paralysis or palsy due to stroke	81,300 42,000	255.6	79.2 104.9	180.2 193.4	298.1 147.9	355.6 88.8
Paralysis or palsy not related to stroke,	-+2,000		104.9	173.4	147.5	00.0
arthritis, or rheumatism	23,600	74.3	167.4	78.7	61.6	34.9
Glaucoma or cataracts	28,500	89.6	40.4	*	85.5	141.5
Diabetes	39,100			147.5	137.3	102.8
Any chronic trouble with back or spine Amputation of extremities or limbs; or	23,800	74.8	71.0	68.0	77.6	78.5
permanent stiffness or any deformity of		I				
foot, leg, fingers, arm, or back	48,600	152.8	203.2	176.5	151.6	111.6
Heart trouble	100,400	315.5	104.7	280.3	350.0	415.2
None of the above	19,400	60.9	70.2	69.0	57.0	54.5

See footnote at end of table.

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Sex, reported chronic conditions and impairments, and primary diagnosis at last examination and at admission	Number of residents	All ages	Under 65 years	65-74 years	75 - 84 years	85 years and over
MALECon.			Rate pe	r 1,000 r	esidents	
Primary diagnosis at last examination						
Senility, old age, or other symptoms and ill-defined conditions	35,900 14,500 38,000 60,600	112.8 45.5 119.5 190.4	* * 96.7	67.0 41.4 156.0 130.1	125.4 49.5 132.2 226.9	179.9 60.9 94.4 275.7
Diseases of the circulatory system other than hardening of the arteries, stroke,	11,000	34.6	*	*	41.2	42.1
or heart attack Accidents, poisonings, and violence Mental disorders	9,700 45,400	30.6 142.7	48.0 419.4	* 201.9	27.1 73.6	27.9 28.0
Diseases of the musculoskeletal system and connective tissue Endocrine, nutritional, and metabolic	16,300	51.2	*	45.3	56.1	57.5
diseases Diseases of the respiratory system Neoplasms Diseases of the nervous system and sense	12,900 12,100 9,700	40.4 38.0 30.6	* *	53.2 57.0 *	39.0 43.9 30.9	38.4 23.4 32.8
Organs Diseases of the digestive system Infective and parasitic diseases	22,400 6,700 *	70.4 21.1 *	152.8 * *	73.7 23.5 *	56.3 *	39.0 * *
Diseases of the genitourinary system Diseases of the skin and subcutaneous	8,900	28.0 *	*	*	35.6	35.6
tissue Diseases of the blood and blood-forming organs	*	*	*	*	*	*
Organital anomalies Other diagnoses ¹ Unknown diagnoses	* 5,200 2,900	16.5 9.0	*	*	*	*
Primary diagnosis at admission						
Senility, old age, other symptoms and ill-defined conditions Heart attack Stroke Hardening of the arteries Diseases of the circulatory system other	27,300 17,200 44,900 54,800	85.9 54.0 141.2 172.3	* 108.2 *	54.9 51.9 188.9 112.4	86.6 60.9 159.4 196.9	145.2 72.0 108.4 264.8
than hardening of the arteries, stroke, or heart attack Accidents, poisonings, and violence	1,000 16,700 49,400	31.3 52.5 155.2	* 60.5 454.4	* 41.6 207.7	40.4 52.0 86.8	39.7 56.0 32.0
Diseases of the musculoskeletal system and connective tissue	13,300	41.7	34.9	37.3	45.7	44.0
Endocrine, nutritional, and metabolic diseases Diseases of the respiratory system	11,400 12,200 9,200	35.7 38.3 29.1	* * *	43.3 50.4 *	39.2 44.9 29.9	33.9 28.7 28.3
Diseases of the nervous system and sense organs	20,900 7,000 *	65.7 22.0 *	141.7 *	70.9 23.3 *	54.4 *	33.6 25.9 *
Diseases of the genitourinary system Diseases of the skin and subcutaneous	9,500 *	29.8 *	*	*	36.6 *	41.7
tissue Diseases of the blood and blood-forming organs	*	*	*	*	*	*
Organisation Congenital anomalies Dther diagnoses ¹ Jnknown diagnoses	* 7,400	23.2 *	* *	* *	25.6 *	22.2 *

See footnote at end of table.

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Sex, reported chronic conditions and impairments, and primary diagnosis at last examination and at admission	Number of residents	All ages	Under 65 years	6 ⁵ -74 years	75-84 years	85 years and over
FEMALE						
All residents	757,700	757,700	61,900	98,000	282,600	315,300
Reported chronic conditions and impairments		1	Rate per	1,000 res:	Idents	
Senility Mental illness Mental retardation Arthritis or rheumatism Paralysis or palsy due to stroke Paralysis or palsy not related to stroke,	457,300 136,800 41,100 287,200 80,100	603.6 180.5 54.3 379.0 105.8	205.0 360.0 331.6 135.4 108.1	482.1 305.0 88.1 267.1 147.9	625.8 174.8 23.8 386.8 122.3	699.7 111.7 16.7 454.7 77.4
arthritis, or rheumatism Glaucoma or cataracts Diabetes Any chronic trouble with back or spine Amputation of extremities or limbs; or	42,600 82,400 103,600 82,300	56.2 108.8 136.8 108.6	156.5 * 120.9 77.9	73.4 66.6 181.8 99.0	49.3 99.3 152.9 109.3	37.4 144.6 111.4 117.1
permanent stiffness or any deformity of foot, leg, fingers, arm, or back Heart trouble None of the above	101,400 260,100 38,300	133.8 343.3 50.6	177.2 114.9 59.7	150.3 266.3 57.6	126.3 356.4 52.7	126.8 400.4 44.7
Primary diagnosis at last examination Senility, old age, or other symptoms and ill-defined conditions Heart attack	11,100 41,200 75,400 181,200	146.4 54.4 99.5 239.1	* 91.7 38.8	97.3 40.9 126.1 166.1	146.6 57.4 116.5 240.9	186.1 65.1 77.5 299.6
Accidents, poisonings, and violence Mental disorders Diseases of the musculoskeletal system	28,400 39,500 70,400	37.5 52.1 92.9	* 32.4 375.8	32.1 42.1 173.9	39.4 52.6 71.5	39.8 58.8 31.2
and connective tissue Endocrine, nutritional, and metabolic	56,800	74.9	57.7	67.3	76.0	79.7
diseases Diseases of the respiratory system Neoplasms Diseases of the nervous system and sense	35,300 10,100 15,900	46.5 13.3 21.0	55.0 * *	63.7 * 28.6	49.8 15.3 21.0	36.6 10.7 16.9
Diseases of the digestive system Infective and parasitic diseases Diseases of the genitourinary system	41,800 13,800 6,700	55.2 18.2 * 8.9	158.8 * *	81.4 * *	46.8 17.8 * 9.8	34.2 19.6 * 8.7
Diseases of the skin and subcutaneous tissue	4,000	5,3	*	*	*	*
Diseases of the blood and blood-forming organs	5,400 * 10,900	7.1 * 14.3	* *	* *	7.8 * 14.4	8.1 * 11.2
UNKNOWN GLAGNOSES	6,800	8.9	*	*	8.9	10.2

See footnote at end of table.

Sex, reported chronic conditions and impairments, and primary diagnosis at last examination and at admission	Number of residents	All ages	Under 65 years	65-74 years	75-84 years	85 years and over
FEMALECon. Primary diagnosis at admission		Rate pe	er 1,000 r	esidents		
Senility, old age, or other symptoms and ill-defined conditions Heart attack Stroke	83,400 42,500 87,900 165,100	110.1 56.0 115.9 217.9		77.9 42.7 150.6 155.6	110.3 58.1 136.1 218.0	138.0 67.5 89.8 274.4
than hardening of the arteries, stroke, or heart attackAccidents, poisonings, and violence Mental disorders Diseases of the musculoskeletal system and	24,300 79,000 72,800	32.1 104.3 96.0	* 50.3 392.8	26.1 63.2 185.9	35.1 103.7 73.9	34.0 128.2 29.6
connective tissue Endocrine, nutritional, and metabolic diseases Diseases of the respiratory system Neoplasms	49,300 33,400 10,900 14,900	65.1 44.0 14.4 19.7	57.2 45.2 *	60.7 55.8 25.5	70.2 47.1 14.9 20.5	63.4 37.4 13.0 15.2
Diseases of the nervous system and sense organs Diseases of the digestive system Infective and parasitic diseases Diseases of the genitourinary system	39,600 14,800 * 5,800	52.2 19.5 7.7	153.2 * *	76.5 * *	43.4 19.3 * 8.3	32.7 21.6 * 7.7
Diseases of the skin and subcutaneous tissue	3,300 4,700 *	4.3 6.2 *	*	* * *	* *	*
Other diagnoses ¹ Unknown diagnoses	17,400 5,500	23.0 7.2	*	* *	21.6 *	24.7 10.5

¹Includes certain causes of perinatal morbidity, complications of pregnancy and childbirth, and other diagnoses not listed above.

Table 2. Number and percent distribution of nursing home residents by reported chronic conditions and impairments and primary diagnosis at last examinations and at admission, according to certification status of home: United States, August 1973-April 1974

		<u> </u>					
		Certification status					
Reported chronic conditions and impairments and primary diagnoses	A11		Medie				
at last examination and at admission	homes	Both Medicare and Medicaid ¹	Skilled nursing home only ²	Intermediate care facility only	Not certified		
		Number	c of resid	lents			
All residents	1,075,800	406,900	292,500	236,700	139,800		
Reported chronic conditions and impairments ³							
Senility Mental illness Mental retardation Arthritis or rheumatism Paralysis or palsy due to stroke Paralysis or palsy not related to stroke,	627,200 200,400 72,800 368,500 122,100	235,900 58,900 18,300 125,600 55,400	60,100 20,100	52,800 21,500 90,100	28,800 12,900 46,700		
arthritis, or rheumatism Glaucoma or cataracts Diabetes Any chronic trouble with back or spine Amputation of extremities or limbs; or	66,200 110,900 142,700 106,100	40,900 57,400	18,300 34,300 43,400 30,700	23,200 28,700	12,600 13,300		
permanent stiffness or any deformity of foot, leg, fingers, arms, or back Heart trouble None of the above	150,000 360,500 57,700	149,600		71,400	38,400		
Primary diagnosis at last examination							
Senility, old age, or other symptoms and ill-defined conditions Heart attack	146,800 55,700 113,400 241,800	50,300 19,400 53,700 92,900	39,000 16,400 28,000 74,400	14,200 21,500	22,500 5,700 10,200 23,700		
hardening of the arteries, stroke, and heart attack	39,400 49,300 115,800		8,800 10,100 30,900	7,800	6,700 4,500 22,700		
connective tissues	73,100 48,100 22,200 64,200 20,500 15,600 34,700 9,600	18,100 9,500 12,400 24,200 7,700 6,700	20,200 14,400 6,200 6,100 17,300 6,000 4,800 7,600 2,400	10,700 3,800 4,300 15,600 3,600 2,500 5,500	12,600 4,900 2,700 2,900 7,200 3,200 * 6,600		
Primary diagnosis at admission							
Senility, old age, or other symptoms and ill-defined conditions	110,700 59,600 132,800 219,900	34,700 21,600 61,100 77,500	30,600 18,300 33,800 67,800	26,400 14,400 26,000 50,600	19,000 5,300 11,900 24,000		
hardening of the arteries, stroke, and heart attack	34,300 95,700 122,100	14,300 50,400 29,800	7,400 22,000 31,800	7,400 15,500 36,000	5,300 7,800 24,600		
connective tissue	62,600 44,700 23,100 24,200	20,500 15,200 10,500 12,400	18,000 14,400 5,600 5,300	14,600 10,400 4,600 3,400	9,500 4,700 * 3,000		
Diseases of the digestive system Diseases of the genitourinary system Other diagnoses4	60,500 21,800 15,300 41,600 6,900	21,900 9,300 7,900 17,400 *	16,800 6,500 4,200 8,200 *	15,200 3,000 * 5,700 *	6,600 3,000 * 10,400 *		

See footnotes at end of table.

Table 2. Number and	percent distribution of nursin	g home residents by	reported chronic conditions and im-
pairments and prima	ry diagnosis at last examination, , August 1973-April 1974-Con.	s and at admission,	according to certification status of

		Certification status					
Reported chronic conditions and			Medi	caid only			
impairments and primary diagnoses at last examination and at admission	A11 homes	Both Medicare and Medicaid ¹	Skilled nursing home only ²	Intermediate care facility only	Not certified		
Reported chronic conditions and impairments ³	l.	Perc	ent distr	ibution ³			
Senility Mental illness Mental retardation Arthritis and rheumatism Paralysis or palsy due to stroke Paralysis or palsy not related to stroke,	58.3 18.6 6.8 34.3 11.3	58.0 14.5 4.5 30.9 13.6	61.3 20.5 6.9 36.3 11.0	59.8 22.3 9.1 38.1 10.0	50.6 20.6 9.2 33.4 7.8		
arthritis, or rheumatism Glaucoma or cataracts Diabetes Any chronic trouble with back or spine Amputation of extremities or limbs; or	6.2 10.3 13.3 9.9	6.7 10.0 14.1 9.5	6.3 11.7 14.8 10.5	5.9 9.8 12.1 10.2	4.9 9.0 9.5 9.0		
permanent stiffness or any deformity of foot, leg, fingers, arms, or back	13.9 33.5 5.4	13.9 36.8 5.9	15.4 34.6 4.7	14.5 30.2 4.0	10.0 27.5 7.6		
Primary diagnosis at last examination All primary diagnoses	100.0	100.0	100.0	100.0	100.0		
Senility, old age, or other symptoms and ill-defined conditions Heart attack Stroke	13.6 5.2 10.5 22.5	12.4 4.8 13.2 22.8	13.3 5.6 9.6 25.4	14.8 6.0 9.1 21.4	16.1 4.1 7.3 17.0		
hardening of the arteries, stroke, and heart attackAccidents, poisonings, and violence Mental disorders	3.7 4.6 10.8	3.7 6.6 7.5	3.0 3.4 10.6	3.7 3.3 13.4	4.7 3.2 16.3		
connective tissue Endocrine, nutritional, and metabolic diseases- Diseases of the respiratory system	6.8 4.5 2.1 2.4	5.4 4.5 2.3 3.0	6.9 4.9 2.1 2.1	7.7 4.5 1.6 1.8	9.0 3.5 2.0 2.1		
Organs Diseases of the digestive system Diseases of the genitourinary system Other diagnoses Unknown diagnoses	6.0 1.9 1.5 3.2 0.9	5.9 1.9 1.6 3.7 *	5.9 2.0 1.7 2.6 0.8	6.6 1.5 1.0 2.3 1.3	5.1 2.3 4.7 *		
Primary diagnosis at admission							
All primary diagnoses	100.0	100.0	100.0	100.0	100.0		
Senility, old age, or other symptoms and ill-defined conditions	10.3 5.5 12.3 20.4	8.5 5.3 15.0 19.1	10.5 6.3 11.6 23.2	11.1 6.1 11.0 21.4	13.6 3.8 8.5 17.2		
hardening of the arteries, stroke, and heart attack	3.2 8.9 11.4	3.5 12.4 7.3	2.5 7.5 10.9	3.1 6.5 15.2	3.8 5.6 17.6		
connective tissues Endocrine, nutritional, and metabolic diseases- Diseases of the respiratory system Neoplasms Diseases of the nervous system and sense	5.8 4.2 2.1 2.2	5.0 3.7 2.6 3.1	6.2 4.9 1.9 1.8	6.2 4.4 2.0 1.4	6.8 3.4 2.2		
organs Diseases of the digestive system Diseases of the genitourinary system Other diagnoses ⁴ Unknown diagnoses	5.6 2.0 1.4 3.9 0.6	5.4 2.3 1.9 4.3 *	5.7 2.2 1.4 2.8 *	6.4 1.2 * 2.4 *	4.7 2.2 * 7.4		

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¹23,500 of the residents were in facilities certified by Medicare only. ²129,600 of the residents were in facilities certified as both SNH and ICF. ³Figures may not add to 100 percent because residents may have had more than one reported condition or impairment.

