### Section VI - MISSING INFORMATION CHART - Continued

#### Part 2 — Missing Days or Blocks of Time

<table>
<thead>
<tr>
<th>Not reported</th>
<th>Will physician's office provide missing data? (Mark X)</th>
<th>Number of patients seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day(s)</td>
<td>(a)</td>
<td>(b)</td>
</tr>
<tr>
<td>Blocks of time</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td>Reason</td>
<td>(e)</td>
<td>(f)</td>
</tr>
</tbody>
</table>

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.)

#### Part 3 — Missing Patient Record Form

<table>
<thead>
<tr>
<th>Item number(s)</th>
<th>Comments</th>
</tr>
</thead>
</table>

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

---

45. Was provider/office staff contacted for any reason during the editing process?
   - Yes
   - No

---

### OMB No. 0920-0234: Approval expires 08/31/2007

**FRA 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.

1. Physician’s address:

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

3. Field Representative information

4. Record of telephone calls

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

5b. 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. 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 308(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, which is voluntary. 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.
<table>
<thead>
<tr>
<th>Field Representative check list</th>
<th>Office check list</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
</tr>
</tbody>
</table>

**Section V – PATIENT RECORD FORM CHECK**

1. Who answered the questions in the Physician Induction Interview?
   - [ ] Sampled provider
   - [ ] Office staff

2. Who completed the Patient Record forms?
   - [ ] Sampled provider
   - [ ] Other – Specify

3. Did the sampled provider accept the Data Use Agreement?
   - [ ] Yes
   - [ ] No

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

5. Did sampled provider (or staff) request to see the IRB approval?
   - [ ] Yes
   - [ ] No

**CHECK ITEM D**

- **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.

**Section I – TELEPHONE SCREENER – Continued**

7. Specialty
   - a. Your specialty is [ ]
      - [ ] Yes – SKIP to item 8
      - [ ] No
   - b. What is your specialty (including general practice)?

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 [8b PROBE]
   - [ ] No, no longer in practice – SKIP to item 11 on page 4

9b. 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
   - [ ] No – does not give direct care – Determine reason, then read item 11 on page 4

9c. Are you employed by the Federal Government or do you work in a hospital emergency or outpatient department?
   - [ ] Yes
   - [ ] No – SKIP to item 10a on page 4

9d. In addition to working in any of these settings, do you also see any ambulatory patients?
   - [ ] Yes
   - [ ] No – does not give direct care – Determine reason, then read item 11 on page 4

**NOTES**

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

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

- Refer to the NAMCS-21, pages 3 and 4 for codes.
Section IV – DISPOSITION AND SUMMARY

40. FINAL DISPOSITION

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

FOR TRANSFER CASES MARK –
- Moved out of PSU (Item 35, code 12–pending)

End of Interview – Make certain all items are accurately completed before returning materials to the office.

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.

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.

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
   - Completed Paper
   - Completed Web
   - Refused
   - Does not perform screening

(b) Other
   - Physician/Provider is ineligible for the CCS
     (i.e., not a CHC provider or a physician with a specialty of GFP, IM, OB/GYN.)
   - Other – Specify (e.g., unable to locate)

CCSS web password:

NOTES

Page 4
Section III – NONINTERVIEW – Continued

38. Why is provider unavailable or not in practice?

39a. What is the provider's new address?

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City, State, ZIP Code</th>
<th>Telephone</th>
</tr>
</thead>
</table>

b. Name of Field Representative

<table>
<thead>
<tr>
<th>RO</th>
<th>PSU</th>
<th>Date transferred</th>
</tr>
</thead>
</table>

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.

PROVIDER’S OFFICE SCHEDULE

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>
<tbody>
<tr>
<td>A.M.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.M.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTES
Section I – TELEPHONE SCREENER – Continued

FR Instruction – COMPLETE QUESTIONS BELOW FOR ALL IN-SCOPE PHYSICIANS WHO HAVE REFUSED TO PARTICIPATE.

I appreciate that you choose not to participate in the study, but I would like to ask a few short questions about your practice so we can make sure responding physicians do not differ from nonresponding physicians.

