

# **AN ANALYSIS OF THE QUALITY OF THE HEALTH DATA IN THE PANEL STUDY OF INCOME DYNAMICS: 1999-2003**

Patti Andreski, Elena Gouskova, Kate McGonagle, and Bob Schoeni

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## **I. INTRODUCTION**

In recent years the Panel Study of Income Dynamics (PSID) has expanded the set of health related questions. Currently roughly 12 minutes of the 70-minute survey is devoted to health status, health behaviors, health insurance, and health care expenditures. These additions have uniquely positioned the PSID to enhance our understanding of the life course effects of early and mid-life circumstances on health, economic well-being, and mortality in later life. The PSID is poised to become the only data ever collected on life course and multigenerational health in a long-term panel representative of the full U.S. population.

The objective of this report is to provide an initial assessment of the quality of the health data that have been collected thus far. Specifically, the report compares estimates of health in the PSID with estimates from the most widely used nationally representative health survey, the National Health Interview Survey (NHIS). The PSID and NHIS are compared on three dimensions: the extent of item non-response, prevalence of various health outcomes, and parameter estimates of the effects of socio-demographic factors on health status.

We begin the report by briefly summarizing the health information that has been collected throughout the nearly four decade history of the PSID, which is quite extensive. The subsequent section discusses measures of health that will be compared between the two surveys, with focus on the specific question wording for each measure. The estimates in each survey are then discussed. In general, we find that the two surveys align fairly closely.

## **II. OVERVIEW OF HEALTH DATA IN THE PSID**

The PSID began to expand its health content in the 1990s. As shown in Table 1, a wide array of data on health status, health insurance, health behaviors, and health care costs are currently being collected. However, several health-related questions have been asked at various points in the more distant past, with some items collected in each and every year since the survey began in 1968. The data have been relatively underutilized, offering the unique opportunity to study changes in health, and the causes and effects of health on various socio-economic outcomes.

As an example, height, weight, smoking, and drinking were collected in 1986, and then beginning in 1999 they have been asked in each wave through the collection of 2005 data (being collected in calendar year 2005). These data allow assessments of changes in these outcomes over a 19-year period, which is not possible in any other national panel dataset. Moreover, because the PSID identifies respondents who die between waves, mortality over the 37-year history can be examined for the over 4,000 panel members who have become decedents. In sum, the PSID is best known for research on the dynamics of income, employment, and poverty. However, the PSID has tremendous potential to examine many health-related questions.

## **III. THE SURVEYS**

We compare data collected from the PSID over three waves, 1999, 2001, and 2003, with the same years of the NHIS. (2005 data from the 34<sup>th</sup> wave of the PSID is being collected as of this writing). The NHIS consists of a nationally representative sample of the civilian noninstitutionalized population. The face-to-face survey collects basic health and demographic

information for all household members. More detailed health information is collected for one sample adult aged 18 or older and one sample child aged 0-17 per family.

The PSID is a nationally representative panel study that began in 1968. Families were interviewed annually until 1997, and biennially thereafter; 97% of the interviews are taken over the telephone, and 3% face-to-face. A sample of immigrants was added in 1997 to make the sample representative of families who arrived in the U.S. after the PSID began in 1968. Most of the health questions are asked of the head and wife. The sample of heads and wives is representative of the national adult population.

It is beyond the scope of this report to examine each and every one of the dozens of health-related measures; therefore, we focus on several of the most salient items. Thirteen items are compared. The health status measures examined include height, weight, work limitation, six specific conditions (stroke, hypertension, diabetes, cancer, myocardial infarction, and asthma), and self-rated general health (excellent, very good, good, fair, and poor). In addition, whether the person currently smokes, has ever smoked, and whether they have health insurance are compared between the two surveys.

Table 2 reports the exact question wording used in each of the two surveys. The questions are almost identical for most measures, particularly for height, weight, work limitation, conditions, and self-rated general health. NHIS explicitly asks respondents their height and weight without their shoes, so we might expect to see slightly higher values in the PSID. For doctor diagnosed conditions, NHIS includes not only doctors but “other health professionals,” which might also lead to a slightly higher prevalence in the NHIS. The NHIS’s question on work limitation includes “emotional problems” as a cause, while PSID does not, although it does include “nervous condition.”

