**RECORD ON CONTROL CARD**

**RECORD ON CONTROL CARD**

**RECORD ON CONTROL CARD**

**RECORD ON CONTROL CARD**

**RECORD ON CONTROL CARD**

**RECORD ON CONTROL CARD**

1. Physician’s address:

2. Physician’s telephone and FAX numbers (Area code and number)

3. Progress Record

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date Completed</th>
<th>FR Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Screener</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Induction Interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Record Forms Completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Disposition and Summary</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Record of telephone calls

<table>
<thead>
<tr>
<th>Call</th>
<th>Date</th>
<th>Time</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<td></td>
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<td>4</td>
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<td>5</td>
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<td>6</td>
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<td>7</td>
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<td></td>
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<tr>
<td>8</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assurance of Confidentiality** - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment, in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

**NOTICE** - Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0234).
FR INSTRUCTION

If interview is with a CHC provider, start with Section II on page 7, but remember to complete the office hours on page 5. If CHC provider refuses to complete the survey, obtain answers to item 13 in Section I, on page 6.

5a. Has the physician moved out of the United States?
   □ Yes – SKIP to CHECK ITEM A on page 6
   □ No

b. Is the physician retired or deceased?
   □ Yes – SKIP to CHECK ITEM A on page 6
   □ No

6. Introduction

Hello, Dr. . . ., I am (Your name). I'm calling for the Centers for Disease Control and Prevention regarding their study of ambulatory care. You should have received a letter from the Director of the National Center for Health Statistics, explaining the study. (Pause)

You've probably also received a letter from the Census Bureau. We are acting as data collection agents for the study.

IF DOCTOR DOES NOT REMEMBER NCHS LETTER; THE LETTER STATES:

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) is conducting the National Ambulatory Medical Care Survey (NAMCS). This annual study, which has been in the field since 1973, collects information about the large portion of ambulatory care provided by physicians and mid-level providers throughout the United States. Research utilizing the NAMCS helps to inform physicians, health care researchers, and policy makers about the changing characteristics of ambulatory health care in this country. The information that will be requested includes data about the patient visit (e.g., demographics, diagnoses, services, and treatments), physician practice characteristics (e.g., practice type), and the use of electronic medical records.

Many organizations and leaders in the health care community, including those providing the enclosed letter of endorsement, have expressed their support and join me in urging your participation in this meaningful study. You will be asked to complete a one-page questionnaire on a sample of about 30 patient encounters during a randomly assigned one-week reporting period. Additionally, there is a short interview (approximately 35 minutes) with you about the nature of your practice. Participation is voluntary. The following are some key points about the survey:

• Data collection for the NAMCS is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k).

• All information collected will be held in the strictest confidence according to Section 306(d) of the Public Health Service Act (42, U.S. Code, 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). This information will be used for statistical purposes only. No patient names, social security numbers, or addresses are collected.

• This study conforms to the Privacy Rule as mandated by HIPAA, because disclosure of patient data is permitted for public health purposes, and the NCHS Research Ethics Review Board has approved NAMCS.

• U.S. Census Bureau employees, who administer the study, have taken an oath to abide by Title 13, U.S. Code, Section 9, which requires them to keep all information about your practice and patients confidential.

A representative of the Census Bureau, acting as our agent, will be calling you to schedule an appointment regarding the details of your participation. If you have any questions regarding your participation, please call a NAMCS representative at (800) 392-2862. Additional information on the survey may be obtained by visiting the NAMCS participant Web site at www.cdc.gov/namcs.

We greatly appreciate your cooperation.
## Section I TELEPHONE SCREENER Continued

### 7. Specialty

<table>
<thead>
<tr>
<th>a. Your specialty is _______________________________ , is that right?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes – SKIP to item 8</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. What is your specialty (including general practice)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name of specialty)</td>
</tr>
</tbody>
</table>

**Code**
Refer to the NAMCS-21, pages 3 and 4 for codes.

### FR INSTRUCTION

Do not classify cases solely on the basis of specialty. Complete all items on the NAMCS-1 and have the physician fill out PRFs if appropriate.

### 8. Which of the following categories best describes your professional activity – patient care, research, teaching, administration, or something else?

| ☐ Patient care  |
| ☐ Research  |
| ☐ Teaching  |
| ☐ Administration  |
| ☐ Something else – Specify  |

### 9a. Do you directly care for any ambulatory patients in your work?

| ☐ Yes – SKIP to item 9c  |
| ☐ No – does not give direct care [9b PROBE]  |
| ☐ No longer in practice – SKIP to item 11 on page 4  |

**b. PROBE:** We include as ambulatory patients, any patients coming to see you for personal health services who are not currently on the premises. Does your work include any such individuals?

| ☐ Yes, cares for ambulatory patients  |
| ☐ No, does not give direct care – Determine reason, then read item 11 on page 4  |

### 9b. Are you employed by the Federal Government or do you work in a hospital emergency or outpatient department?

| ☐ Yes – SKIP to item 10a on page 4  |
| ☐ No  |

### 9c. In addition to working in any of these settings, do you also see any ambulatory patients?

| ☐ Yes  |
| ☐ No – SKIP to item 11 on page 4  |

If "Yes" to item 9d, all of the following questions are concerned with the private patients.

### NOTES

Verify that all items on the Patient Record form check list have been answered. DO NOT call the sampled provider regarding missing information on Patient Record form unless instructed by your supervisor or the FR Manual.

