

**THE SOCIAL PROBLEMS OF CLINICAL
PATIENTS AT MERCY FREE
DISPENSARY**

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CHAPTER I

INTRODUCTION

PURPOSE:

The purpose of this thesis is to test, in a small way, the validity of the generally accepted assumption that environmental and emotional problems in some degree generally accompany medical problems.

The recent advances in psychosomatic medicine have focused the attention of the helping professions upon the importance of considering the entire person. The patient's medical problem affects and is affected by his emotional and environmental problems. His problems can be separated on paper, but they cannot be separated in him. He is essentially a unity, and all of his problems are inter-related in some fashion.

The treatment of the medical patient, therefore, cannot be completely departmentalized. Medical treatment alone, if his medical problem is aggravated by emotional or environmental problems, will be effective to the degree that the latter problems are minimized or removed.

This thesis is an attempt to identify the social, economic, and emotional problems of a selected group of medical patients. It is entirely beyond this study to establish a cause-and-effect relationship between these problems. It should be possible, however, to point to their inter-relatedness.

Specifically, the purpose of the thesis is to answer the two following questions:

1. What are the social, economic, and emotional problems of these medical patients?
2. What is the relationship between these problems and the medical problems?

SOURCE:

The primary source for this study is a group of fifty patients from the General Medical Clinic at Mercy Free Dispensary. They were chosen at random from the active files of the Dispensary. The average monthly registration of new clinical patients is approximately two hundred and fifty.

All fifty of the patients in this study were registered at the Dispensary during the month of October, 1952, and none had been known to the Clinic previously. All were over seventeen years of age; twenty-five males and twenty-five female patients were chosen.

METHOD:

The two questions which this study is attempting to answer were broken down to a schedule-questionnaire. (See Appendix) Some of the information pertaining to the medical problem was secured from the hospital record of the patient; while the data concerning the other problems was secured directly in individual interviews with the patients. An appointment for an interview was made by phone with each patient. The interviews were held in the hospital.

MERCY FREE DISPENSARY:

Mercy Free Dispensary is a part of Mercy Hospital. Persons of all

ages, races, creeds, and with all types of diagnoses are admitted. There is no geographic limitation within Chicago for clinic patients.

All individuals applying for dispensary care are interviewed by an admitting clerk in order to determine financial eligibility. Those accepted are given appointments in the diagnostic clinic where all receive complete physical examination, including a full laboratory work-up and chest x-ray. Where indicated, referral is made to a specialty clinic, if it is not indicated, the patient is assigned to the general medical clinic.

The dispensary as well as the hospital is affiliated with the Stritch School of Medicine of Loyola University. Auxiliary services at the dispensary include those of two nutritionists who do individual and group teaching, and a department of Medical Social Work with medical and psychiatric social workers on the staff. This staff is considered an integral part of the medical team and is assigned to the various departments to serve patients both in the hospital and in the dispensary.

PRESENTATION OF THE STUDY:

Chapter II will present a description of the fifty patients who constituted the principle source of the study. The medical complaints of the patients with some related social and emotional problems will constitute the third chapter. In chapter IV the social, economic, and emotional problems of the patients will be described. Chapter V will contain a summary and some concluding comments.

CHAPTER II

DESCRIPTION OF THE PATIENTS

The purpose of this chapter is to describe the fifty patients who constitute the principal source of the study. Identifying data such as race, age, education, religion, marital status, number of children, and number of dependents will first be presented. The sources which referred the patient to Mercy Free Dispensary and the assistance requested by the patient will be added. There will be, incidentally, some indication, at least a probable inference, of social and emotional problems in this face sheet data.

RACE.

The fifty patients under study comprised twenty-five female and twenty-five male patients, of whom fifteen were white and thirty-five negroes. Two patients of Mexican descent were included in the group of white patients.

AGE.

These patients represented for the most part a group of young and middle-aged persons. As indicated in the following table, eleven were between the ages of twenty to thirty years, and thirteen were between the ages of forty to fifty years. Only one patient was under the age of twenty and only five were over seventy years of age.

EDUCATION.

The table which follows gives an indication of the educational status of the group. Of the fifty patients, twenty-one had only completed grammar school education and eleven had only some high school training. Two of the patients had no schooling and two had completed college.

One of the patients who had no schooling was of Mexican descent, having lived most of his life in a rural community. The other patient, a negro man of seventy-five years, had also lived in a rural community in the South. He was employed as a farm helper, having had no educational opportunities.

The two college graduates were male negroes. One received his degree in accounting and the other in education.

TABLE I
EDUCATION

Schooling	Women	Men	Total
Completed College	0	2	2
Some College	0	2	2
Completed High School	4	1	5
Some High School	6	5	11
Completed Grammar School	7	0	7
Some Grammar School	8	13	21
No Schooling	0	2	2
Total	25	25	50

RELIGION.

Religious affiliation expressed by the patients were as follows: Baptist, twenty-nine; Catholic, fourteen; Protestant, four; Jewish, two; and Methodist, one. Although Mercy Free Dispensary is under Catholic auspices it provides service for non-Catholic patients as well as Catholic. It has no religious restrictions.

MARITAL STATUS.

Twenty-nine of the patients were married, five divorced, seven separated, five widowed, and four single. Five of the female patients who were married had been married and divorced previously. One of the male patients had been married and divorced six times.

CHILDREN.

In this group of patients twenty had children under twenty-one years, sixteen had no children, and fourteen had children over twenty-one years of age. The majority of the patients who had children under twenty-one years had one and two children. Only one patient had six children and one had four children.

DEPENDENTS OF THE PATIENTS.

The dependents of the fifty patients studied were included to determine the patients' financial responsibilities. It was felt that some of the patients not only have a financial responsibility to their spouse and children, but also to their relatives. This responsibility could cause additional economic and emotional problems.

The dependents of the patients are indicated in the following table. There is some overlapping in this table. If a patient has a spouse, children, and other dependents, a triple tally was made.

The majority of relatives supported by the patients were mothers, fathers and siblings. Twenty-one of the patients listed their spouse as dependents, fourteen had children dependent upon them, and fourteen had relatives dependent upon them.