Smoking and health insurance are not as similar in the two surveys. The NHIS has a threshold of 100 cigarettes in order for someone to be considered having ever smoked, while the PSID does not. For current smoking behavior, the PSID simply asks whether they smoke now. The NHIS asks people how often they smoke cigarettes, with one option being “not at all;” we code people with this response as not currently smoking.

All statistics shown in the report utilize the weights available in each survey.

#### **IV. RESULTS**

Based on the data from three waves of data collected from the NHIS and PSID in 1999, 2001, and 2003, the analysis addresses three issues: comparisons of non-response rates; comparisons of prevalence estimates; comparability of parameter estimates in multivariate models. In this section we report our findings on each issue in turn.

##### **Item Non-Response**

Table 3 reports estimates of item non-response in PSID and NHIS, 1999-2003. Item non-response includes responses of “not ascertained” (NA), “refused” (RF), or “don’t know” (DK). In addition, NHIS occasionally uses the code “not available” for unknown observations. All unknowns are coded separately in NHIS. Contrary to NHIS, PSID usually gives the same code to NA and RF. To make comparison meaningful we combined together NA, RF and “not available” observations in NHIS. Note also that the question on smoking was excluded from this analysis since there is no direct correspondence between NHIS and PSID on these measures.

Across the three waves of data collected 1999, 2001, and 2003, we find that item non-response is low in the PSID, with never more than 1% of the sample not providing answers. The only exception is for weight, which had an item non-response rate ranging from 2.2% in 1999 to 3.1% in 2003. However, in the NHIS the non-response rate for weight, and most other measures, was much higher, ranging from 8.4% in 1999 to 4.5% in 2003. The low item non-response in the PSID is likely due to the fact that many of the PSID respondents have been

interviewed for many years, and they have been convinced that the study leads to valuable research and their identity will be kept secure.

### **Estimates of health status, health behaviors, and health insurance**

Table 4 reports the estimates of health measures in the two surveys. Despite the slight differences in question wording, estimates of smoking, health insurance coverage, and obesity are very similar between NHIS and PSID. Rates of obesity in the adult population are nearly identical in the two studies across all three waves of data collection, ranging from 21-23 percent. Figure 1 examines the estimates more closely by providing estimates of the full distribution of height, weight, and BMI (i.e., weight in kilograms divided by the square of height in meters). For each measure, the two distributions are almost indistinguishable.<sup>1</sup>

The share whose is not work limited is higher in the NHIS, which is not what would be expected given the slight differences in the questions. In general, the prevalence of the specific conditions align fairly closely. There is a substantial increase in the percent of the adult population reporting asthma between 1999 and 2001 in both studies, although the rise in 2001 is higher in the NHIS. The rates of hypertension are nearly identical in the two studies, and both data sources show a modest increase as they rise from 22 percent to 25 percent between 1999 and 2003.

The prevalence of 30-day serious emotional distress, added to the PSID in 2001, closely matches the prevalence obtained in the NHIS in 2001. In 2003, prevalence in the PSID increased to 3.9% and remained stable in the NHIS.

The PSID finds fewer people reporting themselves in excellent health relative to the NHIS. While 29-32 percent of the adult population is in excellent health according to the NHIS, the estimate is only approximately 23 percent according to PSID.

We investigated several potential explanations for this difference. First, we compared the demographic characteristics of the weighted populations. As shown in Table 5, the gender and racial composition of the samples are quite similar. However, the PSID is slightly older. Therefore, we examined age-specific estimates of self-rated general health status, with the results reported in Table 6. Age differences do not explain the disparity in self-reported general health status; within every age group, the PSID sample has a lower proportion that is in excellent health.

The NHIS is a single cross-section, while most PSID respondents have been interviewed for many years. To explore whether repeated measurement of health status somehow affected reporting, we tabulated this measure using the 1984 data, which was the first year this question was asked. We also reported estimates using the 1994 data to investigate whether there was any drift over time in the response to the questions. As shown in Table 7, the distribution of responses is virtually unchanged over the period.