- Check for missing Patient Record forms (e.g., if the last completed Patient Record is number 1500051, do you have 1500001 through 1500050).
  - List missing Patient Record forms in Section VI, Part I of chart.
- Item 1a – Date of visit recorded on each Patient Record form – If missing, complete 1 and 2 below.
  - Determine date of visit by referring to Patient Record forms immediately before and after. For example, if 1550087 through 1550092 are dated “1/12/2009” and the date on 1550088 is missing, enter “1/12/2009” in item 1a.
  - If the exact date of the patient visit cannot be determined, estimate the date and enter “EST” next to the entry.
- Items 1–13 – Verify that each of these items has been answered on the Patient Record form. List missing information in Section VI, Part 3 of chart on page 24.
- Check the sample provider’s office schedule against the dates on the Patient Record forms for survey week days with no completed Patient Record forms. Do the dates on the Patient Record forms include every day during the survey week that the sample provider’s office scheduled appointments?
  - Yes No – List missing days in Section VI, Part 2 of chart on page 24.
Section I  TELEPHONE SCREENER  Continued

10a. We have your address as (Read address shown in item 1). Is that the correct address for your office?
   ☐ Yes – SKIP to item 12
   ☐ No, incorrect address – Ask item 10b

b. What is the (correct) address and telephone number of your office?

   Number and street
   RECORD ON CONTROL CARD
   City
   RECORD ON CONTROL CARD
   State  ZIP Code
   RECORD ON CONTROL CARD
   Telephone (Area code and number)
   RECORD ON CONTROL CARD

   SKIP to item 12

11. Thank you, Dr. . . ., but I believe that since you do not (see any ambulatory patients/practice any longer), our questions would not be appropriate for you. I appreciate your time and interest. (Go to Check Item A on page 6.)

12. I would like to arrange an appointment with you within the next week or so to discuss the study. It will take about 30 minutes. What would be a good time for you, before Friday, ___________________ (last Friday before the assigned reporting week)?

   Weekday
   Month  Day  Year
   Time  a.m.  p.m.

Verify office location, if appropriate:

   RECORD ON CONTROL CARD

☐ Physician refused to participate — Go to the top of page 6.

   Thank you, Dr. . . ., I’ll see you then. (Go to Check Item A on the bottom of page 6.)

NOTES
FR Instruction – If you have made it to this point, it appears the physician will be cooperative. Please remember to show the physician the Data Use Agreement and remind them they need to keep this document for six years. If the physician or their staff are unwilling to complete the Patient Record forms themselves and request you to abstract the information, please remember that an Accounting Document must be placed in each of the medical records from which information has been abstracted. This document must also be kept for six years. If necessary, please show the physician the IRB approval.

| A.M. | | | | | | |
| P.M. | | | | | | |

**FR INSTRUCTION**  
Please complete the office schedule for the week the provider is in sample.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

Office No.

NOTES
13a. At how many different office locations do you see ambulatory patients?

<table>
<thead>
<tr>
<th>Number of office locations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

b. In a typical year, about how many weeks do you NOT see ambulatory patients (e.g., conferences, vacations, etc.)?

<table>
<thead>
<tr>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

[if > 26 weeks, ask item 13c. if = 0, SKIP to item 13d. if 1 to 26 weeks, SKIP to item 13e.]

c. You typically see patients fewer than half the weeks in each year. Is that correct?

<table>
<thead>
<tr>
<th>Yes - SKIP to item 13e.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No - Please explain</td>
</tr>
</tbody>
</table>

[SKIP to item 13e]

d. You typically see patients all 52 weeks of the year. Is that correct?

| Yes |
| No - Please explain |

[SKIP to item 13e]

e. During your last normal week of practice, how many patient visits did you have at all office locations?

<table>
<thead>
<tr>
<th>Number of patient visits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

f. During your last normal week of practice, how many hours of direct patient care did you provide?

<table>
<thead>
<tr>
<th>Number of weekly hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

NOTE – Direct patient care includes: Seeing patients, reviewing tests, preparing for and performing surgery/procedures, providing other related patient care services.

g. At the office location where you see the most ambulatory patients:

<table>
<thead>
<tr>
<th>Number of physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

(1) How many physicians are associated with you?

<table>
<thead>
<tr>
<th>If number of other physicians = 0, SKIP to item 13g(3).</th>
</tr>
</thead>
</table>

(2) Is this a single- or multi-specialty group practice?

<table>
<thead>
<tr>
<th>Multi-specialty practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-specialty practice</td>
</tr>
</tbody>
</table>

(3) Are you a full- or part-owner, employee, or an independent contractor?

| Owner – Automatically mark “Physician or physician group” in item 13g(4) |
| Employee |
| Contractor |

(4) Who owns the practice?

| Physician or physician group |
| HMO |
| Community Health Center |
| Medical/Academic health center |
| Other hospital |
| Other health care corporation |
| Other – Specify |

 REFER TO FLASHCARD B. 

CHECK ITEM A

1. Appointment MADE or Physician unavailable during reporting period – Go to Section II, page 7
2. Inscope, but REFUSED – Complete item 13, then go to Section III, page 19
3. Out-of-Scope/Other – Go to Section III, page 19

CHECK ITEM A MUST BE COMPLETED BEFORE CONTINUING
### Section II INDUCTION INTERVIEW

Before we begin, I would like to give you a little background about this study.

Systematic information about the characteristics and problems of the people who consult providers in their offices is essential for medical researchers, educators, and others who are concerned with medical education, manpower needs, and the changing nature of health care delivery.