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

<table>
<thead>
<tr>
<th>Number of office locations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</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
- Temporarily not practicing – SKIP to item 38 on page 20
- Can't locate
- Not licensed
- Moved out of U.S.A.
- Other-out-of-scope – 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 must be duration of LESS than 3 months

### 13b. 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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If &gt; 26 weeks ask item 13c.</td>
<td></td>
</tr>
<tr>
<td>If = 0, SKIP to item 13d.</td>
<td></td>
</tr>
</tbody>
</table>

### 13c. You typically see patients fewer than half the weeks in each year. Is that correct?

- Yes – SKIP to item 13e.
- No – Please explain

### 13d. You typically see patients all 52 weeks of the year. Is that correct?

- Yes
- No – Please explain

### 13e. During your last normal week of practice how many patient visits did you have at all office locations?

### 13f. At the office location where you see the most ambulatory patients:

#### (1) How many physicians are associated with you?

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

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

- Multi-specialty practice
- Single-specialty practice

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

- Owner – Automatically mark "Physician or physician group" in item 13f(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

### 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

### 37b. By whom?

(Mark (X) one.)

- Sampled provider
- Sampled provider through nurse
- Nurse/Secretary
- Receptionist
- Office manager/Administrator
- Other office staff – Specify

### 37c. What reason was given? (Verbatim)

### 37d. Date refusal/breakoff was reported to supervisor

#### Month

#### Day

#### Year

### CHECK ITEM A

Final outcome of screening

1. Appointment MADE or Physician unavailable during reporting period – Go to Section II, page 7
2. Inscope, but REFUSED – 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
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?

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

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

15b. Are you likely to see any ambulatory patients in your office(s) during that week?

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.

FR Instruction – Even if the physician is not available during the reporting week, continue with item 16a on page 8.
**Section II - INDUCTION INTERVIEW - Continued**

### 16A. At what office locations will you be seeing ambulatory patients during this 7-day period?

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

**NOTE:** If physician is unavailable or refuses to participate, record locations where ambulatory patients are normally seen.

### 16b. Give FLASHCARD A (p. 14 Flashcard Booklet) and ask Looking at this list, choose ALL of the type(s) 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 #3 or #11 are marked then probe as needed –
- If FLASHCARD number 3 (free-standing clinic/urgicenter) is marked, ask –

  Is this/that 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/that clinic operated by the Federal Government (#12)?

  - If yes – Mark out-of-scope.

- 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.

### 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

### CHECK ITEM B

1. All locations out-of-scope – Read CLOSING STATEMENT below
2. All/some locations in-scope – Go to Item 17a

### CLOSING STATEMENT

Thank you, Dr. [Name], 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

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 total 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.

TALLY OF ESTIMATED NUMBER OF VISITS

<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 1</td>
</tr>
<tr>
<td>13-24</td>
<td>2 1 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td>25-39</td>
<td>3 2 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td>40-44</td>
<td>4 2 2 1 1 1 1 1 1</td>
</tr>
<tr>
<td>45-49</td>
<td>4 2 2 2 1 1 1 1 1</td>
</tr>
<tr>
<td>50-64</td>
<td>5 3 2 2 2 2 2 2 2</td>
</tr>
<tr>
<td>65-74</td>
<td>10 3 2 2 2 2 2 2 2</td>
</tr>
<tr>
<td>75-89</td>
<td>10 4 3 2 2 2 2 2 2</td>
</tr>
<tr>
<td>90-104</td>
<td>10 4 3 3 3 3 3 3 3</td>
</tr>
<tr>
<td>105-114</td>
<td>10 5 4 3 3 3 3 3 3</td>
</tr>
<tr>
<td>115-129</td>
<td>10 5 4 3 3 3 3 3 3</td>
</tr>
<tr>
<td>130-134</td>
<td>15 10 4 3 3 3 3 3 3</td>
</tr>
<tr>
<td>135-154</td>
<td>15 10 5 4 4 4 4 4 4</td>
</tr>
<tr>
<td>155-174</td>
<td>15 10 5 4 4 4 4 4 4</td>
</tr>
<tr>
<td>175-194</td>
<td>15 10 5 4 5 5 5 5 5</td>
</tr>
<tr>
<td>195-209</td>
<td>20 10 10 5 5 5 5 5 5</td>
</tr>
<tr>
<td>210-219</td>
<td>20 10 10 10 5 5 5 5 5</td>
</tr>
<tr>
<td>220-254</td>
<td>20 10 10 10 10 10 10 10 10</td>
</tr>
<tr>
<td>255-319</td>
<td>25 15 10 10 10 10 10 10 10</td>
</tr>
<tr>
<td>320-364</td>
<td>30 15 10 10 10 10 10 10 10</td>
</tr>
<tr>
<td>365+</td>
<td>30 30 30 30 30 30 30 30 30</td>
</tr>
</tbody>
</table>

Take Every Number

NOTES

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.)