As a final test, we compared the two surveys with a third widely used survey, the Health and Retirement Survey (HRS). We restricted the sample to the population 51-61, with the estimates for each of the three surveys reported in Table 8. We find that the PSID and HRS align fairly closely. It is the NHIS that is somewhat of an outlier. It is unclear what is causing the differences across the surveys, particularly since all three use the identical question.

### **Multivariate models**

Table 9 contains results from 6 separate logistic regression models for each wave of PSID and NHIS. The dependent variable in each model is an indicator for whether the person is in fair or poor health. The explanatory factors include age, race, sex, marital status, and education.

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<sup>1</sup> Estimates of obesity in the NHIS and PSID are somewhat lower than estimates in the National Health and Nutrition Examination Survey, presumably because the latter is collected in person rather than over the telephone, and people are less able to underreport their weight in an in-person interview.

The parameter estimates for age, marital status, education, and “other” race are very similar in the two surveys. The differences between blacks and whites, and the differences between men and women do not align as closely, especially in 1999, with somewhat larger disparities estimated in the PSID. In sum, the models lead to fairly similar estimates, although the racial and gender differences merit further investigation.

Table 10 reports change in health status between 1999 and 2001 measured along three dimensions: poor/fair health, work limitation, and obesity. Estimates are provided for heads and wives of all ages, and separately for people under and over age 51. As expected, the prevalence of work limitations and being in fair or poor health is much higher for older people. Moreover, older people have higher onset and less recovery than younger populations. Furthermore, there is substantial change between waves even among the younger (pre-HRS) populations. Among the younger population, 5% who were not in fair/poor health in 1999 fell into fair/poor health by 2001, while at the same time 42.9% of those who were in fair/poor health recovered. Similar magnitudes of change were experienced as measured by work limitations. Relative to self-reported general health and work limitations, the onset of obesity is higher, and recovery lower. In sum, a substantial share of the PSID sample experiences important changes in health status within the two-year period between interviews, even among the younger population, implying that it is important to assess health status in each wave. Although not all dimensions of health status measured in the PSID probably change as quickly, designing the instrument to skip those persons or items not likely to have frequent changes would result in very modest savings.

## **V. CONCLUSIONS**

The PSID and the NHIS are very different surveys. The NHIS consists of a fresh cross-section of roughly 100,000 individuals each year. The PSID has been interviewing the same core families since 1968, as well as the children in these families once they grow up and leave their parent’s homes, opening up rich opportunities for the analysis of the transmission of health over the life course and between family members. Despite these differences, for three waves of data collected in 1999, 2001 and 2003, the health-related measures in the two surveys aligned fairly closely. Moreover, multivariate estimates of the relationship between health status and several socio-demographic factors are in agreement. Our interpretation of this evidence is that the quality of the health-related information collected in the PSID is high. However, continued monitoring and assessment is required.