In response to the demand for this information, the Centers for Disease Control and Prevention, in close consultation with representatives of the medical profession, developed the National Ambulatory Medical Care Survey.

Your part in the study is very simple, carefully designed, and should not take much of your time. It consists of your participation during a specified 7-day period. During that time, you would supply a minimal amount of information about patients you see.

Now, before we get to the actual procedures, I have some questions to ask you about your practice. The answers you give will be used only for classification and analysis. Of course, ALL information you provide for this study will be held in strict confidence.

#### 14a. Overall, at how many office locations do you see ambulatory patients?

<table>
<thead>
<tr>
<th>Number of locations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### 14b. In a typical year, about how many weeks do you **NOT** see any ambulatory patients (e.g., conferences, vacations, etc.)?

<table>
<thead>
<tr>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- **b.** In a typical year, about how many weeks do you **NOT** see any ambulatory patients (e.g., conferences, vacations, etc.)?
  - **Yes** – SKIP to item 14c.
  - **No** – Please explain.

#### 14c. You typically see patients fewer than half the weeks in each year. Is that correct?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No – Please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 14d. You typically see patients all 52 weeks of the year. Is that correct?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No – Please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 15a. This study will be concerned with the AMBULATORY patients you will see in your office(s) during the week of Monday, ________ through Sunday, ________.

- **Are you likely to see any ambulatory patients in your office(s) during that week?**
  - **Yes** – SKIP to item 15a on page 8.
  - **No** – Please explain.

#### 15b. Why is that? Record verbatim.

*If appropriate, read item 15c below and leave forms with physician. Otherwise, SKIP to item 15a on page 8.*

#### 15c. Since it’s very important that we include any ambulatory patients that you might see in your office during that week, I’ll leave forms with you – just in case your plans change. I’ll check back with your office just before (Starting date) to make sure, and if necessary I can explain them in detail then.

Give the doctor the folio and enter the folio number on page 17. Then continue with item 16a on page 8.
16a. At what office location(s) will you see ambulatory patients during your practice's 7-day reporting period Monday through Sunday?

PROBE: Are there any other office locations at which you will see ambulatory patients during that 7-day reporting period?

NOTE — NON-PARTICIPATING PHYSICIANS: If refusal (Final=3) or unavailable (Final=4), record locations where ambulatory patients are normally seen.

16b. Give FLASHCARD A (p. 15 Flashcard Booklet) and ask Looking at this list, choose ALL of the type(s) of settings that describe each location where you work. For each location mark all setting types that apply. For each location, also mark the appropriate "scope" status. If any even numbered settings are marked, then mark location as out-of-scope.

If FLASHCARD number 3 (free-standing clinic/urgicenter) is marked, ask –

Is this/those clinic in an institutional setting (#8), in an industrial outpatient facility (#10), or operated by the Federal Government (#12)? (If yes — Mark out-of-scope.)

If FLASHCARD number 11 (family planning clinic) is marked, ask –

Is this/those clinic operated by the Federal Government (#12)? (If yes – Mark out-of-scope.)

If in doubt about any clinic/facility/institution, PROBE –

(1) Is this/that (clinic/facility/institution) part of a hospital emergency department or an outpatient department (#2, #4)? (If yes – Mark out-of-scope.)

(2) Is this/that (clinic/facility/institution) operated by the Federal Government (#12)? (If yes – Mark out-of-scope.)

To be recorded in patient's own words. We want the patient's own complaint here, not the physician's diagnosis. If the patient has no complaint, the physician should enter "None of the above.

If any part of this visit was related to an injury or poisoning or adverse effect of medical or surgical care or an adverse effect of medicinal drug, then mark

To determine the Start With (SW) number read down

Offices

Office No. | Office locations (Enter street address) | Circle FLASHER CARD number | Mark (X) | In-scope | Out-of-scope |
---|---|---|---|---|---|
1 | RECORD ON CONTROL CARD | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | |
2 | RECORD ON CONTROL CARD | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | |
3 | RECORD ON CONTROL CARD | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | |
4 | RECORD ON CONTROL CARD | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | |

FLASHCARD A

(1) Private solo or group practice
(2) Hospital emergency department
(3) Freestanding clinic/urgicenter (not part of a hospital outpatient department)
(4) Hospital outpatient department
(5) Community Health Center (e.g., Federally Qualified Health Center [FQHC], federally funded clinics or 'look alike' clinics)
(6) Ambulatory surgicenter
(7) Mental health center
(8) Institutional setting (school infirmary, nursing home, prison)
(9) Non-federal Government clinic (e.g., state, county, city, maternal and child health, etc.)
(10) Industrial outpatient facility
(11) Family planning clinic (including Planned Parenthood)
(12) Federal Government operated clinic (e.g., VA, military, etc.)
(13) Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)
(14) Laser vision surgery

16c. Are there other office locations where you NORMALLY would see patients, even though you will not see any during your 7-day reporting period?

Yes – SKIP to item 16d
No – SKIP to Check Item B

16d. Of these locations where you will not be seeing patients during your 7-day reporting period, how many total office visits did you have during your last week of practice at these locations?

Number of visits

CHECK ITEM B

1 All locations listed in 16a are out-of-scope – Read CLOSING STATEMENT below
2 All/Some locations listed in 16a are in-scope – Go to item 17a

CLOSING STATEMENT

Thank you, Dr., your practice is not within the scope of this study.
We appreciate your time and interest. (Terminate interview and complete Sections III and IV on pages 19–21.)
### Section II  INDUCTION INTERVIEW – Continued

**17a. During the week of Monday, _____ through Sunday, _____ How many days do you expect to see any ambulatory patients?**

(Only include days at in-scope locations.)

