Vital and Health Statistics

Advance Data From Vital and Health Statistics: Numbers 11–20

Series 16: Compilations of Advance Data From Vital and Health Statistics No. 2

Data in this report from health and demographic surveys present statistics by age and other variables on pregnant workers; ambulatory medical care; weight and height; episodes of persons injured; and exercise and sports participation. Estimates are based on the civilian noninstitutionalized population of the United States. These reports were originally published in 1977 and 1978.

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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE | No. 11 Sept. 15, 1977 | Public Health Service • Health Resources Administration

Pregnant Workers in the United States[1]

Of about 3,034,000 women who had a live birth during a 12-month period in 1972-73, an estimated 1,260,000 or 41.5 percent worked during their pregnancy, according to the National Survey of Family Growth (NSFG). This Survey was conducted by the National Center for Health Statistics. Such pregnant workers comprised about 8.8 percent of the estimated 14,357,000 ever-married women of reproductive age in the labor force at the time.

For the survey, there were interviews of about 9,800 women representing the population of women aged 15-44 in households in the conterminous United States who were married, previously married, or single with their own children in the household. This report is based on information about women who had a live birth in the year before their interview. Because interviewing occurred over an 8-month period in 1973-74, the years of preinterview experience reported by women include different 12-month periods. The aggregated reports of years of preinterview experience refer to an average 12-month period ending on September 13, 1973—the interviewing midpoint. For that and other reasons, estimates of births reported here are not comparable to calendar period estimates from the birth registration system. Other aspects of sample design and statistical reliability are discussed in the Technical Notes to this report.

Table 1 shows estimates of the number of women who had a live birth in the year before the interview, and who worked at some time during the nine months before the birth. The estimates would have been somewhat higher had the sample included all single women instead of just those with their own children in the household. Of the approximately 1,260,000 pregnant workers, 83.9 percent were white women, and 16.1 percent were of "all other"[2] races. Women under 25 years of age were 53.3 percent of the total, and women 25 years and over were 46.6 percent of the total. Among pregnant workers under 25 years of age, 78.9 percent were white women, while among pregnant workers 25 years and over, 89.8 percent were white. Among white pregnant workers, 49.9 percent were 25 years and over; among pregnant workers of all other races, only 30.0 percent were 25 years and over.

Table 2 shows estimates from the Current Population Survey[3] of the numbers of ever-married women employed or seeking employment in March 1972, a date near the midpoint of the period during which the pregnancies began. These numbers estimate the population potentially becoming the pregnant workers in table 1, although single women with children of their own are not included.

The ratios in table 3 (derived by dividing the numbers in table 1 by the numbers in table 2 and multiplying this by 1,000) are crude indexes of the probability that during a 1-year period women in the labor force will work while pregnant. The index was 85 per 1,000 for white women as compared with 102 for all other women. It is highest for women of all other races under 25 years of age (370 per 1,000), lowest for women of all other races who are 25 years of age and over (38 per 1,000), and averages 88 per 1,000 for the total population of ever-married, reproductive-age women in the labor force.

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[1] This report prepared by Gerry E. Hendershot, Ph.D., Division of Vital Statistics.

[2] The term "all other" refers to the combined grouping of all races other than white.

[3] Bureau of Labor Statistics: Marital and Family Characteristics of Workers, March 1972, *Special Labor Force Report 153.* Washington. U.S. Government Printing Office, 1973. This publication provides appropriately classified data nearest in time to the estimated midpoint of the period during which the women who are subjects of this report became pregnant.

Table 4 shows estimates of the number of women in the sampled population who had a live birth in the year before their interview. Table 5 shows ratios of pregnant workers (from table 1) to women who had a live birth in the year before their interview (from table 4). The ratios are approximations to proportions of recently confined women who worked during their pregnancy. The proportion is highest among women of all other races in the younger age category (48.5 percent), lowest among white women in the older age category (36.5 percent), and averages 41.5 percent for the total population of recently confined women.

A detailed analysis of these and related data, entitled "Patterns of Employment Before and After Childbirth," is being prepared for publication in *Vital and Health Statistics,* Series 23. For an earlier report based on a sample of legitimate live births, see "Employment During Pregnancy: Legitimate Live Births, United States, 1963," *Vital and Health Statistics,* Series 22, No. 7.

Table 1. Number and percent distributions of women 15-44 years of age who worked during a pregnancy ending in live birth during a 12-month period in 1972-73 by color and age: United States

Age	Color		
	Total	White	All other
	Number of women		
15-44 years	1,260,000	1,057,000	203,000
15-24 years	672,000	530,000	142,000
25-44 years	587,000	527,000	61,000
	Percent distribution by color		
15-44 years	100.0	83.9	16.1
15-24 years	100.0	78.9	21.1
25-44 years	100.0	89.8	10.4
	Percent distribution by age		
15-44 years	100.0	100.0	100.0
15-24 years	53.3	50.1	70.0
25-44 years	46.6	49.9	30.0

Table 2. Number of ever-married women 16-44 years of age who were in the labor force in March 1972, by color and age: United States

Age	Color		
	Total	White	All other
16-44 years	14,357,000	12,370,000	1,987,000
16-24 years	3,265,000	2,881,000	384,000
25-44 years	11,092,000	9,489,000	1,603,000

Source: Bureau of Labor Statistics, Marital and Family Characteristics of Workers, March 1972, Special Labor Force Report 153. Washington, U.S. Government Printing Office, 1973.

Table 3. Number of women 15-44 years of age who worked during a pregnancy ending in live birth during a 12-month period in 1972-73, per 1,000 women in the labor force in March 1972, by color and age: United States

Age	Color		
	Total	White	All other
15-44 years	88	85	102
15-24 years	206	184	370
25-44 years	53	56	38

Table 4. Number of women 15-44 years of age who had a live birth during a 12-month period in 1972-73, by color and age: United States

Age	Color		
	Total	White	All other
15-44 years	3,034,000	2,582,000	452,000
15-24 years	1,432,000	1,139,000	293,000
25-44 years	1,602,000	1,443,000	159,000

Table 5. Number of women 15-44 years of age who worked during a pregnancy ending in live birth during a 12-month period in 1972-73, per 1,000 women who had a live birth in the same period, by color and age: United States

Age	Color		
	Total	White	All other
15-44 years	415	409	449
15-24 years	469	465	485
25-44 years	366	365	384

TECHNICAL NOTES

DESIGN OF THE SURVEY. The National Survey of Family Growth (NSFG) is designed to provide data on fertility, family planning, and related aspects of maternal and child health. Field work for Cycle I was done by the National Opinion Research Center in 1973 and early 1974 with September 13, 1973 as the midpoint of the interviewing.

A multistage probability sample of women in the noninstitutional population of the conterminous United States was used. Approximately 33,000 households were screened to identify the sample of women eligible for the NSFG, i.e., women aged 15 to 44 years, inclusive, who were currently married, previously married, or never married but had biologically-related children presently living in the household. In households with more than one eligible woman, a random procedure was used to select only one to be interviewed.

Interviews were completed for 5,864 white women and for 3,933 women of other races. A detailed description of the sample design will be presented in a forthcoming report, "Sample Design, Estimation Procedures and Variance Estimation for Cycle I of the National Survey of Family Growth."

RELIABILITY OF ESTIMATES. Since the statistics presented in this report are based on a sample, they may differ from the figures that would have been obtained from a complete census. This difference, referred to as sampling error, is measured by a statistic called the standard error of estimate. Approximate standard errors for estimated numbers from this survey are shown in table I.

The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the differences between the sample estimate and a complete count would be less than twice the standard error.

Table I. Approximate standard error for estimated numbers for total or white women and black women: 1973 National Survey of Family Growth

Total and white		Black	
Size of estimate	Standard error	Size of estimate	Standard error
25,000	6,000	50,000	15,000
50,000	9,000	100,000	21,000
100,000	13,000	200,000	30,000
150,000	16,000	500,000	47,000
250,000	20,000	1,000,000	67,000
350,000	24,000	2,000,000	95,000
500,000	28,000	5,000,000	151,000
750,000	35,000	10,000,000	216,000
1,000,000	40,000	20,000,000	311.000

DEFINITION OF TERMS

Age.—Age is classified by the age of the respondent at her last birthday before the date of interview.

Color.—Classification by color of the woman interviewed, based on interviewer observation, was reported as white or other. "All other" refers to the combined grouping of all races other than white.

Labor Force Status.—A woman is categorized as being in the labor force if she was working full-time or part-time, had a job but was not at work because of temporary illness, vacation, or a strike, or if she was unemployed, laid-off, or looking for work. In this report ever-married women are included in the labor force estimates; other estimates include single women with children.

Work During Pregnancy.—Women are classified as having worked during pregnancy if they had a live birth in the year before the interview, and reported that they worked within the nine months before the birth.

Live Births.—A live birth is a fetus that gives signs of life after birth, regardless of the length of gestation. Since this report focuses on women having a live birth in a specified period, rather than upon the births themselves, it does not allow for plural births, and is not, therefore, comparable to reports of births from the birth regis-

tration system. Because of the sample design, this report also does not include births in Alaska or Hawaii. Nor does it include women under 15 nor over 44 years of age. Finally, the period for which births were reported is the 12 months before the interview. Since interviewing took place over an 8-month period, the years of preinterview experience reported by women differ, and the aggregated experience is not directly comparable to any calendar period for which data from the birth registration system might be reported.

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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE | No. 12 October 12, 1977 | Public Health Service • Health Resources Administration

Ambulatory Medical Care Rendered in Physicians' Offices: United States, 1975[a]

The estimates presented in this report are intended to highlight the findings of the 1975 National Ambulatory Medical Care Survey (NAMCS). NAMCS is a sample survey designed to explore the provision and utilization of ambulatory care in the physician's office—the setting where most Americans seek health care. The survey is conducted yearly over the conterminous United States by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. The survey sample is selected from doctors of medicine and osteopathy who are engaged in office-based, patient care practice. In its current scope, NAMCS excludes physicians practicing in Alaska and Hawaii, physicians whose specialty is anesthesiology, pathology, or radiology, and physicians in Government service.

Previous publications describe the development and findings of NAMCS.[1-5]

NAMCS findings have been published for two previous 12-month periods, May 1973-April 1974[1,2] and January-December 1974.[3] Data users are cautioned when making comparisons between the numerical estimates for 1975 and the numerical estimates previously published for the two prior 12-month periods. Since these earlier data were released, a continuing evaluation of the technical procedures used to project the national estimates from the sample findings has resulted in a revision of the NAMCS estimating procedures. The revised procedures, applied to the 1975 findings, result in an estimated total of 567.6 million office encounters (visits) for that year. The application of these revised procedures to the findings previously reported results in the following adjustment of total estimated visits.

NAMCS reporting period	*Estimated visits (in millions)*	
	Published	*Revised*
May 1973-April 1974.....	644.9	590.8
January-December 1974....	634.1	577.8

The most notable effect of the change in estimation procedure is to lower numerical estimates of office visits by 8-9 percent. Distrib-

[a]Prepared by Hugo K. Koch and Norma Jean Dennison, Division of Health Resources Utilization Statistics.

Advance Data from Vital and Health Statistics replaces the supplements to the *Monthly Vital Statistics Report* as the means for early release of selected findings from the health and demographic surveys conducted by the NCHS. Most of these releases will be followed by detailed reports in the *Vital and Health Statistics* series.

Provisional vital statistics as well as advance reports of final data for a year will continue to be published in the *Monthly Vital Statistics Report.*

Advance Data is being distributed on the mailing keys for the *Vital and Health Statistics* series, and people who now receive reports from a particular series will also receive all *Advance Data* releases for that series. Temporarily, the mailing list for the *Monthly Vital Statistics Report (MVSR)* is also being used. *MVSR* readers who wish to continue to receive *Advance Data* issues, as well as other persons who wish to receive all issues, should contact: National Center for Health Statistics, Center Building, Room 1-57, 3700 East West Highway, Hyattsville, Maryland 20782, Phone: (301) 436-8500.

utions and relationships—as expressed, for example, in percents and ratios—remain relatively unaffected by the change.

Readers desiring more information about the NAMCS estimation procedures should address inquiries to Ambulatory Care Statistics Branch, National Center for Health Statistics, Center Building, 3700 East-West Highway, Hyattsville, Md. 20782.

Figure 1 is a facsimile of the Patient Record used by participating physicians to record information about their office visits. Figure 1 may be useful as a reference as the selected aspects of the survey findings are presented.

Since the estimates presented in this report are based on a sample rather than the entire universe of office-based, patient-care physicians, they are subject to sampling variability. See page 11 for an explanation and for guidelines in judging the relative precision of estimates reported.

DATA HIGHLIGHTS

Physician Speciality

Among the 13 most visited specialties, primary care providers led the other specialists in

Figure 1. PATIENT RECORD

ASSURANCE OF CONFIDENTIALITY—All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.

D Nº

PATIENT RECORD
NATIONAL AMBULATORY MEDICAL CARE SURVEY

1. DATE OF VISIT — Mo / Day / Yr

2. DATE OF BIRTH — Mo / Day / Yr

3. SEX
1 ☐ FEMALE
2 ☐ MALE

4. COLOR OR RACE
1 ☐ WHITE
2 ☐ NEGRO/BLACK
3 ☐ OTHER
4 ☐ UNKNOWN

5. PATIENT'S PRINCIPAL PROBLEM(S) COMPLAINT(S), OR SYMPTOM(S) THIS VISIT (*In patient's own words*)
a MOST IMPORTANT_____
b. OTHER_____

6. SERIOUSNESS OF PROBLEM IN ITEM 5a (*Check one*)
1 ☐ VERY SERIOUS
2 ☐ SERIOUS
3 ☐ SLIGHTLY SERIOUS
4 ☐ NOT SERIOUS

7. HAVE YOU EVER SEEN THIS PATIENT BEFORE?
1 ☐ YES 2 ☐ NO
If YES, for the problem indicated in ITEM 5a?
1 ☐ YES 2 ☐ NO

8. MAJOR REASON(S) FOR THIS VISIT (*Check all major reasons*)
01 ☐ ACUTE PROBLEM
02 ☐ ACUTE PROBLEM, FOLLOW-UP
03 ☐ CHRONIC PROBLEM, ROUTINE
04 ☐ CHRONIC PROBLEM, FLARE-UP
05 ☐ PRENATAL CARE
06 ☐ POSTNATAL CARE
07 ☐ POSTOPERATIVE CARE → _____ (*Operative procedure*)
08 ☐ WELL ADULT/CHILD EXAM
09 ☐ FAMILY PLANNING
10 ☐ COUNSELING/ADVICE
11 ☐ IMMUNIZATION
12 ☐ REFERRED BY OTHER PHYS/AGENCY
13 ☐ ADMINISTRATIVE PURPOSE
14 ☐ OTHER (*Specify*) _____

9. PHYSICIAN'S PRINCIPAL DIAGNOSIS THIS VISIT
a DIAGNOSIS ASSOCIATED WITH ITEM 5a ENTRY
_____
_____
b OTHER SIGNIFICANT CURRENT DIAGNOSES (*In order of importance*)
_____
_____

10. DIAGNOSTIC/THERAPEUTIC SERVICES ORDERED/PROVIDED THIS VISIT (*Check all that apply*)
01 ☐ NONE
02 ☐ LIMITED HISTORY/EXAM
03 ☐ GENERAL HISTORY/EXAM
04 ☐ CLINICAL LAB. TEST
05 ☐ BLOOD PRESSURE CHECK
06 ☐ EKG
07 ☐ HEARING TEST
08 ☐ VISION TEST
09 ☐ ENDOSCOPY
10 ☐ OFFICE SURGERY
11 ☐ DRUG PRESCRIBED
12 ☐ X-RAY
13 ☐ INJECTION
14 ☐ IMMUNIZATION/DESENSITIZATION
15 ☐ PHYSIOTHERAPY
16 ☐ MEDICAL COUNSELING
17 ☐ PSYCHOTHERAPY/THERAPEUTIC LISTENING
18 ☐ OTHER (*Specify*) _____

11. DISPOSITION THIS VISIT (*Check all that apply*)
1 ☐ NO FOLLOW-UP PLANNED
2 ☐ RETURN AT SPECIFIED TIME
3 ☐ RETURN IF NEEDED, P R N
4 ☐ TELEPHONE FOLLOW-UP PLANNED
5 ☐ REFERRED TO OTHER PHYSICIAN/AGENCY
6 ☐ RETURNED TO REFERRING PHYSICIAN
7 ☐ ADMIT TO HOSPITAL
8 ☐ OTHER (*Specify*) _____

12. DURATION OF THIS VISIT (*Time actually spent with physician*)
_____ MINUTES

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REV. 8-74

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

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the provision of office-based ambulatory care; general and family physicians alone accounted for 2 of every 5 visits (table 1).

Type and Location of Practice

In a ratio of about 3 to 2, visits to solo practitioners outnumbered visits to physicians in multiple-member practice (table 1).

Visits within standard metropolitan statistical areas (SMSA's) outnumbered nonmetropolitan visits in a ratio of roughly 3 to 1. A comparison by annual visit rates also shows a higher rate within SMSA's (2.9 visits per resident per year) than in the nonmetropolitan areas (2.3 visits per resident per year).

Patient's Age, Sex, and Color

Office visits per year increased in a direct parallel to advancing age; the rate for persons aged 65 and over more than doubled the rate for persons aged under 15 years (table 2).

Females were more commonly seen in the physician's office than males; females made about 3 visits for every 2 visits made by males (table 2).

This was due, in part, to the demographic fact that females outnumbered males in the general population. That other factors were at work, however, is confirmed by a comparison of annual visit rates between the sexes; here also a ratio of 3 to 2 prevailed in favor of the females.

The following tabulation shows that female visits outnumbered male visits in every age interval except the youngest.

Age	*Percent of all visits*	
	Females	*Males*
Total	60.4	39.6
Under 15 years	8.1	9.3
15-24 years	10.1	5.2
25-44 years	16.7	8.6
45-64 years	15.5	10.2
65 years and over	10.1	6.3

White patients outnumbered patients of other races not only in absolute numbers of visits but also in visit rate per annum (table 2).

Major Reasons for Visit

The information in items 5 and 8 of the Patient Record represents an effort to determine the reasons for visiting the physician's office, as expressed by patients in their own words. The terms and codes applied to the patient symptoms, complaints, or other problems leading to the visit came from a symptom classification developed for use in NAMCS.[5]

Table 3 lists the 25 reasons most frequently presented.

Of all morbid states (e.g., conditions of illness or injury) presented to office-based physicians, about 55 percent were *acute* problems; about 45 percent were *chronic*. An acute problem was defined as a condition having a relatively sudden or recent onset (i.e., within 3 months of the visit). A chronic problem was defined as a preexisting condition with an onset of 3 months or more before the visit.

The extensive role played by the office-based physician in family planning is underscored by the finding that an estimated 7.3 million visits were made at least partly for the purpose of obtaining such services.

Principal Diagnosis

Table 4 lists the 25 most common, principal diagnoses that were provisionally or finally assigned to office visits by the physician. The diagnostic terms and codes are found in the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA). Table 5 shows the classification of all principal diagnoses by the major diagnostic (ICDA) groups. Table 6 offers diagnostic information tabulated according to the age, sex, and color of the patient.

The following five diagnostic groups accounted for an estimated 57 percent of all principal diagnoses rendered by physicians in office practice.

ICDA group	*Percent of all principal diagnoses*
Special conditions[1] and examinations without illness	17.8
Diseases of the respiratory system	14.1
Diseases of the circulatory system	9.9
Diseases of the nervous system and sense organs	7.9
Accidents, poisoning, and violence	7.2

[1] Chiefly immunization, prenatal and postnatal care, medical and surgical aftercare.

Visits for respiratory diseases were more than twice as frequent among patients under 15 years as among patients of 15 years and over.

Visits for circulatory diseases accounted for the largest proportion of all visits made by patients over 44 years of age.

Visits for mental disorders were more common in the age interval from 25-44 years than in other age intervals.

Visits for respiratory illnesses and for conditions resulting from accidents, poisoning, and violence were substantially more common among males than among females.

Though overall visits by females outnumbered visits by males (table 1), in only two of the diagnostic groups were visits by females markedly more common than those by males. These groups were "diseases of the genitourinary system" and the preventive and maintenance category "special conditions and examinations without illness."

Diagnostic and Therapeutic Services

Drug therapy was the most frequent form of therapy provided in office-based practice. About 44 percent of all visits resulted in treatment by a prescribed drug (table 7).

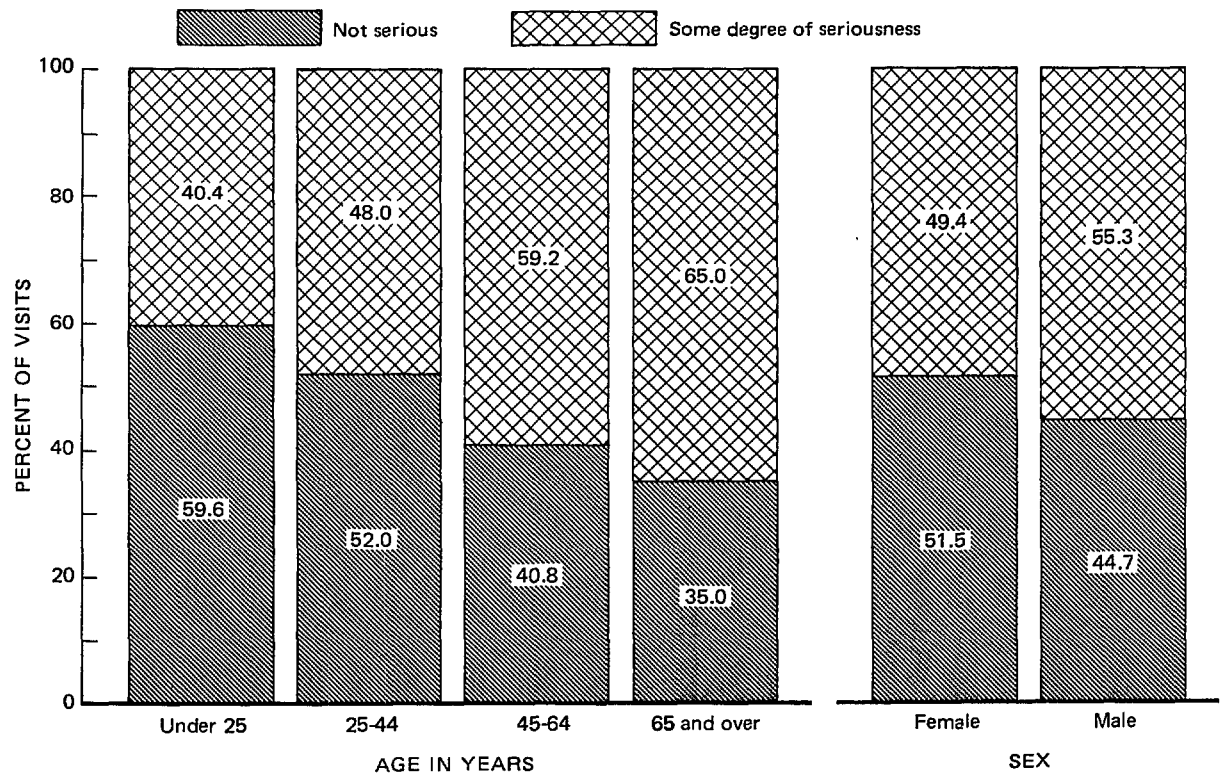
"Counseling" and "listening" were checked by a physician only when they constituted a major part of the treatment provided during the visit. The overall use of such intangible services is almost impossible to quantify. Certainly, the finding that these services were prominent in fewer than 1 of every 5 visits understates the actual extent of this important aspect of the physician's office practice.

Prior Visit Status

The average office-based physician

- Dealt chiefly with patients that he had seen before ("old" patients). New patients accounted for only about 1 of every 7 visits (tables 8 and 9).

Figure 2. PERCENT OF OFFICE VISITS BY DEGREE OF SERIOUSNESS OF PATIENT'S PROBLEM, BY PATIENT'S AGE AND SEX: UNITED STATES, JANUARY-DECEMBER 1975



- Dealt chiefly with problems for which he had treated the patient before ("old" problems). Only about 1 of every 4 visits by an old patient concerned a new problem.

Seriousness of Problem

These data express the physician's judgment as to the extent of impairment that might result if no care were available for the given problem.

Office-based ambulatory care does not center on the treatment of problems which are "serious to very serious" in prognosis. (Only about 1 of every 5 visits was placed in this category. See tables 8 and 9).

The largest proportion of visits (an estimated 49 percent) was given a "not serious" evaluation. This is no doubt due in large degree to the substantial amount of preventive care and routine maintenance care provided in the physician's office, and to the relatively high prevalence of acute, self-limiting conditions encountered there.

Figure 2 shows the influence on judgments of seriousness produced by patient age and sex.

Disposition and Duration of Visit

Some form of scheduled followup was the rule in office-based practice. In about 60 percent of visits the patient was directed to return at a specified time (table 8).

Only 2 percent of visits ended in hospital admission.

Though it varied appreciably among specific specialists, the average tendency to refer patients (found in 3 percent of visits) is perhaps an understatement. It may not realistically reflect the actual amount of informal referral and consultation that may occur, especially in a multiple-member practice.

Duration of visit is defined to include only the time spent in face-to-face encounter between physician and patient (table 8).

The average encounter was of relatively brief duration—about 15 minutes. The following table shows the mean duration of an office encounter with each of the 13 most visited specialists.

Specialty	*Mean duration (in minutes)*
All specialties	15.0
General and family practice	12.6
Internal medicine	18.2
Obstetrics and gynecology	13.1
Pediatrics	12.1
General surgery	12.7
Ophthalmology	20.3
Orthopedic surgery	14.5
Otolaryngology	13.6
Psychiatry	46.9
Dermatology	11.9
Urology	15.0
Cardiovascular disease	21.5
Neurology	35.5

REFERENCES

[1]National Center for Health Statistics: The National Ambulatory Medical Care Survey: 1973 Summary, United States, May 1973-April 1974. *Vital and Health Statistics.* Series 13, No. 21. DHEW Pub. No. (HRA) 76-1772. Health Resources Administration. Washington. U.S. Government Printing Office, Oct. 1975.

[2]National Center for Health Statistics: National Ambulatory Medical Care Survey: May 1973-April 1974. *Monthly Vital Statistics Report.* Vol. 24, No. 4, Supplement (2). DHEW Pub. No. (HRA) 76-1120. Health Resources Administration. Hyattsville, Md. July 1975.

[3]National Center for Health Statistics: National Ambulatory Medical Care Survey: National Ambulatory Medical Care Survey of Visits to General and Family Physicians, January 1974-December 1974. *Monthly Vital Statistics Report.* Vol. 25, No. 2 Supplement (2). DHEW Pub. No. (HRA) 76-1120. Health Resources Administration. Hyattsville, Md. May 1976.

[4]National Center for Health Statistics: National Ambulatory Medical Care Survey: background and methodology, United States. *Vital and Health Statistics.* Series 2, No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974.

[5]National Center for Health Statistics: The National Ambulatory Medical Care Survey: symptom classification, United States. *Vital and Health Statistics.* Series 2, No. 63. DHEW Pub. No. (HRA) 74-1337. Health Resourcess Administration. Washington. U.S. Government Printing Office, May 1974.

Table 1. Number and percent distributions of office visits by selected physician characteristics: United States, January-December 1975

Selected physician characteristics	Number of visits in thousands	Percent of visits
All visits	567,600	100.0
Most visited specialties		
General and family practice	234,660	41.3
Internal medicine	62,117	10.9
Obstetrics and gynecology	48,076	8.5
Pediatrics	46,684	8.2
General surgery	41,292	7.3
Ophthalmology	24,667	4.4
Orthopedic surgery	19,316	3.4
Otolaryngology	16,355	2.9
Psychiatry	14,806	2.6
Dermatology	14,094	2.5
Urology	10,832	1.9
Cardiovascular diseases	7,556	1.3
Neurology	2,032	0.4
All other specialties	25,113	4.4
Type of practice		
Solo	339,554	59.8
Other[1]	228,046	40.2
Location[2]		
Metropolitan	413,685	72.9
Nonmetropolitan	153,915	27.1

[1] Includes partnership and group practices.
[2] Signifies location within or outside the standard metropolitan statistical areas (SMSA's).

SYMBOLS

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

Table 2. Number and percent distributions of office visits and number of visits per person per year[1] by selected patient characteristics: United States, January-December 1975

Selected patient characteristics	Number of visits in thousands	Percent of visits	Number of visits per person per year
All visits	567,600	100.0	2.7
Age			
Under 15 years	99,010	17.4	1.9
15-24 years	86,570	15.3	2.2
25-44 years	143,525	25.3	2.8
45-64 years	145,434	25.6	3.4
65 years and over	93,061	16.4	4.3
Sex			
Female	342,896	60.4	3.2
Male	224,704	39.6	2.2
Color			
White	508,672	89.6	2.8
All other	58,928	10.4	2.2

[1]Based on population estimates for July 1, 1975 furnished by the Bureau of the Census.