⁴Includes diseases of the blood and blood-forming organs, diseases of the skin and subcutaneous tissue, congenital anomalies, infective and parasitic diseases, certain causes of perinatal morbidity, complications of pregnancy and childbirth, and other diagnoses not listed above. 31
Table 3.	Percent distribution of					according to re-
	ported chronic	conditions and	d impairments: Unit	ed States, August 1	.973-April 1974	÷

	Reported chronic conditions and impairments ¹							
Primary diagnosis at last examination	Senility	Mental illness	Mental retardation	Arthritis or rheumatism	Paralysis or palsy due to stroke	Paralysis or palsy, etc. ¹		
Number of residents	627,200	200,400	72,800	368,500	122,100	66,200		
			Percent di	stribution				
All diagnoses	100.0	100.0	100.0	100.0	100.0	100.0		
Senility, old age, or other symptoms and ill- defined conditions	22.0 4.9 10.5 26.2 3.2 4.2 7.5 4.7 3.7 1.7 1.8 4.4 1.5 1.4 1.5 1.9	10.6 3.4 6.5 17.0 2.2 2.3 37.9 3.1 3.8 1.6 1.4 5.6 1.4 5.6 1.7	4.8 3.9 8.2 * 52.8 3.6 * 10.2 * 5.0	13.1 6.1 7.5 25.6 3.5 4.7 4.5 17.3 3.7 1.6 1.7 4.2 2.0 1.4 2.5 *	6.2 2.3 60.5 12.3 2.3 2.3 * 2.4 2.9 2.4 2.9 2.6 * *	6.1 * 16.5 9.9 7.4 3.5 3.5 32.6 * 32.6 * 4.0		

	Reported chronic conditions and impairments ¹							
Primary diagnosis at last examination	Glaucoma or cataracts	Diabetes	Any chronic trouble with back or spine	Amputation, etc.1	Heart trouble	None of these		
Number of residents	110,900	142,700	106,100	150,000	360,500	57,700		
			Percent di	stribution				
All diagnoses	100.0	100.0	100.0	100.0	100.0	100.0		
Senility, old age, or other symptoms and ill- defined conditions	12.7 6.1 8.0 26.8 3.0 3.1 5.3 8.2 4.7 4.7 2.3 11.5 1.5 * 2.9 *	8.6 4.6 10.3 18.6 3.1 3.4 7.0 4.0 29.3 1.6 3.5 3.5 * 2.3	10.1 5.3 7.7 21.3 2.7 5.3 5.4 21.6 3.0 * 3.1 6.7 * 3.0	8.3 3.9 12.7 19.4 3.3 7.5 7.9 11.4 6.1 1.9 8.0 8.0 * 4.6	10.1 14.0 10.6 30.8 5.5 3.0 4.1 4.7 4.2 2.5 1.7 1.5 1.5 2.0	4.6 5.8 16.6 5.4 10.9 * * 5.4 8.7 5.4 8.2 5.4 12.2 6.3		

¹For complete category titles, see table 1. Includes diseases of blood and blood-forming organs, diseases of the skin and subcutaneous tissue, congenital anom-alies, infective and parasitic diseases, certain causes of perinatal morbidity, complications of pregnancy and child-birth, and other diagnoses not listed above.

Table 4.	Number and	percent of	nursing	home resid	ents with	behavioral	problems by	type of prob-
	lem, a	ccording to	sex and	age: United	States,	August 1973-	April 1974	

	Both sexes						
Behavioral problems	All ages	Under 65 years	65 - 74 years	75 - 84 years	85 years and over		
		Number	of reside	ents			
All residents ¹	1,075,800	114,300	163,100	384,900	413,600		
Depressed Once a week or less More often than once a week Agitated or nervous	418,800 263,900 154,900 455,400 318,100 137,300 177,800 114,100 63,700 613,200 510,800 102,400 201,400 144,500 56,900 55,800 45,300 10,500	52,500 31,600 20,900 59,900 42,800 17,100 26,200 16,000 10,200 38,000 30,500 7,400 20,100 14,600 5,500 11,200 9,100 *	70,900 44,600 26,300 75,800 23,800 29,500 19,300 10,200 80,800 65,600 15,200 32,200 22,700 9,600 10,700 8,200 2,500	154,600 100,200 54,500 117,500 48,800 39,400 21,400 228,300 190,900 37,400 74,900 54,800 20,000 19,700 16,300 3,400	140,700 87,500 53,200 153,400 105,800 61,300 21,900 266,200 223,800 42,400 74,200 52,400 21,800 14,300 11,700 2,600		
		Percent	of reside	ents ²			
Depressed Once a week or less More often than once a week Agitated or nervous Once a week or less More often than once a week Once a week or less Once a week or less Once a week or less More often than once a week Disturbed sleep	$\begin{array}{c} 38.9\\ 24.5\\ 14.4\\ 42.3\\ 29.6\\ 12.8\\ 16.5\\ 10.6\\ 5.9\\ 57.0\\ 47.5\\ 9.5\\ 18.7\\ 13.4\\ 5.3\\ 5.2\\ 4.2\\ 1.0\end{array}$	46.0 27.6 18.3 52.4 37.4 15.0 22.9 14.0 8.9 33.2 26.7 6.5 17.6 12.8 4.8 9.8 7.9	$\begin{array}{c} 43.4\\ 27.3\\ 16.1\\ 46.5\\ 31.6\\ 18.8\\ 49.5\\ 49.5\\ 19.8\\ 9.3\\ 19.8\\ 5.5\\ 5.0\\ 1.5\\ \end{array}$	$\begin{array}{c} 40.2\\ 26.0\\ 14.1\\ 43.2\\ 30.5\\ 12.7\\ 15.8\\ 10.2\\ 5.6\\ 59.3\\ 49.6\\ 9.7\\ 19.5\\ 14.2\\ 5.2\\ 5.2\\ 5.2\\ 5.2\\ 0.9\end{array}$	34.0 21.2 12.9 37.1 25.6 11.5 14.8 9.5 5.3 64.4 54.1 10.2 17.9 12.7 5.3 3.5 2.8 0.6		

See footnotes at end of table.

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		Male			Female	· · · · · · · · · · · · · · · · · · ·		
Behavioral problems	All ages	Under 65 years	65 years and over	All ages	Under 65 years	65 years and over		
			Number of	residents				
All residents ¹	318,100	52,400	265,700	757,700	61,900	695,800		
Depressed	114,00071,20042,900133,70091,30042,40070,90042,70028,200170,000137,90032,10057,00041,20015,80018,60018,60014,6004,000	20,900 13,100 7,800 26,900 19,200 7,600 14,600 8,600 6,000 16,200 13,500 2,700 8,000 6,200 8,000 6,200 8,000 6,200 8,000 6,200 8,000 6,200	93,200 58,100 35,100 106,800 72,000 34,800 56,300 34,100 22,200 153,800 124,400 29,400 49,000 35,000 14,000 12,800 9,800 3,000	304,700 192,700 112,000 321,700 226,800 94,900 106,900 71,400 35,500 443,200 372,900 70,300 144,300 103,300 41,000 37,200 30,700 6,500	31,700 18,500 13,200 33,000 23,600 9,500 11,600 7,400 4,200 21,700 17,000 4,700 12,000 8,400 3,600 5,300 4,300 *	273,100 174,200 98,900 288,600 203,200 85,400 95,300 64,000 31,300 421,500 65,600 132,300 94,900 37,400 31,800 26,400 5,400		
		Pe	ercent of r	esidence ²				
Depressed Once a week or less More often than once a week Agitated or nervous Once a week or less More often than once a week Once a week or less More often than once a week Once a week or less More often than once a week Disturbed sleep Once a week or less More often than once a week Other behavioral problems Once a week or less	$\begin{array}{c} 35.9\\ 22.4\\ 13.5\\ 42.0\\ 28.7\\ 13.3\\ 22.3\\ 13.4\\ 8.9\\ 53.4\\ 43.4\\ 10.1\\ 17.9\\ 13.0\\ 5.0\\ 5.9\\ 4.6\\ 1.3\\ \end{array}$	39.8 25.0 14.9 51.3 36.7 14.6 27.8 16.4 11.4 31.0 25.8 5.2 15.4 11.8 11.8 11.1 9.1 *	35.1 21.9 13.2 40.2 27.1 13.1 21.2 12.8 8.4 57.9 46.8 11.1 18.4 13.2 5.3 4.8 3.7 1.1	$\begin{array}{c} 40.2\\ 25.4\\ 14.8\\ 42.5\\ 29.9\\ 12.5\\ 14.1\\ 9.4\\ 4.7\\ 58.5\\ 49.2\\ 9.3\\ 19.1\\ 13.6\\ 5.4\\ 4.9\\ 4.1\\ 0.9\end{array}$	51.229.921.353.438.115.318.711.96.835.127.57.619.413.65.88.66.9*	$\begin{array}{c} 39.3\\ 25.0\\ 14.2\\ 41.5\\ 29.2\\ 12.3\\ 13.7\\ 9.2\\ 4.5\\ 60.6\\ 51.2\\ 9.4\\ 19.0\\ 13.6\\ 5.4\\ 4.6\\ 3.8\\ 0.8\end{array}$		

Table 4. Number and percent of nursing home residents with behavioral problems by type of pro-lem, according to sex and age: United States, August 1973-April 1974-Con.

¹Includes all residents whether or not they had behavioral problems. ²Includes only those residents with behavioral problems. Figures may not total to 100 because residents may have had more than one behavioral problem.

Table 5. Number and percent of nursing home residents with behavioral problems by type of problem, according to certification status of home: United States, August 1973-April 1974

			Certificati	on status		
	A11		Medicai	d only		
Behavioral problems	homes	Both Medicare and 1 Medicaid	Skilled nursing homes ²	Inter- mediate care facil- ities	Not certified	
		Number	of residen	ts		
All residents ³	1,075,800	406,900	292,500	236,700	139,800	
Depressed Once a week or less More often than once a week Agitated or nervous	$\begin{array}{c} 418,800\\ 263,900\\ 154,900\\ 455,400\\ 318,100\\ 137,300\\ 177,800\\ 114,100\\ 63,700\\ 613,200\\ 510,800\\ 102,400\\ 201,400\\ 144,500\\ 56,900\\ 56,900\\ 55,800\\ 45,300\\ 10,500\end{array}$	$\begin{array}{c} 163,600\\ 106,700\\ 56,900\\ 170,100\\ 118,800\\ 51,400\\ 65,600\\ 42,300\\ 23,400\\ 23,400\\ 234,900\\ 198,700\\ 36,200\\ 75,000\\ 53,900\\ 21,100\\ 22,000\\ 18,500\\ 3,600\\ \end{array}$	120,900 79,900 40,900 127,500 90,800 36,700 53,300 17,000 175,700 148,600 27,100 59,300 43,300 16,000 16,900 13,800 3,100	92,200 54,300 37,900 107,400 73,800 33,600 39,700 23,800 15,900 135,900 109,300 26,600 45,400 32,300 13,100 10,200 7,900	42,100 23,000 19,200 50,300 34,700 15,600 19,100 11,700 7,400 66,800 54,200 12,600 21,600 15,000 6,600 6,700 5,100	
	Percen	t of resider	its with beh	avioral pr	oblems ⁴	
Depressed Once a week or less More often than once a week Agitated or nervous Once a week or less	$\begin{array}{c} 38.9\\ 24.5\\ 14.4\\ 42.3\\ 29.6\\ 12.8\\ 16.5\\ 10.6\\ 5.9\\ 57.0\\ 47.5\\ 9.5\\ 18.7\\ 13.4\\ 5.3\\ 5.2\\ 4.2\\ 1.0\end{array}$	40.2 26.2 14.0 41.8 29.2 12.6 16.1 10.4 5.7 57.7 48.8 8.9 18.4 13.2 5.2 5.4 4.5 0.9	$\begin{array}{c} 41.3\\ 27.3\\ 14.0\\ 43.6\\ 31.0\\ 12.5\\ 18.2\\ 12.4\\ 5.8\\ 60.1\\ 50.8\\ 9.3\\ 20.3\\ 14.8\\ 5.5\\ 5.8\\ 4.7\\ 1.1\end{array}$	39.0 22.9 16.0 45.4 31.2 14.2 16.8 10.1 6.7 57.4 46.2 19.2 13.6 5.6 4.3 3.4 *	$\begin{array}{c} 30.1\\ 16.4\\ 13.7\\ 36.0\\ 24.8\\ 11.2\\ 13.7\\ 8.4\\ 5.3\\ 47.8\\ 38.8\\ 9.0\\ 15.5\\ 10.8\\ 4.7\\ 4.8\\ 3.7\\ *\end{array}$	

¹23,500 of the residents were in facilities certified by Medicare only. 129,600 of the residents were in facilities certified as both SNH and ICF. ³Includes all residents whether or not they had behavioral problems. ⁴Figures may not total to 100 because residents may have had more than one behavioral problem.