**NOTE – NON-PARTICIPATING PHYSICIANS:** If refusal (Final=3) or unavailable (Final=4), enter the number of days in a normal week.

---

<table>
<thead>
<tr>
<th>Office location No.</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Number of Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**b. During your last normal week of practice, approximately how many office visit encounters did you have at each office location?**

**NOTE:** If physician is in group practice, only include the visits to sampled physician.

---

<table>
<thead>
<tr>
<th>Office location No.</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**c. During the week of Monday, _____ through Sunday, _____, do you expect to have about the same number of visits as you saw during your last normal week in each office taking into account time off, holidays, and conferences?**

**NOTE:** Mark (X) response. If answer is "Yes", transcribe the number in 17b to 17d for that office location. If answer is "No" then ASK item 17d for that office location.

---

<table>
<thead>
<tr>
<th>Office location No.</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes . . .</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No . . .</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**d. Approximately how many ambulatory visits do you expect to have at this office location?**

---

<table>
<thead>
<tr>
<th>Office location No.</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**e. Tally of estimated number of visits**

**NOTE:** To obtain the total number of estimated visits, add the estimate for each office location in 17d.

---

<table>
<thead>
<tr>
<th>Office location No.</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Now, I’m going to ask about your practice at (in-scope location).**

**18a. Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way (at this/that in-scope location)?**

*If Solo, SKIP to item 18d.*

---

<table>
<thead>
<tr>
<th></th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo ............</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonsolo . . .</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**b. How many physicians are associated with you (at this/that in-scope location)?**

---

<table>
<thead>
<tr>
<th></th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**c. Is this a single- or multi-specialty (group) practice (at this/that in-scope location)?**

---

<table>
<thead>
<tr>
<th></th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi ...........</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single ..........</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section II – INDUCTION INTERVIEW – Continued

18d. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with you (at this/that in-scope location)?

- Office Location #1
- Office Location #2
- Office Location #3
- Office Location #4

---

How many

- Owner: [ ]
- Employee: [ ]
- Contractor: [ ]

---

Are you a full- or part-owner, employee, or an independent contractor (at this/that in-scope location)? If "Owner" is marked then automatically mark "Physician or physician group" in item 18f.

- Employer: [ ]
- Contractor: [ ]
- Owner: [ ]

---

Give FLASHCARD B (p. 16 Flashcard Booklet) and ask:

Who owns the practice (at this/that in-scope location)?

- Physician or physician group: [ ]
- HMO: [ ]
- Community Health Center: [ ]
- Medical/ Academic health center: [ ]
- Other hospital: [ ]
- Other health care corp: [ ]
- Other: [ ]

---

Do you see patients in the office during the evening or on weekends?

- Yes: [ ]
- No: [ ]
- DK: [ ]

---

What is your Federal Tax ID at each office location?

- RECORD ON CARD

---

During your last normal week of practice, how many hours of direct patient care did you provide?

NOTE – Direct patient care includes: Seeing patients, reviewing tests, preparing for and performing surgery/procedures, providing other related patient care services.

- Number of weekly hours

---

During your last normal week of practice, about how many encounters of the following type did you make with patients:

1. Nursing home visits
2. Other home visits
3. Hospital visits
4. Telephone consults
5. Internet/e-mail consults

---

Have provider answer ALL remaining questions for the in-scope location/practice with the most visits.

20. Does your practice submit claims electronically (Electronic billing)?

- Yes, all electronic: [ ]
- Yes, part paper and part electronic: [ ]
- No: [ ]
- Don’t know: [ ]

---

NOTES
### Section II  INDUCTION INTERVIEW – Continued

#### 21a. Does your practice use ELECTRONIC MEDICAL OR HEALTH RECORDS (EMR/EHR) (not including billing records)?

**FR NOTE** – Complete question 21b regardless of answer to 21a.

<table>
<thead>
<tr>
<th>No.</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Turned off</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 21b. Does your practice have a computerized system for –

1. **Patient demographic information?**
   - Yes
   - No
   - Unknown
   - Turned off

2. **Orders for prescriptions?**
   - Yes
   - No
   - Unknown
   - Turned off

3. **Orders for tests?**
   - Yes
   - No
   - Unknown
   - Turned off

4. **Viewing Lab results?**
   - Yes
   - No
   - Unknown
   - Turned off

5. **Viewing Imaging results?**
   - Yes
   - No
   - Unknown
   - Turned off

6. **Clinical notes?**
   - Yes
   - No
   - Unknown
   - Turned off

7. **Reminders for guideline-based interventions and/or screening tests?**
   - Yes
   - No
   - Unknown
   - Turned off

8. **Public health reporting?**
   - Yes
   - No
   - Unknown
   - Turned off

**FR NOTE** – Indicate in item 21b, last column, any component(s) turned off.

#### 22. Are there any of the above features of your system that you do NOT use or have turned off?

- Yes
- No
- Unknown

**FR NOTE** – Please specify.

#### 23. Are there plans for installing a new EMR/EHR system or replacing the current system within the next 3 years?

- Yes
- No
- Maybe
- Unknown

**FR NOTE** – If practice does not use electronic medical or health records, SKIP item 24 and 25.

### 24. What year did you buy or last upgrade your EMR/EHR system?

- [ ] Year

### 25. Is your EMR/EHR system certified by the “Certification Commission for Healthcare Information Technology” (CCHIT)?