Table 3. Number, percent and cumulative percent of office visits, by most common problems, complaints or symptoms classified by NAMCS code in rank order: United States, January-December 1975

RANK	Most common problem, complaint, or symptom (coded)	Number of visits in thousands	Percent of visits	Cumulative percent
1	Surgical aftercare-----986	26,090	4.6	4.6
2	Physical examination-----900-901	23,518	4.1	8.7
3	Pregnancy examination-----905	22,065	3.9	12.6
4	Pain, swelling, injury—lower extremity--400	21,229	3.7	16.3
5	Pain, swelling, injury—back region------415	17,067	3.0	19.3
6	Sore throat-----520	15,279	2.7	22.0
7	Pain, swelling, injury—upper extremity--405	14,933	2.6	24.6
8	Abdominal pain-----540	14,862	2.6	27.2
9	Cough-----311	13,607	2.4	29.6
10	Visit for medication-----910	11,893	2.1	31.7
11	Gynecologic examination-----904	11,092	2.0	33.7
12	Fatigue-----004	10,466	1.8	35.5
13	Headache-----056	10,198	1.8	37.3
14	Allergic skin reaction-----112	9,827	1.7	39.0
15	Pain in chest-----322	9,751	1.7	40.7
16	Cold-----312	9,453	1.7	42.4
17	Well-baby examination-----906	8,291	1.5	43.9
18	Earache-----735	7,754	1.4	45.3
19	High blood pressure-----205	7,715	1.4	46.7
20	Pain, swelling, injury—face and neck----410	7,555	1.3	48.0
21	Wounds of skin-----116	7,533	1.3	49.3
22	Eye examination-----908	7,060	1.2	50.5
23	Vision dysfunction, except blindness----701	7,022	1.2	51.7
24	Fever-----002	7,015	1.2	52.9
25	Vertigo-----069	6,315	1.1	54.0

Table 4. Number, percent and cumulative percent of office visits by most common principal diagnoses by ICDA code: United States, January-December 1975

RANK	Most common principal diagnosis (coded)	Number of visits in thousands	Percent of visits	Cumulative percent
1	Medical or special examination------Y00	40,863	7.2	7.2
2	Medical and surgical aftercare------Y10	26,782	4.7	11.9
3	Essential benign hypertension-------401	22,824	4.0	15.9
4	Prenatal care----------Y06	20,851	3.7	19.6
5	Acute respiratory infection, site unspecified----------465	14,607	2.6	22.2
6	Neuroses----------300	13,641	2.4	24.6
7	Chronic ischemic heart disease------412	12,513	2.2	26.8
8	Otitis media----------381	9,899	1.7	28.5
9	Diabetes mellitus----------250	9,671	1.7	30.2
10	Other eczema and dermatitis---------692	9,667	1.7	31.9
11	Acute pharyngitis----------462	8,531	1.5	33.4
12	Refractive errors----------370	8,169	1.4	34.8
13	Hay fever----------507	7,675	1.4	36.2
14	Obesity----------277	7,569	1.3	37.5
15	Bronchitis, unqualified----------490	6,872	1.2	38.7
16	Observation, without need for further medical care----------793	6,794	1.2	39.9
17	Acute tonsillitis----------463	6,405	1.1	41.0
18	Synovitis, bursitis----------731	6,171	1.1	42.1
19	Influenza, unqualified----------470	5,866	1.0	43.1
20	Cystitis----------595	5,721	1.0	44.1
21	Diseases of sebaceous glands--------706	5,593	1.0	45.1
22	Osteoarthritis----------713	5,445	1.0	46.1
23	Arthritis, unspecified----------715	4,892	0.9	47.0
24	Inoculations and vaccinations-------Y02	4,846	0.9	47.9
25	Asthma----------493	4,633	0.8	48.7

Table 5. Number and percent distribution of office visits by principal diagnosis classified by major ICDA group: United States, January-December 1975

Principal diagnosis classified by major ICDA group (coded)	Number of visits in thousands	Percent distribution of visits
All principal diagnoses----------	567,600	100.0
Infective and parasitic diseases----------000-136	22,747	4.0
Neoplasms----------140-239	13,332	2.4
Endocrine, nutritional, and metabolic diseases----------240-279	24,177	4.3
Diseases of the blood and blood-forming organs----------280-289	4,744	0.8
Mental disorders----------290-315	25,061	4.4
Diseases of the nervous system and sense organs---------320-389	44,941	7.9
Diseases of the circulatory system----------390-458	56,358	9.9
Diseases of the respiratory system----------460-519	80,125	14.1
Diseases of the digestive system----------520-577	20,061	3.5
Diseases of the genitourinary system----------580-629	37,626	6.6
Diseases of the skin and subcutaneous tissue----------680-709	28,564	5.0
Diseases of the musculoskeletal system----------710-738	32,732	5.8
Symptoms and ill-defined conditions----------780-796	26,177	4.6
Accidents, poisonings, and violence----------800-999	40,893	7.2
Special conditions and examinations without sickness----Y00-Y13	100,787	17.8
Other diagnoses[1]----------	3,312	0.6
Diagnosis "none" or unknown[2]----------	5,963	1.1

[1]Complications of pregnancy, childbirth, and the puerperium; congenital anomalies; and certain causes of perinatal morbidity and mortality.
[2]Includes blank, noncodeable, and illegible diagnoses.

Table 6. Number of office visits by selected patient characteristics and percent distribution of office visits, by principal diagnoses as classified by major ICDA groups: United States, January-December 1975

Principal diagnosis classified by major ICDA group (coded)	Age					Sex		Color	
	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	Female	Male	White	Other
All principal diagnoses----	99,010	86,571	143,525	145,434	93,061	342,896	224,704	508,672	58,928
	Percent distribution								
Total----------	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infective and parasitic diseases----------000-136	7.1	5.4	4.1	2.2	2.1	3.8	4.3	3.9	4.9
Neoplasms----------140-239	0.5	1.2	2.0	3.5	4.2	2.4	2.2	2.4	1.6
Endocrine, nutritional, and metabolic diseases-----240-279	0.9	2.4	4.8	5.8	6.3	5.0	3.2	4.2	4.7
Mental disorders--------290-315	1.5	4.1	7.9	4.4	2.5	4.6	4.2	4.5	3.3
Diseases of the nervous system and sense organs---320-389	11.7	6.2	6.0	7.4	9.4	7.6	8.4	8.1	6.8
Diseases of the circulatory system----------390-458	0.5	1.3	4.6	16.6	25.9	9.2	11.0	10.0	9.4
Diseases of the respiratory system----------460-519	26.9	13.1	12.1	11.7	8.4	12.4	16.8	14.0	15.2
Diseases of the digestive system----------520-577	1.8	2.8	3.4	4.5	4.8	3.3	3.9	3.5	3.6
Diseases of the genitourinary system----------580-629	1.8	7.8	9.2	7.5	5.5	8.6	3.6	6.4	8.2
Diseases of the skin and subcutaneous tissue----680-709	6.3	7.7	4.5	4.1	3.6	4.8	5.4	5.1	4.5
Diseases of the musculoskeletal system------710-738	1.7	2.4	5.1	9.0	9.3	5.8	6.0	5.8	5.8
Symptoms and ill-defined conditions----------780-796	4.3	4.6	5.4	4.7	3.7	4.8	4.4	4.6	4.7
Accidents, poisonings, and violence----------800-999	7.6	9.4	8.0	6.7	4.5	5.0	10.6	7.1	8.4
Special conditions and examinations without illness----------Y00-Y13	24.7	29.0	20.9	10.2	6.9	20.0	14.4	17.9	16.7
Residual[1]----------	2.7	2.6	2.0	1.7	2.9	2.7	1.6	2.5	2.2

[1]Diseases of blood or blood-forming organs; complications of pregnancy, childbirth, and the puerperium; congenital anomalies; certain causes of perinatal morbidity and mortality; diagnosis "none" or unknown.

Table 7. Number and percent distribution of office visits by diagnostic and therapeutic services provided: United States, January-December 1975

Diagnostic and therapeutic service provided	Number of visits in thousands	Percent of visits[1]
All visits----------	567,600	100.0
No services provided	15,200	2.7
Diagnostic services		
Limited history or examination----------	291,294	51.3
General history or examination----------	89,377	15.8
Clinical lab test----------	129,740	22.9
X-Ray----------	41,701	7.4
Blood pressure check----------	188,180	33.2
EKG----------	19,210	3.4
Hearing test----------	7,369	1.3
Vision test----------	26,650	4.7
Endoscopy----------	6,696	1.2
Therapeutic services		
Drug prescribed----------	251,538	44.3
Injection----------	78,085	13.8
Immunization or desensitization----------	25,704	4.5
Office surgery----------	37,991	6.7
Physiotherapy----------	12,565	2.2
Medical counseling----------	69,721	12.3
Psychotherapy or therapeutic listening----------	24,234	4.3
Other services provided----------	32,738	5.8

[1]Will not add to totals since more than one service might be provided.

Table 8. Number and percent distributions of office visits by selected characteristics of visit: United States, January-December 1975

Selected characteristics of visit	Number of visits in thousands	Percent of visits
All visits	567,600	100.0
Prior Visit Status		
New patient	84,807	14.9
Old patient, new problem	132,848	23.4
Old patient, old problem	349,945	61.7
Seriousness of Problem		
Serious and very serious	106,981	18.8
Slightly serious	183,697	32.4
Not serious	276,923	48.8
Disposition[1]		
No followup	74,542	13.1
Return at specified time	335,219	59.1
Return if needed	126,630	22.3
Telephone followup	20,834	3.7
Referred to other physician or agency	16,042	2.8
Returned to referring physician	5,064	0.9
Admit to hospital	12,062	2.1
Duration of Visit[2]		
0 minutes (no face-to-face encounter with physician)	6,781	1.2
1-5 minutes	91,730	16.2
6-10 minutes	177,442	31.3
11-15 minutes	151,964	26.8
16-30 minutes	107,709	19.0
31 minutes or more	31,975	5.6

[1] Will not add to totals since more than one disposition was possible.
[2] Signifies time spent in face-to-face encounter between physician and patient.

Table 9. Number and percent distributions of office visits by selected patient characteristics, according to prior visit status and seriousness of problem: United States, January-December 1975

Selected patient characteristics	Number of visits in thousands	Percent of visits	Prior visit status			Seriousness of problem		
			New patient	Old patient new problem	Old patient old problem	Serious or very serious	Slightly serious	Not serious
All visits	567,600	100.0	14.9	23.4	61.7	18.8	32.4	48.8
Age								
Under 15 years	99,010	100.0	15.9	35.5	48.6	11.2	30.9	57.9
15-24 years	86,571	100.0	21.1	26.4	52.5	11.5	27.3	61.3
25-44 years	143,525	100.0	17.9	22.1	60.0	16.8	31.2	52.0
45-64 years	145,434	100.0	11.9	19.4	68.7	23.7	35.5	40.8
65 years and over	93,061	100.0	8.4	16.0	75.6	29.4	35.6	35.0
Sex								
Female	342,896	100.0	13.8	22.6	63.6	17.1	31.4	51.5
Male	224,704	100.0	16.7	24.6	58.7	21.5	33.8	44.7
Color								
White	508,672	100.0	14.5	23.0	62.5	19.0	32.1	48.9
Other	58,928	100.0	18.5	27.1	54.4	17.7	34.4	47.9

TECHNICAL NOTES

SOURCE OF DATA: Data presented in this report were obtained during 1975 through the National Ambulatory Medical Care Survey (NAMCS). The target population of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to physicians who are principally engaged in office practice.

SAMPLE DESIGN: The 1975 NAMCS utilized a multistage probability design that involved samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Within the 87 PSU's composing the first stage of selection, a sample of approximately 3,500 physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. Sampled physicians, randomly assigned to 1 of the 52 weeks in the survey year, were requested to complete Patient Records (figure 1) for a systematic random sample of office visits taking place within their practice during the assigned reporting period. Additional data concerning physician practice characteristics such as primary specialty and type of practice were obtained during an induction interview.

A complete description of the survey's background and development has been presented in an earlier publication in Series 2 of *Vital and Health Statistics* (No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974). A detailed description of the 1975 NAMCS design and procedures will be presented in future publications.

SAMPLING ERRORS: Since the estimates for this report are based on a sample rather than the entire universe, they are subject to sampling variability. The standard error is primarily a measure of sampling variability. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for the estimated percentages of office visits are shown in table II.

ROUNDING: Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on the basis of original, unrounded figures. Due to rounding of percents, the sum of percentages may not equal 100.0 percent.

Table I. Approximate relative standard errors of estimated numbers of office visits

Estimate in thousands	Relative standard error in percentage points
500	30.1
1,000	21.4
2,000	15.3
5,000	10.0
10,000	7.5
30,000	5.1
100,000	4.0
550,000	3.5

Example of use of table: An aggregate of 80,000,000 has a relative standard error of 4.3 percent or a standard error of 3,440,000 (4.3 percent of 80,000,000).

Table II. Approximate standard errors of percentages for estimated numbers of office visits

Base of percentage (number of visits in thousands)	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
1,000	2.1	4.6	6.3	8.5	9.7	10.6
3,000	1.2	2.7	3.7	4.9	5.6	6.1
5,000	0.9	2.1	2.8	3.8	4.3	4.7
10,000	0.7	1.5	2.0	2.7	3.1	3.3
50,000	0.3	0.7	0.9	1.2	1.4	1.5
100,000	0.2	0.5	0.6	0.8	1.0	1.1
500,000	0.1	0.2	0.3	0.4	0.4	0.5

Example of use of table: An estimate of 30 percent based on an aggregate of 75,000,000 has a standard error of 1.2 percent. The relative standard error of 30 percent is 4.0 percent (1.2 percent÷30 percent).

DEFINITIONS: An *ambulatory patient* is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

An *office* is a place that the physician identifies as a location for his ambulatory practice.

Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering health services.

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in practice who spends time in caring for ambulatory patients at an office location. Excluded from NAMCS are physicians who specialize in anesthesiology, pathology, radiology; physicians who are Federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE | No. 13 October 13, 1977 | Public Health Service • Health Resources Administration

Ambulatory Medical Care Rendered in Pediatricians' Offices During 1975[a]

This report presents statistics concerning an estimated 46.7 million visits to the offices of pediatricians practicing in the coterminous United States. The data were collected during calendar year 1975 in the National Ambulatory Medical Care Survey (NAMCS), a continuous survey conducted yearly by the National Center for Health Statistics.

The estimates presented are based on information obtained from the "Patient Record," a facsimile of which can be found in Advance Data No. 12. This form is used by sample physicians to record selected information about their office encounters. The sampling errors associated with these estimates and information concerning the sample design used by the 1975 NAMCS are presented in the section, "Technical Notes," that follows.

HIGHLIGHTS

During 1975 there were an estimated 567.6 million visits to "office-based, patient-care" physicians practicing in the coterminous United States. The estimated total yearly volume of office-based ambulatory medical care by specialty is shown in table A. In terms of total office visits, the 46,684,000 visits to pediatricians ranked fourth among all physician specialties.

Forty-two percent of these visits were to pediatricians in practice by themselves while the remaining 58 percent were to pediatricians practicing in a group or partnership arrangement.

Table A. Number and percent distribution of office visits, by selected physician specialties: United States, 1975

Physician specialty	Number of visits in thousands[1]	Percent distribution
All specialties	567,600	100.0
General family practice	234,660	41.3
Internal medicine	62,117	10.9
Obstetrics/gynecology	48,076	8.5
PEDIATRICS	46,684	8.2
General surgery	41,292	7.3
All other specialties	134,771	23.8

[1]Due to a refinement of the NAMCS estimating procedure used to project national estimates from sample data, caution should be used when comparing these estimated numbers of office visits with previously published estimates for 1973 and 1974.

Visits to pediatricians by males (52.3 percent) outnumbered those by females (47.7 percent), whereas the proportion of visits to all physicians by females exceeded that by males (figure 1).

Information regarding the age distribution of visits to pediatricians is presented in figure 2. A negative correlation exists between age and the number of visits to pediatricians, i.e., as the age of patients increases, the number of visits decreases. Less than 2 percent of the visits to pediatricians were by patients over 19 years of age and only 5 percent were by patients 15-18 years of age. Thus, the major portion of visits to pediatricians was by patients under 15 years of age.

Visit rates further show that there were more visits made by children under 2 years of age than by children in any other age group (table B), thus reflecting the most frequent rea-

[a]This report was prepared by Trena Ezzati, Division of Health Resources Utilization Statistics.

Figure 1. PERCENT OF OFFICE VISITS, BY SEX: UNITED STATES, 1975

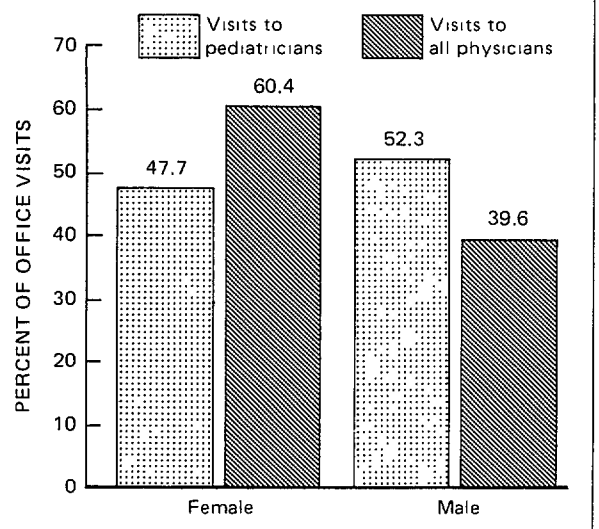

Figure 2. PERCENT OF OFFICE VISITS TO PEDIATRICIANS, BY AGE OF PATIENT: UNITED STATES, 1975

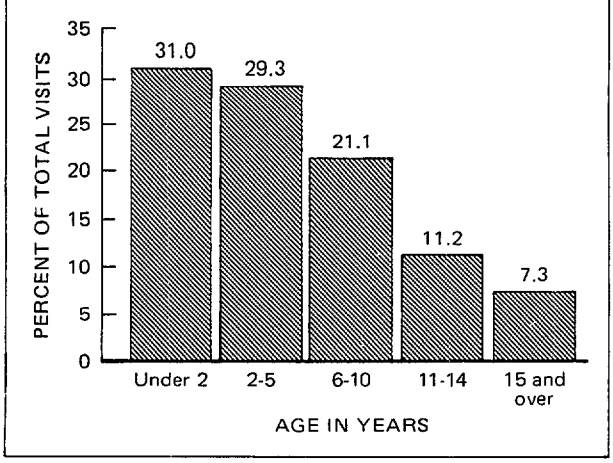

Table B. Rate of office visits per 100 persons by age: United States, 1975

Age	Rate
Total	58
Under 2 years	244
2-5 years	106
6-10 years	57
11-14 years	33
15-18 years	16

son for visiting a pediatrician—the well-baby examination.

In addition to the well-baby examination, other common reasons for visits to pediatricians as presented in the patient's own words (or when necessary, the words of the parent or accompanying adult) are shown in table 1. These 14 problems, complaints, or symptoms accounted for about 67 percent of all visits. This reveals a relatively narrow clinical range for pediatricians as compared with the more varied range for general and family practitioners where it requires nearly two and one-half times as many problems to account for a comparable 67 percent of their visits. For about one of every three visits to pediatricians, a "nonsymptomatic" problem (generally an examination) was the reason for a visit. Among "symptomatic" problems presented to pediatricians, cough, fever, sore throat, and earache were the most common.

Data on the physician's judgment of the seriousness of the patient's problem, complaint, or symptom (in terms of the extent of impairment that might result if no care were obtained) revealed that only 10 percent of the visits to pediatricians were "serious or very serious" (table C). The proportion of conditions categorized as "not serious" (60 percent) is in part a reflection of the relatively large number of visits involving examinations and acute, self-limiting problems common to children.

Table C. Percent distribution of visits to pediatricians by degree of seriousness of patient's problem: United States, 1975

Degree of seriousness	Percent distribution
Total	100.0
Serious or very serious	10.1
Slightly serious	29.5
Not serious	60.4

Data presented in table 2 provide statistics on the most frequent physician diagnoses associated with the reasons for office visits to pediatricians. The physician's principal diagnosis refers to the diagnosis listed first in item

9 of the Patient Record. The diagnostic data are grouped by the classes used in the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA). As might be predicted from the previous statistics presented on problems, the ICDA category "special conditions and examinations without illness" was the largest. This also reflects that about one-third of all visits made to pediatricians were for well-child care. In comparison with all other physicians, only obstetricians/gynecologists exceeded pediatricians in the proportion of visits for special conditions and examinations (57 percent). The second most frequent category of illness or injury diagnosed by pediatricians were diseases of the respiratory system (28 percent). Acute pharyngitis, acute tonsillitis, acute upper respiratory infection, and bronchitis, unqualified, comprised over one-half (60 percent) of the diagnoses associated with diseases of the respiratory system.

Further information abstracted from the Patient Record shows that the majority of visits (91 percent) to pediatricians were made by patients who had seen the physician before (table D).

Table D. Percent distribution of patient visits to pediatricians by patient's prior visit status: United States, 1975

Patient's prior-visit status	Percent distribution
Total	100.0
New patient	9.2
Old patient, new problem	41.5
Old patient, old problem	49.3

However, the percentage of *new* problems presented to pediatricians (51 percent) proportionately exceeded that for all physicians (38 percent).

Further reflecting the large number of visits to pediatricians for routine examinations, history or examinations (either limited or general) were the most common diagnostic services provided (table 3). The proportion of visits at which history or examinations were performed was generally higher for pediatricians than for all physicians. Likewise the percentage of visits where medical counseling was a significant part of the office visit exceeded the percentage for all physicians. On the other hand, the pediatrician fell below the overall average in the proportion of visits involving blood pressure checks, office surgery, x-rays, and the prescription of drugs. The relatively large proportion of visits to pediatricians at which immunizations or desensitizations were provided (23 percent) reflects the age composition of patients.

The duration of the visit represents the amount of time spent by the patient in face-to-face contact with the physician. The average encounter time between pediatricians and their patients was approximately 12 minutes, as compared to an average time duration of 15 minutes per visit for all physicians.

Finally, data on disposition (table 3) reveal that pediatricians, when compared to all physicians, were more likely to have a telephone followup and less likely to schedule a return visit, thus indicating acute, self limiting problems characteristic of children. No followup was planned after 24 percent of the visits, thus reflecting the large amount of well-child care occurring at ambulatory pediatric office visits.

Table 1. Number, percent, and cumulative percent of office visits to pediatricians, by the most common patient problems, complaints, or symptoms: United States, 1975

Most common patient problems, complaints or symptoms (NAMCS code)	Number of visits in thousands	Percent of visits[1]	Cumulative percent
Well-baby examination 906	6,233	13.4	13.4
General medical examination 900	4,687	10.0	23.4
Cough.....311	3,425	7.3	30.7
Fever.....002	3,170	6.8	37.5
Visit for medication 910	2,859	6.1	43.6
Throat soreness 520	2,439	5.2	48.8
Earache 735	2,001	4.3	53.1
Allergic skin reactions 112	1,662	3.6	56.7
Cold 312	1,464	3.1	59.8
Required physical examination 901	974	2.1	61.9
Abdominal pain.....540	764	1.6	63.5
Wounds of skin.....116	745	1.6	65.1
Nausea and vomiting 572	571	1.2	66.3
Problems of lower extremity 400	531	1.1	67.4

[1] Based on a total of 46,684,000 office visits.

SYMBOLS

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

Table 2. Number and percent of office visits to pediatricians, by principal diagnoses most frequently rendered by the physician: United States, 1975

Principal diagnoses most frequently rendered by the physician (ICDA code)	Number of visits in thousands	Percent of visits[1]
Infective and parasitic diseases 001-136	3,286	7.0
Streptococcal sore throat and scarlet fever 034	771	1.7
Other viral diseases 079	754	1.6
Diseases of nervous system and sense organs 320-389	4,625	9.9
Otitis media 381	3,795	8.1
Diseases of respiratory system 460-519	13,220	28.3
Acute pharyngitis 462	1,839	3.9
Acute tonsillitis 463	1,477	3.2
Acute laryngitis and tracheitis 464	530	1.1
Acute upper respiratory infection 465	2,944	6.3
Bronchitis, unqualified 490	1,731	3.7
Asthma 493	729	1.6
Hay fever 507	981	2.1
Diseases of skin and subcutaneous tissue 680-709	2,847	6.1
Other eczema and dermatitis 692	1,577	3.4
Symptoms and ill-defined conditions 780-796	1,967	4.2
Observation, without need for further medical care 793	726	1.6
Accidents, poisoning, and violence 800-999	2,174	4.7
Special conditions and examinations without sickness Y00-Y13	15,137	32.4
Medical or special examination Y00	12,462	26.7
Prophylactic inoculation and vaccination Y02	1,667	3.6
Medical and surgical aftercare Y10	841	1.8

[1] Based on a total of 46,684,000 office visits.

Table 3. Number and percent distributions of office visits to pediatricians by selected diagnostic or therapeutic services ordered or provided and disposition of patient: United States, 1975

Selected diagnostic or therapeutic services ordered or provided and disposition of patient	Number of visits in thousands	Percent distributions[1]
Diagnostic services		
Limited history/exam	19,136	41.0
General history/exam	15,612	33.4
Clinical lab test	10,442	22.4
Blood pressure check	3,612	7.7
Vision test	1,955	4.2
X-ray	1,933	4.1
Hearing test	1,277	2.7
Therapeutic services		
Drug prescribed	19,235	41.2
Immunization/desensitization	10,693	22.9
Medical counseling	7,322	15.7
Injection	4,340	9.3
Office surgery	1,482	3.2
None	1,339	2.9
Disposition of patient		
No followup planned	11,005	23.6
Return at specified time	20,795	44.5
Return if needed	11,015	23.6
Telephone followup planned	4,597	9.9
Referred to other physician or agency	1,365	2.9

[1] Percents may total more than 100.0 since more than one treatment or more than one disposition could be given at a single visit.

TECHNICAL NOTES

SOURCE OF DATA: Data presented in this report were obtained during 1975 through the National Ambulatory Medical Care Survey (NAMCS). The target population of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to physicians who are principally engaged in office practice.

SAMPLE DESIGN: The 1975 NAMCS utilized a multistage probability design that involved samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Within the 87 PSU's composing the first stage of selection, a sample of approximately 3,500 physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. Sampled physicians, randomly assigned to 1 of the 52 weeks in the survey year, were requested to complete Patient Records (brief encounter forms) for a systematic random sample of office visits taking place within their practice during the assigned reporting period. (A facsimile of the Patient Record used is shown in a previous issue of *Advance Data From Vital and Health Statistics,* No. 12, October 12, 1977.)

Additional data concerning physician practice characteristics such as primary specialty and type of practice were obtained during an induction interview.

A complete description of the survey's background and development has been presented in an earlier publication in Series 2 of *Vital and Health Statistics* (No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974). A detailed description of the 1975 NAMCS design and procedures will be presented in future publications.

SAMPLING ERRORS: Since the estimates for this report are based on a sample rather than the entire universe, they are subject to sampling variability. The standard error is primarily a measure of sampling variability. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for the estimated percentages of office visits are shown in table II.

Table I. Approximate relative standard error of estimated number of office visits

Estimated office visits in thousands	Relative standard error in percentage points
500	30.1
1,000	21.4
2,000	15.3
5,000	10.0
10,000	7.5
30,000	5.1
100,000	4.0
550,000	3.5

Example of use of table. An aggregate of 80,000,000 has a relative standard error of 4.3 percent or a standard error of 3,440,000 (4.3 percent of 80,000,000).

ROUNDING: Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on the basis of original, unrounded figures. Due to rounding of percents, the sum of percentages may not equal 100.0 percent.

Table II. Approximate standard errors of percentages for estimated number of office visits

Base of percentage number of visits in thousands	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error expressed in percentage points					
1,000	2.1	4.6	6.3	8.5	9.7	10.6
3,000	1.2	2.7	3.7	4.9	5.6	6.1
5,000	0.9	2.1	2.8	3.8	4.3	4.7
10,000	0.7	1.5	2.0	2.7	3.1	3.3
50,000	0.3	0.7	0.9	1.2	1.4	1.5
100,000	0.2	0.5	0.6	0.8	1.0	1.1
500,000	0.1	0.2	0.3	0.4	0.4	0.5

Example of use of table: An estimate of 30 percent based on an aggregate of 75,000,000 has a standard error of 1.2 percent. The relative standard error of 30 percent is 4.0 percent (1.2 percent ÷ 30 percent).

DEFINITIONS: An *ambulatory patient* is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

An *office* is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering health services.

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in practice who spends time in caring for ambulatory patients at an office location. Excluded from NAMCS are physicians who specialize in anesthesiology, pathology, radiology; physicians who are Federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

GPO 919-633

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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ▪ Public Health Service | Number 14 ▪ November 30, 1977

Weight by Height and Age of Adults 18-74 Years: United States, 1971-74[a]

The height and weight measurements obtained as a part of the Health and Nutrition Examination Survey (HANES) conducted by the National Center for Health Statistics April 1971 through June 1974 were used to present height and weight findings among men and women aged 18-74 years in the United States.[1]

HANES is a program in which measures of nutritional status are collected for a scientifically designed sample representative of the civilian noninstitutionalized population of the United States in a broad range of ages.

These HANES findings are based on the examination of the 13,671 persons aged 18-74 years selected from a total sample of 20,749 examined persons aged 1-74 years. A nationwide probability sample of 28,043 persons was selected to be examined from eligible households in the 65 primary sampling units that were visited between April 1971 and June 1974. The HANES nutrition examination included a general medical examination by a physician to identify indicators of nutritional deficiencies, a skin examination by a dermatologist, and a dental examination by a dentist. Body measurements were taken by a trained technician; dietary information was obtained by the 24-hour recall method; and a food frequency questionnaire was administered. Numerous laboratory tests were performed on whole blood, serum, plasma, and urine. A description of the sampling process and HANES operation has been published.[1]

Estimates in this report are based on weighted observations. The data obtained for the examined persons were inflated to the level of the total population, using the appropriate weights to account for both sampling fractions and response results. The relationship of weight to height by age, sex, and race among the U.S. population based on findings from the HANES program will be analyzed and discussed in a future report, Weight by Height and Age of Adults 18-74 years, United States, 1971-1974.[2] Selected data from that report are presented here in tables 1-5 and figures 1 and 2.