Table 6. Number and percent of nursing home residents with behavioral problems by type of problem, according to reported chronic conditions and impairments and primary diagnosis at last examination: United States, August 1973-April 1974

	Number		Beł	navioral p	roblems		
Reported chronic conditions and impair- ments and primary diagnosis at last examination	Number of resi- dents ¹	De- pressed	Agita- ted or nervous	Abusive or aggres- sive	Con- fused or senile	Dis- turbed sleep	Other behav- ioral prob- lems
		Percent	of reside	ents with	behavior	al prob	Lems ²
All residents	1,075,800	38.9	42.3	16.5	57.0	18.7	5.2
Reported chronic conditions and impairments							
Senility Mental illness Mental retardation Arthritis or rheumatism Paralysis or palsy due to stroke Paralysis or palsy due to stroke	627,200 200,400 72,800 368,500 122,100	41.8 54.4 37.7 43.0 46.9	48.3 65.4 54.9 44.3 41.2	19.6 31.2 25.2 16.2 15.4	82.7 69.5 48.2 59.5 57.0	22.6 29.2 18.3 22.3 18.8	5.3 11.3 9.4 4.2 4.1
Paralysis or palsy not related to stroke, arthritis, or rheumatism	66,200 110,900 142,700 106,100	46.1 42.7 42.7 49.8	49.0 43.7 43.0 50.8	17.1 17.5 16.4 18.0	52.3 59.8 56.7 58.5	20.2 23.3 18.8 26.4	7.0 4.9 4.3 6.6
permanent stiffness or any deformity of foot, leg, fingers, arms, or back Heart troubleNone of the above	150,000 360,500 57,700	46.9 42.2 23.5	46.7 43.5 21.5	20.7 16.2 7.0	58.9 61.1 12.4	22.9 22.0 8.9	6.6 4.5 *
Primary diagnosis at last examination Senility, old age, or other symptoms and ill-defined conditions Heart attack	146,800 55,700 113,400	34.2 40.6 43.7	42.4 42.0 39.4	17.2 13.5 14.5	79.7 54.3 57.1	19.4 21.2 17.1	4.2 * 4.5
Hardening of the arteries Diseases of the circulatory system other than hardening of the arteries, stroke, and heart attack Accidents, poisonings, and violence Mental disorders	241,800 39,400 49,300 115,800	35.8 43.2 35.6 44.1	41.2 42.4 36.5 56.8	15.7 16.6 14.2 26.4	64.9 49.4 50.3 55.0	18.7 18.2 17.0 20.0	4.4 6.1 * 11.2
Diseases of the musculoskeletal system and connective tissue	73,100	37.2	34.6	12.8	39.1	17.4	4.3
Endocrine, nutritional, and metabolic diseases Diseases of the respiratory system Neoplasms Diseases of the nervous system and sense	48,100 22,200 25,600	40.1 41.8 49.5	38.7 43.7 39.3	16.5 15.1 12.1	48.7 44.1 48.5	15.8 23.1 24.2	* * *
Diseases of the digestive system Diseases of the genitourinary system Other diagnoses ³ Unknown diagnoses	64,200 20,500 15,600 34,700 9,600	42.9 43.2 40.4 30.9 25.1	49.9 38.9 42.9 34.7 27.4	18.5 12.6 21.0 10.5 *	45.3 47.6 53.0 34.5 33.1	17.9 20.3 21.7 16.5 *	5.8 * * *

¹Includes all residents whether or not they had behavioral problems. ²Figures may not total to 100 percent because residents may have had more than one behavioral problem. ³Includes diseases of the blood and blood-forming organs, diseases of the skin and subcutaneous tissue, congenital anomalies, infective and parasitic diseases, certain causes of perinatal morbidity, complications of pregnancy and childbirth, and other diagnoses not listed above.

Table 7. Number and percent distribution of nursing home residents by vision, hearing, speech, and use of denture status, according to sex and age: United States, August 1973-April 1974

anna ha ann ann an ann an ann ann ann an		Sex			Age			
Vision, hearing, speech, and use of dentures status	Number of residents	Both sexes	Male	Female	Under 65 years	65 - 74 years	75-84 years	85 years and over
Number of residents	1,075,800	1,075,800	318,100				384,900	413,600
<u>Vision status</u>					distribut			
All residents	1,075,800	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sight not impaired Sight partially impaired Sight severely impaired Sight completely lost	575,500 362,000 107,900 30,400	53.5 33.7 10.0 2.8	56.5 31.5 9.0 3.0		70.6 21.7 5.0 2.7	62.3 28.8 6.3 2.6	53.8 35.0 8.9 2.3	45.0 37.6 14.0 3.5
All residents using eyeglasses	670,400	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sight not impaired Sight partially impaired Sight severely impaired Sight completely lost	371,400 226,600 66,500 6,000	55.4 33.8 9.9 0.9	57.0 32.0 9.9 1.0	54.9 34.4 9.9 0.8	65.6 28.8 5.4 *	63.3 29.3 6.5 *	57.1 33.8 8.4 0.7	49.9 35.9 13.0 1.1
All residents not using eyeglasses	405,400	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sight not impaired Sight partially impaired Sight severely impaired Sight completely lost	204,100 135,500 41,400 24,500	50.3 33.4 10.2 6.0	55.9 30.9 8.0 5.2	47.0 34.9 11.5 6.5	73.2 18.0 4.7 4.0	61.2 28.3 6.0 4.5	47.0 37.5 9.9 5.6	34.5 41.2 15.9 8.4
Hearing status								
All residents	1,075,800	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hearing not impaired Hearing partially impaired Hearing severely impaired Hearing completely lost	729,600 280,300 55,200 10,800	67.8 26.1 5.1 1.0	66.9 26.7 5.2 1.2	68.2 25.8 5.1 0.9	88.4 9.2 1.6 *	80.3 17.0 1.9 *	70.0 25.5 3.8 0.7	55.2 34.8 8.7 1.4
All residents using hearing aids	45,900	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hearing not impaired Hearing partially impaired Hearing severely impaired Hearing completely lost	14,100 20,400 10,400 *	30.6 44.4 22.7 *	32.1 42.6 23.7 *	30.0 45.0 22.3 *	* * *	45.1 * * *	32.6 42.2 23.1 *	27.1 48.0 22.5 *
All residents not using hearing aids	1,029,900	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hearing not impaired Hearing partially impaired Hearing severely impaired Hearing completely lost	715,500 259,900 44,700 9,700	69.4 25.2 4.3 0.9	68.3 26.0 4.5 1.1	70.0 24.9 4.3 0.9	88.9 9.0 *	81.1 16.7 1.5 *	71.4 24.9 3.0 0.7	57.2 33.8 7.7 1.3
Speech status								
All residents	1,075,800	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Speech not impaired Speech partially impaired Speech severely impaired Speech completely lost	799,100 155,200 89,500 32,100	74.3 14.4 8.3 3.0	70.6 16.8 9.3 3.3	75.8 13.4 7.9 2.8	58.6 18.2 15.5 7.6	70.7 15.9 9.7 3.8	76.2 13.9 7.4 2.5	78.2 13.3 6.7 1.8
<u>Use of dentures status</u> All residents	1,075,800	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No dentures Dentures and used them Dentures but did not use them	388,800 632,800 54,200	36.1 58.8	46.8 48.7	31.7 63.1 5.3	74.2	48.6 47.7 3.7	30.5 64.4 5.1	25.9 68.1 5.9

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		C	Certification	1 status	
Vision, hearing, speech, and use of	All homes	Both	Medica	id only	
dentures status		Medicare and Medicaid ¹	Skilled nursing homes ²	Intermediate care facilities	Not certified
Vision status		Nun	ber of resid	lents	
All residents	1,075,800	406,900	292,500	236,700	139,800
Sight not impaired Sight partially impaired Sight severely impaired Sight completely lost	575,500 362,000 107,900 30,400	210,900 145,300 39,700 10,900	148,400 101,900 33,600 8,700	129,600 75,400 23,500 8,300	86,600 39,400 11,200 2,600
All residents using eyeglasses	670,400	253,700	184,000	140,600	92,200
Sight not impaired Sight partially impaired Sight severely impaired Sight completely lost	371,400 226,600 66,500 6,000	132,700 93,700 25,100 *	97,000 64,700 21,000 *	82,400 43,900 12,800 *	59,300 24,300 7,600 *
All residents not using eyeglasses	405,400	153,200	108,500	96,100	47,600
Sight not impaired Sight partially impaired Sight severely impaired Sight completely lost	204,100 135,500 41,400 24,500	78,200 51,700 14,600 8,600	51,400 37,200 12,600 7,300	47,200 31,500 10,700 6,800	27,300 15,100 3,500 *
Hearing status					
All residents	1,075,800	406,900	292,500	236,700	139,800
Hearing not impaired Hearing partially impaired Hearing severely impaired Hearing completely lost	729,600 280,300 55,200 10,800	272,700 109,600 20,600 3,900	190,800 82,000 16,800 2,800	161,400 60,200 12,200 2,900	104,700 28,500 5,500 *
All residents using hearing aids	45,900	16,500	13,200	9,200	7,000
Hearing not impaired Hearing partially impaired Hearing severely impaired Hearing completely lost	14,100 20,400 10,400 *	5,000 7,100 3,900 *	3,700 6,100 3,300 *	2,700 4,400 * *	2,600 2,800 *
All residents not using hearing aids	1,029,900	390,400	279,300	227,400	132,700
Hearing not impaired Hearing partially impaired Hearing severely impaired Hearing completely lost	715,500 259,900 44,700 9,700	267,700 102,500 16,800 3,500	187,100 75,900 13,500 2,800	158,700 55,800 10,400 2,600	102,100 25,700 4,100 *
Speech status					
All residents	1,075,800	406,900	292,500	236,700	139,800
Speech not impaired Speech partially impaired Speech severely impaired Speech completely lost	799,100 155,200 89,500 32,100	297,700 61,200 36,400 11,600	212,800 44,300 25,700 9,700	176,100 33,700 18,700 8,100	112,500 15,900 8,700 2,600
Use of dentures status					
All residents	1,075,800	406,900	292,500	236,700	139,800
No dentures Dentures and used them Dentures but did not use them	388,800 632,800 54,200	139,600 243,700 23,500	102,200 175,700 14,600	95,500 131,300 9,900	51,400 82,200 6,200

Table 8. Number and percent distribution of nursing home residents by vision, hearing, speech, and use of dentures status, according to certification status of home: United States, August 1973-April 1974

See footnotes at end of table.

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Table 8. Number and percent distribution of nursing home residents by vision, hearing, speech, and use of den-tures status, according to certification status of home: United States, August 1973-April 1974—Con.

			Certifica	tion status		
Vision, hearing, speech, and use of		Both	Medica	id only		
dentures status	All homes	Medicare and Medicaid ¹	Skilled nursing homes ²	Intermediate care facilities	Not certified	
Vision status		Per	rcent distrib			
All residents	100.0	100.0	100.0	100.0	100.0	
Sight not impaired Sight partially impaired Sight severely impaired Sight completely lost	53.5 33.7 10.0 2.8	51.8 35.7 9.8 2.7	50.7 34.8 11.5 3.0	54.7 31.8 9.9 3.5	61.9 28.2 8.0 1.9	
All residents using eyeglasses	100,0	100.0	100.0	100.0	100.0	
Sight not impaired Sight partially impaired Sight severely impaired Sight completely lost	55.4 33.8 9.9 0.9	52.3 36.9 9.9 *	52.7 35.2 11.4 *	58.6 31.2 9.1 *	64.1 26.3 8.3 *	
All residents not using eyeglasses	100.0	100.0	100.0	100.0	100.0	
Sight not impaired Sight partially impaired Sight severely impaired Sight completely lost	50.3 33.4 10.2 6.0	51.1 33.7 9.5 5.6	47.4 34.3 11.6 6.7	49.1 32.8 11.1 7.1	57.2 31.7 7.4 *	
Hearing status						
All residents	100.0	100.0	100.0	100.0	100.0	
Hearing not impaired Hearing partially impaired Hearing severely impaired Hearing completely lost	67.8 26.1 5.1 1.0	67.0 26.9 5.1 1.0	65.2 28.0 5.8 1.0	68.2 25.4 5.1 1.2	74.9 20.4 4.0 *	
All residents using hearing aids	100.0	100.0	100.0	100.0	100.0	
Hearing not impaired Hearing partially impaired Hearing severely impaired Hearing completely lost	30.6 44.4 22.7 *	30.3 43.3 23.5 *	28.3 46.2 25.0 *	29.7 47.2 *	36.9 39.7 *	
All residents not using hearing aids	100.0	100.0	100.0	100.0	100.0	
Hearing not impaired Hearing partially impaired Hearing severely impaired Hearing completely lost	69.4 25.2 4.3 0.9	68.6 26.3 4.3 0.9	67.0 27.2 4.8 1.0	69.8 24.5 4.6 1.1	76.9 19.4 3.1 *	
Speech status						
All residents	100.0	100.0	100.0	100.0	100.0	
Speech not impaired Speech partially impaired Speech severely impaired	74.3 14.4 8.3 3.0	73.2 15.0 8.9 2.8	72.7 15.1 8.8 3.3	74.4 14.3 7.8 3.4	80.4 11.4 6.3 1.9	
Use of dentures status						
All residents	100.0	100.0	100.0	100.0	100.0	
No dentures Dentures and used them Dentures but did not use them	36.1 58.8 5.0	34.3 59.9 5.8	35.0 60.0 5.0	40.4 55.5 4.2	36.8 58.8 4.4	

 $^1\!23,500$ of the residents were in facilities certified by Medicare only. 122,500 of the residents were in facilities certified as both SNH and ICF.