Eighteen of the patients had no dependents. This group included the single, divorced, separated or widowed. They lived by themselves or if they lived with a relative or their children, they were independent financially.

TABLE II
DEPENDENTS OF THE PATIENTS

Dependents	Women	Men	Total
Spouse	6	15	21
Children	5	9	14
Relatives	9	5	14
Other	0	0	0
No One	9	9	18
Total	29	38	67

REFERRAL TO MERCY FREE DISPENSARY.

In this group of fifty patients, eighteen were referred to the dispensary by friends, thirteen by the Cook County Hospital, nine from social

agencies, six from relatives, and four patients indicated other referrals. The other referrals included the Illinois Research Hospital, Lewis Memorial Hospital, a priest, and a private physician.

Most of the thirteen patients who were referred by the County Hospital were sent to Mercy Free Dispensary because they lived in that vicinity. Some of these patients had received previous medical care at the County Hospital. Only two patients stated that their salary exceeded the budget approved at the County Hospital.

ASSISTANCE REQUESTED BY THE PATIENT.

Patients at Mercy Free Dispensary generally seek only medical assistance when first making application. After several clinic appointments, it is often learned that some patients need assistance from the Mercy Social Service Department. Immediate referral is made by the nurse, doctor, or medical student.

Of the fifty patients under study, forty-five indicated that they came to the clinic only for medical care. Three of the five patients who did request other assistance were referred to Mercy Free Dispensary by social agencies.

Two male patients, sixty years of age, who were unemployable, requested financial assistance when they made application for medical care at the dispensary. They were unaware that agencies in the community could assist them with this problem. These patients were referred to the Mercy Social Service Department and the necessary arrangements were made for them to obtain financial assistance from the Chicago Welfare Department.

From the group of forty-five patients who come to the dispensary only for medical care, fourteen indicated the need for other assistance after being interviewed. Six of these patients expressed their sincere interest and pleasure in knowing that Mercy Social Service would help them if they needed service. The majority of the patients indicated that it was very comforting and helpful to talk to someone about their problems. Some complained of being lonely. Others were depressed because of unemployment due to illness and others receiving Public Welfare assistance were grateful to discuss their budgetary problems as they had difficulty contacting their social workers.

SUMMARY:

Attention may be called to three of the items presented above as possible sources of social and emotional problems.

1. Seventeen of the fifty patients had some serious marriage difficulties: ten had been divorced and seven were separated. The causes or the effects of these marriage break-ups is indicative of problems.

2. Fourteen of the fifty patients had dependents other than spouses and children. This responsibility, carried by a sick person who cannot pay for medical service but must seek medical help at Mercy Free Dispensary, may be an aggravating cause of his illness.

3. Fourteen patients indicated a need for a social service assistance after they had been interviewed. Originally they requested only medical help. After a brief interview in which the other services of the hospital were explained, the patients were able to discuss their other real problems which were somehow related to the medical problem.

CHAPTER III

THE MEDICAL PROBLEMS

The description of the patients is continued in this chapter with particular reference to their medical complaints. In the course of presenting their illnesses, some related social and emotional problems are suggested.

DIAGNOSES OF PATIENTS.

The diagnoses of the fifty patients are presented in the following table.

TABLE III

MEDICAL DIAGNOSIS OF THE PATIENTS

<u>Diagnosis</u>	<u>Number of Patients</u>
<u>Chest</u>	
Heart	9
Asthma	3
Bronchitis	2
Pleurisy	1
<u>Skin Infection</u>	
Skin Rash	2
Dandruff	1
Elbow-burn Infection	1

TABLE III (Continued)

MEDICAL DIAGNOSIS OF THE PATIENTSEye, Ear, Nose and Throat

Sinus	3
Ear Inflammation	1
Failing Vision	1
Laryngitis	1

Gastro-Intestinal Tract

Constipation	1
Gall Bladder	2
Peptic Ulcer	1
Indigestion (anxiety neurosis)	1

Spine

Inflammation of the spine	1
Sacroiliac Sprain	1

Female Illness

Ovarian Tumor	1
Ovarian Cyst	1
Menopausal Symptoms	1

Vascular

Anemia	1
Arteriosclerosis	2

<u>Arthritis</u>	4
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<u>Neuralgia</u>	1
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<u>Tumor on Leg</u>	1
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<u>Diabetes</u>	1
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<u>Cystitis</u>	1
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<u>Kidney (Involvement of hypertensive)</u>	1
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<u>Alcoholism (Malnutrition)</u>	1
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TABLE III (Continued)

MEDICAL DIAGNOSIS OF THE PATIENTS

<u>Obesity</u>	1
<u>Emotional</u>	
Psychoneurosis	3
<u>No Organic Findings</u>	1
<hr/>	
Total	50

In reading the medical charts of the fifty patients under study, it was learned that the majority of these patients complained of nervousness, headaches, dizziness, and lack of sleep. There were no organic findings for the five patients who complained of abdominal pains and indigestion.

Two patients who had a chronic skin condition mentioned that they were upset and nervous. One of these patients had been referred to our psychiatric clinic for treatment because of her schizoid personality. The other patient who was eight months pregnant had a miscarriage prior to this pregnancy, and was very worried about her condition. After her baby was delivered she returned to the clinic and was discharged, since her skin condition had disappeared.

Of the six cardiac patients who complained of shortness of breath and pains in their chest, only two had been diagnosed as having no serious hypertension which affected their illness. Of the four with hypertension their condition was described as a cardiac condition essentially hypertensive or cardiac neurosis with hypertension. These four patients were living above the ground floor. High rents and limited incomes prevented them from moving from

their dwelling.

Five of the six patients suffering from a cardiac condition lived above the ground floor and had to climb stairs. Three patients whose illnesses were diagnosed as asthma, complained of nervous tension either at home or at their employment. One male patient, age seventy years, suffered from a chronic ear inflammation, causing partial deafness, and another patient age seventy-two had a chronic degeneration of both eyes. They were living alone, receiving Public Welfare Assistance, and complained of being very depressed and rejected, having little outside interests. The children of these patients were not interested in the welfare or the health of their parents which only increased their anxieties.