- [ ] Yes
- [ ] No
- [ ] Unknown
## Section II  INDUCTION INTERVIEW  – Continued

I would like to ask a few questions about your practice revenue and contracts with managed care plans.

### 26a. Roughly, what percent of your patient care revenue comes from –

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent of Patient Care Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Medicare</td>
<td></td>
</tr>
<tr>
<td>(2) Medicaid</td>
<td></td>
</tr>
<tr>
<td>(3) Private insurance</td>
<td></td>
</tr>
<tr>
<td>(4) Patient payments</td>
<td></td>
</tr>
<tr>
<td>(5) Other – (including charity, research, CHAMPUS, VA, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

**FR NOTE** – Categories should sum close to 100%. Do not leave blank or use dash to indicate 0 percent, include value.

### 26b. Roughly, how many managed care contracts does this practice have such as HMOs, PPOs, IPAs, and point-of-service plans?

- None – **SKIP to item 27**
- Less than 3
- 3 to 10
- More than 10

**FR NOTE** – Include Medicare managed care and Medicaid, but not traditional Medicare and Medicaid. Include any private insurance managed care plans.

Include all the different plans an insurance provider may have and for which the physician has a contract. For example, the physician may have a contract for each of the plans Aetna may offer: a PPO, IPA, and point-of-service plan. This would equal 3 contracts, not 1 contract. It may be necessary to obtain information from the billing office of the practice.

### 26c. Roughly, what percentage of the patient care revenue received by this practice comes from (these) managed care contracts?

Percent of revenue from managed care

---

**Form NAMCS-1 (11-12-2008) Page 12**


### Section II  \ INDUCTION INTERVIEW – Continued

**27.**  
Give FLASHCARD D (p.18 Flashcard Booklet) and ask:

**Roughly, what percent of your patient care revenue comes from each of the following methods of payment?**

1. Usual, customary and reasonable fee-for-service?
2. Discounted fee for service?
3. Capitation?
4. Case rates (e.g., package pricing/episode of care)?
5. Other?

<table>
<thead>
<tr>
<th>Method of Payment</th>
<th>Percent of Patient Care Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual, customary and reasonable fee-for-service</td>
<td>[ ] %</td>
</tr>
<tr>
<td>Discounted fee for service</td>
<td>[ ] %</td>
</tr>
<tr>
<td>Capitation</td>
<td>[ ] %</td>
</tr>
<tr>
<td>Case rates</td>
<td>[ ] %</td>
</tr>
<tr>
<td>Other</td>
<td>[ ] %</td>
</tr>
</tbody>
</table>

**FR NOTE –** Categories should sum close to 100%. Do not leave blank or use dash to indicate 0 percent, include value.

**28a.** Are you currently accepting “new” patients into your practice(s) (at in-scope locations)?

- [ ] Yes
- [X] No – SKIP to item 29
- [ ] Don’t know – SKIP to item 29

**b.** From those “new” patients, which of the following types of payment do you accept (at in-scope locations)?

1. Private insurance –
   - [ ] Capitated?
   - [ ] Non-capitated?
2. Medicare?
3. Medicaid?
4. Workers compensation?
5. Self-pay?
6. No charge?

<table>
<thead>
<tr>
<th>Type of Payment</th>
<th>Acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private insurance – capitated</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Private insurance – non-capitated</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Medicare</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Medicaid</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Self-pay</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>No charge</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

**29a.** Roughly, what percent of your daily visits are same day appointments?

[ ] %

**b.** Does your practice set time aside for same day appointments?

- [ ] Yes
- [ ] No
- [ ] Don’t know

**c.** On average, about how long does it take to get an appointment for a routine medical exam?

- [ ] Within 1 week
- [ ] 1–2 weeks
- [ ] 3–4 weeks
- [ ] 1–2 months
- [ ] 3 or more months
- [ ] Do not provide routine medical exams
- [ ] Don’t know

**NOTES**
Section II  INDUCTION INTERVIEW – Continued

30a. Does your practice currently recommend the Human Papillomavirus (HPV) vaccine?
  1. Yes – SKIP to item 30c
  2. No – Go to item 30b

b. Does your practice plan on recommending the HPV vaccine?
  1. Yes – Go to item 30c
  2. No – SKIP to item 30e

c. Which HPV vaccine does your practice recommend using?
  1. Gardasil (quadrivalent vaccine)
  2. Cervarix (bivalent vaccine)
  3. Both
  4. Don’t know

 Give FLASHCARD E (p. 19 Flashcard Booklet) and ask:
d. What age group(s) does your practice recommend patients get the HPV vaccine?
   Mark (X) all that apply.
   1. Females 9–12 years of age
   2. Females 13–26 years of age
   3. Females 27 years of age and older
   4. Males 9–12 years of age
   5. Males 13–26 years of age
   6. Males 27 years of age and older
   SKIP to item 31

   Ask of all physicians/providers

31. Do you offer any type of cervical cancer screening?
  1. Yes – Leave a NAMCS-CCS only if physician’s specialty is GFP, IM, OB/GYN or provider works at a community health center. Please specify e-mail address

