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Decision Making in Aviation Routledge

Decision making pervades every aspect of life: people make hundreds of decisions every day. The vast majority of these are trivial and without a right or wrong answer. In some respects there is also nothing extraordinary about pilot decision making. It is only the setting that is different - the underlying cognitive processes are just the same. However, it is the context and the

consequences of a poor decision which serve to differentiate aeronautical decision making. Decisions on the flight deck are often made with incomplete information and while under time pressure. The implications for inadequate performance is much more serious than in many other professions. Poor decisions are implicated in over half of all aviation accidents. This volume contains key papers published over the last 25 years providing an overview of the major paradigms by which aeronautical decision making has been investigated. Furthermore, decision making does not occur in isolation. It is a joint function of the flight tasks; knowledge; equipment on the flight deck and other stressors. In this volume of collected papers, works from leading authors in the field consider all these aspects of aeronautical decision making.

Historic Preservation Law and Tax Planning for Old and Historic Buildings

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 The American Contractor
 Use of Services for Family Planning and Infertility, United States, 1982
 The 1982 statistics on the use of family planning and infertility services presented in this report are preliminary results from Cycle III of the National Survey of Family Growth (NSFG), conducted by the National Center for Health Statistics. Data were collected through personal interviews with a multistage area probability sample of 7969 women aged 15-44. A detailed series of questions was asked to obtain relatively complete estimates of the extent and type of family planning services received. Statistics on family planning services are

limited to women who were able to conceive 3 years before the interview date. Overall, 79% of currently married nonsterile women reported using some type of family planning service during the previous 3 years. There were no statistically significant differences between white (79%), black (75%) or Hispanic (77%) wives, or between the 2 income groups. The 1982 survey questions were more comprehensive than those of earlier cycles of the survey. The annual rate of visits for family planning services in 1982 was 1077 visits /1000 women. Teenagers had the highest annual visit rate (1581/1000) of any age group for all sources of family planning services combined. Visit rates declined sharply with age from 1447 at ages 15-24 to 479 at ages 35-44. Similar declines with age also were found in the visit rates for white and black women separately. Nevertheless, the annual visit rate for black women (1334/1000) was significantly higher than that for white women (1033). The highest overall visit rate was for black women 15-19 years of age (1867/1000). Nearly 2/3 of all family planning visits were to private medical sources. Teenagers of all races had higher family planning service visit rates to clinics than to private medical sources, as did black women age 15-24. White women age 20 and older had higher visit rates to private medical services than to clinics. Never married women had higher visit rates to clinics than currently or formerly married women. Data were also collected in 1982 on use of medical services for infertility by women who had difficulty in conceiving or carrying a pregnancy to term. About 1 million ever married women had 1 or more infertility visits in the 12 months before the interview. During the 3 years before interview, about 1.9 million women had infertility visits. For all ever married women, as well

as for white and black women separately, infertility services were more likely to be secured from private medical sources than from clinics. The survey design, reliability of the estimates and the terms used are explained in the technical notes.

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Progress Report, Marinette County Transportation Coordination Committee, Elderly and Handicapped Transportation Planning

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