Only six of the fifty patients suffered from acute illnesses and five had no organic findings.

One patient who was referred to the dispensary by his company doctor because of a heart murmur was relieved in learning that his heart was in good condition. He was worried and upset prior to his coming to Mercy as he would have been released from his employment if any organic heart findings were discovered.

One male patient, sixty-five years of age, complained of shortness of breath and excess heart palpitation. After his physical examination the doctors ruled out any heart disease and indicated that the palpitation and shortness of breath was due to anxiety neurosis. This patient was employed long hours as a kitchen laborer and he encountered money pressures. He was told by the doctor to obtain a job with less physical work and regular hours.

Another patient believed he had a serious condition because of the severe pains and nervousness he encountered. Upon examining the patient the doctor discovered that this man suffered from a Vitamin B deficiency due to a five year history of chronic alcoholism. No organic findings were discovered.

Of the three patients who complained of asthma, one male patient could not understand the reason for his severe attacks of asthma which he was suffering from weekly. He was also becoming more irritable and tired. It was learned after talking with the patient that he was extremely worried about his wife. She was not getting the proper rest since the birth of their new baby. She would watch the child in his crib for many hours at one time, fearful that the child might suffocate. The patient felt that he and his wife needed help, and he planned to contact our psychiatric clinic for service.

DURATION OF PATIENTS' ILLNESSES

As indicated previously, chronic illness causes long and costly disability. Only sixteen patients from the group studied suffered from ill health of less than one year's duration. Twenty patients were ill from one to five years, eight from six to ten years, and six patients suffered from their illnesses over ten years.

Thirty of the fifty patients had previous medical care prior to their registration at Mercy Free Dispensary. Twenty of these patients indicated that they had received medical attention from private doctors. However, because of their financial situations they were unable to pay the fees of the private doctors. Besides paying fees, some of these patients preferred seeking medical care through a clinic. Some of the patients became unemployed due to

their illness, and had to obtain Public Welfare Assistance or Private Insurance Benefits.

Of the twenty patients who did not have previous medical care, sixteen suffered from ill health less than one year. After becoming ill they came to the Dispensary almost immediately.

One patient indicated that her illness had improved after the doctor recommended shorter working hours. Another patient indicated that he was sleeping more adequately after coming to the Dispensary. He had been suffering from a chronic cardiac neurosis. The doctor's clear explanation that his condition was not serious relieved the patient's mind.

In planning care, the patient's emotional instability, social problems and strains should be part of the evaluation on which medical and social treatment could be based.

PATIENTS' DIETS.

Illness frequently necessitates many changes. One of the most frequent of these changes is diet. Inadequate diet is a social problem which can affect the progress of patients suffering from ill health. An attempt was made to determine if inadequate diets existed among the patients studied and if it had any affect upon their health. It was felt that the patients' reaction to this problem would also be very important for this study.

The answers to two questions about diets was sought: was it necessary for the patients to have a special diet, and were the patients eating the proper foods in relation to their illness?

In reading the patients' clinical charts it was learned that twenty-

seven of the fifty patients were sent to the dietitian by the doctors because of inadequate diet. These patients were either overweight, were in need of calcium, iron, or protein in their diet, or they were undernourished and suffered from malnutrition.

One patient who was ill with diabetes was eating improper foods, which had a serious affect upon her illness. Three patients suffering from a cardiac condition were given a low salt diet. Some of the twenty-seven patients were eating only one or two meals daily because of the lack of funds or the necessity of eating their meals in restaurants. The doctors prescribed Vitamin B for four patients because of malnutrition.

Of the twenty-seven patients who were given special diets, the majority of their symptoms lessened. Swelling of ankles disappeared, chest pains lessened, and the obese patients gained more energy. Surgery was needed by one of the patients because of a tumor condition. However, because of her obesity, she was placed on a diet by the doctor before surgery could be handled adequately. One overweight female patient, who complained of back pains, was examined by the doctor who found no organic symptoms. She was placed on a low-caloric diet and within several weeks her back pains lessened and eventually subsided completely.

It can be stated that the twenty-seven patients who were given special diets had not been eating the proper foods in relation to their illnesses. In addition, five patients who were not sent to the dietitian by the doctor were not following adequate diets. One of these patients drank twelve cups of coffee daily. Three patients did not eat fruit, ate little or no

vegetables at meal time, and their appetite was poor. One patient's diet consisted of very highly seasoned foods. Only eighteen of the fifty patients ate the proper foods in relation to their illnesses.

Twenty-four of the twenty-seven patients given special diets reacted very favorably to their dietary changes. Many indicated that their health had improved considerably since dieting. Some of the obese patients whose diet consisted of starchy foods, expressed their pleasure in losing weight and having obtained more energy. Only three patients had difficulty accepting the diet prescribed. Two of these patients were foreign born and one was a negro man of sixty years. The special diets ordered for them ran contrary to their family and racial food habits. The negro man of sixty years lived on a farm for many years. His basic food consisted of dried beans which he ate three times a day. He was given a high protein diet because of malnutrition. This patient complained that eggs made him sick and that the beans were very digestible. The dietitian was able to make useful suggestions to these three patients by helping them to adopt the essentials of their special diet to their own food preferences.

SUMMARY:

1. Thirty-nine of the fifty patients suffered from chronic illnesses, and as is evident from the material presented in this chapter, some undesirable social or emotional condition was somehow related to the medical problem.
2. In discussing the duration of the medical illness, illustrations from the patient's clinic record showed that in some instances an environmental

change can lessen the frequency and the duration of chronic attacks.

5. Proper intake of food has long been recognized as a part of medical treatment, but insufficient attention has been given to helping the patient remove social, economic, and emotional obstacles to living according to the prescribed diet. Some additional help to patients in this area seems indicated.

CHAPTER IV

SOCIAL AND ECONOMIC PROBLEMS

This chapter presents: 1) The problems of the patients in the areas of employment, income, housing, and recreation; 2) effect of illness on the attitude of the patient; and 3) the assistance received by the patients from social agencies and other sources for these problems.