Table 1. Summary of Health-Related Measures in the PSID: 1968-2003

	Family member and years available: H=head, W=wife, FUM=Family members
<b>General health status, height, weight, cognition</b>	
General health status (5-point scale)	H, W: 84-03
General health status when < 17 years old	H, W: 99-03
Health better/worse than people your own age?	H, W: 86
Health better/worse than 2 years ago?	H, W: 84-87
Expect health to be better/worse 2 years from now?	H, W: 86
Height & weight	H, W: 86, 99-03
Cognition/vocabulary tests: 14 questions	H: 72
<b>ADL/IADL-type measures</b>	
Difficulty doing each of the following by self, without equipment?	
bathing or showering	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03
dressing	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03
in or out of bed or chair	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03
walking	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03
getting outside	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03
using the toilet	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03
if yes to any of the above, anyone help you do these activities?	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03
Any difficulty doing the following by yourself?	
preparing meals	All FUM 55+: 92-96
shopping for personal toilet items or medicine	All FUM 55+: 92-96
managing own money	All FUM 55+: 92-96
using the telephone	All FUM 55+: 92-96
doing heavy housework	All FUM 55+: 92-96
doing light housework	All FUM 55+: 92-96
Trouble walking several blocks or climbing stairs?	H, W: 86
Trouble bending/lifting/stooping?	H, W: 86
Health keep you from driving?	H, W: 86
Receive assistance when travel in community?	H, W: 86
Have to stay indoors most/all of the time because of health?	H, W: 86
Confined to bed or chair most of day because of health?	H, W: 86
<b>Specific conditions</b>	
Doctor ever told you that you have...	H, W: 99-03
stroke	H, W: 99-03
high blood pressure	H, W: 99-03
diabetes	H, W: 99-03
cancer or malignant tumor, excluding skin cancer	H, W: 99-03
chronic lung disease	H, W: 99-03
heart attack	H, W: 99-03
coronary heart disease, angina, congestive heart failure	H, W: 99-03
emotional, nervous, psychiatric problem	H, W: 99-03
arthritis	H, W: 99-03
asthma	H, W: 99-03
permanent loss of memory or mental ability	H, W: 99-03
How long had each condition?	H, W: 99-03
How much does each condition limit normal daily activities?	H, W: 99-03
Problems with eyesight that cannot be corrected with glasses?	H, W: 86
<b>Work/activity limitations</b>	
Physical or nervous condition that limits work?	H: 68-03 (73-75, only asked of new heads); W: 78, 81-03; All FUM 78
Severity of limitation (a lot, little, etc..)	H: 76-03; W: 78, 81-03; All FUM 78
How long had condition?	H: 69-75, 78 (73-75, only asked of new heads); W: 78; All FUM 78
Do you expect to get better?	All FUM: 78
Is your health getting better?	H: 69-75 (73-75, only asked of new heads)
Do you require a lot of extra care by someone? Does this mean extra costs?	All FUM: 78
Does your health limit the work you can do around the house?	H: 69-71
Not working or not going to school because of poor health?	All FUM: 69-72

Table 1 (Continued). Summary of Health-Related Measures in the PSID: 1968-2003

	Family member and years available: H=head, W=wife, FUM=Family members
<b>Work/activity limitations, continued</b>	
Health condition limits kind of demanding physical activities?	H, W: 86
Anyone else in family who requires a lot of extra care? Who is that?	69-72, 76-77
Anyone else in the family not in good health? Who is that?	FUM: 90-91, 96; FUM 55+ 92-95
Permanently (or temporarily, starting in 1993) disabled	H: 76-03; W: 79-03
Ever had illness or accident that laid you up for month or more?	H: 68
Miss work last year because family member sick? Who was it? How many days?	H: 76-03; W 77-03
Miss worked because sick? How much?	H: 76-03; W 77-03
How many days work missed on main job in last year because sick or otherwise unable to work	H: 68
Miss any work last year because you or someone in family sick? How much?	H employed: 68-75
Number of weeks sick last year	H unemployed: 68-75
<b>Health behaviors</b>	
Currently smoke? How many packs?	H, W: 86, 99-03
Ever smoked? How much?	H, W: 86, 99-03
How old when first started?	H, W: 86, 99-03
How old when last stopped?	H, W: 86, 99-03
Anyone in family smoke? How many packs family smoke?	68-72
How often participate in light physical activity	H, W: 99-03
How often participate in heavy physical activity?	H, W: 99-03
Ever drink alcohol? How much?	H, W: 99-03
Depression supplement	H: 01-03
Exercise regularly? How often?	H, W: 86
<b>Hospital, nursing care</b>	
Patient in hospital last year? Number of nights?	H, W: 81, 83-87, 99-03
Any illness or injury keep you in bed for all or most of a day last year? Number of days?	H, W: 81
Paid nurse come to home this year?	All FUM 55+: 92-96, 03
Resident in nursing home past year?	All FUM 55+: 92-96, 03
Ever been resident in nursing home?	All FUM 55+: 92-96, 03
<b>Health care costs</b>	
Out-of-pocket and total costs; total and various components <sup>^</sup>	Total family: 94,95,99-05
<b>Participation in health-related transfer programs</b>	
Workers' Compensation	Each FUM (best for H): 77-03
SS/DI	Each FUM (best for H): 84-03
<b>Parents' health status</b>	
Parents alive? Date of death?	H, W: 88
General health status of mother/father relative to people their age	H, W: 88
Does your father/mother require a lot of extra care because of health condition?	H, W: 88
Are your mother/father living in a nursing home?	H, W: 88

<sup>^</sup>In 1994 and 1995, data are only available for families with person 55 and older.