   CHECK ITEM C  Is provider part of the community health center sample?
   1. Yes – Ask item 32
   2. No – SKIP to PRI INSTRUCTION on page 15
### Section II  INDUCTION INTERVIEW – Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>32. Provider demographics –</strong></td>
<td></td>
</tr>
<tr>
<td>a. What is your year of birth?</td>
<td>19</td>
</tr>
<tr>
<td>b. What is your sex?</td>
<td>Male, Female</td>
</tr>
<tr>
<td>c. What is your ethnicity?</td>
<td>Hispanic or Latino, Not Hispanic or Latino</td>
</tr>
<tr>
<td>d. What is your race?</td>
<td>White, Black/African-American, Asian, Native Hawaiian/Other Pacific Islander, American Indian/Alaska Native</td>
</tr>
<tr>
<td>e. Give FLASHCARD F (p.20 Flashcard Booklet) and ask:</td>
<td>MD, DO, Nurse practitioner, Physician assistant, Nurse midwife, Other</td>
</tr>
<tr>
<td>What is your highest medical degree?</td>
<td>Go to item 32f</td>
</tr>
<tr>
<td>f. What is your primary specialty?</td>
<td></td>
</tr>
<tr>
<td>g. What is your secondary specialty?</td>
<td></td>
</tr>
<tr>
<td>h. What is your primary board certification?</td>
<td></td>
</tr>
<tr>
<td>i. What is your secondary board certification?</td>
<td></td>
</tr>
<tr>
<td>j. What year did you graduate medical school?</td>
<td></td>
</tr>
<tr>
<td>k. Did you graduate from a foreign medical school?</td>
<td>Yes, No</td>
</tr>
</tbody>
</table>

**FR INSTRUCTION**

If physician unavailable during reporting period, SKIP to item 34b on page 18.

| 33a. During the period Monday, __________________ through Sunday, _______ will ANYONE be available to help you fill out the patient record forms for this study (at in-scope locations)? | Yes, No |
|                                                                                                                      | Go to page 16 |

**FR NOTE** – Explain to the physician that you would like to review some of the questions found on the patient record form.
Section II  INDUCTION INTERVIEW – Continued

33b. Who will be helping you at each location? (Below enter the location and person's name and position.)  

**NOTE**: Keep the location numbers the same as the office numbers in Item 16a.

<table>
<thead>
<tr>
<th>Office No.</th>
<th>Location (Enter street name)</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RECORD ON CONTROL CARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>RECORD ON CONTROL CARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>RECORD ON CONTROL CARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>RECORD ON CONTROL CARD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FR NOTE – Explain to the physician and to anyone helping the physician that you would like to review some of the questions found on the Patient Record form. Go to page 17.

Visit Sampling
To select a sample of patient visits, the physician's office will need to know where to start sampling (Start With) and how to select subsequent patient visits (Take Every).

To determine Take Every (TE) and Start With (SW) numbers follow these instructions. Read down the "Estimated visits for week" column to the line that corresponds to the total entry in ITEM 17e. Then, read across the "Days physician will see patients that week" line to the column that corresponds to the entry in ITEM 17a. Circle the appropriate number. This number is the physician's Take Every number for all office locations. Then transcribe this number below, and onto the front of the folio, and to the Patient Visit Worksheet if it is used.

**TAKE EVERY NUMBER**

<table>
<thead>
<tr>
<th>Estimated Visits for Week</th>
<th>Days physician will see patients that week</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
<td>1 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td>13-24</td>
<td>2 2 2 2 2 2 2 2</td>
</tr>
<tr>
<td>25-39</td>
<td>3 3 3 3 3 3 3 3</td>
</tr>
<tr>
<td>40-44</td>
<td>4 4 4 4 4 4 4 4</td>
</tr>
<tr>
<td>45-49</td>
<td>5 5 5 5 5 5 5 5</td>
</tr>
<tr>
<td>50-64</td>
<td>6 6 6 6 6 6 6 6</td>
</tr>
<tr>
<td>65-74</td>
<td>7 7 7 7 7 7 7 7</td>
</tr>
<tr>
<td>75-89</td>
<td>8 8 8 8 8 8 8 8</td>
</tr>
<tr>
<td>90-104</td>
<td>9 9 9 9 9 9 9 9</td>
</tr>
<tr>
<td>105-114</td>
<td>10 10 10 10 10 10 10 10</td>
</tr>
<tr>
<td>130-134</td>
<td>12 12 12 12 12 12 12 12</td>
</tr>
<tr>
<td>135-154</td>
<td>13 13 13 13 13 13 13 13</td>
</tr>
<tr>
<td>155-174</td>
<td>14 14 14 14 14 14 14 14</td>
</tr>
<tr>
<td>175-194</td>
<td>15 15 15 15 15 15 15 15</td>
</tr>
<tr>
<td>195-209</td>
<td>16 16 16 16 16 16 16 16</td>
</tr>
<tr>
<td>210-219</td>
<td>17 17 17 17 17 17 17 17</td>
</tr>
<tr>
<td>220-254</td>
<td>18 18 18 18 18 18 18 18</td>
</tr>
<tr>
<td>255-319</td>
<td>19 19 19 19 19 19 19 19</td>
</tr>
<tr>
<td>320-364</td>
<td>20 20 20 20 20 20 20 20</td>
</tr>
<tr>
<td>365+</td>
<td>21 21 21 21 21 21 21 21</td>
</tr>
</tbody>
</table>

Take Every Number

---

**NOTE**:
- For Office Location #1, you expect to see any ambulatory patients? During the week of Monday, ___________ through Sunday, ___________. How many days do you expect to have about ____________ into practice? During your last normal week of practice, did you have at each office location?
- How many physicians are associated with you (at this/that in-scope location)? Is this a single- or multi-specialty partnership, in a group practice, or in some other way associated with other physicians in a practice? Do you have a solo practice, or are you associated with other physicians in a group practice, or in some other way associated with other physicians in a practice? If Solo, SKIP to item 18d.
START WITH NUMBER

To determine the Start With (SW) number read down the "If Take Every Number is" column and find the Take Every Number. The number to the right is the Start With Number. Transcribe this number onto line at the right, and to the front of the folio, and to the Patient Visit Worksheet if it is used.