OCCUPATIONAL STATUS OF THE PATIENTS.

The occupational status of the study group included the employed and unemployed. Eighteen patients were employed and thirty-two patients were unemployed.

Economic insecurity and occupational instability are social problems that are most frequently associated with illness and can be a great source of depression and anxiety to a patient. It was felt that the patients' illness could have some significance to their employment or unemployment and this social problem could be very disturbing to their general welfare.

INCOME OF THE PATIENTS.

The data obtained indicates that the greatest number of employed patients belonged to the group of persons of small means, unable to pay the full cost of private medical care.

The following table shows that over half of the eighteen employed persons earned a monthly salary of less than \$270. These patients were married and had families. Three of these patients who were female averaged a monthly income of \$80 to supplement their husband's salary. Only five patients earned a monthly income of \$300 or more. One of these five patients was referred for psychiatric treatment and was averaging a monthly salary of \$480 a month as a printer.

TABLE IV

MONTHLY INCOME OF EMPLOYED PATIENTS

Salaries	Women	Men	Total
\$ 50 - \$ 99	5	0	5
100 - 149	1	1	2
150 - 199	3	1	4
200 - 249	1	1	2
250 - 299	0	2	2
300 - 349	0	3	3
350 - 399	0	1	1
400 - 449	0	0	0
450 - 499	0	1	1
Total	8	10	18

ADEQUATE OR INADEQUATE INCOMES

Only eight patients indicated that their income was adequate for sub-

sistence. These included for the most part patients whose salary exceeded \$270. However, one female patient who is earning a monthly salary of \$60 plus meals, feels this is adequate and enjoys her work as a cook.

Three patients felt that their monthly salary was barely adequate, while seven patients complained that their income was inadequate. Six of these patients received supplementation and only one indicated no supplementation. The income of three female patients was supplemented by the income of their spouse. The other three patients indicated supplementation from a daughter, savings, and additional part time employment.

TYPE OF EMPLOYMENT.

Since the greatest number of employed patients were in the lower income brackets, it could be determined that their type of occupation was unskilled. Of the eighteen patients employed seven were unskilled laborers, six were skilled laborers, two were employed as domestics, and only three patients held white collar positions. Two of these patients who held white collar positions were college graduates.

EFFECT OF WORKING CONDITIONS UPON THE PATIENTS' HEALTH.

The working hours adversely affected the health of seven of the eighteen patients. These patients were working long hours at night which resulted in their feeling pressured and physically exhausted. Nine patients complained that working conditions affected their health. Two patients indicated that working conditions were suitable and it did not affect their health.

The two patients who did not complain of working conditions indicated

that they had previously been transferred to another department which was beneficial in relation to their health problems, and the medical care given at the dispensary had helped them to work satisfactorily.

One patient had to quit her job and work part time, because steady employment made her nervous since her illness. Another patient indicated that before she came to the dispensary she had been unemployed for three months due to illness. Having received medical care at the dispensary she has returned to work and has now more interest in her job.

A twenty-four year old male patient mentioned that he had been transferred to a new department free from dust and steam. Since this transfer he has had no attacks of asthma. Another male patient felt the pressure and strains of day work at his employment since his illness. He is now working evenings and finds the working conditions more suitable. There is less work and it is more relaxing to him.

Of the nine patients who complained that working conditions were not suitable to their health, the majority said that work made them very tired and nervous since illness.

Since these patients were over forty years of age and had very limited experience, they had been unable to obtain other employment. Two patients complained of the dampness and drafts encountered on their job but because of their age they were hesitant to leave their jobs, realizing that it would be difficult to obtain other employment. Four patients who complained that their employment made them very tired and weak had been unable to change their employment because of their lack of experience and education.

PREVIOUS OCCUPATION OF UNEMPLOYED PATIENTS.

In the group of thirty-two unemployed patients, the table shows that sixteen of the patients had previous employment as unskilled laborers, seven were skilled laborers, four were employed as domestics, and four had white collar jobs. One patient who had no occupational experience was mentally retarded and has been supported financially by her sister since the age of seven. The table shows that the greatest number of unemployed patients were in the lower income brackets.

TABLE V

PREVIOUS OCCUPATION OF UNEMPLOYED PATIENTS

Type of Occupation	Women	Men	Total
White Collar	3	1	4
Skilled Laborers	2	5	7
Unskilled Laborer	7	9	16
Domestic	4	0	4
No Occupational Experience	1	0	1
Total	17	15	32

YEARS EMPLOYED BY THE PATIENTS PRIOR TO UNEMPLOYMENT.

The number of years the patients were employed in their occupation prior to unemployment, is indicated by the following table. Only one patient was employed less than one year. Sixteen patients were employed from less than a year to ten years, and sixteen patients from eleven years to more than thirty years.

TABLE VI

YEARS EMPLOYED BY THE PATIENTS PRIOR TO UNEMPLOYMENT

Years	Women	Men	Total
Under One Year	1	0	1
1 - 5 Inclusive	8	3	11
6 -10 Inclusive	1	3	4
11 -20 Inclusive	4	4	8
21 -30 Inclusive	0	2	2
Over 30	2	3	5
No Occupational Experience	1	0	1
	Total	17	16
			32

YEARS PATIENT WAS UNEMPLOYED.

From the thirty-two patients unemployed, thirteen patients were unemployed from one to five years, eight patients were unemployed less than one year, five patients from six to ten years and five patients from eleven to twenty years. These patients mentioned that their financial difficulties caused them much worry and distress.

ILLNESS AS CAUSE OF UNEMPLOYMENT.

Illness was the basic cause for unemployment from this group of unemployed patients. The inadequacy of these patients prevented them from meeting this problem. Twenty-six patients stated that their illness caused unemployment. The six patients whose illness did not cause unemployment gave var-

ious other reasons for their unemployment. Two female patients were married which caused them to leave their jobs and one female patient became pregnant. One male patient could not work steadily because of his drinking. Another patient, sixty-eight years of age, was asked to leave his employment because of his age.