Table 9. Number and percent of nursing home residents by special aids used, according to sex and age: United States, August 1973-April 1974

		1 aid		Special a	id used				
Sex and age	No aid used	or more used	Wheel- chair	Walker	Cane	Crutches			
Both sexes			Number of	residents					
All ages	517,500	558,300	374,800	156,400	68,800	9,300			
Under 65 years 65-74 years 75-84 years 85 years and over	67,200 89,900 186,300 174,100	47,100 73,200 198,500 239,500	36,800 50,900 130,500 156,600	7,100 17,000 59,800 72,500	3,200 8,000 26,200 31,400	* 2,400 3,000 *			
Male									
All ages	159,800	158,400	107,300	31,700	27,400	4,600			
Under 65 years 65-74 years 75-84 years 85 years and over	31,600 36,700 48,500 42,900	20,800 28,400 53,800 55,400	15,800 20,400 35,900 35,200	2,700 4,800 11,200 13,000	* 4,600 9,800 11,500	* * *			
<u>Female</u>									
All ages	357,700	400,000	267,500	124,700	41,400	4,700			
Under 65 years 65-74 years 75-84 years 85 years and over	35,600 53,200 137,800 131,100	26,300 44,800 144,700 184,100		4,400 12,200 48,600 59,500	* 3,500 16,400 19,800	* * *			
Both sexes		P	ercent of	residents					
A11 ages	48.1	51.9	34.8	14.5	6.4	0.9			
Under 65 years 65-74 years 75-84 years 85 years and over	58.8 55.1 48.4 42.1	41.2 44.9 51.6 57.9	32.2 31.2 33.9 37.9	6.2 10.4 15.5 17.5	2.8 4.9 6.8 7.6	* 1.4 0.8 *			
Male									
A11 ages	50.2	49.8	33.7	10.0	8.6	1.5			
Under 65 years 65-74 years 75-84 years 85 years and over	60.3 56.4 47.4 43.7	39.7 43.6 52.6 56.3	30.2 31.3 35.1 35.8	5.1 7.4 11.0 13.2	* 7.0 9.6 11.7	* * *			
Female									
All ages	47.2	52.8	35.3	16.5	5.5	0.6			
Under 65 years 65-74 years 75-84 years 85 years and over	57.5 54.3 48.8 41.6	42.5 45.7 51.2 58.4	34.0 31.1 33.5 38.5	7.2 12.4 17.2 18.9	* 3.6 5.8 6.3	* * * *			

Table 9. Number and percent of nursing home residents by special aids used, according to sex and age: United States, August 1973-April 1974-Con.

		Special	aid used	
Sex and age	Braces	Artificial limb	Self- feeder	Other aids
Both sexes		Number of	residents	
All ages	16,700	4,400	11,400	20,900
Under 65 years 65-74 years 75-84 years 85 years and over	4,600 3,600 5,700 2,700	* * *	* 4,300 4,300	3,000 2,700 7,100 8,100
Male				
All ages	5,000	2,500	2,500	5,600
Under 65 years 65-74 years 75-84 years	* * * *	* * *	* * *	* * * *
Female				
All ages	11,700	*	8,900	15,300
Under 65 years 65-74 years 75-84 years 85 years and over	2,500 2,400 4,400 2,300	* *	* * 3,200 3,700	* 5,500 6,300
Both sexes		Percent of	residents	
All ages	1.6	0.4	1.1	1.9
Under 65 years 65-74 years 75-84 years 85 years and over	4.0 2.2 1.5 0.6	* * *	* * 1.1 1.0	2.6 1.6 1.9 2.0
<u>Male</u> All ages	1.6	0.8	0.8	1.8
Under 65 years 65-74 years 75-84 years 85 years and over	* * *	* * * *	****	* *
Female				
All ages	1.6	*	1.2	2.0
Under 65 years 65-74 years 75-84 years 85 years and over	4.1 2.5 1.6 0.7	* * *	* * 1.1 1.2	* * 1.9 2.0

			Certifica	tion status	
	A11		Medic	aid only	
Special aid used	homes	Both Medicare and Medicaid ¹	Skilled nursing homes ²	Inter- mediate care facilities	Not certified
	Number of residents				
All residents ³	1,075,800	406,900	292,500	236,700	139,800
No aid l aid or more Wheelchair Walker	517,500 558,300 374,800 156,400 68,800 9,300 16,700 4,400 11,400 20,900	161,900 244,900 178,500 65,200 22,700 2,500 7,700 * 3,700 7,600	142,900 149,600 98,700 39,700 20,300 2,300 4,800 * * 7,500	$128,300 \\ 108,400 \\ 67,300 \\ 33,500 \\ 14,800 \\ 2,800 \\ 2,800 \\ 2,800 \\ * \\ 4,400 \\ 4$	84,400 55,400 30,300 18,000 10,900 * * * *
		Per	cent of res	idents ⁴	
No aid l aid or more Wheelchair Walker	48.1 51.9 34.8 14.5 6.4 0.9 1.6 0.4 1.1 1.9	39.8 60.2 43.9 16.0 5.6 0.6 1.9 * 0.9 1.9	48.9 51.1 33.8 13.6 7.0 0.8 1.7 * 2.6	54.2 45.8 28.4 14.2 6.3 1.2 1.2 1.2 * 1.9 1.8	60.4 39.6 21.7 12.9 7.8 * *

Table 10. Number and percent of nursing home residents by special aids used, accord-ing to certification status of home: United States, August 1973-April 1974

¹23,500 of the residents were in facilities certified by Medicare only. ²129,600 of the residents were in facilities certified as both SNH and ICF. ³Includes all residents whether or not a special aid was used. ⁴Figures may not total to 100 percent because residents may have used more than one special aid.

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Table 11. Number and percent distribution of nursing home residents by special aids used, ac-cording to reported chronic conditions and impairments and primary diagnosis at last examina-tion: United States, August 1973-April 1974

Dependent character and	Number		SŢ	pecial aid us	ed	
Reported chronic conditions and impairments and primary diagnosis at last examination	Number of residents	No aid used	l aid or more used	Wheelchair	Walker	Cane
		й	Number of	residents ¹		
All residents	1,075,800	517,500	558,300	374,800	156,400	68,800
Reported chronic conditions and impairments ²						
Senility Mental illness Mental retardation Arthritis or rheumatism	627,200 200,400 72,800	294,700 126,700 48,700 141,100	332,500 73,700 24,000	235,700 51,100 18,300	83,700 17,800 4,300	34,300 7,500 *
Paralysis or palsy due to stroke Paralysis or palsy not related to	368,500 122,100	35,500	227,400 86,600	143,800 68,400	77,200 17,700	32,700 7,100
stroke, arthritis, or rheumatism Glaucoma or cataracts Diabetes Any chronic trouble with back or	66,200 110,900 142,700	23,600 49,900 63,400	42,600 61,100 79,300	33,900 37,600 53,500	7,900 19,300 23,800	3,100 11,600 10,000
Amputation of extremities or limbs; or permanent stiffness or	106,100	35,400	70,700	46,400	24,300	9,000
any deformity of foot, leg, fingers, arm, or back Heart trouble None of the above	150,000 360,500 57,700	41,300 161,300 35,400	108,700 199,200 22,300	80,900 132,600 11,400	23,900 56,800 8,800	10,000 28,400 3,400
Primary diagnosis at last examination						
Senility, old age, or other symptoms and ill-defined conditions	146,800 55,700 113,400 241,800	74,500 26,500 38,200 120,300	72,300 29,200 75,200 121,400	48,600 16,300 58,000 78,900	18,900 9,900 16,900 32,700	7,300 5,600 6,600 17,900
tack Accidents, poisonings, or vio-	39,400	20,200	19,300	11,000	5,300	4,000
lence Mental disorders Diseases of the musculoskeletal	49,300 115,800	10,700 90,200	38,600 25,600	27,400 18,400	15,100 4,900	* 2,500
system and connective tissue Endocrine, nutritional, and	73,100	22,300	50,800	31,200	18,500	7,100
metabolic diseases Diseases of the respiratory sys-	48,100	21,700	26,400	17,500	9,000	3,700
tem Neoplasms Diseases of the nervous system and	22,200 25,600	12,700 12,700	9,500 130,000	6,100 8,200	2,800 3,600	*
Sense organs	64,200 20,500	26,800 10,300	37,400 10,200	27,000 6,400	8,400 3,100	4,000 *
tem Other diagnoses ³ Unknown diagnoses	15,600 34,700 9,600	6,700 16,900 6,000	8,900 16,000 3,600	6,500 10,600 *	* 4,400 *	* * *

See footnotes at end of table.

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				by special aids used, ac-
cording t	to reported	chronic conditions and	impairments and primary	diagnosis at last examina-
tion: Un:	ited States,	August 1973-April 1974	Con.	

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Reported chronic conditions and		Spe	cial aid use	đ	
Reported chronic conditions and impairments and primary diagnosis at last examination		Braces	Artificial limb	Self- feeder	Other aids
		Numbe	er of residen	ts ¹	
All residents	9,300	16,700	4,400	11,400	20,900
Reported chronic conditions and impairments ²					1
Senility Mental illness Mental retardation	3,600	6,000 2,400 *	* *	7,700 2,400 *	14,600 4,400
Arthritis or rheumatism Paralysis or palsy due to stroke Paralysis or palsy not related to stroke	4,200 *	5,000 7,400	* *	5,100 *	7,500 3,400
arthritis, or rheumatism	* *	2,400	*	* *	*
Diabetes Any chronic trouble with back or spine Amputation of extremities or limbs: or permanent	*	* 3,600	*	* 2,900	2,300 3,000
stiffness or any deformity of foot, leg, fingers, arm, or back Heart trouble None of the above	3,800 3,000 *	6,200 4,400 *	4,400 * -	2,400 3,600 *	5,000 6,800 *
Primary diagnosis at last examination					
Senility, old age, or other symptoms and ill- defined conditions Heart attack Stroke	* * *	* 6,300 *	* *	2,700 * *	3,400 * 2,800 4,400
AttackAccidents, poisonings, or violence	* *	*	*	*	*
Mental disorders	*	*	*	*	*
connective tissue Endocrine, nutritional, and metabolic diseases	*	*	*	*	*
Diseases of the respiratory system	*	*	*	*	*
Neoplasms	* *	*	*	*	*
Diseases of the nervous system and sense organs Diseases of the digestive system	*	*	*	*	*
Diseases of the genitourinary system	*	*	*	*	*
Diseases of the genitourinary system Other diagnoses ³	*	* *	*	* *	* -

See footnotes at end of table.

Table 11. Number and percent distribution of cording to reported chronic conditions and tion: United States, August 1973-April 1974-	impairme	home n nts and	residents l primary	by special diagnosis at	aids use : last ex	d, ac- amina-
			Spe	ecial aid use	d	
Reported chronic conditions and impairments and primary diagnosis at last examination	Total	No aid used	l aid or more used	Wheelchair	Walker	Cane
			Percent d	listribution ¹		
All residents	100.0	48.1	51.9	34.8	14.5	6.4
Reported chronic conditions and impairments ²						
Senility Mental illness Mental retardation Arthritis or rheumatism Paralysis or palsy due to stroke Paralysis or palsy not related to stroke,	100.0 100.0 100.0 100.0 100.0	47.0 63.2 67.0 38.3 29.1	53.0 36.8 33.0 61.7 70.9	37.6 25.5 25.2 39.0 56.0	13.3 8.9 5.9 21.0 14.5	5.5 3.8 * 8.9 5.8
arthritis, or rheumatism	100.0 100.0 100.0 100.0	35.6 45.0 44.4 33.3	64.4 55.1 55.6 66.7	51.1 33.9 37.5 43.8	11.9 17.4 16.7 22.9	4.7 10.5 7.0 8.5
leg, fingers, arm, or back Heart trouble None of the above	100.0 100.0 100.0	27.5 44.8 61.4	72.5 55.3 38.6	54.0 36.8 19.8	15.9 15.8 15.3	6.7 7.9 5.9
Primary diagnosis at last examination Senility, old age, or other symptoms and ill- defined conditions Heart attack	100.0 100.0 100.0 100.0	50.7 47.6 33.7 49.8	49.3 52.4 66.3 50.2	33.1 29.3 51.2 32.6	12.9 17.7 14.9 13.5	5.0 10.1 5.9 7.4
attack Accidents, poisonings, or violence Mental disorders Diseases of the musculoskeletal system and	100.0 100.0 100.0	51.1 21.7 77.9	48.9 78.3 22.1	27.9 55.6 15.9	13.5 30.7 4.2	9.9 * 2.2
connective tissue	100.0 100.0 100.0 100.0	30.1 45.0 57.4 49.4	69.5 55.0 42.6 50.6	42.8 36.3 27.4 32.2	25.4 18.7 12.6 14.1	9.8 7.8 * *
Diseases of the digestive system and sense Diseases of the genitourinary system	100.0 100.0 100.0 100.0 100.0	41.7 50.4 43.0 51.4 62.2	58.3 49.6 57.0 48.6 37.8	42.0 31.2 41.4 32.3 *	13.1 15.1 * 13.3 *	6.3 * * *

See footnotes at end of table.

	······				
Reported chronic conditions and		Spec	ial aid used		
impairments and primary diagnosis at last examination and at admission		Braces	Artificial limb	Self- feeder	Other aids
		Perce	nt distribut:	ion ¹	
All residents	0.9	1.6	0.4	1.1	1.9
Reported chronic conditions and impairments ²					
Senility Mental illness Mental retardation	0.6 ** 1.1 * * * * * * * * * * * * *	1.0 1.2 * 1.4 6.1 3.6 * * 3.4 4.2 1.2 *	* * * * * * *	1.2 1.2 * 1.4 * * 2.7 1.6 1.0	2.3 2.2 2.0 2.8 * 1.6 2.8 3.3 1.9
Senility, old age, or other symptoms and ill- defined conditions	****	**************************************) **** ** ** **	1.1 * * * * * * * * * * *	2.3 2.5 1.8 ***
Neoplasms	~ * * * * * * *	*****	* * * * * * *	* * * * * * *	* * * *

Table 11. Number and percent distribution of nursing home residents by special aids used, ac-cording to reported chronic conditions and impairments and primary diagnosis at last examina-tion: United States, August 1973-April 1974-Con.

¹Figures may not sum to total because residents may have used more than one special aid. ²Figures may not total to 100 percent because residents may have had more than one reported condition or impairment. ³Includes diseases of the blood and blood-forming organs, diseases of the skin and sub-cutaneous tissue, congenital anomalies, infective and parasitic diseases, certain causes of perinatal morbidity, complications of pregnancy and childbirth and other diagnoses not listed above.

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APPENDIX I

TECHNICAL NOTES ON METHOD

SURVEY DESIGN

General

From August 1973 to April 1974 the Division of Health Resources Utilization Statistics (DHRUS) conducted the National Nursing Home Survey (NNHS)—a sample survey of nursing homes and their residents and staff in the conterminous United States. The survey was designed and developed by DHRUS in conjunction with a group of experts in various fields en compassing the broad area of long-term care.²⁰ It was specifically designed as the first of a series of surveys to satisfy the diverse data needs of those who establish standards for, plan, provide, and assess long-term care services.