Mean weights for given heights were obtained from a linear regression equation for men and women for the six age groups 18-24, 25-34, 35-44, 45-54, 55-64, and 65-74 years. The equations of weight on height were fitted by the least-squares method, which holds that the line of "best fit" is one for which the sum of the squares of the residual errors is a minimum. Although linear regression of weight on height was used, the relationship between weight and height is not strictly linear, that is, the line of relationship does not correspond precisely to a linear line of trend, which describes the average change in weight as accompanied by a unit of change in height. The constants—regression coefficient (b) and Y-intercept (a)—in the regression equation $Y = a+bx$ and the standard error of estimate around these regression lines for 12 age-sex groups are shown in table 1. More detailed examination of the linear relationship of weight to height will be reported in the future report.[2]

Height-weight tables are presented for men and women within the age range 18-74 years, with mean weight values for each inch of height for the height range of 62-74 inches for men and 57-68 inches for women (tables 2 and 3). Three additional values below and above the mean weight also given in the tables represent esti-

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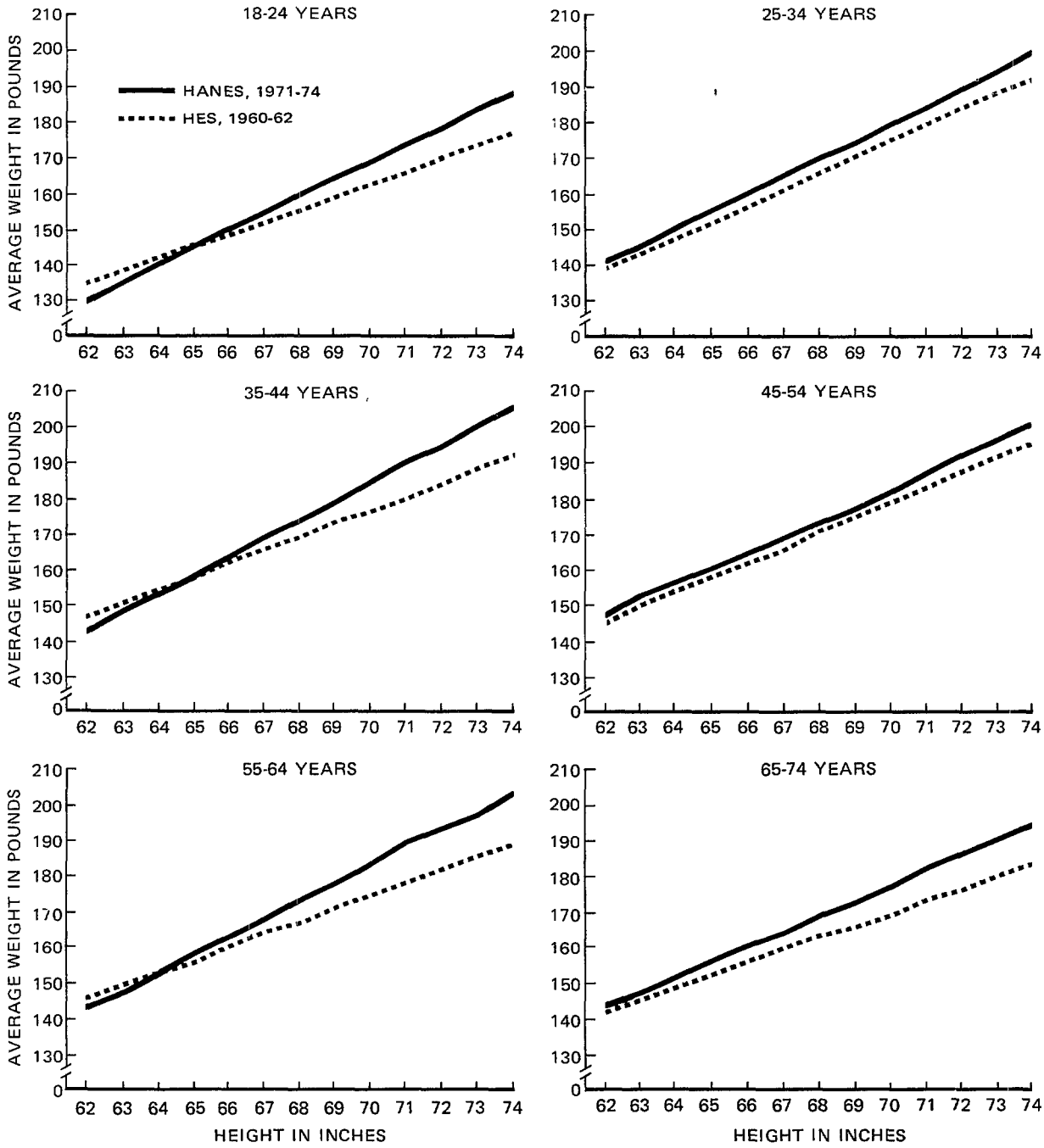
[a]This report prepared by Sidney Abraham, Clifford L. Johnson, M.S.P.H., and Matthew F. Najjar, *Division of Health Examination Statistics.*

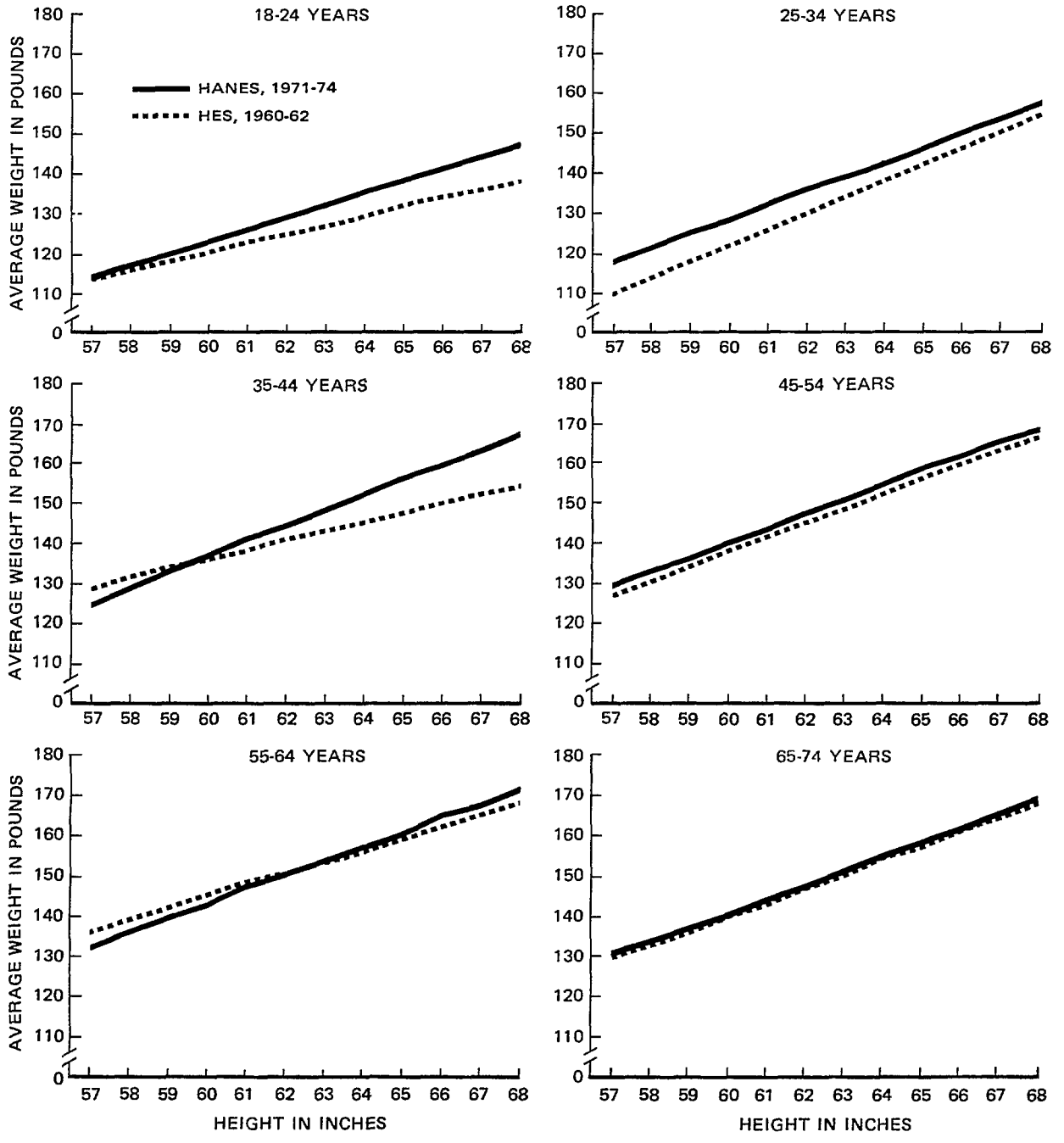
Figure 1. AVERAGE WEIGHTS[1] OF MEN BY AGE GROUP AND HEIGHT: UNITED STATES, 1960-62 AND 1971-74



[1] Estimated values from regression equations of weights for specified age groups.

NOTE: For 1960-62 and 1971-74, height was measured without shoes. For 1960-62 clothing weight was estimated as averaging 2 pounds, which were deducted from weights shown; for 1971-74 clothing weight ranged from 0.20 to 0.62 pound, which was not deducted from weights shown.

Figure 2. AVERAGE WEIGHTS[1] OF WOMEN BY AGE GROUP AND HEIGHT: UNITED STATES, 1960-62 AND 1971-74



[1] Estimated values from regression equations of weights for specified age groups.

NOTE: For 1960-62 and 1971-74, height was measured without shoes. For 1960-62 clothing weight was estimated as averaging 2 pounds, which were deducted from weights shown; for 1971-74 clothing weight ranged from 0.20 to 0.62 pound, which was not deducted from weights shown.

mates of the range of 60, 80, and 90 percent, respectively, of the population around the mean weight:

$$Y \pm .8416\ S_{y \cdot x}$$
$$Y \pm 1.2816\ S_{y \cdot x}$$
$$Y \pm 1.6449\ S_{y \cdot x}$$

For example, assuming normality, the predicted mean plus or minus .8416 standard error of the estimate indicates the range of weights that is expected to include 60 percent of the examined persons of a specific height for a given age and sex group.

In this instance one would expect 30 percent of the individuals to be within this weight range below and above the mean weight, with 20 percent falling outside either of these ranges, values roughly equivalent to the lower and upper 20th percentiles, respectively, of the distribution of weight by height for age and sex groups. The other two estimates around the mean ($Y \pm 1.2816\ S_{y.x}$ and $Y \pm 1.6449\ S_{y.x}$ standard error of estimate) represent an area of 80 and 90 percent of the particular height group, which is roughly equivalent to the lower and upper 10th and 5th percentile, respectively, of the distribution of weight by height for age and sex groups.

The height-weight tables—tables 2 and 3 are summarized in table 4—show that the average weights by height for men and women increase with age but in different patterns. Average weights of men increase rapidly until the age group 25-34 years. The rate of increase then flattens out, with the average weights peaking in the age group 45-54 years for those men of heights less than 68 inches and declining thereafter. The average weights of men of heights 68 inches and more peak at ages 35-44 years and then tend to decline.

The average weights of women advance rapidly to the age group 35-44 years. They increase less rapidly in the age groups 45-54 and 55-64 years, peak at the latter age group, and then decline.

The average weights of men and women by height as measured in the Health and Nutrition Examination Survey of 1971-74 were generally greater than those from the Health Examination Survey (HES) of 1960-62 (table 5). Among age group 18-24 years the differences between averages during this period increased as height increased. This direction was less evident for men than for women, particularly in the shorter heights.

At ages 25-34 years, the pattern was reversed for women. The difference between the average weights of women in HANES and in HES decreased as height increased.

The differences in average weights for men and women 35-44 years showed the same pattern. When compared with HES findings, HANES data showed the average weights of shorter men and women to be less than those in HES and more than those in HES for taller persons and persons of medium height. Differences in average weights for taller persons and those of medium height ranged from 1 to 13 pounds.

Average weights of women aged 45-54 years in the HES were with one exception 2 pounds less than those of women in HANES. For men in this same age group, the average weights were 2 pounds less for those in HES who were shorter than 69 inches and from 2 to 5 pounds less for those who were taller.

At ages 55 and over, the average weight for women in HANES differed little from that of women in HES. On the other hand, differences between average weight of men in HANES and that of men in HES showed an increase in the difference with increase in height. Men in HANES above average height (69 inches and more) weighed more on the average—7 to 14 pounds at ages 55-64 and 7 to 11 pounds at ages 65-74 years—than men in HES did.

DISCUSSION

Comparison of an individual's acutal weight with a standard weight is the most widely used criterion of leanness or fatness. Interest in this measure stems from the findings of life insurance and epidemiological studies relating excess body weight status to unfavorable morbidity and mortality experiences. The earliest and most commonly used method for measuring excess body weight due to fat is to compare the height

and weight of persons with tables showing average or standard weight. By using this method the life insurance studies determined excess body weight status, which is defined as the deviation of actual weight for a given sex, age, and height from the average weight tables, times 100, obtained initially from the Medico-Actuarial Investigations (1912)[4] and later from the Build and Blood Pressure Study (1959).[5] Other studies such as the Framingham Heart Study[6] defined excess body weight due to obesity as a relative weight of 20 percent or more above the median weight for a given height and sex.

Since it is recognized that height and weight alone are incomplete indications of obesity, "desirable" weight tables that take into consideration measurements of body build have been developed by the Metropolitan Life Insurance Company. These tables for adults 25 years and over show ranges of weights for given heights. This was in answer to the criticism that height-weight tables ignored the disadvantages of the increase in body weight with advancing years as well as variations in body build that influence the weight of individuals. The average weights in the tables are for categories of body frame in which the determination of frame size has not been specified or defined in terms of body measure. The user must exercise clinical judgment about type of body frame.

Such data are not satisfactory for studying the influence of obesity on mortality. Obesity, an excess accumulation of fat, is used interchangeably with overweight or excess body weight above standard weight. Total body weight is a measure of bone, muscle, and fat, and departure from average weight may be due to one or a combination of these body components. Overweight prevention and control is directed against overweight due to fat, which is primarily attributed to excess food intake over the energy demands of the individual. This is the major form of overweight in the United States.

The height-weight tables in this report present estimates over and under excess body weight of men and women by height and age. There are no estimates of excess body fat other than what can be inferred from the deviation of actual weight from the mean weight; such estimates will not yield information of how much of the weight difference is accounted for by excess fat.

The tables in this report are not presumed to indicate "ideal" or "desirable" weight but only to present a reference base for the person's observed weight. This approach of predicting weight from height showed a correlation which ranged from the order of +.460 at ages 35-44 years to +.390 at ages 45-54 years for men of ages 18-74 years (table 1). Corresponding correlation values for women ranged from +.270 at ages 35-44 years to +.246 at ages 45-54 years. The highest correlation for men showed that about 20 percent of the variance of weight is accounted for by the variance of height. For women this value was about 7 percent.

REFERENCES

[1] National Center for Health Statistics: Plan and operation of the Health and Nutrition Examination Survey, United States, 1971-1973. *Vital and Health Statistics.* Series 1-Nos. 10a and 10b. DHEW Pub. No. (HSM) 73-1310. Health Services and Mental Health Administration. Washington. U.S. Government Printing Office, Feb. 1973.

[2] National Center for Health Statistics: Weight by height and age of adults, United States, 1971-74. *Vital and Health Statistics.* Series 11. Health Resources Administration, DHEW, Hyattsville, Md. To be published.

[3] National Center for Health Statistics: Weight by height and age of adults, United States, 1960-62. *Vital and Health Statistics.* PHS Pub. No. 1000. Series 11-No. 14. Public Health Service. Washington. U.S. Government Printing Office, May 1966.

[4] Association of Life Insurance Medical Directors and Actuarial Society of America: *Medico-Actuarial Mortality Investigation,* Vol. 1. New York. 1912.

[5] Society of Actuaries: *Build and Blood Pressure Study,* Vol. 1. Chicago. 1959.

[6] Kannel, W. B., Pearson, G., and McNamara, P. M.: Obesity as a force of morbidity and mortality, in Felix P. Heald, ed., *Adolescent Nutrition and Growth.* New York. Appleton-Century-Crofts, 1962.

[7] Karpinos, B. D.: Weight-height standards based on World War II experience. *J. of Am. Stat. Assoc.* 53:408-419, June 1958.

Table 1. Coefficients of correlation and constants for linear regression equations and standard error of estimate of weight (W) on height (H) of adults aged 18-74 years: United States, 1971-74

Sex and age	Correlation	a	b	$S_{y \cdot x}$
Men				
18-24 years	.438	-172.63	4.842	27.3
25-34 years	.420	-168.67	4.941	30.5
35-44 years	.460	-187.49	5.277	27.4
45-54 years	.390	-131.83	4.454	28.4
55-64 years	.426	-173.99	5.069	28.5
65-74 years	.404	-131.64	4.385	26.0
Women				
18-24 years	.259	-56.28	2.965	28.0
25-34 years	.263	-88.62	3.587	32.1
35-44 years	.270	-94.02	3.815	35.0
45-54 years	.246	-77.17	3.587	33.8
55-64 years	.249	-68.24	3.492	33.4
65-74 years	.285	-76.38	3.583	29.0

SYMBOLS

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

Table 2. Average weights and selected percentiles for each inch of height: Men, aged 18-74 years, United States, 1971-74

Height	Age group in years						Height	Age group in years					
	18-24	25-34	35-44	45-54	55-64	65-74		18-24	25-34	35-44	45-54	55-64	65-74
	Weight in pounds							Weight in pounds					
62 inches	175	191	188	194	190	186	69 inches	209	224	224	224	225	216
	165	180	178	183	180	176		199	213	214	213	215	206
	153	167	166	171	167	165		187	200	202	201	202	195
	[130]	[141]	[143]	[147]	[143]	[143]		[164]	[174]	[179]	[177]	[178]	[173]
	107	115	120	123	119	121		141	148	156	153	154	151
	95	102	108	111	106	110		129	135	144	141	141	140
	85	91	98	100	96	100		119	124	134	130	131	130
63 inches	180	195	193	199	194	190	70 inches	213	229	229	229	230	220
	170	184	183	188	184	180		203	218	212	218	220	210
	158	171	171	176	171	169		191	205	207	206	207	199
	[135]	[145]	[148]	[152]	[147]	[147]		[168]	[179]	[184]	[182]	[183]	[177]
	112	119	125	128	123	125		145	153	161	158	159	155
	100	106	113	116	110	114		133	140	149	146	146	144
	90	95	103	105	100	104		123	129	139	135	136	134
64 inches	185	200	198	203	200	194	71 inches	218	234	235	234	236	225
	175	189	188	192	190	184		208	223	225	223	226	215
	163	176	176	180	177	173		196	210	213	211	213	204
	[140]	[150]	[153]	[156]	[153]	[151]		[173]	[184]	[190]	[187]	[189]	[182]
	117	124	130	132	129	129		150	158	167	163	165	160
	105	111	118	120	116	118		138	145	155	151	152	149
	95	100	108	109	106	108		128	134	145	140	142	139
65 inches	190	206	203	207	205	199	72 inches	223	239	239	238	240	229
	180	195	193	196	195	189		213	228	229	227	230	219
	168	182	181	184	182	178		201	215	217	215	217	208
	[145]	[156]	[158]	[160]	[158]	[156]		[178]	[189]	[194]	[191]	[193]	[186]
	122	130	135	136	134	134		155	163	171	167	169	164
	110	117	123	124	121	123		143	150	159	155	156	153
	100	106	113	113	111	113		133	139	149	144	146	143
66 inches	195	210	208	211	210	203	73 inches	228	244	245	243	244	233
	185	199	198	200	200	193		218	233	235	232	234	223
	173	186	186	188	187	182		206	220	223	220	221	212
	[150]	[160]	[163]	[164]	[163]	[160]		[183]	[194]	[200]	[196]	[197]	[190]
	127	134	140	140	139	138		160	168	177	172	173	168
	115	121	128	128	126	127		148	155	165	160	160	157
	105	110	118	117	116	117		138	144	155	149	150	147
67 inches	199	215	214	216	215	207	74 inches	233	249	250	247	250	237
	189	204	204	205	205	197		223	238	240	236	240	227
	177	191	192	193	192	186		211	225	228	224	227	216
	[154]	[165]	[169]	[169]	[168]	[164]		[188]	[199]	[205]	[200]	[203]	[194]
	131	139	146	145	144	142		165	173	182	176	179	172
	119	126	134	133	131	131		153	160	170	164	166	161
	109	115	124	122	121	121		143	149	160	153	156	151
68 inches	204	220	219	220	220	212							
	194	209	209	209	210	202							
	182	196	197	197	197	191							
	[159]	[170]	[174]	[173]	[173]	[169]							
	136	144	151	149	149	147							
	124	131	139	137	136	136							
	114	120	129	126	126	126							

NOTES: Examined persons were measured without shoes; clothing weight ranged from 0.20 to 0.62 pound, which was not deducted from weights shown.

The weight values were computed from the regression equation of weight on height by age. The values above and below the expected mean value represent the ±.8416, ±1.2816, and ±1.6449 standard error of the estimate covering within this range 60, 80, and 90 percent of the population around the mean, respectively. The first range is expected thus to identify 20, 10, and 5 percent of the population of the specific height on either side of the range.[7]

Figures in [ ] are the expected means.

Table 3. Average weights and selected percentiles for each inch of height for women by age group: United States, 1971-74

Height	Age group in years						Height	Age group in years					
	18-24	25-34	35-44	45-54	55-64	65-74		18-24	25-34	35-44	45-54	55-64	65-74
	Weight in pounds							Weight in pounds					
57 inches	160	171	183	185	187	178	63 inches	178	192	206	206	208	199
	150	159	170	172	175	167		168	180	193	193	196	188
	138	145	154	157	160	154		156	166	177	178	181	175
	[114]	[118]	[125]	[129]	[132]	[130]		[132]	[139]	[148]	[150]	[153]	[151]
	90	91	96	101	104	106		108	112	119	122	125	127
	78	77	80	86	89	93		96	98	103	107	110	114
	68	65	67	73	77	82		86	86	90	94	98	103
58 inches	163	174	187	189	191	182	64 inches	181	195	210	210	212	202
	153	162	174	176	179	171		171	183	197	197	200	191
	141	148	158	161	164	158		159	169	181	182	185	178
	[117]	[121]	[129]	[133]	[136]	[134]		[135]	[142]	[152]	[154]	[157]	[154]
	93	94	100	105	108	110		111	115	123	126	129	130
	81	80	84	90	93	97		90	101	107	110	114	117
	71	68	71	77	81	86		89	89	94	98	102	106
59 inches	166	178	191	192	195	185	65 inches	184	199	214	214	215	206
	156	166	178	179	183	174		174	187	201	201	203	195
	144	152	162	164	168	161		162	173	185	186	188	182
	[120]	[125]	[133]	[136]	[140]	[137]		[138]	[146]	[156]	[158]	[160]	[158]
	96	98	104	108	112	113		114	119	127	130	132	134
	84	84	88	93	97	100		102	105	111	115	117	121
	74	72	75	80	85	89		92	93	98	102	105	110
60 inches	169	181	195	196	198	188	66 inches	187	203	217	217	219	209
	159	169	182	183	186	177		177	191	204	204	207	198
	147	155	166	168	171	164		165	177	188	189	192	185
	[123]	[128]	[137]	[140]	[143]	[140]		[141]	[150]	[159]	[161]	[164]	[161]
	99	101	108	112	115	116		117	123	130	133	136	137
	87	87	92	97	100	103		106	109	114	118	121	124
	77	75	79	84	88	92		95	97	101	105	109	113
61 inches	172	185	199	199	202	192	67 inches	190	206	221	221	222	213
	162	173	186	186	190	181		180	194	208	208	210	202
	150	159	170	171	175	168		168	180	192	193	195	189
	[126]	[132]	[141]	[143]	[147]	[144]		[144]	[153]	[163]	[165]	[167]	[165]
	102	105	112	115	119	120		120	126	134	137	139	141
	90	91	96	100	104	107		108	112	158	122	124	128
	80	79	83	87	92	96		98	100	105	109	112	117
62 inches	175	189	202	203	205	195	68 inches	193	210	225	224	226	217
	165	177	189	190	193	184		183	198	212	211	214	206
	153	163	173	175	178	171		171	184	196	196	199	193
	[129]	[136]	[144]	[147]	[150]	[147]		[147]	[157]	[167]	[168]	[171]	[169]
	105	109	115	119	122	123		123	130	138	140	143	145
	93	95	99	104	107	110		111	116	122	125	128	132
	83	83	86	91	95	99		101	104	109	112	116	121

NOTES: Examined persons were measured without shoes; clothing weight ranged from 0.20 to 0.62 pound, which was not deducted from body weight.

The weight values were computed from the regression equation of weight on height by age. The values above and below the expected mean value represent the ±.8416, ±1.2816, and ±1.6449 standard error of the estimate covering within this range 60, 80, and 90 percent of the population around the mean, respectively. The first range is expected thus to identify 20, 10, and 5 percent of the population of the specific height on either side of the range.[7]

Figures in [ ] are the expected means.

Table 4. Average weights[1] for men and women aged 18-74 years, by age group and height: United States, 1971-74[2]

Sex and height	Age group in years					
	18-24	25-34	35-44	45-54	55-64	65-74
	Weight in pounds					
Men						
62 inches	130	141	143	147	143	143
63 inches	135	145	148	152	147	147
64 inches	140	150	153	156	153	151
65 inches	145	156	158	160	158	156
66 inches	150	160	163	164	163	160
67 inches	154	165	169	169	168	164
68 inches	159	170	174	173	173	169
69 inches	164	174	179	177	178	173
70 inches	168	179	184	182	183	177
71 inches	173	184	190	187	189	182
72 inches	178	189	194	191	193	186
73 inches	183	194	200	196	197	190
74 inches	188	199	205	200	203	194
Women						
57 inches	114	118	125	129	132	130
58 inches	117	121	129	133	136	134
59 inches	120	125	133	136	140	137
60 inches	123	128	137	140	143	140
61 inches	126	132	141	143	147	144
62 inches	129	136	144	147	150	147
63 inches	132	139	148	150	153	151
64 inches	135	142	152	154	157	154
65 inches	138	146	156	158	160	158
66 inches	141	150	159	161	164	161
67 inches	144	153	163	165	167	165
68 inches	147	157	167	168	171	169

[1]Estimated values from regression equations of weight on height for specified age groups.

[2]Height was measured without shoes. Two pounds were deducted from HES data to allow for weight of clothing; total weights of all clothing for HANES ranged from 0.20 to 0.62 pound, which was not deducted from weights shown.

Table 5. Comparison of average weights for men and women in HES (1960-62) and HANES (1971-74), by age and height: United States

Sex and height	HES 1960-62	HANES 1971-74	Excess of HANES over HES	HES 1960-62	HANES 1971-74	Excess of HANES over HES	HES 1960-62	HANES 1971-74	Excess of HANES over HES
Men	18-24 years			25-34 years			35-44 years		
62 inches	135	130	-5	139	141	+2	147	143	-4
63 inches	138	135	-3	143	145	+2	150	148	-2
64 inches	142	140	-2	148	150	+2	154	153	-1
65 inches	145	145	-	152	156	+4	158	158	-
66 inches	149	150	+1	157	160	+3	162	163	+1
67 inches	152	154	+2	161	165	+4	166	169	+3
68 inches	156	159	+3	166	170	+4	169	174	+5
69 inches	159	164	+5	170	174	+4	173	179	+6
70 inches	163	168	+5	175	179	+4	177	184	+7
71 inches	166	173	+7	179	184	+5	180	190	+10
72 inches	170	178	+8	184	189	+5	184	194	+10
73 inches	173	183	+6	188	194	+6	188	200	+12
74 inches	177	188	+11	192	199	+7	192	205	+13
Women									
57 inches	114	114	-	110	118	+8	129	125	-4
58 inches	116	117	+1	114	121	+7	132	129	-3
59 inches	118	120	+2	118	125	+7	134	133	-1
60 inches	120	123	+3	122	128	+6	136	137	+1
61 inches	123	126	+3	126	132	+6	138	141	+3
62 inches	125	129	+4	130	136	+6	141	144	+3
63 inches	127	132	+5	134	139	+5	143	148	+5
64 inches	129	135	+6	138	142	+4	145	152	+7
65 inches	132	138	+6	142	146	+4	147	156	+9
66 inches	134	141	+7	146	150	+4	150	159	+9
67 inches	136	144	+8	150	153	+3	152	163	+11
68 inches	138	147	+9	154	157	+3	154	167	+13
Men	45-54 years			55-64 years			65-74 years		
62 inches	146	147	+1	146	143	-3	142	143	+1
63 inches	150	152	+2	149	147	-2	146	147	+1
64 inches	154	156	+2	153	153	-	149	151	+2
65 inches	158	160	+2	156	158	+2	152	156	+4
66 inches	162	164	+2	160	163	+3	156	160	+4
67 inches	166	169	+3	164	168	+4	159	164	+5
68 inches	171	173	+2	167	173	+6	163	169	+6
69 inches	175	177	+2	171	178	+7	166	173	+7
70 inches	179	182	+3	174	183	+9	169	177	+8
71 inches	183	187	+4	178	189	+11	173	182	+9
72 inches	187	191	+4	182	193	+11	176	186	+10
73 inches	191	196	+5	185	197	+12	180	190	+10
74 inches	195	200	+5	189	203	+14	183	194	+11
Women									
57 inches	127	129	+2	136	132	-4	130	130	-
58 inches	130	133	+3	139	136	-3	133	134	+1
59 inches	134	136	+2	142	140	-2	136	137	+1
60 inches	138	140	+2	145	143	-2	140	140	-
61 inches	141	143	+2	148	147	-1	143	144	+1
62 inches	145	147	+2	150	150	-	147	147	-
63 inches	148	150	+2	153	153	-	150	151	+1
64 inches	152	154	+2	156	157	+1	154	154	-
65 inches	156	158	+2	159	160	+1	157	158	+1
66 inches	159	161	+2	162	164	+2	161	161	-
67 inches	163	165	+2	165	167	+2	164	165	+1
68 inches	166	168	+2	168	171	+3	168	169	+1

NOTE: Height was measured without shoes. Two pounds were deducted from HES data to allow for weight of clothing; total weights of all clothing for HANES ranged from 0.20 to 0.62 pound, which was not deducted from weights shown.

STATISTICAL NOTES

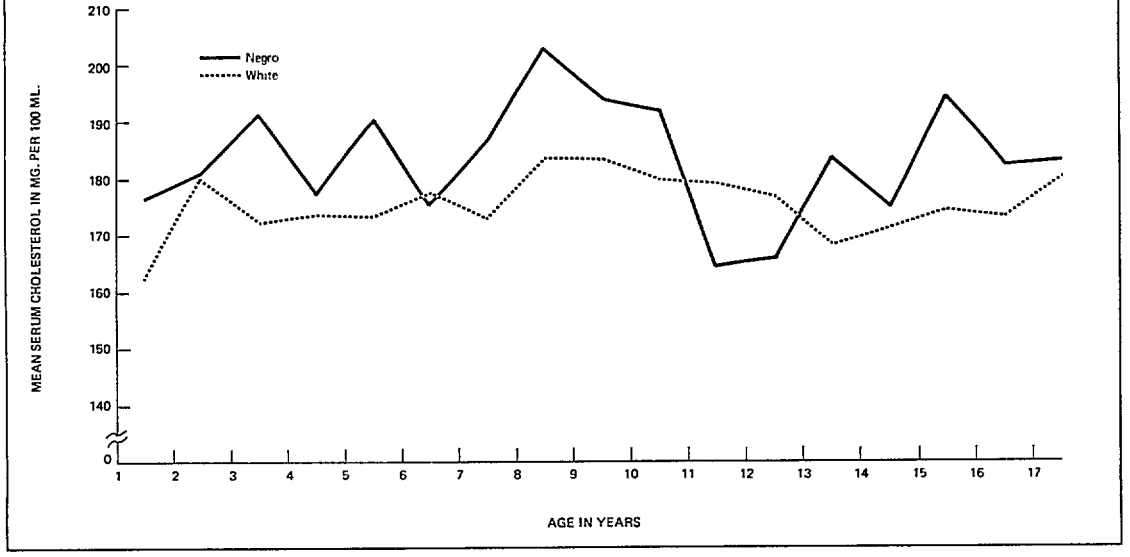
The sampling plan for the 65 examination locations in the Health and Nutrition Examination Survey (HANES) followed a highly stratified multistage probability design in which a sample of the civilian noninstitutionalized population of the conterminous United States aged 1-74 years was selected. Successive elements dealt with in the process of sampling were the primary sampling unit, census enumeration district, segment (a cluster of households), household, eligible person, and sample person. The sampling design provided for oversampling among persons living in poverty areas, preschool children, women of childbearing age, and the elderly.

The weight and height measures are shown as population estimates, that is, the body measure findings for each individual have been "weighted" by the reciprocal of the probability of selecting the person. An adjustment for persons in the sample who were not examined and poststratified ratio adjustments were also made so that the final sampling estimates of the population size are brought into closer alignment with the independent U.S. Bureau of the Census estimates for the civilian noninstitutionalized population of the United States as of November 1, 1972, by race, sex, and age.

CORRECTION TO *ADVANCE DATA* NUMBER 8

In the key to figure 3 on page 4, ——— should indicate Negro, and ▪▪▪▪▪▪▪ should indicate White as shown below.

Figure 3. MEAN SERUM CHOLESTEROL LEVELS OF GIRLS AGED 1-17 YEARS BY AGE AND RACE: UNITED STATES, 1971-74



GPO 925-091

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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ▪ Public Health Service | Number 15 ▪ December 14, 1977

National Ambulatory Medical Care Survey of Visits to General and Family Practitioners, January-December 1975[1]

According to data collected in the National Ambulatory Medical Care Survey (NAMCS), an estimated 234,660,000 visits were made to the offices of general and family practitioners (GFP's) during calendar year 1975. These visits accounted for over 41 percent of the estimated 567.6 million visits made to all office-based physicians in 1975.

The NAMCS is a sample survey designed to explore the provision and utilization of ambulatory care in the physician's office—the setting where most Americans seek health care. The survey is conducted yearly over the coterminous United States by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. The survey sample is selected from doctors of medicine and osteopathy who are engaged in office-based, patient care practice. In its current scope, the NAMCS excludes physicians practicing in Alaska and Hawaii, physicians whose specialty is anesthesiology, pathology, or radiology, and physicians in Government service.

For a listing of publications describing the development of the survey and definitions of terms used in the survey see the Technical Notes. A detailed explanation of the sample design and the relative standard errors associated with selected aggregate statistics may be found in that section.

Provisional NAMCS data for calendar year 1974 regarding general and family practitioners have been published.[2] Caution should be exercised in making comparisons between 1975 estimates and the provisional 1974 estimates previously published. Since the 1974 provisional data were released, refinement of the procedures used to project the national estimates from the sample findings has resulted in a lowering of the final 1974 numerical estimates of office visits by 8 to 9 percent. In particular, the provisional estimate of 263.4 million office visits to general and family practitioners in 1974 was finalized to reflect the more accurate figure of 242.9 million office visits. Final distributions and percents, however, were virtually unchanged. The number of total office visits for all specialties for calendar year 1974, estimated at 634.1 million in the previous publication, has been adjusted to 577.8 million.[3]

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[1] This report was prepared by Beulah K. Cypress, Ph.D., Division of Health Resources Utilization Statistics.