<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>

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

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

c. During the week of Monday, ___________ through Sunday, ___________, do you expect to see 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?

Yes [ ] No [ ]

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

e. Tally of estimated number of visits

Number of visits

If Solo, SKIP to item 18d.

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)?

<table>
<thead>
<tr>
<th>Solo</th>
<th>Non-solo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>How many physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>How many mid-level providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
## Section II – INDUCTION INTERVIEW – Continued

### 18d. Is this a single- or multi-specialty (group) practice (at this/that in-scope location)?

<table>
<thead>
<tr>
<th>Office Location</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>

### e. Are you a full- or part-owner, employee, or an independent contractor (at this/that in-scope location)?

- Owner: ☐  ☐  ☐  ☐
- Employee: ☐  ☐  ☐  ☐
- Contractor: ☐  ☐  ☐  ☐

**NOTES**: 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.

**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.

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

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

**REFER TO FLASHCARD B.**

### g. Does your practice have the ability to perform any of the following on site (at this/that in-scope location)?

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT scan</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>EKG/ECG</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lab testing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mammography</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>MRI</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>PET scan</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Radiation therapy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sigmoidoscopy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Spirometry</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>X-Ray</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**REFER TO FLASHCARD C.**

### 32i. What is your secondary board certification?

- Board certification Code

### j. What year did you graduate medical school?

- Year

### k. Did you graduate from a foreign medical school?

- Yes ☐  No ☐

**FR NOTE**: Explain to the physician that you would like to review some of the questions found on the Patient Record form.

### 33a. During the period Monday, __________ through __________, will ANYONE be available to help you fill out the patient record forms for this study (at in-scope locations)?

- Yes ☐  No ☐

**FR NOTE**: Explain to the physician that you would like to review some of the questions found on the Patient Record form.

### b. 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></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>
</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.

**NOTES**: Keep the location numbers the same as the office numbers in item 16a.
### Section II – INDUCTION INTERVIEW – Continued

#### 30. Provider demographics –

<table>
<thead>
<tr>
<th>Provider demographics</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. What is your year of birth?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. What is your sex?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. What is your ethnicity?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. What is your race?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. What is your highest medical degree?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. What is your primary specialty?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. What is your secondary specialty?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. What is your primary board certification?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 31. Do you offer any type of cervical cancer screening?

- [ ] Yes – Leave a NAMCS-CCS if physician’s specialty is GFP, IM, OB/GYN, or provider works at a Community Health Center. Please specify e-mail address.

#### 32. Office Location

- [ ] Yes
- [ ] No
- [ ] Don’t know

#### CHECK ITEM C

Is provider part of the community health center sample?

- [ ] Yes – Ask item 32
- [ ] No – SKIP to FR INSTRUCTION on page 15

---

**Section II – INDUCTION INTERVIEW – Continued**

<table>
<thead>
<tr>
<th>18h. Do you see patients in the office during the evening or on weekends?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Location</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td>#4</td>
</tr>
<tr>
<td>a. Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medicare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Private insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Uninsured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. During your last normal week of practice, about how many encounters of the following type did you make with patients?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visits (including nursing homes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone consults</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet/e-mail consults</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. Are you a member of a practice-based research network (PBRN)?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medicare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Private insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Uninsured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. Does your practice submit claims electronically (Electronic billing)?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medicare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Private insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Uninsured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22a. Does your practice use electronic MEDICAL RECORDS (not including billing records)?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medicare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Private insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Uninsured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section II – INDUCTION INTERVIEW – Continued

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

<table>
<thead>
<tr>
<th></th>
<th>Yes – Please specify</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

**FR NOTE** – Indicate in item 22b, last column, any component(s) turned off.

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
<th>Unknown</th>
</tr>
</thead>
</table>

**FR NOTE** – Ask items 25-28 ONCE for ALL in-scope locations.

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

#### 25a. Roughly, what percent of your patient care revenue comes from –

<table>
<thead>
<tr>
<th>Feature</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? <em>(including charity, research, CHAMPUS, VA, etc.)</em></td>
<td>%</td>
</tr>
</tbody>
</table>

**FR NOTE** – Categories should sum close to 100%.

#### 25b. Roughly, how many managed care contracts does this practice have such as HMOs, PPOs, IPAs, and point-of-service plans?