Sampling Frame

The 1973-74 NNHS focused on nursing homes which provided some level of nursing care. Only facilities providing nursing care were included because detailed questions on facility services and resident health status were relevant only to these facilities. They included both nursing care homes and personal care with nursing homes, while personal care homes and domiciliary care homes were excluded. Facilities were either freestanding establishments or nursing care units of hospitals, retirement centers, and similar institutions. A definition of nursing care and detailed criteria for classifying facilities providing such care are presented in appendix II.

The survey universe consisted of two groups of facilities: those providing some level of nursing care as classified in the 1971 Master Facility Inventory (MFI) and those opening for business in 1972. The major group (93 percent) was composed of all nursing homes providing some level of nursing care as classified by the 1971 MFI. The MFI is a census of all inpatient health facilities conducted every 2 years by mail by the National Center for Health Statistics. A detailed description of how the MFI was developed, its content, and procedures for updating and assessing its coverage has been published.²¹⁻²³

In order for data collection to begin in August, the sampling frame was "frozen" in the spring of 1973 so that the sample could be selected in ample time to permit the scheduling of nationwide data collection. To obtain as current a sample frame as possible, all nursing homes which opened for business during 1972 were also included in the universe. (Facilities opening in early 1973 could not be included since data about them were not vet available.) The facilities which opened in 1972 comprised the second, and smaller (7 percent), group of facilities in the universe. Although the universe included only facilities providing nursing care, all facilities opened in 1972 were included because the level of nursing care they provided was unknown prior to survey. Once the NNHS was conducted, facilities not meeting the criteria were classified as out of scope (see table I for details).

Although the NNHS was conducted in 1973-74, it should be noted that estimates will not correspond precisely to figures from the 1973 MFI census for several reasons. In comparison to the MFI, the NNHS universe excluded the following facilities: (1) personal care homes

		Number of facilities in sample				
Certification status and size of home	Universe (sampling frame) ¹	Total	Out of scope or	In scope and in business		
		facilities	out of business	Non- responding	Responding	
All types of strata	17,685	2,118	147	63	1,908	
Both Medicare and Medicaid and						
Medicare only	4,099	803	20	26	757	
Unknown number of beds,	2	0	0	0	0	
Less than 25 beds	149	4	Ö	1	3	
25-49 beds	538	35	0	1	34	
50-99 beds	1,713	228	7	7	214	
100-199 beds	1,385	370	8	11	351	
200-299 beds	224	100	4	3	93	
300-499 beds	68	46	1	2	43	
500 beds or more	20	20	0	1	19	
Medicaid only	7,473	790	34	24	732	
Unknown number of beds	3	0	0	o	0	
Less than 15 beds	250	5	1	2	2	
15-24 beds	967	36	5	1	30	
25-49 beds	2,253	123	11	3	109	
50-99 beds	2,688	293	4	8	281	
100-199 beds	1,108	241	3	6	232	
200-299 beds	145	52	5	3	44	
300-499 beds	43	24	3	1	20	
500 beds or more	16	16	2	0	14	
Not certified	6,113	525	93	13	419	
Unknown number of beds	19	0	0	0	0	
Less than 15 beds	1,279	23	10	0	13	
15-24 beds	1,062	38	9	0	29	
25-49 beds	1,575	87	13	3	71	
50-99 beds	1,334	145	19	5	121	
100-199 beds	652	141	21	4	116	
200-299 beds	120	43	12	0	31	
300-499	52	28	4	1	23	
500 beds or more	20	20	5	0	15	

 Table I. Distribution of facilities in the 1973-74 National Nursing Home Survey universe and disposition of sample facilities according to primary sampling strata and bed size of facility: conterminous United States

¹The universe consisted of nursing homes providing some level of nursing care as classified in the 1971 MFI and those opened for business in 1972

and domiciliary care homes, (2) facilities which opened in 1973, and (3) facilities which, between 1971 and 1973, upgraded the level of care they provided, thereby meeting the "nursing care" criteria when surveyed in the 1973 MFI. Data from the NNHS are also subject to sampling variability, while data from the MFI are not since the MFI is a census.

Sampling Design

The sampling was a stratified two-stage probability design: The first stage was a selection of establishments and the second stage was a selection of residents and employees of the sample establishments. In preparation for the first-stage sample selection, establishments listed in the MFI were sorted into the following types of strata based on Medicare and Medicaid certification: (1) Both Medicare and Medicaid and Medicare only, (2) Medicaid only, and (3) Not certified. Facilities in each of these three strata were sorted into bed size groups, producing 26 primary strata as shown in table I. The nursing homes in the universe were ordered by type of ownership, geographic region, State and county. The sample was then selected systematically after a random start within each primary stratum. Table I shows the distribution of establishments in the sampling frame and the final disposition of the sample with regard to response and in-scope status. The number of facilities estimated in the survey (15,749) is less than the universe figure (17,685) because some facilities went out of business or out of scope between the time the universe was "frozen" and the survey was conducted. Differences ranging from 2,100-2,900 between survey estimates and universe figures occurred in the 1963,²⁴ 1964²⁵ and 1969²⁶ nursing home surveys for the same reason.

The second-stage selection of residents and employees was carried out by the interviewers at the time of their visits to the establishments in accordance with specific instructions given for each sample establishment. The sample frame for residents was the total number of residents on the register of the establishment on the evening prior to the day of the survey. Residents who were physically absent from the facility due to overnight leave or a hospital visit but had a bed maintained for them at the establishment were included in the sample frame. An average of 10 residents per facility were in the sample.

The sampling frame for employees was the Staff Control Record, on which the interviewer listed the names of all staff employees (including those employed by contract) and sampled professional, semiprofessional, and nursing staff. Those generally *not* involved in direct patient care, such as office staff and food service, housekeeping, and maintenance personnel were excluded from the sample. The interviewer used predesignated sampling instructions that appeared at the head of each column of this form. An average of 14 persons per facility were in the sample.

Data Collection Procedures for 1973-74 National Nursing Home Survey

The 1973-74 NNHS utilized the following questionnaires and forms:

Administrator Letter and worksheet Facility Questionnaire Expense Questionnaire Resident Control Record Resident Questionnaire Staff Questionnaire—Parts I and II Staff Control Record (See appendix III for a copy of the Rec

(See appendix III for a copy of the Resident Questionnaire. For all other data collection instruments, see reference 27,)

Data were collected according to the following procedures:

1. A letter was sent to the administrators of sample facilities informing them of the survey and the fact that an interviewer would contact them for an appointment. On the back of the letter was a worksheet which the administrator was requested to fill out prior to the interviewer's visit. This worksheet asked for those data that required access to records and some time for compiling (such as total admission and discharges, and inpatient days of care). Included with this introductory letter were letters of endorsement from the American Nursing Home Association and the American Association of Homes for the Aging urging the administrators to participate in the survey.

- 2. Several days to 1 week after the mailing of the letters, the interviewer telephoned the sample facility and made an appointment with the administrator.
- 3. At the time of the appointment the Facility Questionnaire was completed by the interviewer who interviewed the administrator or owner of the facility. After completing this form, the interviewer secured the administrator's permission to send the Expense Questionnaire to the facility's accountant. (If financial records were not kept by an outside firm, the Expense Questionnaire was filled in by the administrator with the interviewer present.) The interviewer completed the Staff Control Record (a list of all current employees both full- and part-time), selected the sample from it and prepared Staff Questionnaires, Parts I and II, which were left for each sample person to complete, seal in addressed and franked envelopes (one for each part of the questionnaire), and either return to the interviewer or mail. The interviewer then completed the Resident Control Record (a list of all residents currently in the facility), selected the sample of residents from it, and filled in a Resident Questionnaire for each sample person by interviewing the member of the nursing staff familiar with care provided to the resident. The nurse referred to the resident's medical records. No resident was interviewed directly.

If the Expense Questionnaire was not returned within 2 weeks, the interviewer telephoned the accountant, requesting its prompt return. If the Staff Questionnaires were not returned in 1 week, the interviewer contacted the staff member and requested the return of the form. Table II presents a summary of the data collection procedures.

Question- naire	Respondent	Interview situation
Facility	Administrator	Personal interview
Expense	Facility's accountant	Self-enumerated questionnaire
Resident	Member of nursing staff familiar with care provided to the resident and with access to resident's medical records (10 samples residents per facility)	Personal interview
Staff	Sampled staff member (14 per facility)	Self-enumerated questionnaire

Table II. Data collection procedures

GENERAL QUALIFICATIONS

Nonresponse and Imputation of Missing Data

Response rates differed for each type of questionnaire as indicated below:

Questionnaire	Response rate
Facility	97percent
Expense	
Resident	98 percent
Staff	82 percent

Generally response rates were higher for questionnaires administered in a personal interview situation (facility and resident) as compared to those which were self-enumerated (expense and staff). Statistics presented in this report were adjusted for failure of a facility to respond. Data were also adjusted for nonresponse which resulted from failure to complete one of the questionnaires (expense, resident, staff) or from failure to complete an item on a questionnaire. Those items left unanswered on a partially completed questionnaire (facility, expense, resident, staff) were generally imputed by assigning a value from a responding unit with major characteristics identical to those of the nonresponding unit.

Rounding of Numbers

Estimates of residents have been rounded to the nearest hundred. For this reason detailed figures within tables do not always add to totals. Percents were calculated on the basis of unrounded figures and will not necessarily agree precisely with percents which may be calculated from rounded data.

Data Processing

A series of checks were performed during the course of the survey. This included field followups for missing and inconsistent data, some manual editing of the questionnaires, extensive editing conducted by computer to assure that all responses were accurate, consistent, logical, and complete. Once the data base was edited, the computer was used to calculate and assign weights, ratio adjustments, and recodes and for other related procedures necessary to produce national estimates from the sample data.

Estimation Procedures

Statistics reported in this publication are derived by a ratio estimating procedure. 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 estimation of number of establishments and establishment data not related to size are inflated by the reciprocal of the probability of selecting the sample establishment and adjusted for the nonresponding establishments within primary certification-size strata. Two ratio adjustments, one at each stage of selction, were also used in the estimation process. The first-stage ratio adjustment (along with the above inflation factors) was included in the estimation of establishment data related to size, resident data, and staff data for all primary certification-size strata from which a sample of facilities was drawn. The numerator was the total beds according to the Master Facility Inventory data for all facilities in the stratum. The denom-

inator 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 and staff data within establishments. The second-stage ratio adjustment is the product of two fractions—the first is the uninverse of the sampling fraction for residents (or staff) upon which the selection is based; the second is the ratio of the number of sample residents (or staff) in the establishment to the number of residents (or staff) for whom questionnaires were completed within the facility.

RELIABILITY OF ESTIMATES

As in any survey, the results are 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.

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.

The standard error is primarily a measure of the variability that occurs by chance because only a sample is surveyed rather than the entire universe. The standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. It is inversely proportional to the square root of the number of observations in the sample. Thus as the sample size increases, the standard error generally decreases.

The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. According to NCHS standards, reliable estimates are those which have a relative standard error of 25 percent or less. For example, figure I shows the relative standard errors for the estimated number of residents. For a relative standard



Figure I. RELATIVE STANDARD ERROR OF ESTIMATED NUMBER OF RESIDENTS

Illustration of use of figure I. As shown in table 9, a walker was used by an estimated 156,400 residents in 1973-74. The relative standard error of this estimate as read in figure I is approximately 2.90 percent, and the standard error is 4536 (2.90 percent of 156,400).

error of 25 percent or less, the minimum number of residents is 2,300. Thus resident estimates must be 2,300 or larger in order to meet the standards of reliability. In tables in this report asterisks are shown for any cell with a number of less than 2,300 or a percentage which represents a number less than 2,300, i.e., with more than a 25-percent relative standard error.

Because of the relationship between the relative standard error and the estimate, the standard error of an estimate can be found by multiplying the estimate by its relative standard error. Both values can be determined from the curve in figure I. For example, table 2 shows that the total number of residents with a primary diagnosis of stroke was 113,400. The relative standard error corresponding to this estimate in figure I is approximately 3.40 percent. The standard error is 113,400 x (.0340) = 3856. The chances are about 68 out of 100 that an estimate from the sample differs from the value which would have been 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 2 1/2 times as large.

The standard errors of *percentages* of residents are presented in table III. For example, about 36 percent of the 318,100 male residents were depressed once a week or less (table 4). Linear interpolation between values in table III yields an approximate standard error of 1.03 percent. Thus the chances are 95 out 100 that the estimate is contained in the interval 36 percent ± 2.0 (1.03 percent) (i.e., between 33.9 percent and 38.1 percent) and 99 out of 100 for the interval 36 percent ± 2.5 (1.03 percent) (i.e., between 33.4 percent and 38.6 percent).