[2] National Center for Health Statistics: National Ambulatory Medical Care Survey: National Ambulatory Medical Care Survey of Visits to General and Family Physicians, January 1974-December 1974. *Monthly Vital Statistics Report.* Vol. 25-No. 2, Supp. 2. DHEW Pub. No. (HRA) 76-1120. Health Resources Administration. Rockville, Md. May 19, 1976.

[3] National Center for Health Statistics: Ambulatory medical care rendered in physicians' offices, United States, 1975. *Advance Data From Vital and Health Statistics,* No. 12. DHEW Pub. No. (HRA) 77-1250. Health Resources Administration. Hyattsville, Md. October 12, 1977.

DATA HIGHLIGHTS

A comparison of visits made to office-based physicians in the most-visited specialties reveals that visits to GFP's during 1975—234.7 million—exceeded the total estimated visits to the next four leading specialties combined—198.2 million (table 1).

Table 1. Number and percent of visits to office-based physicians, by the most-visited specialties: United States, January-December 1975

Most-visited specialty	Number of visits in thousands	Percent of visits
GENERAL AND FAMILY PRACTICE	234,660	41.3
Internal medicine	62,117	10.9
Obstetrics and gynecology	48,076	8.5
Pediatrics	46,684	8.2
General surgery	41,292	7.3

Type and Location of Practice

More visits were made to general and family practitioners electing solo practice—73 percent—than to physicians having group or partnership arrangements—27 percent (table 2). This reflects the fact that about 74 percent of GFP's were engaged in solo practice in 1975.

While visits to the offices of GFP's located within standard metropolitan statistical areas (SMSA's)[4] outnumbered visits to nonmetropolitan-based offices (table 2), there was less disparity between location categories than appeared in other specialties. Table 3 illustrates this difference.

A greater number of visits to metropolitan-based GFP's is reasonable since about 70 percent of the population resides within SMSA's, and approximately 65 percent of physicians in general and family practice are located within SMSA's. However, the annual rate of visits to nonmetropolitan offices of GFP's (146 visits per 100 persons) was more than half again as much as the rate within SMSA's (94 visits per 100 persons)—an indication that the population outside of SMSA's tends to visit GFP's more often than those within SMSA's.

Patient's Age, Sex, and Color

The number of visits to office-based general and family practitioners increased with age, the greatest number occurring in the age interval from 45 to 64 years (table 2). For persons 65 years and over, the rate of annual visits was triple the rate for persons under 15 years of age.

Visits by females outnumbered visits by males by a ratio of about 3 to 2 (table 2). Further, the tendency of females to make more visits to the physician was clearly reflected in their higher rate of annual visits. For every 100 persons, there were 130 visits by females. For males, this rate was 95 visits for 100 persons.

Table 4 shows the influence of sex and age on percent and annual rate of visits. Female visits exceeded male visits in every age category except that under 15 years.

White persons (88.5 percent) outnumbered all other persons (11.5 percent) in office visits to GFP's (table 2). The annual rate of office visits was also higher for white persons than for the rest of the population. These data could indicate that members of other races availed themselves more often of other means of ambulatory medical care since the NAMCS includes only office-based care.

Visits described by the joint classification, white and female, were greater than by any other combination of sex and color as shown in table 5.

[4] An SMSA is defined as a group of contiguous counties containing at least one city of 50,000 inhabitants or more, or two contiguous cities with a combined population of at least 50,000 inhabitants. The distinction "metropolitan/nonmetropolitan" should not be confused with "urban/suburban" or "urban/rural" since an SMSA may contain urban, suburban, and rural subsections.

Table 2. Number, percent distributions, and number of visits per 100 persons per year to office-based general and family practitioners by type and location of the physician's practice and by age, sex, and color of the patient: United States, January-December 1975

Selected physician and patient characteristics	Number of visits in thousands	Percent distributions of visits	Number of visits per 100 persons per year[1]
All visits	234,660	100.0	113
PHYSICIAN CHARACTERISTIC			
Type of practice			
Solo	171,010	72.9	---
Other[2]	63,650	27.1	---
Location[3]			
Metropolitan	136,533	58.2	94
Nonmetropolitan	98,127	41.8	146
PATIENT CHARACTERISTIC			
Age			
Under 15 years	33,772	14.4	65
15-24 years	37,568	16.0	96
25-44 years	56,476	24.1	108
45-64 years	64,502	27.5	152
65 years and over	42,343	18.0	194
Sex			
Female	138,904	59.2	130
Male	95,756	40.8	95
Color			
White	207,660	88.5	115
Other[4]	27,000	11.5	99

[1] Based on population estimates for July 1, 1975, Bureau of the Census, Current Population Reports, Series P-25 and P-26.
[2] Includes partnership and group practices.
[3] Signifies location within or outside the standard metropolitan statistical areas (SMSA's).
[4] Of this category, about 81 percent are visits by blacks.

Major Reasons for Visit

The data concerning the most frequent complaints, symptoms, or other reasons for a patient's visit (table 6) were derived from an item on the survey form that elicited the reason for visit recorded by the physician as nearly as possible in the patient's own words. The broad clinical range of the GFP's practice is demonstrated by the fact that it required 18 reasons to account for only half of all visits.

Table 3. Percent distribution of visits to office-based physicians by location, according to specialty: United States, January-December 1975

Location	General and family practice	Internal medicine	Obstetrics and gynecology	Pediatrics
	Percent distribution of visits			
Total---	100.0	100.0	100.0	100.0
Metropolitan-----	58.2	84.6	81.9	89.1
Nonmetropolitan--	41.8	15.4	18.1	10.9

Table 4. Percent and annual rate of visits to office-based general and family practitioners, by sex and age of the patient: United States, January-December 1975

Age of patient	Percent of all visits		Annual rate of visits per 100 persons	
	Female	Male	Female	Male
Under 15 years----------	6.5	7.8	60	69
15-24 years-----	9.7	6.3	118	75
25-44 years-----	15.0	9.1	133	85
45-64 years-----	16.8	10.7	178	123
Over 65 years---	11.1	7.0	202	183

In examining the major reasons for a visit shown in item 8 of the Patient Record form, it is estimated that over 2 million visits at least partly involved family planning, and over 6 million visits involved prenatal and postnatal care. Only the obstetrician-gynecologist exceeded the GFP in the number of visits for these three reasons.

Table 5. Percent of visits to office-based general and family practitioners, by sex and color: United States, January-December 1975

Color of patient	Percent of all visits	
	Female	Male
White----------	52.1	36.3
All other----------	7.1	4.4

Principal Diagnosis

Table 7 lists the 25 most common principal diagnoses assigned by GFP's to office visits. These diagnoses constituted about one-half of all visits made to office-based GFP's in 1975.

Table 8 shows the number of principal diagnoses according to major ICDA[5] groups. The following four diagnostic groups account for slightly more than 50 percent of all principal diagnoses rendered:

Diseases of the respiratory system,
Special conditions and examinations without sickness,
Diseases of the circulatory system,
Accidents, poisonings, and violence.

Diagnostic and Therapeutic Services

Limited or general histories and examinations were performed during about two-thirds of all general and family practitioner (GFP) office visits (table 9).

Blood pressure checks, performed during 40 percent of all GFP visits, were done frequently

[5] *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA).*

Table 6. Number, percent, and cumulative percent of visits to office-based general and family practitioners, by the 25 most frequent patient problems, complaints, or symptoms classified by the National Ambulatory Medical Care Survey (NAMCS) symptom classification code: United States, January-December 1975

Rank	Most frequent patient problem, complaint, or symptom and NAMCS code[1]	Number of visits in thousands	Percent of visits	Cumulative percent
1	General and required physical examinations---900,901	11,582	4.9	4.9
2	Problems of back---415	9,535	4.1	9.0
3	Throat soreness---520	9,005	3.8	12.8
4	Problems of lower extremity---400	8,847	3.8	16.6
5	Abdominal pain---540	7,279	3.1	19.7
6	Problems of upper extremity---405	7,234	3.1	22.8
7	Cough---311	7,046	3.0	25.8
8	Visit for medication---910	6,436	2.7	28.5
9	Fatigue---004	6,221	2.7	31.2
10	Cold---312	6,077	2.6	33.8
11	Headache---056	5,836	2.5	36.3
12	Pregnancy examination---905	5,709	2.4	38.7
13	Pain in chest---322	4,919	2.1	40.8
14	Allergic skin reaction---112	4,711	2.0	42.8
15	Wounds of skin---116	4,576	2.0	44.8
16	High blood pressure---205	4,432	1.9	46.7
17	Surgical aftercare---986	4,414	1.9	48.6
18	Weight gain---010	3,643	1.6	50.2
19	Vertigo—dizziness---069	3,554	1.5	51.7
20	Problems of face, neck---410	3,161	1.4	53.1
21	Earache---735	3,147	1.3	54.4
22	Fever---002	3,087	1.3	55.7
23	Gynecologic examination---904	2,749	1.2	56.9
24	Shortness of breath---306	2,620	1.1	58.0
25	Flu---313	2,560	1.1	59.1

[1] Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS.

for patients over 44 years of age and rarely for patients under 15 years. For persons over 44 years of age, 53 percent of visits included determination of arterial pressure and in only 10 percent of visits by patients under 15 years was arterial pressure measured. Drugs were the most common form of therapeusis. About 56 percent of visits resulted in administration or prescription of drugs.

Prior Visit Status

Patients tended to remain under the care of the same physician since 7 of 8 visits to GFP's were made by "old" (returning) patients (table 10). Of these, about two-thirds related to problems the physician had treated previously.

Seriousness of Problem

The data on seriousness of problem expressed the physician's judgment as to the extent of impairment that might result if no care were available for the given problem. They should be viewed in the context of the nature of the specialist's practice.

Problems presented by patients when visiting the office of the GFP tended toward the lower range of the "seriousness" scale (table 10). The largest proportion of visits (48 percent) were

Table 7. Number, percent and cumulative percent of visits to office-based general and family practitioners, by the 25 most common ICDA-coded principal diagnosis: United States, January-December 1975

Rank	Most common principal diagnosis and ICDA code[1]	Number of visits in thousands	Percent of visits	Cumulative percent
1	Medical or special examination----------Y00	14,690	6.3	6.3
2	Essential benign hypertension----------401	13,904	5.9	12.2
3	Acute upper respiratory infection, site unspecified----------465	8,505	3.6	15.8
4	Diabetes mellitus----------250	5,780	2.5	18.3
5	Medical and surgical aftercare----------Y10	5,602	2.4	20.7
6	Acute pharyngitis----------462	5,204	2.2	22.9
7	Chronic ischemic heart disease----------412	5,141	2.2	25.1
8	Other eczema and dermatitis----------692	5,075	2.2	27.3
9	Influenza, unqualified----------470	4,927	2.1	29.4
10	Obesity----------277	4,905	2.1	31.5
11	Neuroses----------300	4,126	1.8	33.3
12	Bronchitis, unqualified----------490	3,903	1.7	35.0
13	Acute tonsillitis----------463	3,884	1.7	36.7
14	Arthritis, unspecified----------715	3,457	1.5	38.2
15	Cystitis----------595	3,203	1.4	39.6
16	Otitis media----------381	3,087	1.3	40.9
17	Osteoarthritis----------713	2,895	1.2	42.1
18	Synovitis, bursitis----------731	2,868	1.2	43.3
19	Other nonarticular rheumatism----------717	2,818	1.2	44.5
20	Diarrheal disease----------009	2,709	1.2	45.7
21	Menopausal symptoms----------627	2,562	1.1	46.8
22	Chronic sinusitis----------503	2,546	1.1	47.9
23	Hay fever----------507	2,503	1.1	49.0
24	Sprains, strains of sacroiliac region----------846	2,437	1.0	50.0
25	Inoculations and vaccinations----------Y02	2,347	1.0	51.0

[1]Diagnostic groupings and code number inclusions are based on the Eighth Revision International Classification of Diseases, Adapted for Use in the United States.

rated "not serious" followed by about 35 percent rated "slightly serious." Only 17 percent of visits were judged "serious" or "very serious." Since much of office practice focuses on preventive and maintenance care, this result was predictable.

Disposition and Duration of Visit

More than half (51 percent) of the visits to the GFP resulted in the specific direction to return at a particular time (table 10). An additional one-third involved followup if needed or followup by telephone. A very small proportion (slightly more than 1 percent) of the GFP's patients were admitted to a hospital. This also supports the findings that ambulatory office care focuses on preventive care and health maintenance with an accompanying small proportion of cases judged "serious."

The average time spent in face-to-face encounter between the GFP and the patient was about 13 minutes, slightly less than the average time for the 13 most-visited specialties. While the duration of most visits was 6-15 minutes (as evidenced by the average), the proportion of visits consuming 16-30 minutes tended to increase as the problems were judged more serious.

Table 8. Number and percent distribution of visits to office-based general and family practitioners, by principal diagnosis classified by ICDA group: United States, January-December 1975

Principal diagnosis and ICDA code[1]	Number of visits in thousands	Percent distribution of visits
All principal diagnoses	234,660	100.0
Infective and parasitic diseases 000-136	10,878	4.6
Neoplasms 140-239	2,795	1.2
Endocrine, nutritional, and metabolic diseases 240-279	13,568	5.8
Diseases of the blood and blood-forming organs 280-289	3,043	1.3
Mental disorders 290-315	7,064	3.0
Diseases of the nervous system and sense organs 320-389	10,906	4.7
Diseases of the circulatory system 390-458	29,005	12.4
Diseases of the respiratory system 460-519	43,304	18.5
Diseases of the digestive system 520-577	9,154	3.9
Diseases of the genitourinary system 580-629	14,946	6.4
Diseases of the skin and subcutaneous tissue 680-709	10,721	4.6
Diseases of the musculoskeletal system 710-738	16,668	7.1
Symptoms and ill-defined conditions 780-796	9,220	3.9
Accidents, poisonings, and violence 800-999	20,168	8.6
Special conditions and examinations without sickness Y00-Y13	30,188	12.9
Other diagnoses[2]	544	0.2
Diagnosis "none" or unknown[3]	2,486	1.1

[1] Diagnostic groupings and code number inclusions are based on the Eighth Revision International Classification of Diseases, Adapted for Use in the United States.

[2] Complications of pregnancy, childbirth and the puerperium (630-678), congenital anomalies (740-759), certain causes of perinatal morbidity and mortality (760-779).

[3] Includes blank, noncodeable, and illegible diagnoses.

Table 9. Number and percent distribution of visits to office-based general and family practitioners by diagnostic and therapeutic services ordered or provided: United States, January-December 1975

Diagnostic and therapeutic service ordered or provided	Number of visits in thousands	Percent of visits[1]
All visits	234,660	100.0
No services provided	4,082	1.7
Diagnostic services:		
Limited history/examination	130,516	55.6
General history/examination	29,570	12.6
Clinical lab test	50,618	21.6
X-ray	14,638	6.2
Blood pressure check	94,358	40.2
EKG	5,418	2.3
Hearing test	1,831	0.8
Vision test	3,307	1.4
Endoscopy	1,474	0.6
Therapeutic services:		
Drug administered or prescribed[2]	130,479	55.6
Injection	50,476	21.5
Immunization/desensitization	8,659	3.7
Office surgery	12,113	5.2
Physiotherapy	7,834	3.3
Medical counseling	27,378	11.7
Psychotherapy/therapeutic listening	6,715	2.9
Other services provided	8,451	3.6

[1]Percents will not add to 100 because most patient visits required the provision of more than one treatment or service.

[2]Includes prescription and nonprescription drugs.

Table 10. Number and percent distributions of visits to office-based general and family practitioners by prior-visit status, seriousness of problem, disposition and duration of visit: United States, January-December 1975

Selected visit characteristics	Number of visits in thousands	Percent distributions of visit
All visits	234,660	100.0
Prior-visit status		
Patient seen for the first time	29,847	12.7
Patient seen before—for another problem	71,446	30.5
Patient seen before—for current problem	133,367	56.8
Seriousness of problem		
Serious and very serious	39,941	17.0
Slightly serious	82,440	35.1
Not serious	112,279	47.9
Disposition[1]		
No followup planned	36,326	15.5
Return at specified time	120,379	51.3
Return if needed	68,444	29.2
Telephone followup	8,658	3.7
Referred to other physician/agency	6,957	3.0
Admit to hospital	2,861	1.2
Other[2]	2,276	1.0
Duration of visit[3]		
0 minutes	3,885	1.7
1-5 minutes	48,156	20.5
6-10 minutes	79,964	34.1
11-15 minutes	58,478	24.9
16-30 minutes	39,815	17.0
31 minutes or more	4,362	1.9

[1]Percents will not add to 100 because some patient visits had more than one disposition.
[2]Includes return to referring physician.
[3]Signifies time spent in face-to-face encounter between physician and patient.

TECHNICAL NOTES

SOURCE OF DATA: Data presented in this report were obtained during 1975 through the National Ambulatory Medical Care Survey (NAMCS). The target population of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to physicians who are principally engaged in office practice.

SAMPLE DESIGN: The 1975 NAMCS utilized a multistage probability design that involved samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Within the 87 PSU's composing the first stage of selection, a sample of approximately 3,500 physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. Sampled physicians, randomly assigned to 1 of the 52 weeks in the survey year, were requested to complete Patient Records (brief encounter forms) for a systematic random sample of office visits taking place within their practice during the assigned reporting period. (A facsimile of the Patient Record used is shown in a previous issue of *Advance Data From Vital and Health Statistics,* No. 12, October 12, 1977.) Additional data concerning physician practice characteristics such as primary specialty and type of practice were obtained during an induction interview.

A complete description of the survey's background and development has been presented in an earlier publication in Series 2 of *Vital and Health Statistics* (No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974). A detailed description of the 1975 NAMCS design and procedures will be presented in future publications.

SAMPLING ERRORS: Since the estimates for this report are based on a sample rather than the entire universe, they are subject to sampling variability. The standard error is primarily a measure of sampling variability. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for the estimated percentages of office visits are shown in table II.

Table I. Approximate relative standard errors of estimated numbers of office visits

Estimate in thousands	Relative standard error in percentage points
500	30.1
1,000	21.4
2,000	15.3
5,000	10.0
10,000	7.5
30,000	5.1
100,000	4.0
550,000	3.5

Example of use of table: An aggregate of 80,000,000 has a relative standard error of 4.3 percent or a standard error of 3,440,000 (4.3 percent of 80,000,000).

Table II. Approximate standard errors of percentages for estimated numbers of office visits

Base of percentage (number of visits in thousands)	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
1,000	2.1	4.6	6.3	8.5	9.7	10.6
3,000	1.2	2.7	3.7	4.9	5.6	6.1
5,000	0.9	2.1	2.8	3.8	4.3	4.7
10,000	0.7	1.5	2.0	2.7	3.1	3.3
50,000	0.3	0.7	0.9	1.2	1.4	1.5
100,000	0.2	0.5	0.6	0.8	1.0	1.1
500,000	0.1	0.2	0.3	0.4	0.4	0.5

Example of use of table: An estimate of 30 percent based on an aggregate of 75,000,000 has a standard error of 1.2 percent. The relative standard error of 30 percent is 4.0 percent (1.2 percent÷30 percent).

ROUNDING: Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on the basis of original, un-

rounded figures. Due to rounding of percents, the sum of percentages may not equal 100.0 percent.

DEFINITIONS: An *ambulatory patient* is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

An *office* is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering health services.

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in practice who spends time in caring for ambulatory patients at an office location. Excluded from NAMCS are physicians who specialize in anesthesiology, pathology, radiology; physicians who are federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

SYMBOLS

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

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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ▪ Public Health Service | Number 16 ▪ February 7, 1978

Office Visits to Internists: National Ambulatory Medical Care Survey, United States, 1975[1]

According to data collected in the National Ambulatory Medical Care Survey (NAMCS), an estimated 62,117,000 visits were made to the offices of internists during calendar year 1975. These visits accounted for almost 11 percent of the estimated total visits made to all office-based physicians in 1975.

The NAMCS is a sample survey designed to explore the provision and utilization of ambulatory care in the physician's office—the setting where most Americans seek health care. The survey is conducted yearly over the coterminous United States by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. The survey sample is selected from doctors of medicine and osteopathy who are engaged in office-based, patient care practice. In its current scope, the NAMCS excludes physicians practicing in Alaska and Hawaii; physicians whose specialty is anesthesiology, pathology, or radiology; and physicians in Government service.

Definitions of terms used in the survey and a detailed explanation of the sample design and the relative standard errors associated with selected aggregate statistics may be found in the Technical Notes. A copy of the Patient Record appears in an earlier report.[2]

DATA HIGHLIGHTS

Comparison of visits made to office-based physicians in the five most visited specialties shows that visits to internists were exceeded only by the number of visits made to general and family practitioners (table 1).

Table 1. Number and percent of visits to office-based physicians, by selected physician specialties: United States, January-December 1975

Selected specialty	Number of visits in thousands	Percent of visits
General and family practice	234,660	41.3
Internal medicine	62,117	10.9
Obstetrics and gynecology	48,076	8.5
Pediatrics	46,684	8.2
General surgery	41,292	7.3

[1]This report was prepared by Beulah K. Cypress, Ph.D., *Division of Health Resources Utilization Statistics.*

[2]National Center for Health Statistics: Ambulatory medical care rendered in physicians' offices: United States, 1975. *Advance Data From Vital and Health Statistics*, No. 12, DHEW Pub. No. (HRA) 77-1250. Health Resources Administration. Hyattsville, Md., Oct. 12, 1977.

Table 2. Number, percent distributions, and annual rate of visits to office-based internists by type and location of practice, and age, sex, and color of patient: United States, January-December 1975

Selected physician and patient characteristics	Number of visits in thousands	Percent distributions of visits	Annual rate of visits per 100 in population[1]
All visits	62,117	100.0	...
Type of practice			
Solo	33,706	54.3	...
Other[2]	28,411	45.7	...
Location of practice[3]			
Metropolitan	52,543	84.6	37
Nonmetropolitan	9,574	15.4	14
Age			
Under 15 years	2,047	3.3	4
15-24 years	5,474	8.8	14
25-44 years	13,106	21.1	25
45-64 years	23,565	37.9	56
65 years and over	17,925	28.9	82
Sex			
Female	36,978	59.5	35
Male	25,139	40.5	25
Color			
White	56,438	90.9	31
All other[4]	5,679	9.1	21

[1]Based on population estimates for July 1, 1975: Bureau of the Census, Current Population Reports, Series P-25 and P-26.

[2]Includes partnership and group practices.

[3]Signifies location within or outside the standard metropolitan statistical areas (SMSA's).

[4]Of this category about 82 percent are visits by black persons.

Type and Location of Practice

About 54 percent of visits to internists were to those in solo practice (table 2). This is a direct reflection of the fact that about 52 percent of the internists in the NAMCS sample were estimated to have been engaged in solo practice.

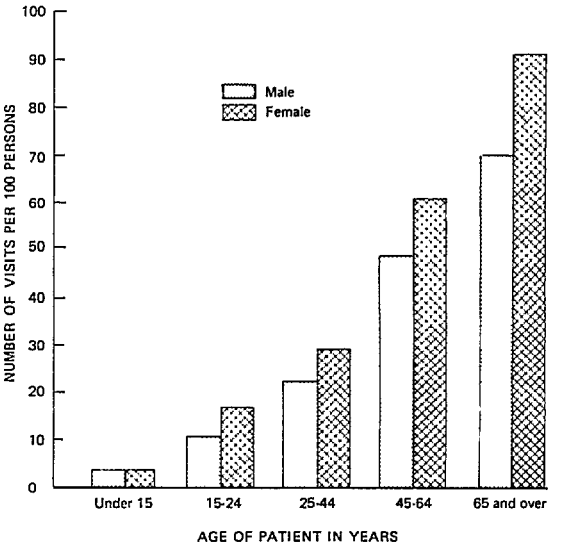
Table 2 also shows that 85 percent of the visits to internists were to offices located within standard metropolitan statistical areas (SMSA's),[3] a probable number since about 70 percent of the population reside within SMSA's. However, the visit rate was more than twice as high for visits to offices in metropolitan locations (37 visits for each 100 persons in metropolitan areas). This may signify an inclination for some of the population outside of SMSA's to visit internists within SMSA's.

Age, Sex, and Color of Patient

Information derived from table 2 indicates that the number of office visits to internists increased with advancing age to age 65 years, the greatest number occurring in the age interval from 45 to 64 years; and a very small number (about 3 percent) representing the group under 15 years of age. The annual rate of visits also shows a steady increase with age across all age groups.

Two of three visits were made by females, as shown in table 2. This is partly explained by the fact that females (51 percent) outnumbered males (49 percent) in the general population. However, the tendency of females to visit the internist more often is demonstrated by their higher rate of annual visits. Figure 1 illustrates the influence of sex and age on the annual visit rate. The annual rate of female visits exceeded the annual rate for males in every age category except under 15 years. The difference became greater after the age of 44, with the largest difference in annual rate between females and males occurring in the age group 65 years and over.

Figure 1. ANNUAL RATE OF VISITS TO INTERNISTS PER 100 IN POPULATION BY SEX AND AGE OF PATIENT: UNITED STATES, JANUARY-DECEMBER 1975.



Visits by white persons (91 percent) outnumbered visits by all others (9 percent) to internists, paralleling to some degree the population ratio. However, the average annual rate of office visits was also higher for white persons—31 visits for each 100 white persons in the population were made to internists' offices, whereas members of other races visited at a rate of 21 out of 100. These data are similar to percentages found for general and family practitioners and could indicate that members of other races avail themselves more often of other means of ambulatory medical care since the NAMCS includes only office-based care.

[3]An SMSA is defined as a group of contiguous counties containing at least one city of 50,000 inhabitants or more, or two contiguous cities with a combined population of at least 50,000 inhabitants. The distinction "metropolitan/nonmetropolitan" should not be confused with "urban/suburban" or "urban/rural" since an SMSA may contain urban, suburban, and rural subsections.

Table 3. Number and percent of visits to office-based internists, by sex and color of patient: United States, January-December 1975

Color of patient	Female	Male
	Percent of all visits	
White	53.7	37.1
All other	5.8	3.3

The domination of the internist's patient load by the white female is illustrated in the matrix shown in table 3.

Patient's Major Complaint, Symptom, or Other Reason for Visit

The data in table 4 are derived from an item on the survey form which elicits the reason for visit recorded by the physician as nearly as possible in the patient's own words. The symptoms presented by patients covered a broad spectrum

Table 4. Number, percent, and cumulative percent of visits to office-based internists, by the 20 most frequent patient problems, complaints, or symptoms: United States, January-December 1975

Rank	20 most frequent patient problems, complaints, or symptoms and NAMCS code[1]	Number of visits in thousands	Percent of visits	Cumulative percent of visits
1	General and required physical examinations-900,901	3,455	5.6	5.6
2	Pain in chest-322	2,834	4.6	10.2
3	Problems of lower extremity-400	2,724	4.4	14.6
4	Fatigue-004	2,460	4.0	18.6
5	Abdominal pain-540	2,292	3.7	22.3
6	High blood pressure-205	1,823	2.9	25.2
7	Problems of back region-415	1,756	2.8	28.0
8	Cough-311	1,694	2.7	30.7
9	Problems of upper extremity-405	1,500	2.4	33.1
10	Vertigo—dizziness-069	1,427	2.3	35.4
11	Shortness of breath-306	1,365	2.2	37.6
12	Headache-056	1,262	2.0	39.6
13	Throat soreness-520	1,137	1.8	41.4
14	Diabetes mellitus-991	1,072	1.7	43.1
15	Cold-312	960	1.6	44.7
16	Visits for medication-910	884	1.4	46.1
17	Nervousness-810	831	1.3	47.4
18	Problems of face, neck-410	749	1.2	48.6
19	Allergic skin reactions-112	716	1.2	49.8
20	Other symptoms referable to cardiovascular system-220	672	1.1	50.9

[1]Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS.

of problems since the 20 most common reasons for visit constituted only about half of all visits.

Principal Diagnosis[4]

Table 5 lists the 20 most common principal diagnoses assigned by internists to office visits. These diagnoses covered about one-half of all visits made to office-based internists in 1975.

Table 6 shows the number of principal diagnoses according to major ICDA groups.[5] The

[4]Principal diagnosis is the first diagnosis listed by the physician on the Patient Record.

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

Table 5. Number, percent, and cumulative percent of visits to office-based internists by the 20 most common ICDA 3-digit categories containing the principal diagnosis: United States, January-December 1975

Rank	20 most common ICDA 3-digit categories and code[1]	Number of visits in thousands	Percent of visits	Cumulative percent of visits
1	Essential benign hypertension----------401	5,781	9.3	9.3
2	Chronic ischemic heart disease----------412	4,894	7.9	17.2
3	Diabetes mellitus----------250	2,777	4.5	21.7
4	Medical or special examination----------Y00	2,566	4.1	25.8
5	Acute upper respiratory infection-------465	1,588	2.6	28.4
6	Neuroses----------300	1,430	2.3	30.7
7	Osteoarthritis and allied conditions----713	1,414	2.3	33.0
8	Symptomatic heart disease----------427	1,253	2.0	35.0
9	Medical and surgical aftercare----------Y10	1,101	1.8	36.8
10	Rheumatoid arthritis and allied conditions----------712	1,011	1.6	38.4
11	Obesity----------277	983	1.6	40.0
12	Observation, without need for further medical care----------793	838	1.3	41.3
13	Emphysema----------492	837	1.3	42.6
14	Hay fever----------507	749	1.2	43.8
15	Other eczema and dermatitis----------692	746	1.2	45.0
16	Other nonarticular rheumatism----------717	727	1.2	46.2
17	Synovitis, bursitis, and tenosynovitis--731	662	1.1	47.3
18	Arthritis, unspecified----------715	628	1.0	48.3
19	Symptoms referable to respiratory system----------783	614	1.0	49.3
20	Bronchitis, unqualified----------490	577	1.0	50.2

[1]Diagnostic groupings and code number inclusions are based on the Eighth Revision International Classification of Diseases, Adapted for Use in the United States.

Table 6. Number and percent distribution of visits to office-based internists by principal diagnosis classified by major ICDA groups: United States, January-December 1975

Principal diagnosis classified by ICDA group and code[1]	Number of visits in thousands	Percent distribution of visits
All principal diagnoses	62,117	100.0
Infective and parasitic diseases 000-136	1,737	2.8
Neoplasms 140-239	2,310	3.7
Endocrine, nutritional, and metabolic diseases 240-279	5,678	9.1
Diseases of the blood and blood-forming organs 280-289	760	1.2
Mental disorders 290-315	2,250	3.6
Diseases of the nervous system and sense organs 320-389	2,033	3.3
Diseases of the circulatory system 390-458	15,436	24.9
Diseases of the respiratory system 460-519	7,295	11.7
Diseases of the digestive system 520-577	3,422	5.5
Diseases of the genitourinary system 580-629	2,327	3.8
Diseases of the skin and subcutaneous tissue 680-709	1,597	2.6
Diseases of the musculoskeletal system and connective tissue 710-738	5,332	8.6
Symptoms and ill-defined conditions 780-796	4,085	6.6
Accidents, poisonings, and violence 800-999	2,674	4.3
Special conditions and examinations without sickness Y00-Y13	4,317	7.0
Other diagnoses, "none," and unknown[2]	865	1.4

[1]Diagnostic groupings and code number inclusions are based on the Eighth Revision International Classification of Diseases, Adapted for Use in the United States.