FINANCIAL SUPPORT RECEIVED BY UNEMPLOYED PATIENTS.

Financial support received by the unemployed patients was divided into five classifications: spouse, children, relatives, agency, and other support. "Other" support included family allowance, private insurance benefits, savings, a friend, Unemployment Compensation, rent, Social Security and pension from the City of Chicago.

Three patients received support from the Public Welfare and from their children. The greatest number of patients received financial support from their spouse, these were female patients. Ten patients received support from the Department of Public Welfare and ten patients received other support.

To most of the patients disability from sickness and the decrepitude of old age for the older patients came as a surprise and an affliction, to which was added a feeling of shame at the necessity of accepting the aid of others. Dependency on the Department of Public Welfare was endured with even greater reluctance.

One male patient age thirty-five has been unemployed over two years because of a serious heart condition. He and his family are being supported financially by the Department of Public Welfare. This patient was a very ambitious, active man before his illness, and now his dependency upon his family

and others has increased his bitterness and depressed feelings.

NUMBER OF PATIENTS SEEKING OTHER EMPLOYMENT.

In the group of thirty-two unemployed patients, eleven tried to obtain other employment. Their illness or age prevented them from any employment. Four patients stated that they obtained a job that was not too strenuous or too difficult for them. However, their work made them nervous and tense and they had to leave their employment.

The reasons given by the twenty-one patients who did not obtain other employment were classified in the following manner: they were too ill to have any interest in finding other employment; they received agency assistance due to their illness or old age; they received sufficient income from their spouse; and one patient could obtain no employment because she was mentally retarded.

There was some over-lapping in the reasons given by the patient who did not obtain unemployment. The patients over fifty years of age indicated that due to their illness and age they were receiving Public Welfare assistance.

NUMBER OF PATIENTS RETURNING TO FORMER EMPLOYMENT AFTER ILLNESS.

It was felt that many of the thirty-two unemployed patients suffered from illness which would prevent them from returning to their former employment. The doctor examining the patient at the dispensary indicates in the medical chart whether the patient can or cannot return to his former employment.

In reading the doctor's statements from the charts of these thirty-two patients it was learned that twenty-five were unable to return to their former employment after illness and only seven patients could return to their

employment obtained prior to illness.

An inquiry into the patients' housing has been divided into the following elements: the types of dwellings and the floor of the dwellings, years lived in the present dwelling, number of rooms in the dwelling, number of people living in the dwelling, the effects of dwelling upon the patients' illness, and attempts made to obtain other dwellings.

TYPE OF DWELLING AND THE FLOOR OF DWELLING.

The type of dwelling was listed in the following manner: apartment, house, hotel, and other dwellings. The other dwellings included flats, rooming house, boarding house, housing projects, and cottage.

Twenty-six patients lived in apartments, five patients lived in houses, two in hotels, and seventeen in other types of housing. These seventeen patients for the most part lived alone in rooming houses. One male patient lived alone in a two room cottage given to him by his brother.

Eighteen patients, the greatest number of patients, lived on the second floor, twelve patients lived on the first floor, three on the fourth floor, and eight patients lived in dwellings above the fourth floor. It should be stated that the entire group of patients living above the first floor level had to climb stairs to reach their dwelling.

YEARS LIVED IN PRESENT DWELLING.

Of the group of fifty patients, twenty-seven lived in their present dwelling from one to five years, ten patients from eleven to twenty years, six from six to ten years, and only seven patients lived in their present dwelling

less than one year. The majority lived in their present dwelling for many years.

NUMBER OF ROOMS AND NUMBER OF PEOPLE LIVING IN DWELLING.

The greatest number of patients lived in over-crowded quarters. Thirteen patients lived in one room. Of these, five lived with one or more persons. Ten patients lived in four rooms. Two of these patients lived with four or more persons. Only twelve patients lived in dwellings that were not over-crowded.

The persons living with the patients were their spouse, children, sons or daughters-in-law, relatives, and grand-children. The relatives of the patients were nieces, nephews, siblings and cousins. Some of the patients who were living with their married children or in a relative's home indicated that they felt inadequate and they suffered humiliation because of their dependency upon these persons.

EFFECT OF DWELLING UPON THE PATIENTS' ILLNESS.

For clarity, the effects of the patients' dwelling upon their illness is presented in the following manner: over-crowded conditions, lack of bathroom or kitchen facilities, and stairs.

From the group of fifty patients, thirty-one indicated that their dwelling affected their illness while nineteen patients did not feel that their dwelling affected their illness. Of these nineteen, some were living in over-crowded conditions and had stairs to climb but they did not feel this affected their illness.

The patients who complained that their dwelling affected their illness, mentioned that they had two or more inadequate facilities. Fifteen patients complained of overcrowded conditions, fourteen complained of the lack of bathroom or kitchen facilities, and nineteen indicated that stairs affected their health.

The greatest number of the thirty-one patients indicated that the flights of stairs made them very tired and short of breath. They used the stairs only when necessary and because of this, many did not leave their dwelling for several days at a time. Others complained that the strain and nervousness caused from overcrowded conditions increased their worries and concern over their health. The patients sharing bathroom and kitchen facilities indicated their concern over the inconveniences.

One cardiac patient, a widower, thought it safer to remain with his married daughter and her family because of his reduced earning power and illness. He had to climb four flights of stairs slowly.

ATTEMPTS MADE BY THE PATIENTS TO OBTAIN OTHER DWELLINGS.

Thirty-one patients had not attempted to obtain other dwellings. The majority of this group complained that although their dwelling was not adequate they were pleased to have some shelter because of the general housing shortage. Others indicated that they were too tired or too nervous since their illness to look for other dwellings.

Five of the thirty-one patients who were living with a daughter or son felt that they could not undertake the financial responsibility and the loneliness of living alone.

The group of nineteen patients who attempted to locate other dwellings stated that the rents exceeded their budget. Some of these patients were receiving assistance from the Public Welfare Department and were limited in the amount of money they could spend for rent. Others complained that in contacting more suitable dwellings they learned that the landlords would not accept children.