Statistical tests to determine whether the differences between selected characteristics are statistically significant can be performed by

Base of estimated percent	Estimated percent								
(number of residents)	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50	
2,000	2.69	3,79	5.90	8.12	10.83	12.41	13.27	13.54	
\$,000	1.90	2.68	4.17	5.75	7.66	8.78	9.38	9.58	
3,000	1.56	2,19	3.41	4.69	6.25	7.17	7.66	7.83	
3,000	1,35	1.90	2.95	4.06	5.42	6.21	6.63	6.7	
10,000	1.21	1.70	2.64	3.63	4.84	5.55	5.93	6.06	
20,000	0.85	1.20	1.87	2.57	3.43	3.92	4.20	4.28	
30,000	0.70	0.98	1.52	2.10	2.80	3,20	3.43	3,50	
40,000	0.60	0,85	1.32	1.82	2.42	2.78	2.97	3,03	
50,000	0.54	0.76	1.18	1.62	2.17	2.48	2.65	2.71	
50,000	0.49	0,69	1.08	1.48	1.98	2.27	2.42	2.47	
70,000	0.46	0.64	1.00	1.37	1.83	2.10	2.24	2.29	
30,000	0.43	0,60	0.93	1.28	1.71	1.96	2.10	2.14	
90,000	0.40	0.57	0.88	1.21	1.61	1.85	1.98	2.02	
100,000	0.38	0.54	0.83	1.15	1.53	1.76	1.88	1.92	
200,000	0.27	0.38	0.59	0,81	1.08	1.24	1.33	1.35	
300,000	0.22	0.31	0.48	0.66	0,88	1.01	1.08	1.11	
100,000	0.19	0.27	0.42	0.57	0.77	0.88	0.94	0.96	
500,000	0.17	0.24	0.37	0.51	0.69	0.78	0.84	0.86	
500,000	0.16	0.22	0.34	0,47	0.63	0.72	0.77	0.78	
700,000	0.14	0,20	0.32	0.43	0.58	0.66	0.71	0.72	
300,000	0.13	0.19	0,30	0.41	0.54	0.62	0.66	0.68	
900,000	0.13	0.18	0.28	0.38	0,51	0.59	0.63	0.64	
,000,000	0.12	0,17	0.26	0.36	0.48	0.56	0.59	0.61	
,100,000	0,10	0.17	0,24	0.35	0.46	0.53	0.57	0.57	

Table III.	. Standard	errors of	percentages of	of residents
------------	------------	-----------	----------------	--------------

Illustration of use of table II. In the text it was noted that about 36 percent of the 318,100 male residents in the United States were reported to act depressed at least once a week. Linear interpolation between values shown in table II will yield an approximate standard error of 1.03 percent for an estimate of 36 percent with a base of 318,100.

examining the confidence interval for the difference of the estimates in question. If the confidence interval does not overlap with zero, the estimates are considered statistically different. This test can be used, for example, to determine if the rate of depression is greater for females than for males. Of the 757,700 female residents, 40.2 percent were reported to act depressed at least once a week. The approximate standard error of this estimate is 0.68 percent (from table III). Similarly, the standard error of the 35.9 percent of the 318,000 males reported to act depressed at least once a week was 1.02 percent.

The standard error of a difference is approximately the square root of the sum of the squares of the standard errors of each of the estimates. In other words, letting X and Y be the two estimates,

-000-

S.E.
$$(X-Y) = \sqrt{S.E^2(X) + S.E^2(Y)}$$

(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.)

Thus the standard error of the difference of the two percentages is approximately

S.E.
$$(40.2\% - 35.9\%) = \sqrt{(1.02)^2 + (.68)^2}$$

S.E. $(4.3\%) = 1.23$

Since the confidence interval of the difference $(4.3 \text{ percent } \pm 1.96 \ (1.23))$ does not overlap with zero, the chances are 95 out of 100 that the rate of depression is greater for females than for males. In 95 out of 100 cases the difference between the percentages will be positive and lie between 1.9 and 6.7 percentage points.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

TERMS RELATING TO RESIDENTS AND HEALTH STATUS

Resident.—A person who had been formally admitted but not discharged from an establishment was a resident. All such persons were included in the survey whether or not they were physically present in the facility at the time of the survey.

Age.—Age at date of survey was age of resident.

Reported chronic conditions and impairments.—A reported condition was considered to be the affirmative response by the respondent to any and all categories of item 9 of the Resident Questionnaire. The respondent, who was the nurse most familiar with the care provided to the resident, reported the existence of these chronic conditions and impairments from knowledge of the resident's health and a check of the resident's medical record.

Primary diagnosis.—The primary diagnosis was the one condition reported by the respondent in response to item 8 of the Resident Questionnaire. The list of conditions corresponds to the ICDA.⁸ With the assistance of the interviewer, the respondent was instructed to extract from the resident's medical record the primary diagnosis recorded at the last examination and at admission.

Special aid.—A special aid is a device used to compensate for defects resulting from disease, injury, impairment, or congenital malformation. Aids included in the survey were wheelchairs, walkers, crutches, braces, artificial limbs, selffeeders, and other aids as were specified in item 10 of the Resident Questionnaire. Behavioral problem.—A behavioral problem referred to the respondent's report that the resident exhibited any of the following behaviors: depressed, agitated or nervous, abusive or aggressive, confused or senile, disturbed sleep, and other problems.

TERMS RELATED TO FACILITIES

Types of Facilities Included in the Survey

Institutions included in the 1973-74 National Nursing Home Survey were those classified as either nursing care homes or personal care homes with nursing according to data collected in the 1971 Master Facility Inventory Survey²⁹ conducted by the National Center for Health Statistics.

Definitions for these two classes of nursing homes were as follows:

Nursing Care Home

• Fifty percent or more of the residents received nursing care during the week prior to the survey. (Nursing care is defined as the provision of one or more of the following services: taking temperature, pulse, respiration, or blood pressure; full bed bath; application of dressings or bandages; catheterization; intravenous, intramuscular, or hypodermic injection; nasal feeding; irrigation; bowel and bladder retraining; oxygen therapy; and enema.) • At least one full-time (35 or more hours per week) registered nurse (RN) or licensed practical nurse (LPN) was employed.

Personal Care Home with Nursing

- Some, but less than 50 percent, of the residents received nursing care during the week prior to the survey.
- At least one full-time RN or LPN was employed.

or

- Some of the residents received nursing care during the week prior to the survey.
- No full-time RN or LPN was employed.

• The institution either:

Provided administration of medicines or supervision over self-administered medicines,

or

Provided assistance with three or more activities for daily living (such as help with tub bath or shower; help with dressing, correspondence, or shopping; help with walking or getting about; and help with eating).

Certification Status

Medicare.—Refers to the medical assistance provided in Title XVIII of the Social Security Act. Medicare is a health insurance program administered by the Social Security Administration for persons aged 65 and older who are eligible for benefits.

Medicaid.—Refers to the medical assistance provided in Title XIX of the Social Security Act. Medicaid is a State-administered program for the medically indigent.

Skilled nursing home (SNH).—Refers to certification as a skilled nursing home under Medicaid.

Intermediate care facility (ICF).-Refers to certification as an intermediate care facility under Medicaid.

Not certified.—Refers to facilities which are not certified as providers of care either by Medicare or Medicaid.

APPENDIX III

RESIDENT QUESTIONNAIRE USED IN THE 1973-74 NATIONAL NURSING HOME SURVEY

			×	ОМВ #068-S-72172 Expires 7-31-74
Nation Health	lursing Home Survey al Center for Health Statistics Resources Administration lle, Maryland		1-7	
	URANCE OF CONFIDENTIALITY - All in		entification	SHMENT NO.
	e individual will be held in strict confidence, will b purposes of the survey, and will not be disclosed or			
			cc2	
cc14-1		LINE NO.]	
1.	WHAT IS – DATE OF BIRTH?	Month Day cc15,16 17, 18	Year Ag 19-21 cc22	
2.	WHAT IS - SEX?	25-1 Male -2 Fee	nale	
3.	WHAT IS ETHNIC BACK- 26-1 GROUND? (Mark (X) Only one box) -4		-2 🗌 Negro -5 🗍 American	-3 Oriental
				-3 Divorced
4.	WHAT IS CURRENT MARITAL 27-1 STATUS? (Mark (X) only one box)		-2 🛄 Widowed -5 🗌 Never Mar	
5.	WHAT WAS THE DATE OF CURRENT	ADMISSION TO THIS PLA	CE? Month cc28, 29	Day Year 30-31 32-34
6a.	WHERE DID - LIVE AT THE TIME OF	ADMISSION? (Mark (X) only	one box)	
	(1) In a boarding home		35-1 🗍 6b.	AT THE TIME OF ADMISSION DID — LIVE WITH: (Mark (X)
	(2) In another nursing home or related facility	,	-2	all that apply)
	(3) In a mental hospital or other long-term sp	ecialty hospital	-3 🔲	Yes No
	(4) In a general or short-stay hospital		-4 🔲 📊	Spouse? 37-1 -2
	(5) In a private apartment or house		-5 () (2)	Children? 38-1 -2
	(6) Other place, (Specify)		-6 (2) (3)	Other relatives? 39-1 -2
	(7) Don't know	36-	-7	
			(5)	Lived alone? 41-12 _] Don't know? 42-1
			(6)	Don't know? 42-1
7.	WHAT IS THE PRIMARY REASON FOR reason given, enter "2".)	- ADMISSION TO THE HO	ME? (Enter "1" in box fo	or primary reason; if secondary
	43- Physical reasons (e.g., illness	or need for treatments)		

Social reasons (e.g., no family, or lack of family interest)

44- [45- [

46-

Economic reasons (e.g., no money and/or resources)

Behavioral reasons (e.g., disruptive behavior, mental deterioration)

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8. WHAT WAS THIS RESIDENT'S PRIMARY DIAGNOSIS: (Mark (X) only one box in each column)

	a. AT	ADMI	SSION?	b.	AT	THE T	IME OF-LAST EXAMINATION?
49,	50 🗖	a01	5'	1,52		b 01	Senility, old age, and other symptoms and ill-defined conditions (e.g., coma, uremia)
		a02				b02	Heart attack (e.g., ischemic heart disease)
		a03		I		b03	Stroke (e.g., cerebrovascular diseases)
		a04				b04	Hardening of arteries (e.g., arteriosclerosis, diseases of the arteries, arerioles, capillaries)
		a05		l		ь05	Other diseases of the circulatory system (e.g., NOT heart attack, stroke, or hardening of the arteries)
		a06				b06	Accidents, poisonings, and violence (e.g., fracture of hip, other broken bones, burns, concussion)
		a07		ł		b07	Mental disorders (e.g., mental retardation, psychoses, neuroses, mental illness, emotional problems)
		a08				b08	Diseases of the musculoskeletal system and connective tissue (e.g., arthritis, rheumatism, back pain)
		a09		l		b09	'Endocrine, nutritional, and metabolic diseases (e.g., goiter, diabetes, gout)
		a10		i		ь10	Diseases of the respiratory system (e.g., pneumonia, emphysema)
		a11		I		b11	Neoplasms (e.g., cancer, tumors)
		a12				ь12	Diseases of the nervous system and sense organs (e.g., Parkinson's disease, glaucoma, cataracts, blindness, multiple sclerosis, spastic paralysis, epilepsy)
		a13				b13	Diseases of the digestive system (e.g., cirrhosis of liver, ulcer, intestinal obstruction)
		a14				b14	Infective and parasitic diseases (e.g., T.B., polio, syphilis)
		a15				b15	Diseases of the genitourinary system (e.g., nephrosis, chronic pelvic infection, hyperplasia of prostate)
		a1 6				ь16	Diseases of the skin and subcutaneous tissue (e.g., cellulitis, abscess, chronic ulcer)
		a17				b17	Diseases of the blood and blood-forming organi (e.g., anemia)
		a18				b18	Congenital anomalities (e.g., hydrocephalus)
		a19				ь19	Complications of pregnancy, childbirth and the puerperium (e.g., infections,hemorrhage, toxemias)
		a20		i		b20	Certain causes of perinatal morbidity and mortality (e.g., birth injury or immaturity of infant)
		a21				b21	Don't know
	Q	a22				b22	Other (Specify) 54-
	Ň	Specif	y:				53-
9. DC)ES – F	HAVE	ANY OF	THE	FO	LLOWIN	NG CONDITIONS OR IMPAIRMENTS? (Mark (X) all that apply)
cc5	5-65 - 1	ا ا	a. Se	nility	(inc	ludes decl	ine in intellect, memory, and judgement, loss of orientation, difficulty in speaking; feableness.)
	-2	2	b. Me	ental i	illne	s (Psychia	atric or emotional problems)
	-3	3	c. Me	ental r	retar	dation	
	-4	• 🗆	d. Ar	thriti	sor	rheumatis	m
	-5	Ъ	e. Pa	ralysi	sor	oalsy othe	r than arthritis
				`e. (1) IS	THIS TH	
	-6	3 🗆	f. Gl	aucon	na o	· cataracts	66-1 -2
	-7	0	g. Di	abete	S		
	-8	3 🗆	h. An	ıy CH	ROP	IC troub	le with back or spine
	-9	• 🗆	i. An	nputa	tion	of extrem	ities or limbs; or permanent stiffness or any deformity of the foot, leg, fingers, arm, or back
	-0		j. He	art tr	oubl	e	
	-8	× 🗆	k Re		t ha	none of 1	the above conditions or impairments

10. DOES THIS RESIDENT REGULARLY USE ANY OF THE FOLLOWING AIDS?

CARD 2				No		Yes	
14-2	а.	Waiker	15-2		-1		
	b.	Crutches	16-2		-1		
	c.	Braces	17-2		-1		
	d.	Wheelchair	18-2		-1		
	e.	Artificial Limb	19-2		-1		
	f.	Self-feeder	20-2		-1		
	g.	Any other aids (do not count glasses or hearing aids)	21-2		-1	Q	
<u></u>						Specify 22-	

11. DURING THE LAST MONTH, HOW MANY TIMES DID—RECEIVE ANY OF THE FOLLOWING THERAPY SERVICES? (INCLUDE ONLY SERVICES PROVIDED BY A LICENSED OR REGISTERED PROFESSIONAL WHETHER INSIDE OR OUTSIDE THE HOME.)

								NUMBER OF TIMES	
	a.	Physical ther	ару				None or	cc23]
	b.	Recreational	therap	у			None or	cc25]
	C.	Occupationa	l thera	ру			None or	cc27]
	d.	Speech thera	ру				None or	cc29]
	е,	Hearing therapy				None or	ce31]	
	f.	Professional worker, psyc mental health	hologi	st or o			None or	cc33]
12.	DURING	THE PAST	7 DA	YS, V	инісн	OF THESE	SERVIC	ES DID-RECEIVE? (Mark (X) all that apply)
		cc35-62	-01		a.	Rub or mass	age		
			-02		ь.	Administrati	ion of treat	ment by staff	
			-03		c.	Special diet			
			-04		d.	Application	of sterile d	ressings or bandages	
			-05		е,	Temperature	-pulse-resp	iration	
			-06		f.	Full bed-bat	h		
			-07		g.	Enema			

-08 h. Catheterization

-09 i. Blood pressure reading

-10 🔲 j. Irrigation

OR

🔲 n.