[2]630-678, Complications of pregnancy, childbirth, and the puerperium; 740-759, Congenital anomalies; blank, noncodable, and illegible diagnoses.

following four diagnostic groups accounted for over 54 percent of all principal diagnoses rendered, with almost half of these included in diseases of the circulatory system: diseases of the circulatory system; diseases of the respiratory system; endocrine, nutritional, and metabolic diseases; and diseases of the musculoskeletal system and connective tissue.

Diagnostic and Therapeutic Services

Blood pressure checks were provided in over 61 percent of all visits, and EKG's were performed in 14 percent of visits to the internist (table 7). Only 33 percent of visits to all office-based physicians included blood pressure checks, with an EKG performed in only 3 percent of all visits, reflecting the high degree of diseases of the circulatory system diagnosed by internists. Almost half of all visits to the internist resulted in a drug administered or prescribed. Medical counseling was included in almost 18 percent of the visits to the internist, about 6 percent more than to all office-based physicians.

Table 7. Number and percent distribution of visits to office-based internists, by diagnostic and therapeutic services ordered or provided: United States, January-December 1975

Diagnostic and therapeutic services ordered or provided[1]	Number of visits in thousands	Percent of visits
All visits	62,117	100.0
No services provided	832	1.3
Diagnostic services		
Limited history or examination	38,132	61.4
General history or examination	12,498	20.1
Clinical lab test	23,893	38.5
X-ray	8,131	13.1
Blood pressure check	38,156	61.4
EKG	8,663	14.0
Hearing test	932	1.5
Vision test	1,465	2.4
Endoscopy	1,005	1.6
Therapeutic services		
Drug administered or prescribed[2]	30,761	49.5
Injection	7,209	11.6
Immunization or desensitization	1,596	2.6
Office surgery	905	1.5
Physiotherapy	701	1.1
Medical counseling	11,078	17.8
Psychotherapy or therapeutic listening	1,667	2.7
Other services provided	1,075	1.7

[1]Percents will not add to 100 because most patient visits required the provision of more than one treatment or service.
[2]Includes prescription and nonprescription drugs.

Prior Visit Status and Seriousness of Problem

Data from tables 8 and 9 indicate that about 7 of 8 visits to internists were by returning patients, with continuing problems presented by 6 of 8 patients the physician had seen before. The greater the age of the patient, the greater was the tendency to visit with a recurring problem.

Tables 8 and 9 also provide data that express the physician's judgment as to the extent of impairment that might result if no care were available for the given problem. They should be viewed in the context of the specialist's practice.

About 71 percent of all visits were judged by the internist as either not serious or slightly serious. However, the tendency to judge cases as belonging in the more serious category increased with advancing age of the patient.

Table 8. Number and percent distributions of visits to office-based internists by prior visit status, seriousness of problem, disposition of visit, and duration of visit: United States, January-December 1975

Selected visit characteristics	Number of visits in thousands	Percent of visits
All visits	62,117	100.0
Prior visit status		
Patient seen for the first time	8,122	13.1
Patient seen before for another problem	12,995	20.9
Patient seen before for current problem	41,000	66.0
Seriousness of problem		
Serious and very serious	17,751	28.6
Slightly serious	20,883	33.6
Not serious	23,484	37.8
Disposition[1]		
No followup	5,635	9.1
Return at specified time	42,467	68.4
Return if needed	10,248	16.5
Telephone followup	3,099	5.0
Referred to other physician/agency	2,751	4.4
Admit to hospital	1,037	1.7
Other[2]	890	1.4
Duration of visit[3]		
0 minute (no face-to-face encounter with physician)	420	0.7
1-5 minutes	3,504	5.6
6-10 minutes	15,381	24.8
11-15 minutes	22,110	35.6
16-30 minutes	15,293	24.6
31 minutes or more	5,410	8.7

[1]Percents will not add to 100 because some patient visits had more than one disposition.

[2]Includes return to referring physician.

[3]Signifies time spent in face-to-face encounter between physician and patient.

Table 9. Number and percent distributions of visits to office-based internists by prior visit status and seriousness of problem, according to age, sex, and color of patient: United States, January-December 1975

Age, sex, and color of patient	Number of visits in thousands	Percent distribution of visits	Prior visit status			Seriousness of problem		
			Patient seen for the first time	Patient seen before		Serious or very serious	Slightly serious	Not serious
				For another problem	For current problem			
All visits	62,117	100.0	13.1	20.9	66.0	28.6	33.6	37.8
Age								
Under 15 years	2,047	100.0	28.7	40.0	31.3	10.6	27.3	62.2
15-24 years	5,474	100.0	31.0	32.2	36.8	12.0	28.2	59.9
25-44 years	13,107	100.0	19.4	23.7	56.8	20.6	33.0	46.5
45-64 years	23,565	100.0	9.6	19.0	71.5	32.5	33.6	34.0
65 years and over	17,925	100.0	5.8	15.8	78.5	36.5	36.5	27.0
Sex								
Female	36,978	100.0	12.2	21.2	66.6	26.8	34.9	38.3
Male	25,139	100.0	14.3	20.5	65.2	31.3	31.7	37.0
Color								
White	56,438	100.0	12.6	20.9	66.6	28.8	33.9	37.3
All other[1]	5,679	100.0	18.2	21.2	60.6	26.3	31.1	42.7

[1]Of this category about 82 percent are visits by black persons.

Disposition and Duration of Visit

Over two-thirds of the visits to internists' offices resulted in the direction to return at a specified time (table 8), highly correlating with the fact that 2 of 3 visits were made by returning patients with recurring problems. Like the general and family practitioner, the internist admitted a very small percentage of his patients to the hospital (slightly less than 2 percent).

The average visit to the internist's office lasted 18.2 minutes, which exceeded the average of 15.0 minutes for all specialties.[6]

[6]See reference cited in footnote 2.

TECHNICAL NOTES

SOURCE OF DATA: Data presented in this report were obtained during 1975 through the National Ambulatory Medical Care Survey (NAMCS). The target population of NAMCS encompasses office visits within the coterminous United States made by ambulatory patients to physicians who are principally engaged in office practice.

SAMPLE DESIGN: The 1975 NAMCS utilized a multistage probability design that involved samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Within the 87 PSU's composing the first stage of selection, a sample of approximately 3,500 physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. Sampled physicians, randomly assigned to 1 of the 52 weeks in the survey year, were requested to complete Patient Records (brief encounter forms) for a systematic random sample of office visits taking place within their practice during the assigned reporting period. (A facsimile of the Patient Record used is shown in a previous issue of *Advance Data From Vital and Health Statistics,* No. 12, October 12, 1977.) Additional data concerning physician practice characteristics such as primary specialty and type of practice were obtained during an induction interview.

A complete description of the survey's background and development has been presented in an earlier publication in Series 2 of *Vital and Health Statistics* (No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974). A detailed description of the 1975 NAMCS design and procedures will be presented in future publications.

SAMPLING ERRORS: Since the estimates for this report are based on a sample rather than the entire universe, they are subject to sampling variability. The standard error is primarily a measure of sampling variability. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for the estimated percentages of office visits are shown in table II.

Table I. Approximate relative standard errors of estimated numbers of office visits

Estimate in thousands	Relative standard error in percentage points
500	30.1
1,000	21.4
2,000	15.3
5,000	10.0
10,000	7.5
30,000	5.1
100,000	4.0
550,000	3.5

Example of use of table: An aggregate of 80,000,000 has a relative standard error of 4.3 percent or a standard error of 3,440,000 (4.3 percent of 80,000,000).

Table II. Approximate standard errors of percentages for estimated numbers of office visits

Base of percentage (number of visits in thousands)	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
1,000	2.1	4.6	6.3	8.5	9.7	10.6
3,000	1.2	2.7	3.7	4.9	5.6	6.1
5,000	0.9	2.1	2.8	3.8	4.3	4.7
10,000	0.7	1.5	2.0	2.7	3.1	3.3
50,000	0.3	0.7	0.9	1.2	1.4	1.5
100,000	0.2	0.5	0.6	0.8	1.0	1.1
500,000	0.1	0.2	0.3	0.4	0.4	0.5

Example of use of table: An estimate of 30 percent based on an aggregate of 75,000,000 has a standard error of 1.2 percent. The relative standard error of 30 percent is 4.0 percent (1.2 percent÷30 percent).

ROUNDING: Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on the basis of original, unrounded figures. Due to rounding of percents,

the sum of percentages may not equal 100.0 percent.

DEFINITIONS: An *ambulatory patient* is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

An *office* is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering health services.

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in practice who spends time in caring for ambulatory patients at an office location. Excluded from NAMCS are physicians who specialize in anesthesiology, pathology, radiology; physicians who are federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

SYMBOLS

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

advancedata
FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ▪ Public Health Service | Number 17 ▪ February 23, 1978

Access To Ambulatory Health Care: United States, 1974[1]

Due to increasing concern over many problems surrounding the accessibility of health care, particularly ambulatory care, there is a need for information to answer the following kinds of questions: How many Americans have a regular source of care? What reasons do people give for not having a regular source of care? To what specific types of health care places do people with a regular source of care usually go? Whether or not people have a regular source of care, to what extent do they contact office-based sources of care as contrasted to hospital-based sources or clinics that are not associated with hospitals? What proportion of the population uses a telephone to get help or advice about a health problem? How many Americans have a doctor visit them at home? How many Americans have problems getting medical care? Do people feel that they are getting all the care they need?

This report presents data that bear directly on these questions. Information was obtained from a one-third subsample of respondents to the 1974 Health Interview Survey who reported for themselves or for a child under 17 years of age. (For further details on the survey design and procedures, see the Technical Notes.)

REGULAR SOURCE OF CARE

The vast majority of Americans have a regular source of medical care. In 1974 an estimated 166.8 million people, 80.5 percent of the civilian population not confined in institutions, had a particular doctor or place where they could go when they were sick or needed advice about their health (table 1). Having a regular source of care was relatively more common among females and white persons than among males and all other color groups, respectively. Children and youths under the age of 17 were the most likely of all the age groups shown in table 1 to have a regular source of care; adults between the ages of 17 and 44, the least likely. Among adults 45 years and over, however, the likelihood of having a regular source of care increased in each progressively older age group. Higher family income was also positively associated with a greater likelihood of having a regular source of care. Proportionately more people in the North Central Region had a regular source of care than in any other geographic region. Among place of residence groups, central city residents were the least likely to have a regular source of health care.

Reasons for Not Having a Regular Source of Care

While most Americans have a regular source of medical care, a substantial number do not. In 1974 approximately 30.9 million people had no particular doctor or place to which they could go when they were sick or needed advice about their health (table 2). More than half (54.2 percent) of these people indicated that the main reason for not having a regular source of medical care was that, as far as they could determine, they did not need one.

Not having a regular source of medical care may reflect a person's orientation toward seeking medical care. A substantial number of people were classified as being without a regular source of care because they saw different doctors

[1] Prepared by Thomas F. Drury, M.A., Division of Health Interview Statistics.

Table 1. Number and percent distribution of persons by whether or not they have a regular source of medical care, according to selected characteristics: United States, 1974

Characteristic	Total	Persons —			Total	Persons —		
		With a regular source of care	Without a regular source of care	For whom information on source of care is unavailable		With a regular source of care	Without a regular source of care	For whom information on source of care is unavailable
	Number in thousands				Percent distribution			
All persons[1]	207,334	166,817	30,859	9,657	100.0	80.5	14.9	4.7
Sex								
Male	100,024	75,634	17,723	6,666	100.0	75.6	17.7	6.7
Female	107,309	91,183	13,135	2,991	100.0	85.0	12.2	2.8
Age								
Under 17 years	62,953	56,179	5,814	961	100.0	89.2	9.2	1.5
17-44 years	80,778	58,866	16,401	5,511	100.0	72.9	20.3	6.8
45-64 years	42,862	34,145	6,159	2,558	100.0	79.7	14.4	6.0
65 years and over	20,740	17,628	2,485	627	100.0	85.0	12.0	3.0
Color								
White	180,725	146,804	25,859	8,062	100.0	81.2	14.3	4.5
All other	26,608	20,014	4,999	1,595	100.0	75.2	18.8	6.0
Family income								
Less than $5,000	32,316	25,187	6,187	942	100.0	77.9	19.1	2.9
$5,000-$9,999	47,398	37,834	7,848	1,716	100.0	79.8	16.6	3.6
$10,000-$14,999	51,666	42,193	7,289	2,184	100.0	81.7	14.1	4.2
$15,000 or more	63,265	52,627	7,356	3,282	100.0	83.2	11.6	5.2
Geographic region								
Northeast	49,196	39,310	7,446	2,439	100.0	79.9	15.1	5.0
North Central	55,543	46,353	6,469	2,720	100.0	83.5	11.6	4.9
South	65,232	51,868	10,417	2,947	100.0	79.5	16.0	4.5
West	37,363	29,286	6,526	1,551	100.0	78.4	17.5	4.2
Place of residence								
SMSA	142,954	114,168	21,711	7,076	100.0	79.9	15.2	4.9
Central city	62,520	48,474	10,895	3,151	100.0	77.5	17.4	5.0
Outside central city	80,435	65,694	10,816	3,925	100.0	81.7	13.4	4.9
Outside SMSA	64,379	52,650	9,148	2,581	100.0	81.8	14.2	4.0
Nonfarm	56,856	46,379	8,134	2,343	100.0	81.6	14.3	4.1
Farm	7,523	6,270	1,015	238	100.0	83.3	13.5	3.2

[1] Includes persons with unknown income.

according to their various health needs. Interpretation of "seeing different doctors for different problems" as a reason for being without a regular source of care is not without some ambiguity, however. At least two different types of persons who ought to be distinguished from one another may have been grouped together here. The question that treated the subject of a regular source of care in the 1974 survey was worded, "Is there ONE particular doctor or place you usually go to when you are sick or when you need advice about your health?"

People affiliated with two doctors or more from whom they usually obtained care might properly consider themselves as having a regular, although multichannel, source of care. However, a "no" response to the question would classify them as being without a regular source of care. People receiving care from the same set of doctors are in a somewhat different situation than those who go to different doctors for different problems but lack a regular set of doctors from whom care is received. This latter group might well be described as being without either a regular or central source of care. The former group may or may not lack a central source of care, but could aptly be described as having a regular source of care.

Table 2. Number and percent distribution of persons without a regular source of medical care by main reason, according to selected characteristics: United States, 1974

Characteristic	Number of persons without a regular source of care in thousands	Main reason for not having a regular source of medical care									
		All reasons	No doctor needed	See different doctors depending on what is wrong	Unable to find right doctor	Previous doctor no longer available	Too expensive	Health care facility available if needed	Do not use doctors unless seriously ill	Other	Unknown
		Percent distribution									
All persons[1]	30,859	100.0	54.2	17.8	7.6	7.5	1.4	1.1	0.2	8.2	1.9
Sex											
Male	17,723	100.0	59.8	15.5	6.3	6.9	1.2	0.9	0.2	7.8	1.4
Female	13,135	100.0	46.6	21.0	9.4	8.4	1.6	1.3	*0.2	8.8	2.6
Age											
Under 17 years	5,814	100.0	51.6	16.9	9.2	7.7	1.7	2.0	*0.1	7.6	3.2
17-44 years	16,401	100.0	55.8	19.1	7.0	7.3	1.2	0.9	*0.3	7.0	1.4
45-64 years	6,159	100.0	51.1	17.9	8.0	7.5	1.5	*0.8	*0.2	10.6	2.3
65 years and over	2,485	100.0	57.2	11.3	7.4	8.6	*1.4	*0.8	*-	12.1	*1.2
Color											
White	25,859	100.0	54.0	17.0	8.0	8.3	1.4	0.9	*0.2	8.3	1.8
All other	4,999	100.0	55.0	22.0	5.7	3.5	1.5	1.9	*0.3	8.0	2.1
Family income											
Less than $5,000	6,187	100.0	52.9	14.8	8.0	6.6	3.6	2.1	*0.2	10.1	1.6
$5,000-$9,999	7,848	100.0	56.8	15.5	8.1	7.6	1.1	*0.8	*0.2	7.6	2.4
$10,000-$14,999	7,289	100.0	54.0	19.8	8.6	7.9	*0.8	*0.7	*0.3	6.7	1.1
$15,000 or more	7,356	100.0	51.6	22.4	6.7	7.6	*0.5	*0.8	*0.1	8.5	1.7
Geographic region											
Northeast	7,446	100.0	55.2	18.4	9.8	6.0	*0.9	*0.7	*0.1	7.8	1.2
North Central	6,469	100.0	54.1	17.3	7.4	9.7	1.3	*0.7	*0.1	7.0	2.4
South	10,417	100.0	53.3	18.7	5.3	6.7	1.9	1.5	*0.3	10.2	2.1
West	6,526	100.0	54.6	16.4	9.1	8.5	1.3	1.3	*0.2	6.8	1.8
Place of residence											
SMSA	21,711	100.0	54.0	18.1	8.3	6.9	1.4	1.3	*0.2	7.8	2.0
Central city	10,895	100.0	53.5	18.9	7.6	6.3	1.7	1.3	*0.2	8.3	2.2
Outside central city	10,816	100.0	54.5	17.3	9.0	7.5	1.1	1.2	*0.2	7.3	1.9
Outside SMSA	9,148	100.0	54.7	17.3	6.0	9.1	1.3	*0.7	*0.2	9.3	1.6
Nonfarm	8,134	100.0	54.6	17.8	6.0	9.1	1.3	*0.7	*0.1	9.0	1.3
Farm	1,015	100.0	55.3	13.1	*5.3	8.7	*1.3	*0.4	*0.6	11.4	*3.8

[1]Includes persons with unknown income.

For a sizable number of people, some barrier to health care precluded them from having a regular health care source. Among those without a regular source of care, 7.6 percent were unable to find the right doctor. Loss of access to a doctor who was previously being seen was the main reason given by an additional 7.5 percent of the people who were without a regular health care source. For 1.4 percent of those without a regular source of care, the high cost of health care was given as the main barrier.

About 1 percent of the people without a regular health care source indicated that their reason for not having a particular doctor or place of care was that they would have access to a health care facility should they need one (e.g., civilians working on military bases). Even fewer people were without a regular source of care primarily because they did not use doctors unless their ailment was very serious.

Place of Usual Medical Care

Among the majority of the population with a regular source of medical care, the largest number (62.8 percent) obtained their health care from a private doctor's office or clinic (table 3). Older persons, white persons, people in families with a $5,000 income or more, and those residing outside of standard metropolitan statistical

Table 3. Number and percent distribution of persons with a regular source of medical care by place of usual care, according to selected characteristics: United States, 1974

Characteristic	Number of persons with a regular source of care in thousands	Place of usual care								
		All places	Private doctor's office or clinic	Group practice	Hospital outpatient clinic	Hospital emergency room	Company or industry clinic	Home	Other	Unknown
		Percent distribution								
All persons[1]	166,817	100.0	62.8	27.2	4.8	0.5	0.3	0.2	2.7	1.5
Sex										
Male	75,634	100.0	62.5	27.0	4.8	0.5	0.5	0.2	2.9	1.6
Female	91,183	100.0	63.1	27.3	4.7	0.4	0.2	0.3	2.6	1.4
Age										
Under 17 years	56,179	100.0	58.9	29.7	5.8	0.6	0.2	*0.1	3.0	1.7
17-44 years	58,866	100.0	62.4	27.1	4.5	0.5	0.4	0.2	3.5	1.3
45-64 years	34,145	100.0	66.2	25.4	4.3	*0.2	0.6	*0.1	1.8	1.4
65 years and over	17,628	100.0	70.1	22.6	3.3	*0.3	*0.2	1.0	0.8	1.8
Color										
White	146,804	100.0	64.2	27.9	3.2	0.3	0.3	0.2	2.3	1.5
All other	20,014	100.0	52.4	21.7	16.5	1.4	0.6	*0.2	5.7	1.5
Family income										
Less than $5,000	25,187	100.0	60.3	22.2	9.3	0.8	0.3	0.3	5.3	1.5
$5,000-$9,999	37,834	100.0	62.8	24.9	6.0	0.7	0.4	0.3	3.5	1.5
$10,000-$14,999	42,193	100.0	63.5	28.5	3.7	0.4	0.3	*0.1	2.0	1.4
$15,000 or more	52,627	100.0	63.0	30.5	2.6	0.1	0.3	0.2	1.7	1.5
Geographic region										
Northeast	39,310	100.0	72.6	17.3	4.5	1.0	0.6	0.3	2.2	1.5
North Central	46,353	100.0	63.4	30.2	3.0	*0.1	*0.1	0.2	1.2	1.6
South	51,868	100.0	61.2	26.8	6.1	0.5	0.3	0.2	3.4	1.5
West	29,286	100.0	51.5	36.3	5.5	*0.2	0.5	0.2	4.6	1.3
Place of residence										
SMSA	114,168	100.0	61.5	26.7	5.9	0.6	0.4	0.3	3.1	1.7
Central city	48,474	100.0	58.3	25.3	9.5	0.9	0.5	0.2	3.8	1.5
Outside central city	65,694	100.0	63.9	27.6	3.2	0.3	0.3	0.3	2.6	1.8
Outside SMSA	52,650	100.0	65.6	28.3	2.4	0.2	0.2	0.2	1.9	1.2
Nonfarm	46,379	100.0	65.8	27.6	2.5	0.2	0.3	0.2	2.1	1.3
Farm	6,270	100.0	64.1	33.2	1.3	*0.2	*-	*-	*0.6	*0.6

[1] Includes persons with unknown income.

areas (SMSA's) were more likely than comparable age, color, family income, and place of residence groups to have a private doctor's office or clinic as a regular source of care. Whether or not people were affiliated with a private doctor's office or clinic varied considerably among the regions. People living in the Northeast were the most likely, and those in the West the least likely, to have a private doctor's office or clinic as a regular source of health care. Central city residents were the least likely of all place of residence groups to have a private doctor's office or clinic as a regular source of care.

Group practices—three doctors or more who work in the same office and share the same equipment—were the next most common regular sources of care. As much as 27 percent of those with a regular source of care (22 percent of the population) indicated affiliation with a group practice. In 1974 the Health Interview Survey did not measure *prepaid* group practice, a subject which was measured in the 1975 Health Interview Survey and is to be treated in a later report in this series.

As regular sources of care, group practices were relatively more common among younger persons, white persons, and people in families with higher incomes. Regions differed with respect to the percent of people who had a group practice as a regular source of care. The West and North Central Regions had a greater percentage of such people than the South and Northeast.

A smaller but substantial number (4.8 percent) of the group that had a regular source of care identified hospital-based outpatient clinics as their usual place of care. Although adults 17 to 44 years old were similar to those 45 to 64 years old in their selection of outpatient clinics, younger people were generally more likely to be affiliated with hospital outpatient clinics as a regular source than were older people. People in families with less income were also more likely to note outpatient clinics as their regular health care source, as were color groups other than white. Persons living in the South and West were similar in the extent to which they affiliated themselves with outpatient clinics as a regular source of care. Both of these groups were more likely than the other regional groups to have outpatient clinics as a regular source of care. Central city residents were the most likely among place of residence groups to identify hospital outpatient clinics as regular sources of care.

Other sources of regular care were much less common. Less than 1 percent of those with a regular source identified emergency rooms as the usual place of care. Under 0.5 percent received regular medical care at a company or industry clinic or at home.

CONTACTS WITH SOURCES AND PLACES OF MEDICAL CARE

Personal health care is obtainable, whether or not a person has a regular source of care, from a wide variety of sources or places. Table 4

Table 4. Number and percent of persons utilizing specific sources or places of outpatient medical care during year prior to interview, by selected characteristics: United States, 1974

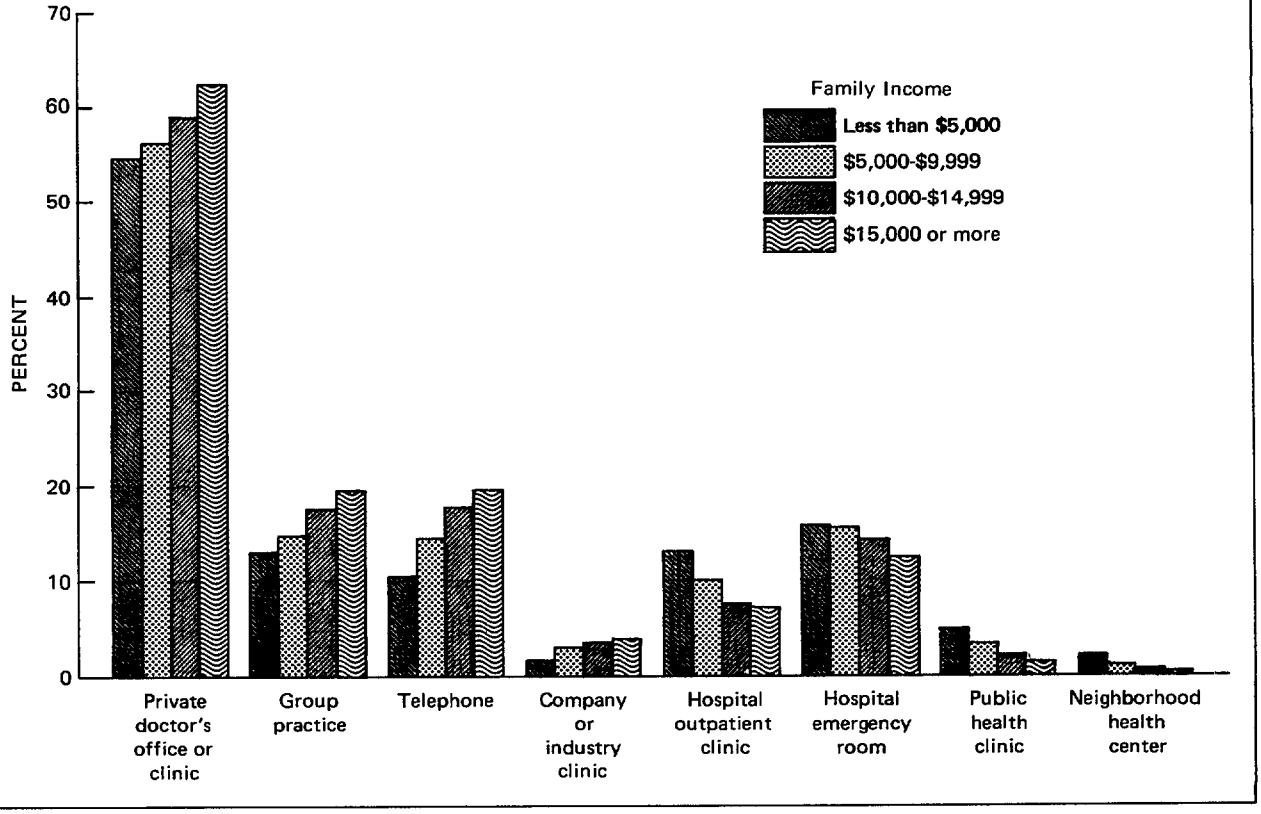
Characteristic	Number of persons in thousands	Source or place of care									
		Private doctor's office or clinic	Group practice	Telephone	Hospital outpatient clinic	Hospital emergency room	Company or industry clinic	Public health clinic	Neighborhood health center	Home	Other
		Percent of persons utilizing any services									
All persons[1]	207,334	58.2	16.6	16.1	8.9	14.1	3.1	2.6	1.0	1.5	2.5
Sex											
Male	100,024	51.9	14.6	12.2	8.4	15.1	4.7	2.2	0.8	1.2	2.8
Female	107,309	64.1	18.4	19.7	9.4	13.2	1.6	2.9	1.1	1.8	2.2
Age											
Under 17 years	62,953	55.6	19.8	23.0	8.3	16.2	0.2	3.7	1.4	1.3	2.1
17-44 years	80,778	58.9	15.1	14.5	9.6	15.4	5.5	2.8	1.0	1.0	3.4
45-64 years	42,862	58.0	15.3	11.0	9.1	10.7	4.0	1.3	0.4	1.4	1.9
65 years and over	20,740	63.9	15.3	11.6	7.5	9.5	0.4	1.0	0.5	4.6	1.1
Color											
White	180,725	60.1	17.3	17.4	7.8	13.8	3.1	2.2	0.7	1.6	2.4
All other	26,608	45.3	12.2	6.7	16.4	16.4	3.2	5.4	2.8	1.2	2.7
Family income											
Less than $5,000	32,316	54.6	13.0	10.4	13.1	15.9	1.7	5.0	2.2	2.0	2.7
$5,000-$9,999	47,398	56.2	14.8	14.4	10.0	15.6	3.0	3.3	1.1	1.4	2.2
$10,000-$14,999	51,666	59.1	17.7	17.9	7.7	14.3	3.4	2.1	0.8	1.1	2.2
$15,000 or more	63,265	62.5	19.7	19.6	7.2	12.5	3.9	1.4	0.4	1.7	2.9
Geographic region											
Northeast	49,196	61.4	10.8	16.1	9.4	15.9	3.6	1.7	0.9	2.7	3.2
North Central	55,543	57.7	18.7	17.8	8.5	13.8	3.6	2.1	0.9	1.2	2.4
South	65,232	60.8	16.9	14.6	8.5	13.8	2.6	3.4	1.1	1.1	1.9
West	37,363	55.2	22.1	16.0	9.6	12.7	2.5	2.9	0.9	1.2	2.4
Place of residence											
SMSA	142,954	58.6	16.6	17.4	9.8	14.8	3.7	2.5	1.1	1.7	2.7
Central city	62,520	54.9	15.4	15.3	12.5	15.3	3.9	3.4	1.7	1.9	2.7
Outside central city	80,435	61.4	17.5	19.1	7.7	14.4	3.5	1.8	0.6	1.5	2.6
Outside SMSA	64,379	57.5	16.7	13.0	6.9	12.6	1.7	2.8	0.7	1.2	2.0
Nonfarm	56,856	58.0	16.3	13.5	7.1	13.0	1.8	2.8	0.7	1.3	2.2
Farm	7,523	53.9	19.8	9.7	5.4	9.6	*0.8	2.1	*0.6	*0.5	*0.9

[1] Includes persons with unknown income.

shows the percent of the population that used major sources or places of care at least once during a 12-month period, irrespective of whether or not they had a regular source of care. Almost 6 out of 10 people (58.2 percent) contacted a private doctor's office or clinic. The next two most contacted sources were group practices (17 percent) and hospital emergency rooms (14 percent). About 9 percent of the population contacted a hospital outpatient clinic. Company or industry clinics and public health clinics were each utilized at least once by about 3 percent of the population; neighborhood health centers, by 1 percent. Sixteen percent used the telephone to obtain help or advice about their health, and 1.5 percent were visited by a doctor at home.

There were numerous differences among population subgroups in respect to the percentage of people contacting each source or place of care shown in table 4. The most consistent differences occurred among the family income groups (figure 1). People in families with higher incomes were more likely than those with lower incomes to have received care at private doctor's offices and group practices as well as over the telephone. However, the reverse was true for most other sources of care. Contact with hospital outpatient departments, emergency rooms, public health clinics, and neighborhood health centers was relatively more common among persons in families with lower incomes. Contact with a company or industry clinic during the year was slightly more likely among higher income groups.