One patient who was living alone in a one room basement apartment was suffering from a severe throat infection. He complained of the dampness and drafts in his dwelling. He was living on income from temporary jobs and was partially supported by a friend. He was not eligible for Public Welfare assistance since he was not a citizen. The patient refused to return to his native country.

RECREATION.

The lack of interest of the patients in seeking recreational activities could be caused by illness or social and economic difficulties. Recreation could lessen some of the patients' complaints during illness, by diverting their attention from their symptoms.

The following items concerning recreation are presented in this study: participation in recreation by the patients, the types of recreation, the effect of illness upon the patients' interest in recreation.

PARTICIPATION IN RECREATION BY THE PATIENT.

Forty-six patients indicated that they participated in recreation and only four patients indicated that they had no recreation. Of the patients

who had no recreation, one was mentally retarded. Two patients over sixty years of age who had formerly lived in Mexico claimed that they had not participated in any recreation since arriving in the United States because of their reading and language handicap. One male patient was employed as a kitchen helper. He stated that this was his hobby and only interest.

TYPES OF RECREATION.

The types of recreation were divided as follows: sports, movies, hobbies, newspaper, radio, and visiting friends. The majority of the forty-five patients participated in these activities. However, many of the female patients were not interested in sports, and some of the patients had no hobbies.

Other activities mentioned by the patients were television, sewing, embroidery, and reading books. Television was included by the patients who could financially afford this outlet. One patient indicated that for many years gambling was his main interest.

ILLNESS AFFECTING THE PATIENTS' INTEREST IN RECREATION.

Illness had affected the interest of thirty-five patients from participating in recreational activities. Only fifteen patients stated that their illness had no affect upon their recreation.

Of the thirty-five patients, the greatest number mentioned that since their illness they had no interest in any recreation and that it made them nervous, tense, and upset. Discouragement seemed to reduce their interest and a feeling of defeat resulted in many of the older patients. The loss of, or inability to use outlets such as recreation, led these patients to dwell

on their symptoms, thereby intensifying them. The worry this aroused increased their disability.

Five patients complained that their eye sight was very poor and one patient was totally blind. Two patients had a hearing impediment and they felt very discouraged and depressed.

Out of the fifteen patients who did not feel their illness affected their recreational activities, two stated that the radio and reading relaxed them.

How does illness affect the general attitude of the patient? This question was asked of the patient to learn if his attitudes changed since illness, not only in relation to himself but to his family and other associates.

Forty-eight patients indicated that their illness affected their general attitude. Only two patients did not feel that their general attitude was affected by their illness.

For convenience and clarity, the general attitudes of the patients since their illness were classified in the following manner: (a) increased worries, (b) lack of sleep, (c) increased tiredness, (d) increased irritability towards spouse, children and others, (e) little interest in home and others, (f) tenseness and, (g) nervousness caused by spouse, children and others.

The table which follows indicates that all forty-eight patients complained of several changes in their general attitude since illness. Forty of the patients indicated increased tiredness and nervousness, which was the majority of the patients' complaints.

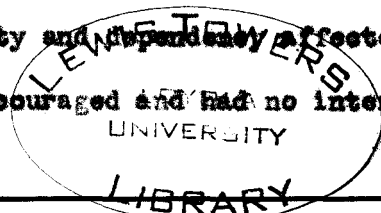
Some of the patients indicated that their nervousness and tiredness

also affected their attitude towards their friends. Some said that they could not relax especially at night and this increased their tiredness. One man, age twenty-eight, who was living with his mother, indicated that his mother's protective manner irritated him more since his illness. Two male patients over sixty-eight years of age felt helpless and lonely. Both are receiving an Old Age Pension and have no families. Since their illness, their dependency needs have increased and they resent being incapacitated. This not only increased their worries and nervousness, but also their general disposition.

One female patient had been having marital difficulties with her husband. The basic cause of these difficulties according to the patient was her husband's laziness and refusal to keep steady employment. Since her illness prevented her from obtaining any employment, she became more upset over her financial obligations and more irritated over her husband's laziness. This increased her worries and nervousness and she was finding it difficult to sleep at night.

Another female patient who was very active prior to illness, found it difficult to accept the limitations she had to follow during her illness. This upset her considerably, and her irritability and nervousness increased, since she was unable to relax she had difficulty sleeping which caused fatigue and low resistance.

A male patient, aged forty-one, had been unemployed for three years due to a serious heart condition. He and his family were receiving assistance from the Public Welfare Department. His incapacity and dependency affected his general attitude. He was very bitter and discouraged and had no interest in his home or family.



One male patient, aged seventy, complained that since illness he has become more restless, irritable, and nervous. He was very resentful that his illness prevented him from obtaining employment. His wife took little interest in him or this problem and the patient felt very depressed and lonely.

One patient complained that his illness caused his wife to become very worried and extremely tense which only increased his nervousness, and worries. Her general attitude towards his condition was very upsetting and he had difficulty sleeping which had been no problem for him prior to illness.

TABLE VII

HOW ILLNESS AFFECTS ATTITUDES OF PATIENTS

Effect of Illness	Women	Men	Total
Increased Worries	19	20	39
Lack of Sleep	18	16	34
Tiredness Increased	18	22	40
Irritability	14	9	23
Little Interest	14	12	26
Tense	9	9	18
Nervous	21	20	41
Total	115	108	221

SOCIAL AGENCIES RENDERING ASSISTANCE.

Social agencies rendered assistance to thirteen patients. Ten of these patients received assistance from the Cook County Department of Welfare, two from the Catholic Charity Bureau, and one patient had made application for

foster-home care through the Juvenile Court. The Public Welfare assistance rendered to the patients included Aid to the Blind, Old Age Pension, Aid to Dependent Children, and Disability Assistance.

The Catholic Welfare Bureau referred a married couple to Mercy Free Dispensary for psychiatric treatment, as they were presenting serious marital problems which needed psychiatric attention. This service is provided by Mercy for the community.

One male, negro patient indicated that he and his wife had made application at the Juvenile Court for a foster child. Since their own children had married they wished to give a home to a dependent child. Actually this home was not suitable to be licensed for foster-home care.