-11 k. Oxygen therapy

-12 🔲 I. Intravenous injection

-13 m. Hypodermic injection

None of the above services received

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A

-14

13. DURING THE PAST 7 DAYS, DID - RECEIVE ANY MEDICATIONS?

CARD 3	No (Skip to C 15-2	Question 14) Ves
	WHICH	TYPES OF MEDICATIONS DID — RECEIVE? (Mark (X) All That Apply)
	cc16-45 -01	a. Tranquilizers (e.g., Thorazine, Mellarii)
	-02	b. Hypnotics – Sedatives (e.g., Nembutal, Seconal, Phenobarbital, Butisol, Placidyl, Chloral Hydrate)
	-03 🔲	c. Stool softeners (e.g., Peri-Colace)
	-04 🔲	d. Anti-Depressant (e.g., Elavii)
	-05	e. Anti-Hypertensives (e.g., Ismelin)
	-06 🔲	f. Diuretics (e.g., Diuril, Esidrex)
	-07 🔲	g. Analgesics (e.g., Aspirin, Darvon, Demerol, Percodan, Empirin with Codeine)
	-08 🔲	h. Diabetic agents (e.g., Orinase, Insulin)
	-09 🔲	i. Anti-inflammatory agents (e.g., Cortisone, Sodium Salicylate, Butazolidin, Indocin)
	-10	j. Anti-infectives (i.e., antibiotics)
	-11	k. Anti-Anginal drugs (e.g., Nitroglycerin, Peritrate)
	-12	I. Cardiac Glycosides (e.g., Digitalis, Lanoxin)
	-13 🔲	m. Anti-Coagulants (e.g., Dicumarol, Warfarin)
	-14 🔲	n. Vitamins or iron
	-15	o. Other types of medications not listed above
14.	RESIDENT. PLEASE IND FOR EACH ACTIVITY, T THE MINIMUM CARE IS	TITIES FOR DAILY LIVING LIST VARIOUS LEVELS OF CARE THAT MAY BE NEEDED BY A ICATE THE ONE THAT BEST DESCRIBES THE LEVEL OF CARE NEEDED BY <u>THIS</u> RESIDENT. HE LEVELS ARE GIVEN IN ASCENDING ORDER: IN OTHER WORDS, THE LEVEL DESCRIBING FIRST AND THE LEVEL DESCRIBING THE MOST CARE IS LAST. IF YOU ARE UNDECIDED TO INDICATE, CHOOSE THE ONE DESCRIBING THE LESSER AMOUNT OF CARE?
	a. CONSIDERING THE DENTURES, COMBI	E FOLLOWING FOUR HYGIENE ACTIVITIES (WASHING FACE AND HANDS, BRUSHING TEETH OR ING HAIR, AND SHAVING OR APPLYING MAKE-UP) DOES THIS RESIDENT:

(Mark (X) Only One Box)

4

6-1	Perform all four with no assistance	?

- -2 Perform all four with no assistance, but needs help in getting and/or putting away equipment?
- -3 Perform three or four with no assistance, but requires help with a complete bath?
- -4 Require assistance with one or two of these hygiene activities?
- -5 Require assistance with all four of these hygiene activities?
- b. CONCERNING DRESSING, DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 47-1 Get clothes from closets and drawers and completely dress without assistance?
 - -2 Get clothes from closets and drawers and completely dress with some assistance (tying shoes, fastening braces, closing buttons or zippers in back of garments)?
 - -3 Receive assistance in getting clothes, or in dressing (do not count tying shoes, fastening braces, closing buttons or zippers in back of garments as assistance)?
 - -4 Stay partly or completely undressed?
- c. CONCERNING FEEDING, DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 48-1 Feed self without assistance?
 - -2 Feed self with minor assistance (cutting meat or buttering bread)?
 - -3 Receive major assistance in feeding (do not count cutting meat or buttering bread)?
 - -4 Require intravenous feeding?
 - -5 Require tube feeding?

d. CONCERNING AMBULATION TO REACH THE TOILET ROOM, IS THIS RESIDENT:

(Mark (X) Only One Box)

- 51-1 Able to go to the toilet room without nurses' assistance (may use cane, walker, wheelchair, or other object of support), may manage bedpan or commode at night?
 - -2 Receiving nurses' assistance in going to the toilet room (do not count use of cane, walker, or other object of support), using bedpan or commode at night, or cleaning self or arranging clothes after elimination?
 - -3 Unable to go to the toilet room for the elimination process?

e. CONCERNING MOVING IN AND OUT OF A BED OR CHAIR, IS THIS RESIDENT:

(Mark (X) Only One Box) Receiving no assistance? 52-1 Walking with assistance of one person? -2 Walking with assistance of two persons? -3 🔽 Up in a chair with assistance once in 8 hours? -4 🗍 Up in a chair with assistance twice in 8 hours? -5 e.(1) DOES – HAVE No No BED SORES? Bedfast with assistance in turning every two hours? -6 🗌 Bedfast with assistance in turning every hour? -7 (continue with part f.)

f. CONCERNING CONTINENCE, IS THIS RESIDENT:



15a. DOES THIS RESIDENT EXHIBIT ANY OF THE FOLLOWING BEHAVIOR?

b. DOES THIS RESIDENT EXHIBIT THIS BEHAVIOR MORE OFTEN THAN ONCE A WEEK OR ONCE A WEEK OR LESS?



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16a.	DURING THIS RESIDENT'S STAY HERE, WHEN DID LAST SEE A PHYSICIAN FOR TREATMENT, MEDICATION, OR FOR AN EXAMINATION?
CARD 4 14-4	Month Day Year OR D Has Never Seen A Doctor While Here (Skip to Question 17a.)
b.	AT THAT TIME, DID - RECEIVE :
	Yes No (1) An examination? 22-1 -2
	(2) Treatment? 23-1 -2
	(3) Prescription? 24-1 -2
	(4) Other? 25-1 🖵 -2 🗌
c.	Specify26- DID THE PHYSICIAN ATTEND THE RESIDENT: (Mark (X) Only One Box)
	27-1 as a <u>private</u> physician?
	-2 for the home itself which furnishes the medical care?
	-3 temporarily as a replacement for the resident's private physician who was unable to attend the resident?
	-4 under some other arrangement? (Specify)28-
d.	DOES A PHYSICIAN EXAMINE THIS RESIDENT: (Mark (X) Only One Box) 29-1 only when called?
	-2 irregularly, but without being called?
	-3 on a scheduled basis?
	d. (1) HOW OFTEN DOES THE PHYSICIAN EXAMINE THE RESIDENT? (Mark (X) Only One Box.)
	30-1 🔲 once a week
	-2 every 2 weeks
	-3 once a month
	-4 every three months
	-5 once a year -6 other (Specify)31-
17a.	DOES – WEAR EYE GLASSES?
Ъ.	-2 IS SIGHT WITH GLASSES: (Mark (X) Only One Box) C. IS SIGHT: (Mark (X) Only One Box)
υ.	33-1 not impaired? (e.g., can read ordinary newspaper 33-1 not impaired? (e.g., can read ordinary newspaper
	-2 partially impaired? (e.g., can watch television 8 to 12 feet across the room) -2 partially impaired? (e.g., can watch television 8 to 12 feet across the room) -2 partially impaired? (e.g., can watch television 8 to 12 feet across the room)
	-3 severely impaired? (e.g., can recognize the features of familiar persons if they are within 2 to 3 feet) of familiar persons if they are within 2 to 3 feet)
	-4 completely lost? (e.g., blind) -4 completely lost? (e.g., blind)
18a.	DOES – USE A HEARING AID? Yes №
b.	IS – HEARING WITH A HEARING AID: (Mark (X) Only One Box)
	35-1 not impaired? (e.g., can hear a telephone conversation on an ordinary telephone) 35-1 not impaired? (e.g., can hear a telephone conversation on an ordinary telephone)
	-2 partially impaired? (e.g., can hear most of the things a person says) -2 partially impaired? (e.g., can hear most of the things a person says)
	-3 severely impaired? (e.g., can hear only a few words a person says or loud noises) -3 severely impaired? (e.g., can hear only a few words a person says or loud noises)
	-4 Completely lost? (e.g., deaf) -4 completely lost? (e.g., deaf) Form 73NHS-7