<table>
<thead>
<tr>
<th>Office number</th>
<th>Edit</th>
<th>Folio Number</th>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of PRFs completed</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional folio for Office #</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INSTRUCTIONS

GIVE THE PHYSICIAN A FOLIO AND A COPY OF THE SAMPLE PATIENT RECORD FORM (NAMCS-73), AND EXPLAIN HOW TO COMPLETE THE FORMS.

Cover the following points —

1. Who to list/who not to list on the Patient Visit Worksheet found in the back of the NAMCS-26
   - List every ambulatory patient visit to all in-scope locations during the reporting period.
   - INCLUDE patients the physician doesn’t see but who receive care from an assistant, nurse, nurse practitioner, physician assistant, etc.
   - EXCLUDE patients who do not seek care or services (e.g., they come to pay a bill or leave a specimen).
   - EXCLUDE telephone contacts with patients.

2. Show doctor instruction card in folio pocket and go over Patient Record item by item, paying particular attention to —
   - Item 2, Injury/Poisoning/Adverse Effect – If any part of this visit was related to an injury or poisoning or adverse effect of medical or surgical care or an adverse effect of medicinal drug, then mark the appropriate box. If this visit was not related to any of these, then mark the last option, "None of the above."
   - Item 3, Reason for Visit – To be recorded in patient’s own words. We want the patient’s own complaint here, not the physician’s diagnosis. If the patient has no complaint, the physician should enter the reason for the visit.
INSTRUCTIONS – Continued

34b. CLOSING STATEMENT

Thank you for your time and cooperation Dr. . . . I will call you on Monday, ___________________ to see if (everything is all right/your plans have changed).

If you have any questions (Hand doctor your business card) please feel free to call me. My telephone number is also written in the folio.

34b. CLOSING STATEMENT

Thank you for your time and cooperation Dr. . . . The information you provided will improve the accuracy of the NAMCS in describing office-based patient care in the United States.
### Section III NONINTERVIEW

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| **35.** | What is the reason the provider did not participate in this study? | ☐ Refused/Breakoff – SKIP to item 37a  
☐ Non-office based  
☐ Sees no ambulatory patients  
☐ Retired  
☐ Deceased – SKIP to item 40 on page 21  
☐ Temporarily not practicing – SKIP to item 20  
☐ Can't locate  
☐ Not licensed  
☐ Temporarily not practicing – SKIP to item 20  
☐ Unavailable during reporting period – SKIP to item 38 on page 20  
☐ Moved out of U.S.A.  
☐ Other out-of-scopes – SKIP to item 36  
☐ Unavailable during reporting period – SKIP to item 38 on page 20  
☐ Moved out of PSU – SKIP to item 39a on page 20  

Explanations for noninterview codes 6 and 11 –  
- Temporarily not practicing – Refers to duration of 3 months or more  
- Unavailable during reporting period – Absence must for duration of LESS than 3 months  

**36.** Check all that apply to describe provider's practice or medical activities which define him/her as ineligible or out-of-scope. | ☐ Federally employed  
☐ Radiology, anesthesiology or pathology specialists  
☐ Administrator  
☐ Work in institutional setting  
☐ Work in hospital emergency department or outpatient department  
☐ Work in industrial setting  
☐ Other – Specify |

**37a.** At what point in the interview did the refusal/break-off occur? (Mark (X) one.) | ☐ During telephone screening  
☐ During induction interview  
☐ After induction but prior to assigned reporting days  
☐ At reminder call  
☐ During assigned reporting days or mid-week calls  
☐ At follow-up contact  

**b.** By whom? (Mark (X) one.) | ☐ Sampled provider  
☐ Sampled provider through nurse  
☐ Nurse/Secretary  
☐ Receptionist  
☐ Office manager/Administrator  
☐ Other office staff – Specify |

**c.** What reason was given? (Verbatim) | |

**d.** Date refusal/breakoff was reported to supervisor | Month  Day  Year |

**e.** Conversion attempt result | ☐ No conversion attempt – SKIP to item 40 on page 21  
☐ Sampled provider refused  
☐ Sampled provider agreed to see Field Representative – Complete Section II
### Section III NONINTERVIEW – Continued

<table>
<thead>
<tr>
<th>38. Why is provider unavailable or not in practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td><strong>SKIP to Item 40 on page 21</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>39a. What is the provider’s new address?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and street</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, ZIP Code</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td><strong>RECORD ON CONTROL CARD</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Name of Field Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>RO PSU Date transferred</td>
</tr>
<tr>
<td>Continue with item 40 on page 21</td>
</tr>
</tbody>
</table>

### NOTES
- PROVIDER’S OFFICE SCHEDULE
- A.M. P.M.
- Office No.
- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please complete the office schedule for the week the provider is in sample.
Section IV  DISPOSITION AND SUMMARY

40. FINAL DISPOSITION

(a) Eligible physician/provider
   1. Completed Patient Record forms
   2. Out-of-scope (Item 35, codes 2, 3, 4, 5, 6, 8, 9, or 10)
   3. Refused-Breakoff (Item 35, code 1)
   4. Unavailable during reporting period (Item 35, code 11)
   5. Moved out of PSU (Item 35, code 12–final)
   6. Can’t locate (Item 35 code 7)

(b) Unused CHC NAMCS-1
   7. Less than 3 providers sampled
   8. Parent CHC Out-of-scope
   9. Parent CHC Refused to participate

(c) Transfer cases
   10. Moved out of PSU (Item 35, code 12–pending)

41. CASE SUMMARY

1. Number of patient visits during reporting week .........
2. Number of days during reporting week on which patients were seen .........
3. Number of patient record forms completed ..........