Of the thirty-seven patients who did not receive agency assistance, the greatest number were between the ages of twenty and forty-five. These patients were either self-supporting or some female patients received support from their spouse.

ASSISTANCE RECEIVED FROM OTHERS.

Assistance received by the patients for problems encountered by illness could be very helpful and encouraging to them. Therefore it seemed important to learn from the patient if others actually had any understanding of his problems and assisted him during this period of illness.

Assistance was divided into four categories: (a) financial help, (b) housing, (c) help with chores and (d) other assistance.

Some of the patients were assisted in several ways. Thirteen of the patients received agency assistance. Ten of these patients received financial

assistance from the Public Welfare Department. Many of the patients who were receiving Public Welfare assistance complained that they seldom saw their social worker and knew little of the types of assistance that could be given by that agency.

It should be indicated that the support received by the thirteen married women from their spouse was not included. Only one male patient received financial help from his wife. This patient has been unemployed for seven years and has been supported entirely by her. He enjoys being completely dependent upon her and she prefers taking the dominant role in the household.

Seven patients were assisted with housing. These patients received housing from their children, and were supported financially by the Public Welfare Department. Several of the patients who were living with their children indicated that their sons-in-law or daughters-in-law resented the patient living with them and this only increased their worries. Because of their illness they were unable to live alone adequately.

Ten female patients were assisted with chores from their spouse. These chores consisted of household duties such as washing and housecleaning. Some indicated that they were assisted with the cooking. These patients indicated that their spouse was very helpful and efficient during their illness. The male patients were not assisted by their spouse, with chores. However, several of them indicated that their spouses nursed them and waited upon them during illness.

Other assistance can be classified as consideration, kindness, understanding, cooperation, and consolation. These classifications were given by

fifteen patients in describing the help received from their spouse or relative.

One patient whose wife care for him during his illness indicated that she would make a very capable nurse. Another patient indicated that since his illness he has been very irritable and his wife has been very understanding. One of the patients mentioned that his married daughters treat him "just wonderfully."

Fifteen patients received no assistance. These patients were very bitter and indicated that their spouse, relatives, and children took no interest and were very inconsiderate. One of the patients who was eighteen years of age indicated that she moved away from home because of her parents' lack of understanding and consideration for her problems. One of the patients complained that since her illness her spouse resents her incapacity and has become very irritable towards her. Some of the older patients who were widowed mentioned that their children were "too busy" to be of any assistance.

Two patients felt that their spouse's nervousness and tenseness caused them to become upset and worried, and only increased their difficulties since illness.

Only one patient, a widower who was seventy years of age, indicated his independence and his desire not to become a burden upon anyone. He visits his children regularly, but prefers to live alone. This patient is getting along adequately in the environment and has a good understanding of his needs relating to his illness.

SUMMARY:

1. The occupational status included eighteen patients and thirty-two

unemployed patients. Working conditions affected the health of sixteen unemployed patients. Illness was the basic cause for unemployment among the patients. The patients' illnesses had some significance to their employment and unemployment. Illness can cause economic insecurity and insufficiency.

2. Of the fifty patients studied thirty-one indicated that housing conditions affected their illness because of over-crowding, lack of bathroom or kitchen facilities, and stairs. Inadequate housing caused increased emotional and social problems amongst the patients.

3. Illness affected the interest of thirty-five of the fifty patients in participating in recreational activities. Discouragement and a feeling of defeat seemed to result amongst these patients. The loss or inability to use outlets such as recreation led the patients to dwell on their symptoms, thereby intensifying them.

4. Illness did affect the general attitude of the patients studied. Forty-eight of the fifty patients indicated that their attitude had changed since illness. Not only did their worries and nervousness increase but also their general disposition towards their families and other associates. Illness increased feelings of discontent and depression which resulted in an increase in disability complaints.

5. Social agencies rendered assistance to thirteen patients. Ten of these patients received assistance from the Department of Public Welfare. Twenty-two patients received little or no understanding of their problems during illness from their families. Of the twenty-five patients who received consideration, kindness, and other assistance from their families and others,

they indicated that this understanding was very helpful and beneficial during their period of illness. Understanding and cooperation from families, other associates and agencies is needed to alleviate some of the discontent and depression the patient experiences during illness.

CHAPTER V

CONCLUSION

This study was concerned with the social, economic, and emotional problems of a group of patients at Mercy Free Dispensary. The purpose of the study was to learn what these problems were, and to determine the relationship between these problems and the medical problems. It was also felt that this study would be beneficial towards the general recognition that environmental and emotional problems are significant for medical care and are of importance in medical practice.

Three of the items presented in the thesis were possible sources of social and emotional problems. They were: marital status, dependants and social service needs.

Seventeen of the fifty patients had been either divorced or separated. The causes or the effects of these marriage break-ups is indicative of problems. Fourteen of the fifty patients had dependants other than spouses and children. This responsibility carried by a sick person may be an aggravating cause of his illness.

Fourteen patients indicated a need for social service assistance after they had been interviewed. Originally they requested only medical help. After a brief interview in which the other services of the hospital were explained, the patients were able to discuss their other real problems which were

somehow related to the medical problem.

The desirability of the medical practitioner to be aware of the environmental and emotional problems of patients is obvious. These problems constitute part of the medical problem which he undertakes to solve.

Mercy Free Dispensary is aware of the need for an Intake Social Worker to interview all registered patients over fourteen years of age. These patients would have not been known previously to the Dispensary. The medical students in training at the Dispensary could be helped to understand that medicine, social work, and psychiatry can be integrated. This would be a practical means for accomplishing the discovery and some control of environmental and emotional problems.

From the study we find that a majority of the patients registering at Mercy Free Dispensary are chronic patients. Thirty-nine of the patients under study were chronic patients. Chronic diseases seriously affects the welfare of the community because of its relationship to social, economic, and emotional problems; it affects large numbers of people, and it causes long and costly disability. It is evident from the material presented in Chapter III that undesirable social and emotional conditions were related to the medical problem.

In discussing the duration of the medical illness, illustrations from the patients' clinic record showed that in some instances an environmental change can lessen the frequency and the duration of chronic attacks.