Table 2. Comparison of Question Wording in the 1999 PSID and 1999 NHIS

Item	PSID	NHIS
Height	How tall [are you/is he/is she]?	How tall are you without shoes?
Weight	About how much [do you/does he/does she] weigh?	How much do you weigh without shoes?
Health limits work	[Do you/Does he/Does she] have any physical or nervous condition that limits the type of work or the amount of work [you/he/she] can do?	Are/(Other than the persons mentioned), are any of these family members{PERSONS 18+} limited in the kind OR amount of work {you/they} can do because of a physical, mental or emotional problem?
Conditions	Has a doctor ever told [you/him/her] that [you have/he has/she has] or had any of the following... A stroke? High blood pressure or hypertension? Diabetes or high blood sugar? Cancer or a malignant tumor, excluding skin cancer? A heart attack? Asthma?	Have you EVER been told by a doctor or other health professional that you had/have... A stroke? Hypertension,also called high blood pressure? Diabetes or sugar diabetes? Cancer or a malignancy of any kind? A heart attack (also called myocardial infarction)? Asthma?
Self-rated general health	Would you say [your/his/her] health in general is excellent, very good, good, fair, or poor?	Would you say {subject's name } health in general is excellent, very good, fair, or poor?
Smoking	Did [you/he/she] ever smoke cigarettes?  [Do you/Does Q56] smoke cigarettes?	Have you smoked at least 100 cigarettes in your ENTIRE LIFE?  Do you NOW smoke cigarettes every day,some days or not at all?
Insurance	In 1997 or 1998, was anyone in the family covered by health insurance or some other kind of health care plan? (Including health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.) For how many months in 1998[were you/was he/was she] covered?	{ Are you/Is anyone } covered by health insurance or some other kind of health care plan? INSTRUCTIONS:Read if necessary: include health insurance obtained through employment or purchsed directly as well as government programs like medicare and medicaid that provide medical care or help pay medical bills.

Table 3. Item Non-response Rates (%) in PSID and NHIS, 1999, 2001, and 2003

	PSID						NHIS					
	1999		2001		2003		1999		2001		2003	
	DK	NA,RF	DK	NA,RF	DK	NA,RF	DK	NA,RF	DK	NA,RF	DK	NA,RF
Self-rated												
General Health	.03	.19	.04	.96	.02	.58	.15	.32	.15	.33	.12	.45
Health Limits												
Work	.01	.21	.03	.96	.07	.59	.07	.84	.04	.17	.04	.14
Height	.50	.60	.63	1.9	.70	1.1	.34	.71	.57	1.0	.53	1.3
Weight	.8	1.4	1.4	1.9	1.5	1.6	1.2	7.2	1.4	2.6	1.6	2.8
Conditions												
Asthma	.01	.19	.10	.96	.03	.57	.06	.02	.08	.03	.10	.03
Cancer	.02	.19	.09	.96	.02	.57	.04	.03	.10	.04	.09	.03
Diabetes	.00	.19	.09	.96	.07	.57	.04	.03	.06	.04	.05	.02
Hypertension	.07	.19	.09	.96	.07	.58	.08	.04	.10	.05	.15	.07
Myocardial												
Infarction	.00	.19	.07	.96	.06	.57	.03	.03	.01	.04	.13	.04
Stroke	.05	.19	.06	.96	.07	.56	.05	.03	.07	.04	.10	.04
Health Insurance	.06	.00	.00	.00	.16	.00	.13	.22	.59	.55	.53	.67