NOTE – For items 41(1) and 41(3), see FR instruction below.

FR, PLEASE READ BEFORE CONTINUING

Item 41(1) – Accurate determination of “Number of patient visits during reporting week” is EXTREMELY IMPORTANT: This count is to include any days the provider may have skipped or not participated. This information may be obtained from either the office staff or from the PRF Folio cover. Only include visits to sampled provider and, NOT the total number of visits to entire practice or clinic.

Item 41(3) – If the number of Patient Record forms completed is less than 20 or greater than 40, then explain why in the NOTES section below.

Items 17e and 41(1) – If applicable, record explanation of why items 17e and 41(1) differ significantly and any other information regarding this case which may help to understand it at a later date.

42. Final disposition for Cervical Cancer Screening Supplement (CCS)

(a) Physician/Provider Eligible for the CCS
   1. Completed
   2. Refused
   3. Does not perform screening

(b) Other
   4. Physician/Provider is ineligible for the CCS (i.e., not a CHC provider or a physician with a specialty of GyF, IM, OB/GYN.)
   5. Other – Specify (e.g., unable to locate)
Section V  PATIENT RECORD FORM CHECK

CHECK ITEM D

1. Who answered the questions in the Physician Induction Interview?  
   (Mark (X) all that apply.)
   
   1. Sampled provider  
   2. Office staff  
   3. Other – Specify

2. Who completed the Patient Record forms?  
   (Mark (X) all that apply.)
   
   1. Sampled provider  
   2. Office staff  
   3. FR – abstraction  
   4. Other – Specify

3. Did the sampled provider accept the Data Use Agreement?  
   
   1. Yes  
   2. No

4. If the FR abstracted the PRFs, were the Accounting Documents placed in each of the medical records used for abstraction?  
   
   1. Yes  
   2. No – Explain

5. Did sampled provider (or staff) request to see the IRB approval?  
   
   1. Yes  
   2. No

43. Verify that all items on the Patient Record form check list have been answered. DO NOT call the sampled provider regarding missing information on Patient Record form unless instructed by your supervisor or the FR Manual.

   Mark (X) when completed

   Field Representative check list
   Office check list

   a. Check for missing Patient Record forms (e.g., if the last completed Patient Record is number 1500051, do you have 1500001 through 1500050). List missing Patient Record forms in Section VI, Part I of chart.

   b. Item 1a – Date of visit recorded on each Patient Record form – If missing, complete 1 and 2 below.

      1. Determine date of visit by referring to Patient Record forms immediately before and after. For example, if 1550087 through 1550092 are dated “1/12/2009” and the date on 1550088 is missing, enter “1/12/2009” in item 1a.

      2. If the exact date of the patient visit cannot be determined, estimate the date and enter “EST” next to the entry.

   c. Items 1-13 – Verify that each of these items has been answered on the Patient Record form. List missing information in Section VI, Part 3 of chart on page 24.

   d. Check the sample provider’s office schedule against the dates on the Patient Record forms for survey week days with no completed Patient Record forms. Do the dates on the Patient Record forms include every day during the survey week that the sample provider’s office scheduled appointments?  
   
   1. Yes  
   2. No – List missing days in Section VI, Part 2 of chart on page 24.

NOTES

Page 22
FORM NAMCS-1 (11-12-2008)
Section VI  MISSING INFORMATION CHART

Part 1 — Missing Patient Record Forms

44a. Enter 7-digit Patient Record number(s) for missing forms.

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b. Contact provider regarding missing forms. Enter results of missing forms follow-up below:

- Forms/information obtained
- Forms/information not obtained – Explain why

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Part 2 — Missing Days or Blocks of Time

List day(s) and blocks of time not reported, and check with the provider’s office for the reason. (If patients were seen during day(s)/hours not reported, arrange to obtain missing data. If not possible to obtain missing data, ask for the number of patients seen during day(s)/hours not reported.)

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<tr>
<th>Day(s)</th>
<th>Blocks of time</th>
<th>Reason</th>
<th>Will physician’s office provide missing data?</th>
<th>Number of patients seen</th>
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<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(Mark X)</td>
<td>(e)</td>
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<td>Yes</td>
<td>No</td>
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**Part 3 — Missing Patient Record Form**

**Items (1–13)**

List missing items, and refer to the FR manual for guidelines on retrieving missing information.

<table>
<thead>
<tr>
<th>Patient Record number (a)</th>
<th>Item number(s) (b)</th>
<th>Comments (c)</th>
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**NOTES**

45. Was provider/office staff contacted for any reason during the editing process?

- [ ] Yes
- [ ] No

46. For all Final = 1 cases, transfer information from front of Patient Record Folio.

**WEEK OF –**

FROM

- Month
- Day

TO

- Month
- Day

**SURVEY WEEK**

- Mon.
- Tues.
- Wed.
- Thur.
- Fri.
- Sat.
- Sun.
- Total

- Complete a Patient Record for patient
- Number of patient visits
- Number of records completed

**RECORD ON CONTROL CARD**

- SW
- TE
- nth

**Assurance of Confidentiality**

All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

**Telephone**

- Office
- FAX

- Office
- FAX