Figure 1. PERCENT OF PERSONS IN EACH FAMILY INCOME GROUP UTILIZING SPECIFIC SOURCES OR PLACES OF MEDICAL CARE DURING YEAR PRIOR TO INTERVIEW: UNITED STATES, 1974



PROBLEMS IN GETTING MEDICAL CARE

An estimated 10 percent of the population experienced some problem in getting medical care during the 12 months prior to the interview (table 5). A delay in getting an appointment was the most common problem, with 5 percent of the population reporting that difficulty. The unavailability of a doctor when one was needed and the cost of care were problems for nearly 3 percent of the population in each case. Just under 2 percent had a problem getting care because office hours were inconvenient for them. About 1 percent had a problem because they lacked transportation or did not know where to go.

Overall, the likelihood of having had some problem in getting medical care varied among sex, age, and income groups. In 1974 females and lower family income groups experienced some difficulty in getting care proportionately more often than other comparable groups. Among age groups, children and youths under 17 years old were the least likely, and adults between the ages of 17 and 44 were the most likely, to have experienced some problem in getting medical care. However, there were no differences

Table 5. Number of persons, percent of persons reporting 1 problem or more in getting medical care during year prior to interview, and percent of persons reporting specific types of problems, by selected characteristics: United States, 1974

Characteristic	Number of persons in thousands	Persons with 1 problem or more	Type of problem						
			Could not get appointment as soon as needed	No doctor available when needed	Cost	Office hours inconvenient	Lack of transportation	Did not know where to go	Other
		Percent of population							
All persons[1]	207,334	10.4	5.0	2.7	2.5	1.7	1.2	1.0	0.5
Sex									
Male	100,024	8.5	3.8	2.3	2.1	1.6	0.8	0.7	0.4
Female	107,309	12.1	6.0	3.1	3.0	1.7	1.6	1.2	0.5
Age									
Under 17 years	62,953	7.6	3.2	2.1	1.8	1.4	1.1	0.6	0.3
17-44 years	80,778	13.1	7.2	3.3	3.1	2.4	1.0	1.4	0.4
45-64 years	42,862	10.0	4.4	2.7	3.0	1.2	0.9	0.7	0.6
65 years and over	20,740	9.0	2.7	2.2	2.0	0.8	2.8	1.0	0.6
Color									
White	180,725	10.3	5.1	2.8	2.4	1.7	1.1	1.0	0.5
All other	26,608	10.5	3.9	2.1	3.3	1.7	2.1	1.1	0.3
Family income									
Less than $5,000	32,316	14.2	5.1	3.2	5.1	1.7	3.6	1.3	0.7
$5,000-$9,999	47,398	11.6	5.2	2.9	3.8	1.9	1.4	1.3	0.4
$10,000-$14,999	51,666	9.1	4.9	2.6	1.8	1.7	0.6	0.9	0.4
$15,000 or more	63,265	8.7	5.2	2.6	0.8	1.6	0.3	0.6	0.4
Geographic region									
Northeast	49,196	9.1	4.0	2.9	2.3	1.7	0.9	1.1	0.4
North Central	55,543	10.1	5.6	2.6	1.7	1.9	1.1	0.9	0.5
South	65,232	10.1	4.4	2.6	2.7	1.5	1.3	0.8	0.4
West	37,363	12.9	6.2	2.8	3.9	1.7	1.5	1.1	0.5
Place of residence									
SMSA	142,954	10.5	5.0	2.6	2.6	1.8	1.2	1.1	0.5
Central city	62,520	10.7	4.6	2.5	3.2	1.8	1.5	1.3	0.5
Outside central city	80,435	10.3	5.3	2.7	2.1	1.7	1.0	1.0	0.5
Outside SMSA	64,379	10.1	4.9	3.0	2.5	1.5	1.2	0.6	0.4
Nonfarm	56,856	10.6	5.1	3.2	2.6	1.6	1.3	0.7	0.4
Farm	7,523	6.6	3.5	1.9	1.3	*0.7	*0.6	*0.2	0.2

[1]Includes persons with unknown income.

between people 45 to 64 years old and those 65 years of age and older.

These overall differences were not invariant, however. For example, while there was almost complete uniformity among the family groups regarding such problems as doctor unavailability, the scheduling of appointments, and office hours, people in lower family income groups confronted cost, transportation, and knowledge barriers to care proportionately more often than people in higher family income groups.

SELF-PERCEIVED UNMET HEALTH CARE NEEDS

Self-perceptions may be imperfect indicators of unmet health care needs. People may be unaware that they have a condition requiring medical attention. They may perceive themselves as needing certain kinds of health care which, from a medical point of view, they do not need. They may perceive themselves as not needing care for a known medical condition when a physician would deem care necessary. In the absence of more refined and specific measurements, however, global assessments of unmet health care needs provide a useful, if tentative, indication of the number and kinds of people who feel that our health care delivery systems are not fully responsive to their needs.

In 1974, 6 percent of the population felt that they were not getting as much medical care as they needed. Among the various demographic and social groups shown in table 6, this feeling was more prevalent in some groups than in others. Perceptions of unmet health needs were relatively more common among females, adults between the ages of 17 and 64, color groups other than white, lower family income groups, residents of the West and South Regions, and central city dwellers.

There were numerous reasons why people felt that they were not getting all the medical care they needed. The most frequently identified reason was the high cost of care. Almost half (48.6 percent) of the people who reported some unmet health care need indicated that costs were a factor. A smaller but still substantial number of people identified the brevity of time spent with the doctor (14 percent) and the inability to get an appointment (13.8 percent) as sources of their perceived unmet needs. Difficulty getting to the doctor (6 percent) and inconvenient hours (8 percent) figured prominently in the perceptions of some people who felt their needs were unmet. The large "other" category reflected the vast array of additional reasons that led to perceptions of unmet health care needs.

As shown in table 6, each of these reasons played a more prominent role in the perceptions of some groups than they did in others. These subgroup differences highlight the diverse reasons for perceptions of unmet health care needs among different social groups. Costs, transportation, and a host of "other" specific reasons were more frequently cited sources of perceived unmet needs among lower income groups. However, inconvenient office hours, difficulties in getting appointments, and the feeling that the doctor gave them an inadequate amount of time, were relatively more common reasons given by higher income groups for self-preceived unmet needs.

A CONCLUDING NOTE

There are many other descriptive questions that can be asked about sources of medical care. How many people have a particular doctor or other medical person that they usually see at their regular source of care? What kinds of doctors do they usually see? How disposed are people to using their regular source of care? How many people contact their regular source of care during the course of a year and how often? How many people receive services both from their regular source of care and from other sources? How many people bypass their regular source to obtain medical attention from another source of care? Are people who receive services from sources of care other than their regular source referred by their regular source or do they refer themselves? What sources of payment do people use to cover the expenses of the outpatient care they receive? A more detailed report that will deal with these questions is in preparation.

Table 6. Number and percent of persons reporting self-perceived unmet health care needs, and percent of these persons giving specific reasons, by selected characteristics: United States, 1974

Characteristic	Self-perceived unmet health care need							
	Persons reporting		Reason for					
	Number in thousands	Percent of total population	Cost	Doctor spends inadequate time	Cannot get appointment	Difficulty getting to doctor	Office hours inconvenient	Other
			Percent of persons					
All persons[1]	12,384	6.0	48.6	14.0	13.8	8.3	6.5	26.5
Sex								
Male	5,695	5.7	47.6	12.7	13.2	6.8	6.8	27.9
Female	6,689	6.2	49.5	15.1	14.3	9.6	6.3	25.4
Age								
Under 17 years	2,591	4.1	47.7	7.4	10.0	10.3	5.6	21.0
17-44 years	5,572	6.9	49.0	15.6	16.3	4.3	7.3	29.6
45-64 years	2,994	7.0	50.3	15.9	13.0	8.3	8.0	25.1
65 years and over	1,228	5.9	44.7	15.9	12.0	22.5	*1.4	27.9
Color								
White	9,388	5.2	47.3	15.3	14.9	7.3	6.9	27.3
All other	2,996	11.3	52.6	9.9	10.1	11.4	5.4	24.1
Family income								
Less than $5,000	3,308	10.2	55.2	12.1	12.4	14.1	3.2	21.2
$5,000-$9,999	3,472	7.3	57.9	13.3	12.2	6.7	5.9	25.1
$10,000-$14,999	2,649	5.1	43.1	16.2	15.3	6.1	9.9	28.3
$15,000 or more	2,273	3.6	29.3	17.6	17.7	4.0	8.9	36.8
Geographic region								
Northeast	2,816	5.7	43.0	12.1	14.9	8.5	9.7	27.7
North Central	2,362	4.3	38.2	18.8	18.4	9.8	6.4	25.9
South	4,566	7.0	51.8	12.1	11.5	7.9	4.6	26.4
West	2,641	7.1	58.3	15.0	12.2	7.5	6.5	26.2
Place of residence								
SMSA	8,883	6.2	47.9	14.3	13.1	8.2	7.2	27.0
Central city	4,629	7.4	50.0	14.6	12.6	9.4	8.2	25.2
Outside central city	4,254	5.3	45.6	14.0	13.7	6.9	6.1	28.9
Outside SMSA	3,501	5.4	50.5	13.3	15.4	8.6	4.9	25.4
Nonfarm	3,125	5.5	50.3	12.7	16.0	9.0	5.4	25.9
Farm	376	5.0	51.9	*18.1	*10.4	*5.6	*-	21.8

[1]Includes persons with unknown income.

TECHNICAL NOTES

SOURCE OF DATA. The data presented in this report were obtained from household interviews in the Health Interview Survey. These interviews were conducted throughout 1974 in a probability sample of the civilian noninstitutionalized population of the United States. During that year approximately 116,000 persons living in about 40,000 households were included in the sample. The questions about sources of medical care and problems in getting care were asked of each household member who was identified as a "sample person." This subsample included 37,062 persons.

SAMPLING. The sampling pattern for sample person selection was based on the total number of related and unrelated household members. Sample persons (a one-third subsample of the Health Interview Survey sample) were selected by the interviewer at the time of interview. To determine which household member(s) to designate as a sample person, the interviewer referred to a preselected flashcard after listing all related and unrelated persons in the household on the questionnaire. The flashcard contained, for each household size, one person number or more that were to be identified as the sample person(s).

Since the estimates shown are based on a sample of the population rather than on the entire population, they are subject to sampling error. Standard errors appropriate for the estimates of the number of persons are shown in table I; standard errors appropriate for percentages are shown in table II.

LIMITATIONS AND QUALIFICATIONS OF DATA. While the procedures used in the Health Interview Survey are designed to minimize nonsampling errors, including various forms of response errors, the data presented in this report are, to some extent, still subject to this type of error. Estimates derived from the 1974 Health Interview Survey on sources of medical care and problems encountered in getting care may also differ somewhat from those derived from other surveys dealing with the same subject matter due to differences in definitions, sample design, question wording, and other procedural aspects of the data collection process.

Table I. Standard errors of estimates of aggregates

Size of estimate in thousands	Standard error in thousands
70	21
100	25
300	43
500	55
700	65
1,000	78
5,000	173
10,000	243
20,000	337
30,000	405
50,000	501
100,000	626

Table II. Standard errors, expressed in percentage points, of estimated percentages

Base of percentage in thousands	Estimated percentage				
	.02 or 98	.05 or 95	10 or 90	20 or 80	50
70	4.1	6.4	8.9	11.8	14.8
100	3.5	5.4	7.4	9.9	12.4
300	2.0	3.1	4.3	5.7	7.1
500	1.5	2.4	3.3	4.4	5.5
700	1.3	2.0	2.8	3.7	4.7
1,000	1.1	1.7	2.3	3.1	3.9
5,000	0.5	0.8	1.0	1.4	1.7
10,000	0.3	0.5	0.7	1.0	1.2
20,000	0.2	0.4	0.5	0.7	0.9
30,000	0.2	0.3	0.4	0.6	0.7
50,000	0.2	0.2	0.3	0.4	0.6
100,000	0.1	0.2	0.2	0.3	0.4

For a more detailed discussion of the limitations and qualifications of data collected in the Health Interview Survey, see an earlier report entitled "Current Estimates from the Health Interview Survey, United States, 1974, *Vital and Health Statistics,* Series 10, No. 100, DHEW Publication No. (HRA) 76-1527.

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

SYMBOLS

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

advancedata
FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ▪ Public Health Service | Number 18 ▪ March 7, 1978

Episodes of Persons Injured: United States, 1975[1]

Each year, as part of its interview survey of the civilian noninstitutionalized population of the United States, the National Center for Health Statistics collects a limited amount of data on injuries resulting from accidents and other causes. Data on this topic are obtained on the nature of the injury, where the accident happened, whether the person was at his or her job or business when the accident occurred, and whether a motor vehicle was involved.

During 1975 two supplements relating to injuries were included in the Health Interview Survey. Both were developed in conjunction with the Consumer Product Safety Commission. Since respondents were to be asked about injuries occurring during the 6 months prior to interview and memory decay was expected to be a major problem in using a reference period of this length, the first supplement served as an extensive probe to improve recall of accidental injuries during that period. The second supplement was intended to obtain—aside from all of the usual information collected each year on injuries—the following types of additional information: (1) where (if it was medically attended) the person first received medical attention for the injury, (2) more detailed information for accidents in which motor vehicles were involved, (3) how the accident happened, (4) what product or products (if any) were directly or indirectly involved, (5) whether there were any special circumstances which contributed to causing the accidental injury, and (6) whether the injury was intentionally inflicted.

A 6-month reference period was used in order to produce a more extensive data base than is obtained from the customary 2-week reference period used each year for accidental injuries in the Health Interview Survey. However, in accordance with the usual annual procedure, data on accidental injuries were included only if they met at least one of two conditions: (1) the injury was medically attended, or (2) it caused the person to cut down on his or her usual activity for at least 1 day.

Injury data may be tabulated in at least three different ways, depending on whether the topic of interest is (1) the *person* involved in one or more accidents causing injuries during a given reference period, (2) the particular *episode* resulting in injury, or (3) each individual *injury* itself. The unit used in this report is the *episode* of persons injury, that is, the event which caused the injury or injuries. The estimates shown in the detailed tables are derived from the 1975 accident and injury supplements; they are, however, based on only those reported experiences occurring during the 2 weeks preceding the interview.

The results from the 1975 supplements indicate that during this period there were about 74.2 million episodes of persons injured among the civilian noninstitutionalized population.[2] Tables 1-6 show these episodes distributed by responses to several supplemental questions according to various sociodemographic and health-related characteristics. Tables 7 and 8 show the types of products involved in the product-related episodes.

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[1]This report prepared by Peter W. Ries, Ph.D., *Division of Health Interview Statistics.*

[2]This estimate differs from the estimate of 71,903 million persons injured shown in the 1975 *Current Estimates* because (1) the definition of injury differs somewhat, and (2) the estimates shown in *Current Estimates* are derived from the usual questionnaire and those shown in this report are derived from the data collected in the supplements.

Respondents reporting episodes of accidental injury were asked: "Where did the accident happen?" Tables 1 and 2 show that when unknown places are excluded about half of the episodes (50.4 percent) happened at home, with 28.9 percent happening in the house and 21.5 percent occurring adjacent to the house. Industrial places accounted for 11.7 percent of the episodes, followed by street and highway (9.5 percent), place of recreation (8.8 percent), school (8.2 percent), and other places (11.4 percent).

Tables 3 and 4 present the number and percent distribution of episodes by what the person was doing when the accidental injury occurred, according to selected characteristics.[3] An estimated 25.7 percent of the episodes occurred

[3]The precise wording was, "What was . . . doing at the time of the accident?"

Table 1. Number of episodes of persons injured, by place where accident happened and selected characteristics: United States, 1975

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Selected characteristic	All places	At home			Street and highway	Industrial place	School	Place of recreation	Other place	Place unknown
		Total	Inside house	Adjacent to house						
	Number of episodes in thousands									
All episodes	74,164	35,736	20,514	15,221	6,725	8,312	5,785	6,264	8,087	3,254
Sex										
Male	39,653	15,445	6,500	8,945	2,994	6,920	3,816	4,409	5,076	993
Female	34,511	20,291	14,014	6,277	3,731	1,393	1,969	1,855	3,011	2,261
Age										
Under 17 years	25,908	14,019	6,488	7,531	1,898	*217	3,963	2,369	2,396	1,047
17-44 years	32,757	12,468	8,137	4,330	3,374	6,679	1,677	3,503	3,677	1,379
45-64 years	10,796	5,959	3,747	2,211	1,007	1,326	*146	*354	1,507	*498
65 years and over	4,703	3,290	2,142	1,149	*446	*90	*-	*38	*508	*330
Family income										
Less than $5,000	12,327	6,938	4,293	2,645	1,253	710	683	*462	1,513	768
$5,000-$9,999	16,531	7,547	4,400	3,146	1,155	2,387	1,147	1,551	2,162	*583
$10,000-$14,999	16,660	7,753	4,824	2,928	1,041	2,312	1,200	1,421	2,066	868
$15,000-$24,999	17,481	8,477	4,630	3,848	2,006	1,550	1,611	1,476	1,459	901
$25,000 or more	6,734	3,175	1,581	1,593	*596	*566	863	977	*467	*89
Not reported	4,431	1,847	786	1,061	675	787	*281	*377	*419	*44
Geographic region										
Northeast	15,677	7,120	4,153	2,966	1,485	1,603	1,143	1,908	1,384	1,034
North Central	20,103	9,230	5,132	4,098	1,900	2,494	1,901	1,517	1,902	1,158
South	21,605	10,604	5,611	4,993	1,965	2,783	1,309	1,503	2,694	747
West	16,779	8,782	5,618	3,164	1,375	1,431	1,432	1,336	2,108	*314
Place of residence										
SMSA, central city	22,215	10,644	6,564	4,080	2,352	2,207	1,566	1,900	2,651	894
SMSA, not central city	29,482	14,491	8,388	6,103	2,372	3,473	2,360	2,743	2,707	1,336
Outside SMSA	22,467	10,601	5,562	5,038	2,001	2,632	1,860	1,621	2,728	1,024
Days of restricted activity										
None	28,442	14,415	8,210	6,205	1,847	3,397	2,166	2,197	2,876	1,545
1 or more	45,721	21,321	12,304	9,016	4,878	4,915	3,620	4,067	5,211	1,709
Bed days										
None	56,436	27,683	15,870	11,812	4,458	6,253	4,868	4,991	5,569	2,614
1 or more	17,728	8,053	4,644	3,409	2,267	2,059	917	1,273	2,517	640
Medical attention										
Attended at emergency room	25,227	11,491	5,577	5,914	3,435	2,895	1,671	2,806	2,425	*505
Attended, but not at emergency room	29,936	14,942	9,142	5,800	1,661	3,952	2,528	1,391	3,773	1,687
Attended, place unknown	2,692	1,625	924	701	*137	*286	*183	*52	*187	*221
Not medically attended	16,309	7,677	4,871	2,806	1,493	1,180	1,403	2,015	1,701	841

*Numbers preceded by an asterisk have a relative standard error of more than 30 percent; estimates given solely for combining with other cells.

while the person was working, 17.5 percent while traveling, and 16.0 percent while the person was participating in some form of recreation. Other forms of activity accounted for 32.5 percent of the total, while no major activity was indicated by the respondent for 8.3 percent of the episodes.

The term "working" as used in tables 3 and 4 applies to any kind of work, including work performed while the person was not at his or her job or business (for instance, cleaning up the yard). Table 5 shows the number and percent distribution of episodes for persons 17 years and over who were working at their job or business when the episode occurred.[4] Thus, of the approximately 17.2 million episodes shown in

[4]The question posed was: "Was . . . at work at his job or business when the accident happened?"

Table 2. Percent distribution of episodes of persons injured by place where accident happened, according to selected characteristics: United States, 1975

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Selected characteristic	All places[1]	At home			Street and highway	Industrial place	School	Place of recreation	Other place
		Total	Inside house	Adjacent to house					
	Percent distribution								
All episodes	100.0	50.4	28.9	21.5	9.5	11.7	8.2	8.8	11.4
Sex									
Male	100.0	40.0	16.8	23.1	7.7	17.9	9.9	11.4	13.1
Female	100.0	62.9	43.5	19.5	11.6	4.3	6.1	5.8	9.3
Age									
Under 17 years	100.0	56.4	26.1	30.3	7.6	*0.9	15.9	9.5	9.6
17-44 years	100.0	39.7	25.9	13.8	10.8	21.3	5.3	11.2	11.7
45-64 years	100.0	57.9	36.4	21.5	9.8	12.9	*1.4	*3.4	14.6
65 years and over	100.0	75.3	49.0	26.3	*10.2	*2.1	*-	*0.9	*11.6
Family income									
Less than $5,000	100.0	60.0	37.1	22.9	10.8	6.1	5.9	*4.0	13.1
$5,000-$9,999	100.0	47.3	27.6	19.7	7.2	15.0	7.2	9.7	13.6
$10,000-$14,999	100.0	49.1	30.5	18.5	6.6	14.6	7.6	9.0	13.1
$15,000-$24,999	100.0	51.1	27.9	23.2	12.1	9.3	9.7	8.9	8.8
$25,000 or more	100.0	47.8	23.8	24.0	*9.0	*8.5	13.0	14.7	*7.0
Not reported	100.0	42.1	17.9	24.2	15.4	17.9	*6.4	*8.6	*9.6
Geographic region									
Northeast	100.0	48.6	28.4	20.3	10.1	10.9	7.8	13.0	9.5
North Central	100.0	48.7	27.1	21.6	10.0	13.2	10.0	8.0	10.0
South	100.0	50.8	26.9	23.9	9.4	13.3	6.3	7.2	12.9
West	100.0	53.3	34.1	19.2	8.4	8.7	8.7	8.1	12.8
Place of residence									
SMSA, central city	100.0	49.9	30.8	19.1	11.0	10.4	7.3	8.9	12.4
SMSA, not central city	100.0	51.5	29.8	21.7	8.4	12.3	8.4	9.7	9.6
Outside SMSA	100.0	49.4	25.9	23.5	9.3	12.3	8.7	7.6	12.7
Days of restricted activity									
None	100.0	53.6	30.5	23.1	6.9	12.6	8.1	8.2	10.7
1 or more	100.0	48.4	28.0	20.5	11.1	11.2	8.2	9.2	11.8
Bed days									
None	100.0	51.4	29.5	21.9	8.3	11.6	9.0	9.3	10.3
1 or more	100.0	47.1	27.2	20.0	13.3	12.1	5.4	7.5	14.7
Medical attention									
Attended at emergency room	100.0	46.5	22.6	23.9	13.9	11.7	6.8	11.4	9.8
Attended, but not at emergency room	100.0	52.9	32.4	20.5	5.9	14.0	8.9	4.9	113.4
Attended, place unknown	100.0	65.8	37.4	28.4	*5.5	*11.6	*7.4	*2.1	*7.6
Not medically attended	100.0	49.6	31.5	18.1	9.7	7.6	9.1	13.0	11.0

[1]Excludes place unknown.
*Numbers preceded by an asterisk have a relative standard error of more than 30 percent; estimates given solely for combining with other cells.

Table 3. Number of episodes of persons injured, by activity status and type of activity when accident happened and selected characteristics: United States, 1975

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Selected characteristic	All activity statuses and types	Working	Recreation	Traveling	Other	No major activity	Activity unknown or not specified
	Number of episodes in thousands						
All episodes	74,164	18,646	11,613	12,717	23,539	6,012	1,636
Sex							
Male	39,653	12,542	8,392	5,597	9,869	2,537	717
Female	34,511	6,104	3,221	7,121	13,670	3,475	920
Age							
Under 17 years	25,908	1,414	6,123	3,724	12,041	1,908	698
17-44 years	32,757	12,196	5,175	4,903	7,620	2,376	*486
45-64 years	10,796	4,137	*315	2,345	2,733	1,044	*223
65 years and over	4,703	898	*-	1,745	1,145	684	*230
Family income							
Less than $5,000	12,327	3,045	1,172	2,303	4,333	1,102	*371
$5,000-$9,999	16,531	3,693	2,641	3,064	5,270	1,416	*447
$10,000-$14,999	16,660	4,831	2,503	2,343	5,472	1,246	*265
$15,000-$24,999	17,481	3,880	3,198	3,122	5,630	1,363	*287
$25,000 or more	6,734	1,980	1,669	857	1,587	*416	*226
Not reported	4,431	1,217	*428	1,029	1,246	*469	*41
Geographic region							
Northeast	15,677	3,140	2,831	2,710	5,361	1,409	*227
North Central	20,103	5,427	3,342	3,510	6,180	1,335	*309
South	21,605	6,610	2,722	3,390	6,670	1,538	674
West	16,779	3,470	2,719	3,107	5,327	1,730	*426
Place of residence							
SMSA, central city	22,215	4,967	3,393	3,593	7,621	1,985	656
SMSA, not central city	29,482	7,305	5,009	4,677	9,440	2,373	678
Outside SMSA	22,467	6,375	3,210	4,448	6,478	1,653	*302
Days of restricted activity							
None	28,442	7,282	4,191	4,264	9,751	2,166	788
1 or more	45,721	11,364	7,422	8,453	13,788	3,846	848
Bed days							
None	56,436	14,637	9,273	9,080	18,005	4,252	1,189
1 or more	17,728	4,009	2,340	3,638	5,533	1,760	*447
Medical attention							
Attended at emergency room	25,227	6,931	4,145	5,693	6,082	2,151	*224
Attended, but not at emergency room	29,936	7,653	3,756	4,147	11,179	2,142	1,059
Attended, place unknown	2,692	601	*203	*462	1,098	*193	*135
Not medically attended	16,309	3,461	3,509	2,415	5,180	1,526	*218

*Numbers preceded by an asterisk have a relative standard error of more than 30 percent; estimates given solely for combining with other cells.

Table 4. Percent distribution of episodes of persons injured by activity status and type of activity when accident happened, according to selected characteristics: United States, 1975

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Selected characteristic	All activity statuses and types[1]	Working	Recreation	Traveling	Other	No major activity
	Percent distribution					
All episodes	100.0	25.7	16.0	17.5	32.5	8.3
Sex						
Male	100.0	32.2	21.6	14.4	25.3	6.5
Female	100.0	18.2	9.6	21.2	40.7	10.3
Age						
Under 17 years	100.0	5.6	24.3	14.8	47.8	7.6
17-44 years	100.0	37.8	16.0	15.2	23.6	7.4
45-64 years	100.0	39.1	*3.0	22.2	25.8	9.9
65 years and over	100.0	20.1	*-	39.0	25.6	15.3
Family income						
Less than $5,000	100.0	25.5	9.8	19.3	36.2	9.2
$5,000-$9,999	100.0	23.0	16.4	19.0	32.8	8.8
$10,000-$14,999	100.0	29.5	15.3	14.3	33.4	7.6
$15,000-$24,999	100.0	22.6	18.6	18.2	32.7	7.9
$25,000 or more	100.0	30.4	25.6	13.2	24.4	*6.4
Not reported	100.0	27.7	*9.7	23.4	28.4	*10.7
Geographic region						
Northeast	100.0	20.3	18.3	17.5	34.7	9.1
North Central	100.0	27.4	16.9	17.7	31.2	6.7
South	100.0	31.6	13.0	16.2	31.9	7.3
West	100.0	21.2	16.6	19.0	32.6	10.6
Place of residence						
SMSA, central city	100.0	23.0	15.7	16.7	35.3	9.2
SMSA, not central city	100.0	25.4	17.4	16.2	32.8	8.2
Outside SMSA	100.0	28.8	14.5	20.1	29.2	7.5
Days of restricted activity						
None	100.0	26.3	15.2	15.4	35.3	7.8
1 or more	100.0	25.3	16.5	18.8	30.7	8.6
Bed days						
None	100.0	26.5	16.8	16.4	32.6	7.7
1 or more	100.0	23.2	13.5	21.1	32.0	10.2
Medical attention						
Attended at emergency room	100.0	27.7	16.6	22.8	24.3	8.6
Attended, but not at emergency room	100.0	26.5	13.0	14.4	38.7	7.4
Attended, place unknown	100.0	23.5	*7.9	*18.1	42.9	*7.5
Not medically attended	100.0	21.5	21.8	15.0	32.2	9.5

[1]Excludes activity unknown or not specified.

*Numbers preceded by an asterisk have a relative standard error of more than 30 percent; estimates given solely for combining with other cells.

Table 5. Number and percent distribution of episodes of persons injured aged 17 years and over by whether person was at job or business when accident happened, according to selected characteristics: United States, 1975

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Selected characteristic	All episodes	At job or business	Not at job or business	Unknown	All episodes[1]	At job or business	Not at job or business
	Number of episodes in thousands				Percent distribution		
All episodes	48,256	11,411	34,409	2,435	100.0	24.9	75.1
Sex							
Male	23,843	8,796	14,312	735	100.0	38.1	61.9
Female	24,413	2,615	20,097	1,700	100.0	11.5	88.5
Age							
17-44 years	32,757	8,828	22,323	1,606	100.0	28.3	71.7
45-64 years	10,796	2,364	7,887	*545	100.0	23.1	76.9
65 years and over	4,703	*220	4,199	*284	100.0	*5.0	95.0
Family income							
Less than $5,000	8,884	1,527	6,725	633	100.0	18.5	81.5
$5,000-$9,999	10,928	3,001	7,344	*583	100.0	29.0	71.0
$10,000-$14,999	10,139	2,911	6,568	660	100.0	30.7	69.3
$15,000-$24,999	10,971	2,324	8,133	*514	100.0	22.2	77.8
$25,000 or more	4,180	657	3,524	*-	100.0	15.7	84.3
Not reported	3,153	992	2,116	*44	100.0	31.9	68.1
Geographic region							
Northeast	9,606	2,005	6,789	812	100.0	22.8	77.2
North Central	12,853	3,064	9,050	739	100.0	25.3	74.7
South	14,288	4,050	9,715	*524	100.0	29.4	70.6
West	11,509	2,293	8,856	*360	100.0	20.6	79.4
Place of residence							
SMSA, central city	14,519	3,123	10,680	716	100.0	22.6	77.4
SMSA, not central city	18,893	4,380	13,430	1,083	100.0	24.6	75.4
Outside SMSA	14,844	3,909	10,300	635	100.0	27.5	72.5
Days of restricted activity							
None	17,326	4,453	11,633	1,240	100.0	27.7	72.3
1 or more	30,929	6,958	22,776	1,195	100.0	23.4	76.6
Bed days							
None	35,508	8,582	25,046	1,880	100.0	25.5	74.5
1 or more	12,747	2,830	9,363	*555	100.0	23.2	76.8
Medical attention							
Attended at emergency room	15,444	4,150	10,964	*330	100.0	27.5	72.5
Attended, but not at emergency room	19,687	5,168	13,135	1,384	100.0	28.2	71.8
Attended, place unknown	1,875	*435	1,262	*178	100.0	*25.6	74.4
Not medically attended	11,250	1,659	9,048	*543	100.0	15.5	84.5

[1]Excludes unknown if at job or business when accident happened.

*Numbers preceded by an asterisk have a relative standard error of more than 30 percent; estimates given solely for combining with other cells.

table 3 for persons 17 years and over who were doing some type of work when the episode occurred, about 11.4 million occurred while the person was working at his or her job or business. These 11.4 million episodes constitute about 23.6 percent of all of the episodes for this age group.

Respondents who reported medical attention of accidental injuries were asked: "Where did . . . FIRST see or talk to a doctor—at a clinic, hospital, doctor's office, or some other place?" Table 6 shows the number and percent distribution of all episodes of persons injured by whether or not the injury or injuries were medically attended and, if so, where medical attention was first received. It should be reemphasized that these data do not include episodes in which the injuries were not medically attended or did not cause the person to restrict his or her activity for 1 day or more. As may be noted from table 6, 78.0 percent of the episodes resulted in some form of medical attention, while 22.0 percent led to restricted activity but did not involve medical attention.