Note: DK=don't know; NA=not appropriate; RF=refused. The PSID sample consists of all heads and wives, and the NHIS sample consists of people 18 years or older

Table 4. Comparison of Estimates of Health Status, Health Behaviors, and Health Insurance Coverage in the PSID and NHIS: 1999-2003

	PSID (Heads and wives)			NHIS (18 and older)		
	1999	2001	2003	1999	2001	2003
Obese (BMI>30.0)	22	21	22	22	22	23
Health doesn't limit amount/kind of work	82	81	82	88	89	89
Conditions						
Stroke	2.8	3.1	3.0	2.1	2.4	2.4
Hypertension	21.8	23.0	25.4	22.6	23.5	25.2
Diabetes	7.1	7.7	8.3	5.4	6.4	6.6
Cancer	4.6	5.0	5.3	6.5	6.9	6.6
Myocardial infarction	3.7	3.7	3.6	2.9	3.4	3.2
Asthma	7.4	7.6	8.3	8.5	10.9	9.7
Serious emotional distress - 30 day		3.2	3.9		3.1	3.1
Self-Rated General Health						
Excellent	23	22	22	32	31	29
Very Good	33	35	35	32	32	32
Good	29	28	28	25	25	26
Fair	11	11	11	8	9	9
Poor	4	4	4	3	3	3
Smoking						
Currently smoke	20	20	20	23	23	21
Never smoked	52	53	53	53	55	56
Has health insurance	87	87	87	87	85	84

Note: The PSID sample includes all heads and wives (which is the sample for whom health measures are collected), while the sample for the NHIS is all people 18 and older. The only exception is health insurance coverage, which is reported for people of all ages in both surveys. Weights are used for all estimates.

Table 5. Demographic Characteristics (%) in the PSID and NHIS:  
1999, 2001 and 2003

	PSID			NHIS		
	1999	2001	2003	1999	2001	2003
Sex						
Male	45	46	46	48	48	48
Female	55	54	54	52	52	52
Race						
White	80	79	78	81	81	84
Black	11	11	11	11	11	12
Other	10	11	11	8	7	5
Age						
18-44	48	48	46	54	53	52
45-64	34	36	37	29	31	32
65+	18	16	16	16	16	16
Not currently married	34	32	33	41	42	42
High school graduate	82	78	80	82	80	80

Note: The PSID sample consists of all heads and wives, and the NHIS sample consists of people 18 years or older. Weights are used for estimates from both surveys.

Table 6. Self-Rated General Health Status by Age (%)  
in the PSID and NHIS, 1999

Age group	Excellent	Very Good	Good	Fair	Poor
18-44 years					
PSID	29	37	26	7	1
NHIS	40	34	21	4	1
45-64 years					
PSID	20	33	31	12	4
NHIS	27	31	28	10	4
65-74 years					
PSID	13	24	33	21	9
NHIS	15	27	35	17	6
75 years and over					
PSID	7	24	34	23	13
NHIS	10	24	36	21	9

Note: The PSID sample consists of all heads and wives, and the NHIS sample consists of all people 18 and older. PSID and NHIS weights are used in calculating the estimates.

Table 7. Self-Rated General Health Status (%) in the PSID, by Year

	1999	1994	1984
Excellent	23	22	24
Very good	33	34	31
Good	29	28	27
Fair	11	11	12
Poor	4	5	5

Note: For each year, the sample consists of all heads and wives. PSID weights are used in calculating the estimates.

Table 8. Self-Rated General Health Status (%) in the PSID, HRS, and NHIS: 51-61 Year Olds

	PSID 1999	HRS 1998	NHIS 1999
Excellent	17	19	25
Very good	33	30	31
Good	31	29	29
Fair	12	15	11
Poor	6	7	4

Note: The PSID sample consists of all heads and wives 51-61. Weights are used in calculating all estimates.