Proper diet has long been recognized as a part of medical treatment. Illness frequently necessitates diet change. Insufficient attention has been given to helping the patient remove social, economic, and emotional obstacles

to living according to the prescribed diet.

Twenty-seven of the fifty patients were sent to the dietitian because of inadequate diets. These patients were either overweight, were in need of calcium, iron, or protein in their diets, or were undernourished and suffered from malnutrition. Of the twenty-seven patients who were given special diets, the majority improved in health. Swelling of ankles disappeared, chest pains lessened, and the obese patients gained more energy. Inadequate diet is a problem which can affect the progress of patients suffering from ill health.

In discussing the occupational status, distinction was drawn between the employed and unemployed patients. These included eighteen employed and thirty-two unemployed patients. Working conditions affected the health of sixteen employed patients. Two of the employed patients did not complain of working conditions. They had previously been transferred to another department which was beneficial in relation to their health problems. They also mentioned that the medical care given at the Dispensary had helped them to work more satisfactorily.

Illness was the basic cause for unemployment among the patients. Some employment and improper working conditions can aggravate and increase the disability of patients. In some situations illness can also cause unemployment. Illness affects economic security and stability.

Of the fifty patients studied thirty-one indicated that their housing conditions affected their illness because of over-crowded quarters, lack of bathroom or kitchen facilities, and stairs. Inadequate housing caused in-

creased emotional and social problems amongst the patients.

Illness affected the interest of thirty-five of the patients in participating in recreational activities. Discouragement and a feeling of defeat seemed to result amongst these patients. The loss or inability to use outlets such as recreation led the patients to dwell on their symptoms, thereby intensifying them. The worry this aroused increased their disability. Some of the patients' complaints could be lessened during illness by providing and influencing them to utilize opportunities and outlets. Attention could then be diverted from their symptoms. Many times the handicap cannot be altered and diversion of interest is the only possible method of compensation.

To alleviate some of the discontent and depression it was felt that the patients' families, other associates, and agencies should be aware of the difficulties he was experiencing during illness. They could help the patient organize a favorable environment.

Illness did affect the general attitude of the patients studied. Forty-eight of the fifty patients indicated that their general attitudes changed since illness. Not only did their worries and nervousness increase but also their disposition towards their families and other associates. Illness increased feelings of discontent, and depression which resulted in an increase in disability complaints.

Social agencies, rendered assistance to thirteen patients. Ten of these patients received assistance from the Department of Public Welfare. Some of these patients complained that they seldom saw their social case worker and knew little of the types of assistance that could be given by that agency.

Twenty-two patients received little or no understanding of their problems during illness from their families. The twenty-five patients who were given consideration, kindness, understanding, and other assistance from their families and other associates, found this very consoling and helpful. This seems to afford some basis for the conclusion that families can lessen some of the emotional effects which patients experience during illness. There is a need for more interpretation of the patients' illness to families and agencies. We also need to help them understand the patients' change in attitudes and his emotional problems encountered during illness.

It can be stated that the patient's medical problem affects and is affected by his emotional and environmental problems. Environmental and emotional problems in some degree generally do accompany medical problems.

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APPENDIX

Family History

- I. Sex, Male ___ Female ___
- II. Age
- III. Education
- IV. Married ___ Single ___ Divorced ___ Separated ___ Widow ___ Widower ___
a) How Long _____
- V. Children, Yes ___ No ___ a) How many ___ b) Ages ___
- VI. Those dependent upon you for support
a) Wife ___ b) Children ___ c) Relatives ___ d) Others ___ e) No One
- VII. Does your illness affect your general attitude? Yes ___ No ___
If yes check the following: a) Increased worries ___ b) Lack of sleep ___
c) Tiredness increased ___ d) Irritability increased towards spouse and children ___
e) Little interest in home and others ___ f) Tense ___ g) Nervousness caused by children, spouse, and others ___
- VIII. Those who know of the problems and difficulties you have had since your illness: a) Spouse ___ b) Children ___ c) Relatives ___
d) Agency ___ e) Others ___ f) No One ___
- IX. Do they help you in any way with the difficulties of your illness? Yes ___ No ___ In what way: a) Financial help ___ b) Housing ___
c) Help with chores ___ d) Other help ___

Social History

- I. Who referred you to the clinic _____
- II. Any agency help? Yes ___ No ___ a) What type _____
- III. Do you know of any agencies in the city? Yes ___ No ___

If yes, which ones _____

IV. Did you come to the clinic for medical care only? Yes ___ No ___

V. Do you want some help other than medical help? Yes ___ No ___

What kind _____

VI. How many people were referred to Mercy Social Service after they came to Mercy Clinic?

VII. Employed

- a) What is your income \$ _____ per _____
- b) Is this adequate _____ or inadequate _____
- c) If inadequate how supplemented (1. relatives _____ (2. agency _____ (3. loans _____ (4. other _____ (5. not supplemented _____
- d) Type of work _____
- e) Do the hours affect your health? Yes ___ No ___
- f) Are working conditions suitable in relation to your illness? Yes ___ No ___ If no, what have you done _____

VIII. Unemployed

- a) What was your trade or occupation _____
- b) How many years in this trade _____
- c) How long were you unemployed _____
- d) Did illness cause unemployment _____
- e) How are you supported (1. spouse _____ (2. agency _____ (3. Children _____ (4. relatives _____ (5. other _____
- f) Have you tried to find other employment? Yes ___ No ___
- g) Can patient return to some job after illness? Yes ___ No ___

IX. Type of home a) Apartment ___ b) House ___ c) Hotel ___ d) Other ___ (what floor _____)

X. How long did you live in your present dwelling _____

XI. Number of rooms in the patient's dwelling _____

XII. Number of people living with the patient _____ a. Who _____

XIII. Does this type of housing affect his health because of: a) Over-crowded conditions ___ b) Lack of bathroom or kitchen facilities in dwelling ___ c) Stairs ___

XIV. Have attempts been made to find other housing? Yes ___ No ___

XV. Do you have any recreation or hobbies? Yes ___ No ___