This proportion between medically attended episodes and those not medically attended differs from the proportions usually derived from the annual Health Interview Survey. Ordinarily, the proportions are about 84 percent medically attended and 16 percent not medically attended. The difference probably reflects the influence of the supplemental injury probe, which tended to screen in additional relatively minor types of injuries which did not require medical attention.

Of all medically attended episodes, 41.3 percent were first treated at a hospital emergency room, 33.9 percent at a doctor's office, and 24.8 percent at other places ("other places" includes telephone calls to a medical doctor). Of the estimated 25.2 million episodes that were ever treated at a hospital emergency room, 92.5 percent (23.3 million) were first treated there, while 7.4 percent followed a previous contact with a medical person. When use of a hospital emergency room is viewed in relation to all episodes, whether or not they were medically treated, 32.0 percent were first treated at a hospital emergency room and 34.8 percent were treated there at one time or another. All of these percents exclude the episodes for which the place of first medical attention was unknown.

Data on product involvement in episodes of persons injured were obtained in response to the following two questions: "What product or object came into contact with . . . and actually caused the injury?" and "What other products or objects were involved in the accident?" In interpreting the estimates of product involvement, based on responses to these questions, it should be noted that the data do not in any way indicate whether or not any defect or property of the design of the product was responsible for the accident.

The data on type of product involvement in accidental injuries was coded according to the coding system used in the National Electronic Injury Surveillance System (NEISS) of the Consumer Product Safety Commission.[5] The estimates shown in table 7 are based on the broad categories used in that system. The frequency of product involvement is based on the number of times a category of products was involved one or more times in an episode of accidental injury and *not* on the number of products involved in that episode. As such, the frequency is to some degree a function of the range of products used in any category, and because of this, totals for subgroups of a category will not usually sum to the total for the entire category.

Up to three types of products were coded for each of the two product-related questions. Thus any particular episode might have from zero to six types of products involved. Of the approximately 74.2 million episodes of persons injured, about 56.3 million involved at least one type of product. Using the broad categories of product types found in the NEISS coding system, the estimated 56.3 million episodes involved about 69.5 million instances of type of product involvement during 1975 (table 8).

Table 7 shows the percent of times the categories of product types were involved in episodes of persons injured for episodes among (1) all civilian noninstitutionalized persons, (2) males, (3) females, and episodes resulting in (4) 1 day or more of restricted activity, and (5) a visit to a hospital emergency room.

As an example of the way in which to interpret the estimates shown in table 7, the case of

[5]See *NEISS Coding Manual*, U.S. Consumer Product Safety Commission, Bureau of Epidemiology.

Table 6. Number and percent distributions of episodes of persons injured by whether medically attended and, if so, place of first medical attention, according to selected characteristics: United States, 1975

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Selected characteristic	All episodes	Place of first medical attention					Not medically attended	All episodes[1]	Medically attended	Not medically attended	Place of first medical attention			
		All medically attended episodes	Emergency room	Doctor's office	Other	Unknown					All medically attended episodes[1]	Emergency room	Doctor's office	Other
	Number of episodes in thousands							Percent distribution			Percent distribution			
All episodes	74,164	57,855	23,252	19,048	13,955	1,600	16,309	100.0	78.0	22.0	100.0	41.3	33.9	24.8
Sex														
Male	39,653	31,217	14,315	9,267	7,009	626	8,436	100.0	78.7	21.3	100.0	46.8	30.3	22.9
Female	34,511	26,639	8,938	9,782	6,946	973	7,873	100.0	77.2	22.8	100.0	34.8	38.1	27.1
Age														
Under 17 years	25,908	20,849	8,954	6,390	5,149	*356	5,059	100.0	80.5	19.5	100.0	43.7	31.2	25.1
17-44 years	32,757	25,048	10,193	7,750	6,266	840	7,709	100.0	76.5	23.5	100.0	42.1	32.0	25.9
45-64 years	10,796	8,207	2,922	3,350	1,623	*312	2,589	100.0	76.0	24.0	100.0	37.0	42.4	20.6
65 years and over	4,703	3,751	1,184	1,558	918	*91	952	100.0	79.8	20.2	100.0	32.3	42.6	25.1
Family income														
Less than $5,000	12,327	9,391	3,941	2,923	2,250	*277	2,936	100.0	76.2	23.8	100.0	43.2	32.1	24.7
$5,000-$9,999	16,531	12,664	5,400	3,917	2,942	*406	3,867	100.0	76.6	23.4	100.0	44.0	32.0	24.0
$10,000-$14,999	16,660	13,937	5,075	4,535	3,881	*446	2,723	100.0	83.7	16.3	100.0	37.6	33.6	28.8
$15,000-$24,999	17,481	13,213	5,094	4,863	2,926	*331	4,268	100.0	75.6	24.4	100.0	39.5	37.8	22.7
$25,000 or more	6,734	5,128	1,877	1,756	1,355	*140	1,606	100.0	76.2	23.8	100.0	37.6	35.2	27.2
Not reported	4,431	3,522	1,866	1,055	602	*-	909	100.0	79.5	20.5	100.0	53.0	30.0	17.1
Geographic region														
Northeast	15,677	12,809	6,070	3,049	3,376	*314	2,868	100.0	81.7	18.3	100.0	48.6	24.4	27.0
North Central	20,103	15,999	6,754	4,650	4,234	*362	4,104	100.0	79.6	20.4	100.0	43.2	29.7	27.1
South	21,605	16,564	6,647	6,057	3,407	*453	5,041	100.0	76.7	23.3	100.0	41.3	37.6	21.1
West	16,779	12,483	3,782	5,292	2,938	*470	4,296	100.0	74.4	25.6	100.0	31.5	44.1	24.5
Place of residence														
SMSA, central city	22,215	16,887	7,147	4,760	4,467	*513	5,328	100.0	76.0	24.0	100.0	43.7	29.1	27.3
SMSA, not central city	29,482	23,435	9,423	7,529	5,881	602	6,047	100.0	79.5	20.5	100.0	41.3	33.0	25.8
Outside SMSA	22,467	17,533	6,683	6,759	3,607	*484	4,934	100.0	78.0	22.0	100.0	39.2	39.6	21.2
Days of restricted activity														
None	28,442	28,442	9,908	9,480	8,228	826	...	100.0	100.0	...	100.0	35.9	34.3	29.8
1 or more	45,721	29,413	13,344	9,568	5,727	773	16,309	100.0	64.3	35.7	100.0	46.6	33.4	20.0
Bed days														
None	56,436	45,551	17,048	15,457	11,722	1,324	10,885	100.0	80.7	19.3	100.0	38.5	34.9	26.5
1 or more	17,728	12,304	6,204	3,592	2,233	*276	5,423	100.0	69.4	30.6	100.0	51.6	29.9	18.6
Medical attention														
Attended at emergency room	25,227	25,227	23,252	929	961	*84	...	100.0	100.0	...	100.0	92.5	3.7	3.8
Attended, but not at emergency room	29,936	29,936	...	17,657	12,234	*45	...	100.0	100.0	...	100.0	...	59.1	40.9
Attended, place unknown	2,692	2,692	...	*461	760	1,471	...	100.0	100.0	...	100.0	...	*37.8	62.2

[1] Excludes unknown place of first medical attention.

*Numbers preceded by an asterisk have a relative standard error of more than 30 percent; estimates given solely for combining with other cells.

Table 7. Number of episodes of persons injured by selected characteristics, percent of episodes of persons injured by product type and selected characteristics; and direct product involvement as a percent of both direct and indirect product involvement by product type: United States, 1975

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Episodes of persons injured and product type	Direct and indirect product involvement among:					Direct product involvement as a percent of both direct and indirect involvement
	All persons	Males	Females	Episodes resulting in 1 day or more of restricted activity	Episodes resulting in a visit to a hospital emergency room	
	Number of episodes in thousands					
All episodes	74,164	39,653	34,511	45,721	25,227	...
Product type[1]	Percent of episodes					
General household appliances (0101-0132)	*0.7	*0.4	*1.0	*0.7	*0.3	*73.0
Kitchen appliances (0202-0262)	1.0	*0.7	*1.4	*0.9	*1.0	*59.5
Space heating, cooling, and ventilating appliances (0301-0355)	1.1	1.9	*0.3	*1.3	*0.8	*66.7
Housewares, nonpowered (0401-0459)	3.2	2.4	4.1	3.3	4.1	80.9
Home communications, entertainment, and hobby equipment (0501-0542)	0.9	*1.0	*0.8	*0.9	*0.9	*47.9
Home furnishings and fixtures (0601-0697)	10.5	9.4	11.7	10.8	10.6	63.4
Home alarm, escape, and protection devices (0701-0708)	*0.1	*0.2	*-	*-	*0.2	*48.4
Home workshop apparatus, tools, and attachments (0801-0853)	3.4	5.9	*0.4	3.6	4.3	67.9
Home and family maintenance products (0902-0950)	1.5	1.9	*1.1	1.4	*2.2	70.6
Farm supplies and equipment (1001-1051)	0.9	*1.4	*0.3	*1.1	*1.1	*66.5
Packages and containers for household products (1101-1122)	2.8	2.8	2.8	2.9	2.8	62.0
Sports and recreational equipment (1201-1299; 3200-3209)	14.1	19.2	8.2	14.6	17.3	37.3
Toys (1301-1383)	0.9	*1.5	*0.3	*0.9	*1.8	*40.0
Yard and garden equipment (1401-1440)	1.9	3.1	*0.5	2.2	*2.2	74.7
Child nursery equipment and supplies (1502-1541)	*0.5	*0.5	*0.6	*0.3	*-	*54.5
Personal use items (1601-1656)	4.4	2.9	6.0	4.8	3.7	70.6
Miscellaneous products (1701-1726)	1.3	*1.2	*1.4	1.7	*1.1	*56.7
Home structures and construction materials (1803-1860)	20.6	21.6	19.4	18.9	24.5	80.9
Motor vehicles (1901)	9.6	9.1	10.1	9.6	13.9	62.8
Foods (1904)	3.7	2.3	5.3	3.6	3.0	49.7
Prescribed drugs (1920-1922; 1924)	7.0	2.9	11.7	7.3	*1.9	99.0
Industrial equipment, not used at work (2200)	1.2	2.0	*0.3	1.2	*1.3	*52.7
Medical equipment (2400-2465)	*0.2	*0.2	*0.1	*0.1	*-	*100.0
Other products in the 1901-2465 range (1902-1903; 1905-1918; 1923; 2300)	1.6	2.1	*1.0	1.7	*2.0	70.1
Cosmetics (2500-2700)	*0.7	*0.1	*1.3	*0.5	*-	*89.6

[1]The numbers in parentheses represent the code range for the types of products specified in the National Electronic Injury Surveillance System coding manual.

*Numbers preceded by an asterisk have a relative standard error of more than 30 percent; estimates given solely for combining with other cells.

"housewares" may be used. Housewares were involved in 3.2 percent of all episodes of persons injured. Among those episodes occurring to males, they were involved 2.4 percent of the time and for females 4.1 percent. For all episodes resulting in 1 or more days of restricted activity or in a visit to a hospital, housewares were involved 3.3 and 4.1 percent of the time, respectively. All of these estimates include both direct and indirect product involvement in the accidental injury. The last column of table 7 shows that of all the times housewares were involved, the involvement was the direct "cause" of the injury in 80.9 percent of the cases.

The large number of relatively unreliable estimates shown in table 7 indicates that the pro-

Table 8. Number of episodes of persons injured, number of episodes of persons injured involving one or more product types, and number of instances product type involved in episodes of persons injured by selected characteristics: United States, 1975

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Item	All persons	Male	Female	Resulting in 1 or more days of restricted activity	Resulting in a visit to an emergency room
	Number in thousands				
Episodes of persons injured	74,164	39,653	34,511	45,721	25,227
Episodes of persons injured involving 1 or more product types	56,302	30,822	25,481	34,952	20,140
Number of instances product type involved in episodes of persons injured	69,502	38,432	31,070	43,182	25,477

Table 9. Percent distribution of times a type of product was involved in episodes of persons injured by selected characteristics, according to type of product: United States, 1975

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Selected characteristic	Housewares, nonpowered	Home furnishings and fixtures	Home workshop apparatus, tools, and attachments	Packages and containers for household products	Sports and recreational equipment	Personal use items	Home structures and construction materials	Motor vehicles (including vehicle parts)	Foods	Prescribed medicines
	Percent distribution									
All episodes[1]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sex										
Male	*39.9	48.1	94.3	52.7	72.9	36.0	56.1	50.7	33.0	22.4
Female	60.0	51.9	*5.6	47.3	27.1	64.0	43.9	49.3	66.9	77.6
Age										
Under 17 years	*19.0	34.8	*11.7	29.2	60.9	43.1	36.4	17.9	*17.3	29.1
17-44 years	60.4	33.7	70.4	57.1	34.8	41.3	34.5	57.9	53.5	48.6
45 years and over	*20.5	31.6	*17.9	*13.7	*4.3	*15.6	29.1	24.1	29.3	22.3
Family income[2]										
Less than $10,000	50.5	53.5	44.5	41.8	32.8	45.7	44.2	38.5	38.4	50.6
$10,000-$14,999	*20.8	21.9	25.2	*16.7	22.0	*18.7	24.5	19.5	31.6	26.8
$15,000 or more	28.7	24.6	30.3	41.5	45.3	35.6	31.3	42.0	30.0	22.6
Geographic region										
Northeast	*18.0	19.5	28.9	*23.9	22.0	15.5	19.2	13.8	*14.7	21.1
North Central	*23.1	21.9	*24.0	*25.0	34.4	29.9	31.6	27.2	*19.6	25.5
South	47.0	39.3	28.4	*27.3	22.5	27.4	28.0	35.8	38.0	27.6
West	11.9	19.2	*18.7	*23.8	21.1	27.3	21.2	23.2	27.8	25.8
Place of residence										
SMSA, central city	*23.9	36.8	24.3	*26.6	28.0	36.2	32.0	29.9	25.2	40.4
SMSA, not central city	35.9	27.6	39.2	43.2	42.2	35.7	36.6	44.1	34.3	35.3
Outside SMSA	40.2	35.5	36.4	30.2	29.8	28.0	31.4	25.9	40.5	24.3
Days of restricted activity										
None	35.6	36.5	33.3	35.6	36.3	32.9	43.4	38.2	39.2	35.7
1 or more	64.4	63.5	66.7	64.4	63.7	67.1	56.6	61.8	60.8	64.3
Place treated[3]										
Emergency room	54.0	45.7	53.4	43.4	57.2	42.7	52.9	61.6	40.9	*12.9
Not at emergency room	46.1	54.3	46.6	56.6	42.8	57.3	47.1	38.4	59.0	87.1

[1]Includes unknown family income, injuries not medically attended, and unknown place of medical attention.
[2]Excludes unknown family income.
[3]Excludes episodes not medically attended and unknown if person visited an emergency room.
*Numbers preceded by an asterisk have a relative standard error of more than 30 percent; estimates given solely for combining with other cells.

duct involvement categories produced too few sample cases, based on a 2-week reference period, for extensive cross-classification of the data. Table 9 shows percent distributions according to the larger product groups and a reduced set of variables. A more inclusive list of product types and a more extensive cross-classification of variables would produce a table including relatively unreliable estimates.

At this writing, plans are underway to attempt a report on product involvement using all of the data from the 6-month reference period. While such a procedure would reduce the variances of the estimates, it will tend to underestimate the true number of times various product types were involved in episodes of persons injured because of the large memory decay associated with a 6-month reference period.

TECHNICAL NOTES

The estimates shown in this report are based on data obtained in household interviews in a continuing nationwide survey. Each week a probability sample of households is interviewed by personnel of the U.S. Bureau of the Census to obtain information about the health and other characteristics of each member of the household in the civilian noninstitutionalized population of the United States. During 1975 there were about 40,000 interviewed households containing about 116,000 persons.

The appendixes of the 1975 *Current Estimates* (Series 10, No. 115) should be consulted for a more detailed discussion of the sample design (appendix I), definitions of certain terms used in the report (appendix II), and the questionnaire used during 1975 (excluding the accident supplement) (appendix III).

As noted above, the estimates shown in this report are based on a sample of the population. The approximate standard errors of the estimates of episodes of persons injured are shown in table I; the approximate standard errors for the percents are shown in table II.

Table I. Standard errors of estimates of aggregates

Size of estimate in thousands	Standard error in thousands
100	73
300	126
600	178
1,000	230
5,000	519
10,000	741
20,000	1,067
30,000	1,331
40,000	1,563
50,000	1,777
60,000	1,978
70,000	2,170

Table II. Standard errors, expressed in percents, of estimated percentages

Base of percentage in thousands	Estimated percentage				
	2 or 98	5 or 95	10 or 90	20 or 80	50
100	10.2	15.8	21.8	29.1	36.3
300	5.9	9.1	12.6	16.8	21.0
600	4.2	6.5	8.9	11.9	14.8
1,000	3.2	5.0	6.9	9.2	11.5
5,000	1.4	2.2	3.1	4.1	5.1
10,000	1.0	1.6	2.2	2.9	3.6
20,000	0.7	1.1	1.5	2.1	2.6
30,000	0.6	0.9	1.3	1.7	2.1
40,000	0.5	0.8	1.1	1.5	1.8
50,000	0.5	0.7	1.0	1.3	1.6
60,000	0.4	0.6	0.9	1.2	1.5
70,000	0.4	0.6	0.8	1.1	1.4

SYMBOLS

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

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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ▪ Public Health Service | Number 19 ▪ March 15, 1978

Exercise and Participation in Sports Among Persons 20 Years of Age and Over: United States, 1975[1]

During July-December 1975 the Health Interview Survey questionnaire included a supplement to obtain information about exercise, participation in sports, and self-judgment of the individual's amount of physical activity for the U.S. civilian noninstitutionalized population 20 years of age and over. Data were obtained in response to the following five questions: What exercises were done on a regular basis? What sports were participated in during the 12 months prior to interview? Was this participation as a team member? Was any of the participation in tournaments? and Do you consider yourself more, less, or about as active as other persons of your age? A copy of the questionnaire may be found in "Current Estimates from the Health Interview Survey, United States, 1975," *Vital and Health Statistics,* Series 10, No. 115, DHEW Publication No. (HRA) 77-1543. Unlike most data gathered in this survey, the information on exercise and sports participation was obtained from each sample person rather than from a household respondent.

The data show that about 49 percent of persons 20 years of age and over reported doing one regular exercise or more, while 51 percent reported no regular exercise (table 1). Among specific exercises, walking was the most common form; approximately 7 out of 10 persons who exercised regularly reported this form. During the 12 months before the interview about 42 percent in this age group participated in one kind of sport or more. Among specified types of sports, the participation rate was highest for swimming (24.0 percent). Approximately 11 percent of the group participated in sports as a team member, and about 7 percent participated in a tournament during the year.

Exercise

Tables 1 and 2 show the number and percent distribution of persons by type of exercise according to selected characteristics. Walking (33.8 percent) was the main form of exercise among persons 20 years of age or over. This was especially true for older persons. For example, among persons 65 years or over who exercised regularly, almost 9 out of 10 walked for exercise. Calisthenics was the second most popular form of exercise (13.5 percent). The next most frequently mentioned exercises were swimming (11.8 percent), bicycling (10.9 percent), jogging (4.8 percent), and weight lifting (3.4 percent). Figure 1 shows these percents by sex.

A higher proportion of younger persons exercised regularly than did older persons. About 54 percent of persons aged 20-44 years exercised, while only about 42 percent 65 years and over reported exercising regularly. Persons with higher family income were more likely to exercise than were persons with lower family income.

Because many people do more than one form of exercise, the sum of those who did different forms is, of course, greater than the number of those who exercised. Table 3 illustrates

[1] This report prepared by Jai W. Choi, Division of Health Interview Statistics.

Table 1. Percent distibution of persons 20 years of age and over by exercise status and percent by type of exercise, according to selected characteristics: United States, 1975

Characteristic	All persons 20 years and over[1]	One regular exercise or more	Type of exercise							No regular exercise
			Bicycling	Calisthenics	Jogging	Weight lifting	Swimming	Walking	Other	
SEX										
Both sexes										
All ages 20 years and over..	100.0	48.6	10.9	13.5	4.8	3.4	11.8	33.8	6.8	51.1
20-44 years	100.0	53.7	16.1	17.3	7.3	5.4	16.9	33.8	6.9	46.1
45-64 years	100.0	43.4	6.5	10.8	2.7	1.5	8.0	32.9	6.5	56.3
65 years and over	100.0	42.3	2.9	6.1	1.2	*0.5	2.8	35.7	6.9	57.4
Male										
All ages 20 years and over ..	100.0	48.5	10.8	13.5	7.2	6.3	13.3	32.5	6.4	51.1
20-44 years	100.0	52.7	14.9	17.5	10.6	10.1	18.8	31.4	6.2	47.0
45-64 years	100.0	42.0	6.7	10.1	3.8	2.6	8.1	31.4	5.9	57.6
65 years and over	100.0	47.3	4.3	5.9	2.1	*0.5	4.1	39.4	8.1	52.0
Female										
All ages 20 years and over ..	100.0	48.7	11.1	13.5	2.7	0.8	10.5	35.0	7.1	51.1
20-44 years	100.0	54.6	17.2	17.1	4.1	1.1	15.0	36.0	7.5	45.2
45-64 years	100.0	44.6	6.4	11.4	1.6	*0.5	7.8	34.2	7.1	55.2
65 years and over	100.0	38.7	1.8	6.3	*0.6	*0.4	1.9	33.0	6.0	61.1
COLOR										
White										
All ages 20 years and over ..	100.0	49.3	11.3	13.8	4.7	3.4	12.6	34.0	6.8	50.4
20-44 years	100.0	54.1	16.6	17.8	7.0	5.5	18.0	33.5	6.8	45.6
45-64 years	100.0	44.5	6.9	11.1	2.8	1.4	8.7	33.4	6.7	55.2
65 years and over	100.0	43.8	3.1	6.5	1.2	*0.5	3.0	36.8	7.2	55.8
All other										
All ages 20 years and over ..	100.0	42.9	8.3	11.0	6.1	3.4	6.0	32.4	6.3	56.8
20-44 years	100.0	50.7	12.5	14.0	9.5	4.7	9.4	36.3	7.4	48.9
45-64 years	100.0	33.9	3.2	8.6	*1.4	*2.3	*1.3	28.2	5.1	65.8
65 years and over	100.0	27.2	*	*2.7	*1.1	*	*1.3	24.4	*4.0	72.8
Family income										
Less than $5,000	100.0	45.2	7.4	9.6	3.5	2.4	6.7	35.6	5.9	54.7
$5,000-$9,999	100.0	46.4	9.5	12.1	4.3	3.0	10.3	34.2	6.4	53.4
$10,000-$14,999	100.0	49.9	11.6	13.9	4.7	3.6	13.5	33.7	6.6	49.9
$15,000 or more	100.0	53.4	14.2	17.5	6.4	4.3	15.2	34.5	7.5	46.3
Unknown	100.0	38.8	6.9	7.2	3.0	2.0	7.8	27.2	7.0	60.7

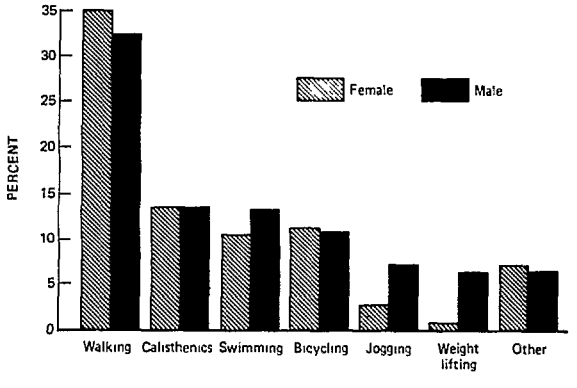
[1]Includes unknown exercise status.

Table 1. Percent distribution of persons 20 years of age and over by exercise status and percent by type of exercise, according to selected characteristics: United States, 1975—Con.

Characteristic	All persons 20 years and over[1]	One regular exercise or more	Type of exercise							No regular exercise
			Bicycling	Calisthentics	Jogging	Weight lifting	Swimming	Walking	Other	
Geographic region										
Northeast	100.0	50.4	10.7	14.0	4.8	3.1	14.1	36.5	7.1	49.4
North Central	100.0	49.6	14.4	13.4	4.3	3.5	10.3	34.9	5.6	50.1
South	100.0	42.0	7.9	10.4	4.2	3.0	10.4	28.1	6.6	57.8
West	100.0	55.8	11.4	18.1	6.7	4.1	13.4	38.4	8.4	43.6
Self-perceived physical activity										
Less active	100.0	39.8	5.1	7.4	0.9	1.2	7.2	27.9	5.3	60.1
As active as others the same age	100.0	50.5	11.4	12.4	3.4	2.6	11.8	35.2	5.7	49.3
More active	100.0	66.6	17.3	23.5	11.1	7.1	18.5	46.2	11.9	33.3
Unknown	100.0	9.7	2.3	2.3	1.4	*0.7	2.4	6.6	1.2	88.7

[1]Includes unknown exercise status.

Figure 1. PERCENT OF PERSONS 20 YEARS OF AGE AND OVER WHO REPORTED REGULAR EXERCISING, BY TYPE OF EXERCISE AND SEX: UNITED STATES, 1975.



that about 46 percent of persons reported that they did two types or more of exercises, and about 55 percent reported that they did only one type of exercise.

Among persons who were less active than others in the same age group, about 40 percent reported doing one type of exercise or more. The corresponding proportions were about 51 percent for those who were about as active as others their age and 67 percent for those who were more active.

Participation in Sports

About 42 percent of the population 20 years of age and over participated in one type of sport or more, while 58 percent did not participate in any kind of sports. During the 12 months before the interview about 11 percent of persons participated in one type of sport or more as team members, and about 7 percent participated in at least one tournament (table 4).

A higher proportion of younger persons participated in sports than did older persons. For instance, about 58 percent of persons aged 20-44 years participated in some form of sport while only about 10 percent of those 65 years and over participated (table 4).

About 37 percent of women reported they had participated in one kind of sport or more, while the comparable rate for men was about 47

Table 2. Number of persons 20 years of age and over by exercise status and type of exercise, according to selected characteristics: United States, 1975

Characteristic	All persons 20 years and over[1,2]	One regular exercise or more	Type of exercise[3]							No regular exercise
			Bicycling	Calis-thenics	Jogging	Weight lifting	Swim-ming	Walking	Other	
	Number in thousands									
SEX										
Both sexes										
All ages 20 years and over	135,655	65,922	14,854	18,287	6,569	4,601	16,034	45,880	9,193	69,334
20-44 years	71,084	38,158	11,422	12,313	5,170	3,852	11,989	24,045	4,894	32,735
45-64 years	43,145	18,710	2,891	4,661	1,145	651	3,435	14,197	2,823	24,308
65 years and over	21,426	9,054	611	1,312	254	*99	610	7,639	1,475	12,291
Male										
All ages 20 years and over	63,665	30,893	6,853	8,604	4,604	4,031	8,491	20,716	4,074	32,551
20-44 years	34,268	18,074	5,092	6,006	3,648	3,444	6,452	10,773	2,133	16,107
45-64 years	20,567	8,638	1,380	2,076	773	540	1,675	6,463	1,223	11,847
65 years and over	8,830	4,180	381	522	183	*47	365	3,480	718	4,596
Female										
All ages 20 years and over	71,990	35,030	8,001	9,683	1,965	570	7,543	25,164	5,119	36,783
20-44 years	36,816	20,084	6,330	6,307	1,522	407	5,538	13,272	2,762	16,628
45-64 years	22,579	10,072	1,441	2,585	372	*111	1,760	7,733	1,601	12,461
65 years and over	12,595	4,874	230	790	*71	*52	245	4,159	757	7,695
COLOR										
White										
All ages 20 years and over	120,141	59,264	13,574	16,575	5,627	4,077	15,100	40,847	8,212	60,523
20-44 years	61,990	33,545	10,283	11,037	4,310	3,429	11,135	20,746	4,220	28,287
45-64 years	38,696	17,202	2,679	4,280	1,084	549	3,379	12,942	2,595	21,379
65 years and over	19,455	8,517	611	1,258	232	*99	585	7,159	1,396	10,857
All other										
All ages 20 years and over	15,515	6,658	1,280	1,712	942	524	935	5,033	981	8,811
20-44 years	9,094	4,614	1,139	1,276	860	423	854	3,299	674	4,448
45-64 years	4,450	1,508	141	381	*61	*101	*56	1,254	228	2,930
65 years and over	1,971	536	*	*54	*22	*	*25	480	*79	1,434
Family income										
Less than $5,000	21,180	9,566	1,563	2,043	738	514	1,426	7,536	1,258	11,576
$5,000-$9,999	29,271	13,573	2,791	3,545	1,264	877	3,002	10,010	1,861	15,622
$10,000-$14,999	29,538	14,733	3,416	4,102	1,402	1,077	3,990	9,957	1,950	14,739
$15,000 or more	44,358	23,665	6,300	7,782	2,831	1,907	6,739	15,304	3,331	20,530
Unknown	11,307	4,384	784	815	334	227	878	3,073	793	6,868

See footnotes at end of table.

Table 2. Number of persons 20 years of age and over by exercise status and type of exercise, according to selected characteristics: United States, 1975—Con.

Characteristic	All persons 20 years and over[1,2]	One regular exercises or more	Type of exercise[3]							No regular exercise
			Bicycling	Calis-thenics	Jogging	Weight lifting	Swim-ming	Walking	Other	
Geographic region	Number in thousands									
Northeast	32,789	16,536	3,520	3,520	4,576	1,585	1,030	11,965	2,334	16,185
North Central	35,951	17,830	5,178	4,806	1,551	1,274	3,692	12,547	2,018	18,003
South	41,991	17,639	3,306	4,381	1,751	1,280	4,363	11,790	2,754	24,286
West	24,925	13,916	2,850	4,523	1,682	1,018	3,350	9,578	2,087	10,860
Self-perceived physical activity										
Less active	21,952	8,731	1,120	1,627	206	259	1,588	6,125	1,161	13,199
As active as others the same age	61,946	31,307	7,046	7,691	2,090	1,627	7,305	21,816	3,509	30,563
More active	36,666	24,425	6,340	8,616	4,067	2,607	6,782	16,939	4,345	12,192
Unknown	15,091	1,459	348	353	205	*109	360	1,001	177	13,380

[1]Includes unknown exercise status.
[2]Estimate based on the civilian noninstitutionalized population, July-December 1975.
[3]The number of persons participating in specific types of exercise is greater than the number of persons who exercise because more than one form is reported in some cases.

Table 3. Number and percent distribution of persons who exercised by number of types of exercise: United States, 1975

Number of types of exercise	Number of persons in thousands	Percent distribution
Total	65,922	100.0
1 type	35,932	54.5
2 types	17,450	26.5
3 types or more	12,540	19.0

percent (table 5). The proportions of persons who participated in sports, who participated as a team member, and who participated in one tournament or more decreased with increasing age and were higher for males and white persons than for females and persons of other races. These proportions increased with increasing family income. Not unexpectedly, the percent of persons in each type of participation category increased dramatically as the self-perceived level of physical activity increased from "less active" to "more active."

Participating in sports and doing regular exercises are highly associated. Of the approximately 82.8 million persons who participate in one or the other or both, about 20 percent participate only in sports, about 32 percent only exercise regularly, and about 48 percent are involved in both types of activity.