Table 9. Logistic Regression of Being in Poor/Fair Health (Odds Ratio)

	PSID			NHIS		
	1999	2001	2003	1999	2001	2003
Age	1.044*	1.044*	1.030*	1.043*	1.044*	1.041*
Race						
White (ref. group)						
Black	2.14*	2.021*	1.702*	1.79*	1.838*	1.674*
Other	1.44*	1.337	1.128	1.38*	1.347	.965
Female	1.16*	1.149	1.188*	1.04*	1.073*	1.093*
Not currently married	1.28*	1.181*	1.520*	1.300*	1.306*	1.319*
High school graduate	.415*	.385*	.331*	0.360*	.421*	.428*

Note: \*Indicates statistical significance at the .01 level.

The PSID sample consists of all heads and wives, and the NHIS sample consists of people 18 years or older.

Table 10. Change in Health Status Between 1999 and 2001

	Fair/poor health	Work limitation	Obese
All ages			
Prevalence in 1999	13.9	17.2	18.3
Onset	7.6	9.5	6.8
Recovery	32.9	31.9	17.8
Less than 51 years old			
Prevalence in 1999	9.4	11.3	18.3
Onset	5.0	6.7	7.7
Recovery	42.9	39.1	16.8
51 and older			
Prevalence in 1999	22.5	28.4	18.3
Onset	13.2	16.3	5.0
Recovery	24.9	26.4	19.6

Note: Based on tabulations using the 1999 and 2001 PSID, with 1999 individual weights.

Figure 1. Comparison of Distribution of Height, Weight, and BMI in the PSID and NHIS, 1999

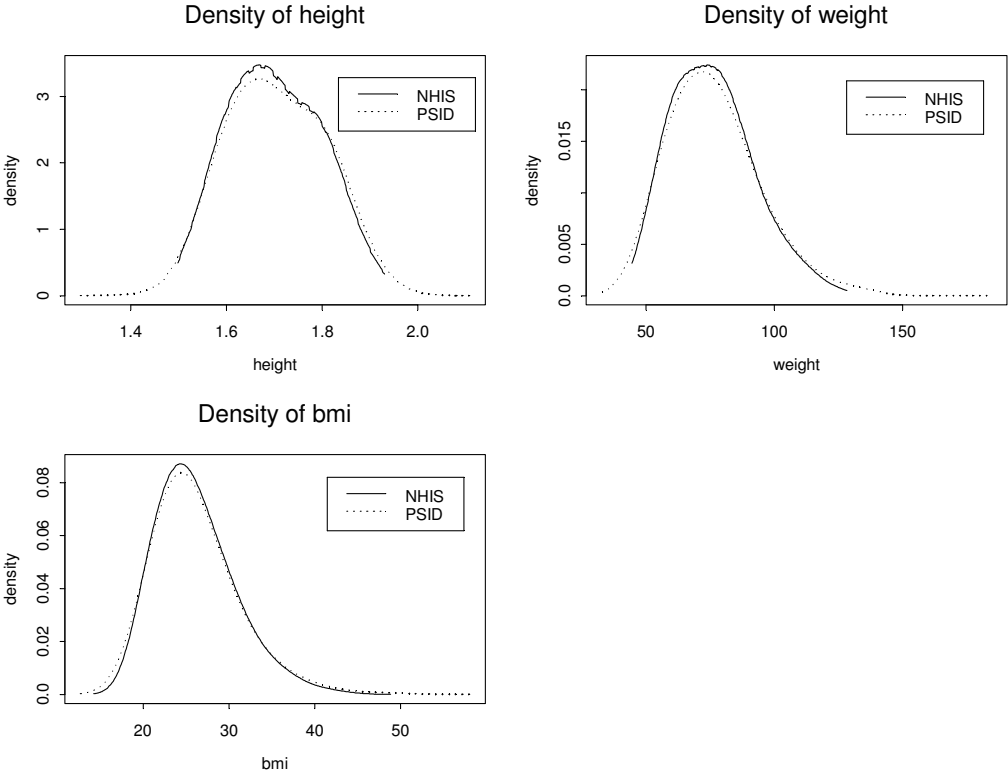


Figure Note: The PSID sample consists of all heads and wives, and the NHIS sample consists of all people 18 and older.