

The sample was designed to obtain estimates within a sampling error of 20 p.c. for events occurring at least once among every 50 persons in the population during the year. Indications are that for a large proportion of the estimates the error will be substantially smaller. Area sampling was used for the survey. As a first stage six domains (regions) of study were established consisting of four single provinces and two groups of three provinces each. Within each domain of study three types of area were considered—metropolitan, urban and rural. Within these areas multi-stage sampling was adopted. In metropolitan centres, all of which were included in the sample, and in some of the sampled urban areas, the first stage of sampling was the block; the second stage, the household. In other urban areas systematic sampling from a list of households was used. Rural areas were divided into primary sampling units and grouped into strata. Within each stratum one primary sampling unit was selected and multi-stage sampling applied. The first stage was the selection of clusters or segments within the primary sampling unit and the second stage was the selection of households within the chosen clusters.

In designing the sample extensive use was made of population, social and economic data obtained from 1941 Census material. Similarly, the results of the 1951 Census, which was taken at about the mid-point of the survey period, provided the necessary distributions concerning persons and families for the calculation of national and provincial figures. The basic survey units for data on illness were the individual persons; the units for expenditures on health services included families, as defined in the Census, together with certain single persons whether living alone or with other families as roomers or relatives.

Data on certain aspects of the survey are still being processed. The following is a brief abstract from the available preliminary information regarding the three main features of the survey: volume of sickness, volume of medical care received, and family expenditures for health care and services.

Estimated Volume of Sickness during the Survey Year.—The survey distinguishes three broad groups of severity, not in a clinical sense of seriousness but in its effect on the patient's capacity to go about his usual activity. These groups are: (1) confined to bed (bedfastness), (2) inability (disability) to continue usual activity (*e.g.*, work, going to school, homemaking, etc.), and (3) any complaint, whether severe or only very minor such as headache. It must be kept in mind that the information was obtained from lay informants mostly by lay enumerators. Following are the average days of sickness per person as estimated from the survey data:

ESTIMATED AVERAGE DAYS OF SICKNESS PER PERSON DURING SURVEY YEAR

<u>Group</u>	<u>Both Sexes</u>	<u>Male</u>	<u>Female</u>
Confined to bed (home or hospital).....	5·6	5·0	6·2
Disability.....	11·9	12·1	11·7
Any complaint.....	51·4	44·6	58·4