Type of Sports Participation

The rate of sports participation varies according to the specific type of sport. Table 5 shows the number and percent of sport participants 20 years of age and over for 14 different types of sports. Among the sports specified on the questionnaire, the participation rate was highest for swimming (24.0 percent) and lowest for wrestling (1.0 percent). Swimming (26.7 percent), bowling (16.9 percent), and softball (13.5 percent) were the three most popular sports among men, and swimming (21.6 percent), bowling (15.4 percent), and tennis (9.5 percent) were most popular among women.

Table 4. Number, percent distribution, and percent of persons 20 years of age and over by sports participation status, according to selected characteristics: United States, 1975

Characteristic	All persons 20 years and over [1,2]	Sports participation status				All persons 20 years and over [1,2]	Sports participation status			
		One type of sport or more	Team member	Tournament	No participation		One type of sport or more	Team member	Tournament	No participation
	Number in thousands					Percent				
SEX										
Both sexes										
All ages 20 years and over	135,655	56,460	15,169	9,038	78,866	100.0	41.6	11.2	6.7	58.1
20-44 years	71,084	41,267	11,718	6,776	29,657	100.0	58.1	16.5	9.5	41.7
45-64 years	43,145	13,076	3,139	2,119	29,954	100.0	30.3	7.3	4.9	69.4
65 years and over	21,426	2,117	312	143	19,255	100.0	9.9	1.5	0.7	89.9
Male										
All ages 20 years and over	63,665	30,178	9,153	6,492	33,307	100.0	47.4	14.4	10.2	52.3
20-44 years	34,268	21,372	7,109	4,882	12,841	100.0	62.4	20.7	14.2	37.5
45-64 years	20,567	7,340	1,803	1,492	13,156	100.0	35.7	8.8	7.3	64.0
65 years and over	8,830	1,465	241	*119	7,311	100.0	16.6	2.7	*1.3	82.8
Female										
All ages 20 years and over	71,990	26,283	6,016	2,545	45,559	100.0	36.5	8.4	3.5	63.3
20-44 years	36,816	19,895	4,609	1,894	16.8	100.0	54.0	12.5	5.1	45.7
45-64 years	22,579	5,736	1,336	627	16,799	100.0	25.4	5.9	2.8	74.4
65 years and over	12,595	652	*71	*24	11,944	100.0	5.2	*0.6	*0.2	94.8
COLOR										
White										
All ages 20 years and over	120,141	51,923	14,071	8,424	67,925	100.0	43.2	11.7	7.0	56.5
20-44 years	61,990	37,387	10,780	6,213	24,455	100.0	60.3	17.4	10.0	39.4
45-64 years	38,696	12,452	2,978	2,068	26,152	100.0	32.2	7.7	5.3	67.6
65 years and over	19,455	2,083	312	143	17,318	100.0	10.7	1.6	0.7	89.0
All other										
All ages 20 years and over	15,515	4,538	1,098	614	10,941	100.0	29.2	7.1	4.0	70.5
20-44 years	9,094	3,880	938	563	5,202	100.0	42.7	10.3	6.2	57.2
45-64 years	4,450	624	161	*51	3,802	100.0	14.0	3.6	*1.1	85.4
65 years and over	1,971	*34	*	*	1,937	100.0	*1.7	*	*	98.3
Family income										
Less than $5,000	21,180	4,882	1,003	597	16,276	100.0	23.1	4.7	2.8	76.8
$5,000-$9,999	29,271	10,175	2,443	1,376	19,040	100.0	34.8	8.3	4.7	65.0
$10,000-$14,999	29,538	14,099	4,034	2,251	15,373	100.0	47.7	13.7	7.6	52.0
$15,000 or more	44,358	24,411	7,120	4,521	19,807	100.0	55.0	16.1	10.2	44.7
Unknown	11,307	2,893	570	294	8,370	100.0	25.6	5.0	2.6	74.0

See footnotes at end of table.

Table 4. Number, percent distribution, and percent of persons 20 years of age and over by sports participation status, according to selected characteristics: United States, 1975—Con.

Characteristic	All persons 20 years and over[1,2]	Sports participation status				All persons 20 years and over[1,2]	Sports participation status			
		One type of sport or more	Team member	Tournament	No participation		One type of sport or more	Team member	Tournament	No participation
Geographic region	Number in thousands					Percent				
Northeast	32,789	15,114	3,955	2,174	17,607	100.0	46.1	12.1	6.6	53.7
North Central	35,951	15,500	4,961	2,788	20,322	100.0	43.1	13.8	7.8	56.5
South	41,991	13,825	2,964	1,828	28,089	100.0	32.9	7.1	4.4	66.9
West	24,925	12,021	3,288	2,247	12,848	100.0	48.2	13.2	9.0	51.5
Self-perceived physical activity										
Less active	21,952	7,138	1,124	526	14,814	100.0	32.5	5.1	2.4	67.5
As active as others the same age	61,946	28,031	7,000	3,471	33,870	100.0	45.3	11.3	5.6	54.7
More active	36,666	20,098	6,533	4,605	16,536	100.0	54.8	17.8	12.6	45.1
Unknown	15,091	1,193	513	435	13,646	100.0	7.9	3.4	2.9	90.4

[1]Includes unknown exercise status.
[2]Estimate based on civilian noninstitutionalized population, July-December 1975.

Table 5. Number and percent of persons 20 years of age and over by sex and specific sport participated in: United States, 1975

Sport	Number in thousands[1]			Percent		
	Both sexes	Male	Female	Both sexes	Male	Female
All persons 20 years and over	135,655	64,665	71,990	100.0	100.0	100.0
All persons who participate in one type of sport or more	56,460	30,178	26,283	41.6	47.4	36.5
Swimming	32,542	17,000	15,542	24.0	26.7	21.6
Bowling	21,870	10,762	11,108	16.1	16.9	15.4
Tennis	14,965	8,139	6,826	11.0	12.8	9.5
Softball	12,137	8,599	3,538	8.9	13.5	4.9
Golf	11,370	8,044	3,326	8.4	12.6	4.6
Basketball	10,514	8,554	1,960	7.8	13.4	2.7
Volleyball	8,723	4,917	3,806	6.4	7.7	5.3
Baseball	6,710	5,202	1,508	4.9	8.2	2.1
Football	6,675	5,991	684	4.9	9.4	1.0
Gymnastics	3,233	1,514	1,719	2.4	2.4	2.4
Handball	2,983	2,300	683	2.2	3.6	0.9
Track and field	1,935	1,375	560	1.4	2.2	0.8
Soccer	1,798	1,563	235	1.3	2.5	0.3
Wrestling	1,332	1,110	221	1.0	1.7	0.3
Others	11,070	7,310	3,760	8.2	11.5	5.2

[1]Estimate based on civilian noninstitutionalized population, July-December 1975.

Figure 2 shows the percent of persons who participated in sports by sex. The rate of participation was not greater for women than for men in any of the specified types of sports.

Table 6 shows the number and percent of persons who participated in sports by sex and whether this participation was as a team member or in a tournament during the year before the interview. Participation as a team member is proportionally highest for those who bowl (35.5 percent) and for those who play softball (32.2 percent). Tournament participation is highest for softball (19.4 percent), golf (16.7 percent), and bowling (14.4 percent).

Figure 2. PERCENT OF PERSONS 20 YEARS OF AGE AND OVER WHO PARTICIPATED IN 7 SPECIFIED SPORTS, BY SEX.

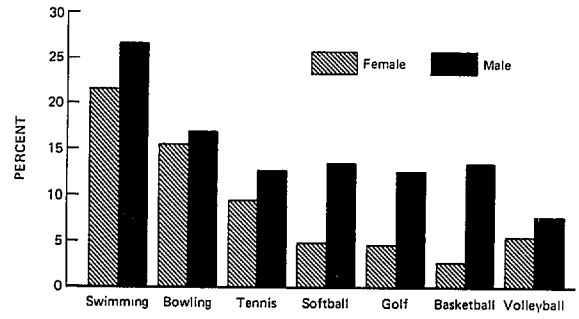


Table 6. Number and percent of persons 20 years of age and over by type of sport participant, specific type of sport, and sex: United States, 1975

Type of sport and sex	Total	Type of participant		Total	Type of participant	
		Team member	Tourna-ment		Team member	Tourna-ment
	Number in thousands			Percent		
Both sexes						
All persons who participated in one type of sport or more	56,460	15,169	9,038	100.0	26.9	16.0
Swimming	32,542	257	86	100.0	0.8	0.3
Bowling	21,870	7,759	3,147	100.0	35.5	14.4
Tennis	14,965	773	706	100.0	5.2	4.7
Softball	12,137	3,914	2,349	100.0	32.2	19.4
Golf	11,370	1,522	1,901	100.0	13.4	16.7
Basketball	10,514	1,875	816	100.0	17.8	7.8
Volleyball	8,723	1,120	423	100.0	12.8	4.8
Baseball	6,710	861	304	100.0	12.8	4.5
Football	6,675	745	267	100.0	11.2	4.0
Gymnastics	3,233	148	*11	100.0	4.6	0.3
Handball	2,983	244	135	100.0	8.2	4.5
Track and field	1,935	193	141	100.0	10.0	7.3
Soccer	1,798	355	128	100.0	19.7	7.1
Wrestling	1,332	*56	*33	100.0	4.2	2.5
Other	11,070	912	657	100.0	8.2	5.9
Male						
One type of sport or more	30,178	9,153	6,492	100.0	30.3	21.5
Swimming	17,000	202	*75	100.0	1.2	*0.4
Bowling	10,762	3,665	1,696	100.0	34.1	15.8
Tennis	8,139	398	495	100.0	4.9	6.1
Softball	8,599	3,222	1,969	100.0	37.5	22.9
Golf	8,044	1,098	1,606	100.0	13.6	20.0
Basketball	8,554	1,636	722	100.0	19.1	8.4
Volleyball	4,917	538	228	100.0	11.0	4.6
Baseball	5,202	739	272	100.0	14.2	5.2
Football	5,991	687	239	100.0	11.5	4.0
Gymnastics	1,514	*51	*11	100.0	*3.4	*0.1
Handball	2,300	211	*102	100.0	9.2	*4.4
Track and field	1,375	171	*119	100.0	12.4	*8.7
Soccer	1,563	333	128	100.0	21.3	8.2
Wrestling	1,110	*56	*33	100.0	*5.0	*3.0
Other	7,310	679	514	100.0	9.3	7.0
Female						
One type of sport or more	26,283	6,016	2,545	100.0	22.9	9.7
Swimming	15,542	*54	*11	100.0	*0.3	*0.0
Bowling	11,108	4,095	1,451	100.0	36.9	13.1
Tennis	6,826	375	211	100.0	5.5	3.1
Softball	3,538	692	380	100.0	19.6	10.7
Golf	3,326	424	295	100.0	12.7	8.9
Basketball	1,960	239	*94	100.0	12.2	*4.8
Volleyball	3,806	581	195	100.0	15.3	5.1
Baseball	1,508	*122	*33	100.0	*8.1	*2.2
Football	684	*58	*58	100.0	*8.5	*4.1
Gymnastics	1,719	*97	*	100.0	*5.6	*-
Handball	683	*33	*33	100.0	*4.8	*4.8
Track and field	560	*22	*22	100.0	*3.9	*3.9
Soccer	235	*22	*	100.0	*9.4	*-
Wrestling	221	*	*	100.0	*-	*-
Other	3,760	233	143	100.0	6.2	3.8

TECHNICAL NOTES

SOURCE OF DATA. The data presented in this report were obtained from household interviews in the Health Interview Survey. These interviews were conducted during the final 2 quarters of 1975 in a probability sample of the civilian noninstitutionalized population of the United States. During that period approximately 58,000 persons living in about 20,000 households were included in the sample. The physical activity questions were asked of each household member 20 years of age and over who was identified as a "sample person." This subsample included approximately 12,000 persons.

SAMPLING. The sampling pattern for sample person selection was based on the total number of related and unrelated household members. Sample persons (approximately a one-third subsample of the Health Interview Survey sample) were selected by the interviewer at the time of interview. To determine which household member to designate as a sample person, the interviewer referred to a preselected flashcard after listing all related and unrelated persons in the household on the questionnaire. The flashcard contained, for each household size, one person number or more that were to be identified as a sample person.

Since the estimates shown are based on a sample of the population rather than on the entire population, they are subject to sampling error. Standard errors appropriate for the estimates of the number of persons are shown in table I; standard errors appropriate for estimated percentages are shown in table II.

LIMITATIONS AND QUALIFICATIONS OF DATA. All the limitations and qualifications that apply in general to Health Interview Survey data apply to the data shown in this report. A full statement of these limitations and qualifications may be found in any report in Series 10 of *Vital and Health Statistics.*

Specific to the data shown in this report, it should be noted that the intensity and duration of regular physical exercise and sports participation were not considered in classifying people according to participation categories. The category classified as exercising regularly does not distinguish between the person who takes a walk around the block once a week for exercise and the person who walks 10 miles every day for exercise. Also it should be emphasized that a person who says that he or she does not exercise regularly may in fact be involved in more physical activity than a person who says that they do exercise regularly. The critical point regarding these data is that they reflect how the person defines his or her own activity.

Table I. Standard errors of estimates of aggregates

Size of estimate in thousands	Standard error in thousands
50	24
70	29
100	35
125	38
300	60
500	77
700	91
1,000	109
5,000	243
10,000	342
20,000	478
30,000	579
50,000	731
100,000	970

Table II. Standard errors, expressed in percentage points, of estimated percentages

Base of percentage in thousands	Estimated percentage				
	2 or 98	5 or 95	10 or 90	20 or 80	50
50	6.8	10.7	14.7	19.6	24.4
70	5.8	9.0	12.4	16.5	20.7
100	4.8	7.5	10.4	13.8	17.3
300	2.8	4.3	6.0	8.0	10.0
500	2.2	3.4	4.6	6.2	7.7
700	1.8	2.8	3.9	5.2	6.5
1,000	1.5	2.4	3.3	4.4	5.5
5,000	0.7	1.1	1.5	2.0	2.4
10,000	0.5	0.8	1.0	1.4	1.7
20,000	0.3	0.5	0.7	1.0	1.2
30,000	0.3	0.4	0.6	0.8	1.0
50,000	0.2	0.3	0.5	0.6	0.8
100,000	0.2	0.2	0.3	0.4	0.5

SYMBOLS

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

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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • Public Health Service | Number 20 • March 13, 1978

Office Visits to Obstetrician-Gynecologists: National Ambulatory Medical Care Survey, United States, 1975[1]

During 1975 an estimated 48 million visits were made to the offices of obstetrician-gynecologists practicing in the coterminous United States. The data presented in this report were collected during calendar year 1975 in the National Ambulatory Medical Care Survey (NAMCS), a continuous survey conducted yearly by the National Center for Health Statistics.

The estimates presented are based on information obtained from the Patient Record used by sample physicians to record selected information about their office encounters. (See Technical Notes.) Since the statistics for this report are based on sample data, they are subject to sampling variability. Further discussion of sampling variability and the sample design used in the 1975 NAMCS appears in the Technical Notes.

[1] This report was prepared by Trena Ezzati, *Division of Health Resources Utilization Statistics.*

DATA HIGHLIGHTS

During 1975 there were an estimated 567.6 million visits made to the offices of office-based patient care physicians practicing in the coterminous United States. The estimated total yearly volume of office-based ambulatory medical care by specialty is shown in table 1. In terms of total office visits, obstetrician-gynecologists ranked third among all physician specialties with 48,076,000 visits.

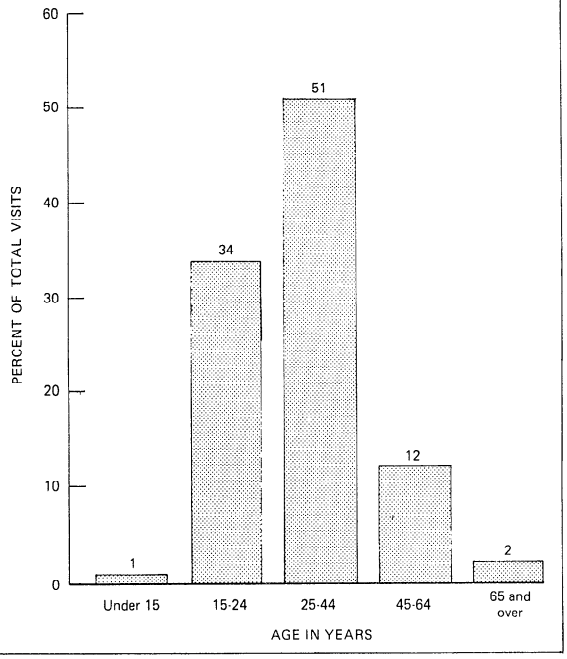
Thirty-nine percent of the visits to obstetrician-gynecologists were to those in practice by

Table 1. Number and percent distribution of office visits by physician specialty: United States, 1975

Physician specialty	Number of visits in thousands[1]	Percent distribution of visits
All specialties	567,600	100.0
General and family practice	234,660	41.3
Internal medicine	62,117	10.9
OBSTETRICS-GYNECOLOGY	48,076	8.5
Pediatrics	46,684	8.2
General surgery	41,292	7.3
All other	134,771	23.8

[1] Due to a refinement of the NAMCS estimating procedure used to project national estimates from sample data, caution should be used when comparing these estimated numbers of office visits with previously published estimates for 1973 and 1974.

Figure 1. PERCENT OF OFFICE VISITS TO OBSTETRICIAN-GYNECOLOGISTS BY AGE OF PATIENT: UNITED STATES, 1975.



themselves, and the remaining 61 percent were to those practicing in a group or partnership arrangement.

Office visits made by females in the childbearing interval, 15-44 years, accounted for 85 percent of the total number of visits to obstetrician-gynecologists (figure 1), naturally reflecting the most common reason for visits to obstetrician-gynecologists—prenatal examinations and care.

The most frequent reasons patients had for their visits are ranked according to their order of frequency in table 2. The top six reasons account for about 68 percent of all visits to obstetrician-gynecologists. In contrast, 36 patient problems are required to account for a comparable 68 percent of the visits to general and family practitioners.

Data on the physician's assessment of the seriousness of the patient's problem (in terms of the extent of impairment that might result if no care were obtained) indicate that less than 1 in 10 (7.7 percent) of the visits to obstetrician-

Table 2. Number, percent, and cumulative percent of office visits to obstetrician-gynecologists, by the most common patient problems, complaints, or symptoms: United States, 1975

[Symptom titles and code numbers are based on a symptom classification developed for use in NAMCS]

Most common patient problems, complaints, or symptoms and NAMCS code	Number of visits in thousands	Percent of visits[1]	Cumulative percent of visits
Pregnancy examination, routine----905	15,901	33.1	33.1
Gynecological examination----904	7,596	15.8	48.9
Vaginal discharge----662	2,952	6.1	55.0
Surgical aftercare----986	2,803	5.8	60.8
Menstrual disorders----653	2,184	4.5	65.3
Abdominal pain----540	1,323	2.8	68.1
Vaginal disorders----661	941	2.0	70.1
Vulvar disorders----663	784	1.6	71.7
Other symptoms referable to the female reproductive system----670	775	1.6	73.3
Visit for family planning services—counseling----930	683	1.4	74.7
Pelvic symptoms----660	655	1.4	76.1
Visit for family planning services—medication----931	584	1.2	77.3
None----997	528	1.1	78.4
Visit for family planning services—services----932	514	1.1	79.5
Menopause symptoms----650	511	1.1	80.6

[1] Based on a total of 48,076,000 office visits.

Table 3. Percent distribution of office visits to obstetrician-gynecologists by physician's assessment of seriousness of patient's problem: United States, 1975

Seriousness of patient's problem	Percent distribution of visits
Serious or very serious	7.7
Slightly serious	15.7
Not serious	76.6

Table 4. Percent distribution of office visits to obstetrician-gynecologists by patient's prior visit status: United States, 1975

Patient's prior visit status	Percent distribution of visits
New patient	14.2
Old patient, new problem	18.0
Old patient, old problem	67.9

gynecologists were considered serious or very serious in nature (table 3).

Data on the patient's prior visit status show that about 86 percent of all visits to obstetrician-gynecologists were made by patients who had seen the physician before (table 4). Obstetrician-gynecologists also dealt chiefly with old patient problems. The proportion of new problems presented to obstetrician-gynecologists by old patients (18 percent) was slightly less than the corresponding proportion for all physicians (23 percent).

Information concerning the most frequent principal diagnoses associated with ambulatory visits to obstetrician-gynecologists is presented in table 5. The diagnostic data are grouped into classes according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA). Among all diagnoses rendered by obstetrician-gynecologists,

Table 5. Number and percent of office visits to obstetrician-gynecologists, by the most frequent diagnoses rendered by the physician: United States, 1975

[Diagnoses and code numbers are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA)]

Principal diagnoses most frequently rendered by the physician and ICDA code	Number of visits in thousands	Percent of visits[1]
Infective and parasitic diseases 001-136	1,805	3.8
Moniliasis 112	882	1.8
Neoplasms 140-239	1,548	3.2
Endocrine, nutritional, and metabolic diseases 240-279	1,145	2.4
Diseases of genitourinary system 580-629	8,990	18.7
Infective diseases of cervix uteri 620	647	1.3
Other diseases of cervix 621	570	1.2
Infective diseases of uterus (except cervix), vagina, and vulva 622	1,577	3.3
Disorders of menstruation 626	1,995	4.1
Menopausal symptoms 627	853	1.8
Symptoms and ill-defined conditions 780-796	3,008	6.3
Observation, without need for further medical care 793	2,130	4.4
Special conditions and examinations without sickness Y00-Y13	27,459	57.1
Medical or special examination Y00	6,447	13.4
Prenatal care (normal pregnancy) Y06	15,119	31.4
Postpartum observation Y07	1,643	3.4
Other person without complaint or illness Y09	995	2.1
Medical and surgical aftercare Y10	2,596	5.4

[1]Based on a total of 48,076,000 office visits.

over 60 percent were associated with the ICDA classifications "special conditions and examinations without sickness" and "symptoms and ill-defined conditions." Obstetrician-gynecologists exceeded all other physician specialties in the proportion of visits for "special conditions and examinations without sickness." (Prenatal care accounted for over half of the diagnoses associated with this diagnostic class.) Visits for diseases of the genitourinary system accounted for an additional 19 percent of total office visits.

Of all office visits made during 1975 for prenatal and postnatal care, approximately 70 percent were to the offices of obstetrician-gynecologists and another 26 percent to the offices of general and family practitioners. Of all ambulatory visits for family planning, about 62 percent were to obstetrician-gynecologists and 28 percent to general and family practitioners.

The diagnostic and therapeutic services provided by obstetrician-gynecologists are shown in table 6. Among the diagnostic services provided, obstetrician-gynecologists exceeded all physicians in the proportion of visits involving clinical lab tests, general histories and examinations, and blood pressure checks, but they fell below the overall average in the proportion of visits for X-rays. Among the therapeutic services provided, obstetrician-gynecologists fell below the average for all physicians in the proportion of drugs prescribed, office surgeries performed, and injections.

Duration of visit is the time spent by the patient in face-to-face contact with the physician. The average encounter time between obstetrician-gynecologists and their patients was about 13 minutes.

Finally, data on disposition of visits (table 6)

Table 6. Number and percent distribution of office visits to obstetrician-gynecologists, by diagnostic and therapeutic services ordered or provided and disposition of visit: United States, 1975

Selected diagnostic and therapeutic services ordered or provided and disposition of visit	Number of visits in thousands	Percent[1]
Diagnostic and therapeutic services		
Diagnostic services:		
Blood pressure check	27,596	57.4
Limited history and examination	25,991	54.1
Clinical lab test	25,199	52.4
General history and examination	12,194	25.4
X-ray	850	1.8
Therapeutic services:		
Drug prescribed	17,109	35.6
Medical counseling	5,535	11.5
Office surgery	1,458	3.0
Injection	1,088	2.3
No diagnostic or therapeutic service	1,481	3.1
Disposition of visit		
No followup planned	3,512	7.3
Return at specified time	36,374	75.7
Return if needed	6,241	13.0
Admit to hospital	1,552	3.2
Telephone followup planned	1,184	2.5
Referred to other physician or agency	776	1.6

[1]Percents may total more than 100.0 since more than one diagnostic or therapeutic service and more than one disposition could be given at a single visit.

show that followup care of some type was advised at 91 percent of the visits. Visits at which the obstetrician-gynecologist advised the patient to return at a specified time (76 percent) significantly exceeded the proportion for all physicians (59 percent). Further, the tendency to admit the patient to the hospital (3 percent) slightly exceeded this disposition for all physicians (2 percent).

TECHNICAL NOTES

SOURCE OF DATA: Data presented in this report were obtained during 1975 through the National Ambulatory Medical Care Survey (NAMCS). The target population of NAMCS encompasses office visits within the coterminous United States made by ambulatory patients to physicians who are principally engaged in office practice.

SAMPLE DESIGN: The 1975 NAMCS utilized a multistage probability design that involved samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Within the 87 PSU's composing the first stage of selection, a sample of approximately 3,500 physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. Sampled physicians, randomly assigned to 1 of the 52 weeks in the survey year, were requested to complete Patient Records (brief encounter forms) for a systematic random sample of office visits taking place within their practice during the assigned reporting period. (A facsimile of the Patient Record used is shown in a previous issue of *Advance Data From Vital and Health Statistics*, No. 12, October 12, 1977.) Additional data concerning physician practice characteristics such as primary specialty and type of practice were obtained during an induction interview.

A complete description of the survey's background and development has been presented in an earlier publication in Series 2 of *Vital and Health Statistics* (No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974). A detailed description of the 1975 NAMCS design and procedures will be presented in future publications.

SAMPLING ERRORS: Since the estimates for this report are based on a sample rather than the entire universe, they are subject to sampling variability. The standard error is primarily a measure of sampling variability. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for the estimated percentages of office visits are shown in table II.

Table I. Approximate relative standard errors of estimated numbers of office visits

Estimate in thousands	Relative standard error in percentage points
500	30.1
1,000	21.4
2,000	15.3
5,000	10.0
10,000	7.5
30,000	5.1
100,000	4.0
550,000	3.5

Example of use of table: An aggregate of 80,000,000 has a relative standard error of 4.3 percent or a standard error of 3,440,000 (4.3 percent of 80,000,000).

Table II. Approximate standard errors of percentages for estimated numbers of office visits

Base of percentage (number of visits in thousands)	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
1,000	2.1	4.6	6.3	8.5	9.7	10.6
3,000	1.2	2.7	3.7	4.9	5.6	6.1
5,000	0.9	2.1	2.8	3.8	4.3	4.7
10,000	0.7	1.5	2.0	2.7	3.1	3.3
50,000	0.3	0.7	0.9	1.2	1.4	1.5
100,000	0.2	0.5	0.6	0.8	1.0	1.1
500,000	0.1	0.2	0.3	0.4	0.4	0.5

Example of use of table: An estimate of 30 percent based on an aggregate of 75,000,000 has a standard error of 1.2 percent. The relative standard error of 30 percent is 4.0 percent (1.2 percent÷30 percent).

ROUNDING: Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on the basis of original, unrounded figures. Due to rounding of percents, the sum of percentages may not equal 100.0 percent.

DEFINITIONS: An *ambulatory patient* is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

An *office* is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering health services.

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in practice who spends time in caring for ambulatory patients at an office location. Excluded from NAMCS are physicians who specialize in anesthesiology, pathology, radiology; physicians who are federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

SYMBOLS

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

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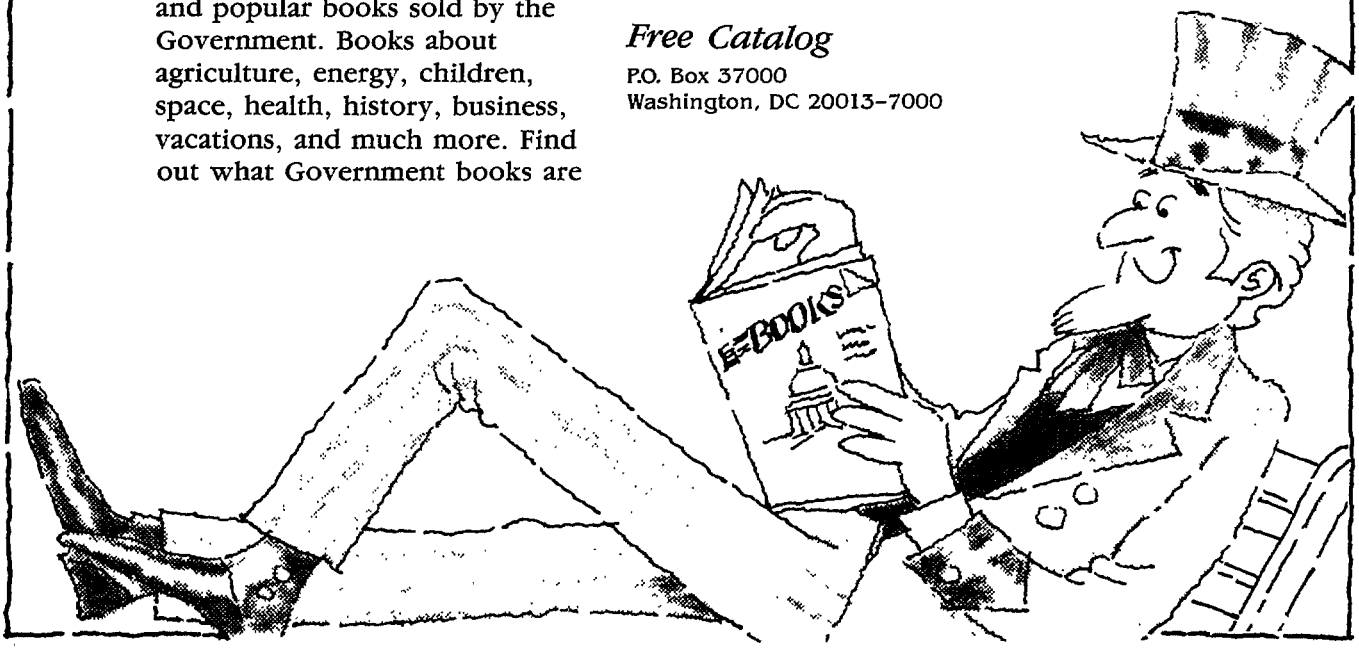

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Purpose

The National Death Index (NDI) is a computerized central file of death record information. It is compiled from magnetic tapes submitted to the National Center for Health Statistics (NCHS) by the State vital statistics offices. These tapes contain a standard set of identifying information for each decendent, beginning with deaths occurring in 1979. Investigators conducting prospective studies can use the NDI to determine whether persons in their studies may have died, and if so, be provided with the names of the States in which those deaths occurred, the dates of death, and the corresponding death certificate numbers. The NDI user can then arrange with the appropriate State offices to obtain copies of death certificates or specific statistical information such as cause of death.

How the NDI Operates

- *The NDI may only be used for statistical purposes in medical and health research.*
- *The investigator first must submit an NDI application form to NCHS.*
- *Applications are reviewed quarterly by a group of advisors to the NDI program.*
- *Upon notification of approval, the investigator submits the names of study subjects and related information on magnetic tape, floppy disk, or NDI coding sheets (as specified in the NDI Users's Manual).*
- *Payment for NDI services is also made at this time.*
- *The NDI file search is performed and the result mailed within three weeks.*
- *The investigator assesses the quality of the resulting NDI matches and purchases copies of relevant death certificates from the appropriate State vital statistics offices.*

National Center for Health Statistics

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National Center for Health Statistics
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Hyattsville, Maryland 20782.

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