31 or the inserted if day, is table to be understood but had difficulty processing some workid 3 eventry inserted if day, is table to be understood but had difficulty processing some workid 3 eventry inserted if day, is under 3 eventry inserted if day, is under 20e. DOES THE RESIDENT HAVE DENTURES? 3 at the DENTURES? 3 at the DENTURES? 3 at the DENTURES? 4 at the DENTURES? 4 at the DENTURES? 4 at the DENTURES? 5 DOES THE FOLLOWING ACTIVITES 6 DOE to back, etc., from the library cct22 1 Get back, etc., from the library cct32 1 Resident was table for an ord able to more wall complice participates 2 Attend plays, more, concerts, etc. 1 3 Attend plays, more, concerts, etc. 2 4 Valit compliant or validons 3 5 Go on indepredent topping trips organized by the home 4 6 Go on indepredent topping trips organized by the home 4 7 VViii a basary thop or basker stop 6 1	19.	IS - ABILITY TO	D SPEAK: (Mark (X) Only One Box)						
3 accessity impaired? (e.g., cannot carry on a normal conversation; buindentiod only with difficulty) 4 competently loss? (e.g., annual 20e. DOES THIS RESIDENT HAVE DENTURES? 9 Yes 9 Construction 21a.) 9 Yes 9 OR 9 Yes 9 Attend of the FOLLOWING ACTIVITIES 10 LEAVE THE HOME? (Mark K0 AII That Apply) 9 Construction 21a. 11 Foldiation was too Bit or was not able to more was not able to		38-1 🔲 not in	npaired≱ (e.g., is able to be understood; can carry on a normal conversation)						
4 completely late? (a.g., ic mutd) 208. DOES THIS RESIDENT HAVE DENTURES? 		-2 🔲 partia	mpaired? (e.g., is able to be understood but has difficulty pronouncing some words)						
20. DOES THIS RESIDENT HAVE DENTURES?		-3 🔲 severe	ly impaired? (e.g., cannot carry on a normal conversation; is understood only with difficulty)						
b. DOES - USE THE DENTURES dent of the Destination 21.1 b. DOES - USE THE DENTURES dent of the CAST MONTH, DID - LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES dent of the CAST MONTH, DID - LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES dent of the CAST MONTH, DID - LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES dent of the CAST MONTH, OLD - LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES dent of the CAST MONTH, OLD - LEAVE THE HOME TO PARTICIPATE IN dent of the CAST MONTH, ORACITYITES dent of the LAST MONTH, ORACITY dent of the MONTH of the MART MONTH, ORACITY dent of the MART MARK (X) dent of the MART MARK		-4 🔲 comp	letely lost? (e.g., is mute)						
33-1	20a.	DOES THIS RES							
b. DOES – USE THE DENTURES? d) Yer No 21a. DURING THE LAST MONTH, DID – LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES? d) Yer No 21a. DURING THE FOLLOWING ACTIVITES DID – LEAVE THE HOME? Mark (X) AIT That Apply) co2522 1 Get books, etc., from the litrary co2522 1 Get books, etc., from the litrary co2522 1 Reident was not able to move co1 encode to the second of the litrary co2522 1 Reident was not able to move co1 encode to the second of the litrary co2522 1 Reident was not able to move co1 encode to the second of the litrary co2522 1 Reident was not able to move co1 encode to the second of the litrary co2522 1 Reident was not able to move co1 encode to participate co2522 1 Reident was not able to move co1 encode to participate co2522 1 Reident was not able to move co1 encode to the second of the litrary co2522 1 Reident was not able to move co1 encode to the second of the litrary co2522 1 Reident was not able to move co1 encode to the second of the litrary co2522 1 Reident was not able to move co1 encode to the second of the litrary co2522 1 Reident was not able to move co1 encode to participate co1 = the second of the litrary co2522 1 Reident control board co1 = the second of the litrary co2522 1			No (Skip to Question 21a.)						
451	b.	,	HE DENTURES?						
21a DURING THE LAST MONTH, DID - LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES 41. Yes 2 Attend plays, movies, concerts, etc. 3 Attend plays, movies, concerts, etc. 3 Attend plays, movies, concerts, etc. 4 Visit measurums, parks, fairs, etc. 3 Attend arts and arts classes outside the home 4 Visit measurums, parks, fairs, etc. 5 Go on shopping trips organized by the reliability tax equation that the resident's balavior will not be to breather and outside the home 4 Visit a beauty shop or babers shopping trips organized by the reliability accommunity etabs (such as community cen- ters, etable) 7 Visit a beauty shop or babers shop 8 Other, (Specify) 9 Attend religious services or other religious servicities 9 Attend religious envices or other religious services			□ No						
b. FOR WHICH OF THE FOLLOWING ACTIVITIES DID - LEAVE THE HOME TO PARTICIPATE IN MAY (X) All That Apply activities of the books, etc., from the library cx2852 1 Get books, etc., from the library 2 Attand play, movies, concerts, etc. 3 Concerts, etc., from the library 2 Concerts, etc., from the library 2 Attand play, movies, concerts, etc. 3 Concerts, etc., from the library 3 Concerts, etc., from the library 4 Concerts, etc., from the library 3 Concerts, etc., from the library 4 Concerts, etc., from the library 5 Concerts, etc., from the library 5 Concerts, etc., from the library 6 Concerts, etc., from the library 7 Concerts, etc., from the library 8 Concerts, etc., from the library 9 Conce									
b. FOR WHICH OF THE FOLLOWING ACTIVITIES DID - LEAVE THE HOME? (Mark (X) All That Apply) cd2552 1 Get books, etc., from the library 2 Attend play, movies, concerts, etc. 3 Attend play, movies, concerts, etc. 4 Viat musems, parks, fairs, etc. 5 Go on shapping trips organized by the home 4 Viat musems, parks, fairs, etc. 5 Go on shapping trips organized by the home 4 Viat musems, parks, fairs, etc. 5 Go on shapping trips organized by the home 4 Viat musems, parks, fairs, etc. 5 Go on shapping trips organized by the home 4 Viat musems, parks, fairs, etc. 5 Go on shapping trips organized by the home 4 Viat musems, parks, fairs, etc. 5 Go on shapping trips organized by the home 4 Viat community clubs (such as community cem- trus, minor, etc.) 5 Viat community clubs (such as community cem- trus, minor, etc.) 5 Viat community clubs (such as community cem- trus, minor, etc.) 53 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS? Clubs, LIV GO WHEN ON LEAVE? (Mark (X) Only One Box) 54 7 0 No Grave plane, (Specify) 53 56 7 0 Don't know 6. ABBOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57.1 Meart plane, (Specify) 57.2 About once a vary two months 4 Source a month 3 About once a vary two months 4 Source a month 3 About once a vary two months 4 Source a month 3 About once a vary two months 4 Source a month 3 About once a vary two months 4 Source a month 3 About once a vary two months 4 Source a month 3 About once a vary two months 4 Source a month 3 About once a vary two months 4 Source a month 3 About once a vary two months 4 Other (Specify) 58- 7 Don't know	218.								
DID - LEAVE THE HOME? (Mark (X) All That Apply) ANY ACTIVITIES DURING THE LAST MONTH? (Mark (X) All That Apply) cd252 1 Get books, etc., from the library Cd252 1 Resident was to UII or was not able to move 2 Attend plays, movies, concerts, etc. 2 Resident was not interested 3 Attend arts and crafts classes outside the home 3 DST was not able to move 4 Visit mouseums, parks, fairs, etc. 2 Resident was not interested 5 Go on independent shapping trips organized by the home 4 Staff feels that the resident's interests 6 Go on independent shapping trips organized by the resident or vistors 5 No one was available to accompany the resident 7 Visit community class (such as community energing trips organized by the resident constalidon the activities 5 No one was available to accompany the resident terr, spriner dilgious services or other religious activities 8 Visit community class, wrice clubs, bridge 5 Boot was available to accompany the resident 8 Visit community class 51 Cone was available to accompany the resident 8 Other, (Specify) 53* 9 Attend religious services or other religious activities 50 Coner was religited (staft)		41-1	-2						
2 Attend plays, movies, concerts, etc. 2 Resident was not interested 3 Attend arts and crafts classes outside the home 2 Resident was not interested 4 Visit museums, parks, fairs, etc. 3 Staff vas unable to determine resident's interests 5 Go on shopping trips organized by the home 4 5 Staff vas unable to determine resident's interests 6 Go on independent shopping trips organized 5 No one was available to accompany the resident 7 Visit a beauty shop or barber shop 6 Resident cannot afford these activities 8 Visit community clubs, service clubs, bridge 8 Other, (Specify) 53* 9 Attend religious services or other religious activities 6 Other, (Specify) 53* 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS? 53* 9 Attend religious services or other 54 0 on't know 56* 9 No (Skip to Question 23a.) 3 0 56* 7 9 No (Skip to Question 23a.) 3 0 56* 7 0 on't know 10 <th>b.</th> <th></th> <th>THE HOME? (Mark (X) All That Apply) ANY ACTIVITIES DURING THE LAST MONTH? (Mark (X)</th>	b.		THE HOME? (Mark (X) All That Apply) ANY ACTIVITIES DURING THE LAST MONTH? (Mark (X)						
3 Attend arts classes outside the home 2 Predicter was not interested 4 Visit musuums, parks, fairs, etc. 3 Staff was unable to determine resident's interests at this point 5 Go on independent thopping trips organized by the home 4 Staff was unable to determine resident's interests at this point 6 Go on independent thopping trips organized by the resident or visitors 5 No one was available to accompany the resident 7 Visit a beauty shop or barber shop 6 Resident cannot afford these activities 8 Visit community clubs (such as community generative, empiror cites wistors) 7 Lack of transportation 8 Visit community clubs (such as community generative, empiror cites wistors) 8 Other, (Specify) 9 Attend religious services or other religious activities 8 Other, (Specify) 53- 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS? 53- 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS? 53- 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING BOX) 55- 55- T		cc42-52 -1							
3 Attend arts and crafts classes outside the home 3 Staff was unable to determine resident's interests at this point. 4 Visit nuseums, parks, fairs, etc. 3 Staff freis that the resident's interests at this point. 5 Go on shopping trips organized by the home 4 5 Staff freis that the resident's interests at this point. 6 Go on independent holpping trips organized by the home 4 5 IN one was available to accompany the resident. 7 Visit a beauty shop or barber shop 6 Resident cannot afford these activities 8 Visit community clubs, service clubs, bridge clubs, bridge clubs, winder, step. 7 Lack of transportation 8 Visit community clubs, service clubs, bridge clubs, bridge clubs, tridge clubs, winder clubs, tridge clubs, winder, step. 53 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOM EDICAL REASONS? 53 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING CLAVE FOM EDICAL REASONS? 54 23 To own home or apartment 2 3 Don't know (Skip to Question 23a.) 551 To own home or apartment 3 To home of family or relatives 3 <		-2	Attend plays, movies, concerts, etc2 Resident was not interested						
4 Visit museums, parks, fairs, etc. at this point 5 Go on shooping trips organized by the home 4 Staff feet that the resident's behavior will not be tolerated outside the home 6 Go on independent shooping trips organized by the resident or visitors 5 No one was available to accompany the resident 7 Visit a community outs (such as community centers, spring citizen outs, service clubs, bridge clubs, uniton, etc.) 7 Lack of transportation 8 Visit community clubs (such as community centers, senior citizen outs, service clubs, bridge clubs, uniton, etc.) 8 Other, (Specify)53- 9 Attend religious services or other religious activities 9 Other, (Specify)53- 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS? 5 9 Attend religious activities 3 0 on't know (Skip to Question 23a.) 5 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS? 5 5 9 Attend religious activities 3 0 on't know (Skip to Question 23a.) 5 5 9 No Kik to Question 23a.) 3 0 on't know (Skip to Question 23a.) 5		-3 🔲	Attend arts and crafts classes outside the home						
Go on independent shopping trip organized by the resident or visitors -5 No one was available to accompany the resident -7 Visit a beauty shop or batter shop -6 Resident cannot afford these activities -8 Visit a beauty shop or batter shop -6 Resident cannot afford these activities -7 Visit a beauty shop or batter shop -7 Lack of transportation -8 Visit community clubs, service or other religious activities -7 Lack of transportation -8 Other, (Specify) 53- -9 Attend religious services or other religious activities -7 Lack of transportation -8 Other, (Specify) 53- 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FORD - USUALLY GO WHEN ON LEAVE? (Mark (X) Only One Box) 95-1 To own home or apartment -2 To home of family or relatives -3 To home of any or lock (Specify) -5 To boardinghouse or noom -5 To boardinghouse or noom -5 To boardinghouse or noom -6 To another place, (Specify) -7 Don't know		-4 🔲							
by the resident or visitors -5 No one was available to accompany the resident -7 Visit a beauty shop or barber shop -6 Resident cannot afford these activities -8 Visit community clubs (such as community centres, sonior citizen clubs, bridge clubs, unions, etc.) -7 Lack of transportation -9 Attend religious services or other religious activities -0 Go for a walk -7 Lack of transportation -8 Other, (Specify) 53- 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS? 53- _94-1 Yes 2No (Skip to Question 23a.)		-5							
3 Visit community clubs (such as community centrer, sprior citizen clubs, bridge clubs, bridge		-6							
 terrs service clubs, service clubs, bridge clubs, bridge clubs, unions, etc.) a dtend religious services or other religious activities a do for a walk a other, (Specify)53. 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS? b. WHERE DID - USUALLY GO WHEN ON LEAVE? (Mark (X) Only One Box) 55-1 To own home or apartment 2 To home of ramily or relatives 3 To home of ramily or relatives 3 To home of unrelated friends 4 To foster home 5 To cound hender or com 6 To another place, (Specify)56- 7 Don't know c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57-1 Nearly every week 2 About once a wear or less 4 Other, specify)58- 7 Don't know 		-7 🗌	Visit a beauty shop or barber shop -6 🔲 Resident cannot afford these activities						
clubs, unions, etc.) -8 Other, (Specify) 53- -9 Attend religious services or other religious activities -0 -0 Go for a walk -8 Other, (Specify) -8 Other, (Specify) 53- 22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS?		-8 🔲	ters, senior citizen clubs, service clubs, bridge						
		-9 🔲	Attend religious services or other religious activities						
22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS?		-0 🔲	Go for a walk						
EXCLUDING LEAVE FOR MEDICAL REASONS?		الجيما المحالي							
 No (Skip to Question 23a.)	22a.								
 b. WHERE DID - USUALLY GO WHEN ON LEAVE? (Mark (X) Only One Box) 55-1 To own home or apartment 2 To home of family or relatives -3 To home of unrelated friends -4 To foster home -5 To boardinghouse or room -6 To another place, (Specify)56- -7 Don't know c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57-1 Nearly every week -2 About once a month -3 About once a wert -5 About once a year or less -6 Other (Specify)58- -7 Don't know 			Yes Z No (Skip to Question 23a.) Don't know (Skip to Question 23a.)						
55-1 To own home or apartment -2 To home of family or relatives -3 To home of unrelated friends -4 To foster home -5 To boardinghouse or room -6 To another place, (Specify)	ħ								
-3 To home of unrelated friends -4 To foster home -5 To boardinghouse or room -6 To another place, (Specify) 56- -7 Don't know c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57-1 Nearly every week -2 About once a month -3 About once every two months -4 Several times a year -5 About once a vear or less -6 Other (Specify)58- -7 Don't know	5.	—							
-3 To home of unrelated friends -4 To foster home -5 To boardinghouse or room -6 To another place, (Specify) 56- -7 Don't know c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57-1 Nearly every week -2 About once a month -3 About once every two months -4 Several times a year -5 About once a vear or less -6 Other (Specify)58- -7 Don't know		-2 []	To home of family or relatives						
-4 To foster home -5 To boardinghouse or room -6 To another place, (Specify)56- -7 Don't know c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57-1 Nearly every week -2 About once a month -3 About once every two months -4 Several times a year -5 About once a year or less -6 Other (Specify)58- -7 Don't know		-							
 To boardinghouse or room To another place, (Specify)56- Don't know ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57-1 Nearly every week About once a month About once every two months About once every two months Several times a year Several times a year or less Other (Specify)58- Don't know 									
-6 To another place, (Specify) 56- -7 Don't know c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57-1 Nearly every week -2 About once a month -3 About once every two months -4 Several times a year -5 About once a year or less -6 Other (Specify) 58- -7 Don't know									
-7 Don't know c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57-1 Nearly every week -2 About once a month -3 About once every two months -4 Several times a year -5 About once a year or less -6 Other (Specify)58- -7 Don't know									
 c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box) 57-1 Nearly every week -2 About once a month -3 About once every two months -4 Several times a year -5 About once a year or less -6 Other (Specify)58- -7 Don't know 		_							
57-1 Nearly every week -2 About once a month -3 About once every two months -4 Several times a year -5 About once a year or less -6 Other (Specify)58- -7 Don't know									
-2 About once a month -3 About once every two months -4 Several times a year -5 About once a year or less -6 Other (Specify)58- -7 Don't know	C.								
-3 About once every two months -4 Several times a year -5 About once a year or less -6 Other (Specify)58- -7 Don't know									
-4 Several times a year -5 About once a year or less -6 Other (Specify)58- -7 Don't know									
-5 About once a year or less -6 Other (Specify)58- -7 Don't know									
-6 Dther (Specify)58- -7 Don't know									
-7 Don't know		_							
	,								
	Form 73N		Don't know .						

23a.	DOES - HAVE ANY VISITORS?			
CARD 5 14-5	15-1 Yes No (Skip to Question 24)	n't know		
b.	HOW FREQUENTLY DO VISITORS SEE TI	HE RESIDENT? (Mark (X) On	IV One Box)	
	16-1 Nearly every week	_	About once a year or less	
	-2 About once a month		Other (Specify)17-	
	-3 About once every two months		Don't know	
	-4 Several times a vear			
24.	HOW MANY BEDS ARE IN - ROOM? (Mai	rk (X) Only One Box)		
	18-1 One bed (i.e., the resident's own bed)	·	Fourbeds	
	-2 Two beds	5 □	Five or more beds	
	-3 Three beds			
	HAS THIS RESIDENT LIVED IN THIS FAC	LITY FOR ONE FULL MON	NTH OR LONGER?	
		Yes [No	
		19-1 -	-2 Stop; go on to next	
			questionnaire.	
b.	LAST MONTH, WHAT WAS THE BASIC CH NOT INCLUDING PRIVATE DUTY NURSI		T'S LODGING, MEALS, AND NURSING CARE ARGES?	
	No charge is made for care (Ski	p to Question 26a.)	\$•	
c.	LAST MONTH, WHAT WAS THE <u>TOTAL</u> CI SPECIAL SERVICES, DRUGS, AND SPECIA		NT'S CARE, INCLUDING ALL CHARGES FOR	
	No charge is made for care (Ski	p to Question 26a.)	- \$•	
		(1) DID THIS AMOUNT IN	cc26-31 NCLUDE SPECIAL CHARGES FOR	
			No Yes	
		(a) physician services?		
		(b) private duty nursing?		
		(c) therapy?	34-2	
		(d) drugs?	35-21	
		(e) special medical supplies?	36-2 -1 -1	
		(f) special diet?	37-2 -1 -1	
		(g) other?	38-2 -1	
			Specify	-39
26a.	WHAT WERE ALL THE SOURCES OF PAY	MENT FOR THIS RESIDENT	'S CARE LAST MONTH?	
	(Mark (X) All That Apply)			
	cc40-48 (1) Own income or family support (private plans, retirement funds, social	(4) Other public assistance or welfare	(7) Initial payment- life care	
	security, etc.)	(5) Church support	(8) No charge is made for care	
	(2) Medicare (Title XVIII)	(6) VA contract		
	(3) Medicaid (Title XIX)		(9) Other (Specify) 7 49-	
b.	WHAT WAS THE PRIMARY SOURCE OF PA	AYMENTS FOR CARE LA	ST MONTH?	
	support (private plans,	4 Other public assistance or welfare	-7 Initial payment- life care	
	retirement funds, social security, etc.)	5 🔲 Church support	-8 No charge is made	
	-2 Medicare (Title XVIII)	6 VA contract	for care	
	-3 Medicaid (Title XIX)		-9 Other (Specify) 7 51-	
			Form 73N	HS-7

;	RESID	ENTS IN N	NURSING HOME		
SAMPLE DESIGNATION SW	NAME OF RESIDENT	LINE NO.	SAMPLE DESIGNATION SW	NAME OF RESIDENT	LINE NO.
те			ТЕ		
а	b	с	a	b	c
		51			76
		52		·····	77
		53			78
		54	1		79
	······································	55			80
		56			81
		57		· · · · · · · · · · · · · · · · · · ·	82
		58			83
	<u></u>	59			84
		60			85
	<u> </u>	61		·····	86
	<u></u>	62	<u> </u>	<u> </u>	87
	<u></u>	63			88
		64			89
		65		······	90
		66	1	<u> </u>	91
	<u></u>	67		<u>,</u>	92
		68		······	93
	<u>, т., , , , , , , , , , , , , , , , , , </u>	69			94
		70		······································	95
	······································	71			96
		72	<u>††</u>		97
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