<table>
<thead>
<tr>
<th>Number of Contracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>None – SKIP to item 26a</td>
</tr>
<tr>
<td>Less than 3</td>
</tr>
<tr>
<td>3 to 10</td>
</tr>
<tr>
<td>More than 10</td>
</tr>
</tbody>
</table>

FR NOTE – Include Medicare managed care and Medicaid managed care, but not traditional Medicare and Medicaid. Include any private insurance managed care plans. Be sure the response is about contracts and not patients. 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.

#### 25c. Roughly, what percentage of the patient care revenue received by this practice comes from (these) managed care contracts?

<table>
<thead>
<tr>
<th>Percent of Revenue from Managed Care</th>
</tr>
</thead>
</table>

**FR NOTE** – Categories should sum close to 100%.

#### 26a. Which of the following factors are taken into account for your patient care compensation (e.g., base pay, bonuses, or withholds)?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Your productivity <em>(e.g., number of cases seen per time period)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Patient satisfaction <em>(e.g., results of patient surveys)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Quality of care <em>(e.g., rates of preventive care services)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Practice profiling <em>(patterns of using certain services, e.g., laboratory tests, imaging, referrals, etc.)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes to any item in 26a, then ask item 26b. Otherwise, SKIP to item 27.

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

<table>
<thead>
<tr>
<th>Number of Contracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>None – SKIP to item 26a</td>
</tr>
<tr>
<td>Less than 3</td>
</tr>
<tr>
<td>3 to 10</td>
</tr>
<tr>
<td>More than 10</td>
</tr>
</tbody>
</table>

**FR NOTE** – Include Medicare managed care and Medicaid managed care, but not traditional Medicare and Medicaid. Include any private insurance managed care plans. Be sure the response is about contracts and not patients. 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.

#### 27. What percent of your patient care revenue is based on bonuses, returned witholds, or other performance-based payments?

<table>
<thead>
<tr>
<th>Percent of Patient Care Revenue</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Method of Payment</th>
<th>Percent of Patient Care Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Usual, customary and reasonable fee-for-service?</td>
<td></td>
</tr>
<tr>
<td>(2) Discounted fee for service?</td>
<td></td>
</tr>
<tr>
<td>(3) Capitation?</td>
<td></td>
</tr>
<tr>
<td>(4) Case rates <em>(e.g., package pricing/episode of care)</em></td>
<td></td>
</tr>
<tr>
<td>(5) Other</td>
<td></td>
</tr>
</tbody>
</table>

**FR NOTE** – Categories should sum close to 100%.

#### 29a. Are you currently accepting "new" patients into your practice(s) *(at in-scope locations)*?

<table>
<thead>
<tr>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No – SKIP to item 30</td>
</tr>
<tr>
<td>Don’t know – SKIP to item 30</td>
</tr>
</tbody>
</table>

#### 29b. From those "new" patients, which of the following types of payment do you accept *(at in-scope locations)*?

<table>
<thead>
<tr>
<th>Type of Payment</th>
<th>Percent of Patient Care Revenue</th>
</tr>
</thead>
</table>
| (1) Private insurance –
| (a) Capitated? | |
| (b) Non-capitated? | |
| (2) Medicare? | |
| (3) Medicaid? | |
| (4) Workers compensation? | |
| (5) Self-pay? | |
| (6) No charge? | |

**FR NOTE** – Categories should sum close to 100%.
Section II – INDUCTION INTERVIEW – Continued

23. Are there any of the above features of your system that you do NOT use or have turned off?
   [ ] Yes – Please specify
   FR NOTE – Indicate in item 22b, last column, any component(s) turned off.
   [ ] No
   [ ] Unknown

24. Are there plans for installing a new EMR system or replacing the current system within the next 3 years?
   [ ] Yes
   [ ] No
   [ ] Maybe
   [ ] Unknown

Ask items 25–28 ONCE for ALL in-scope locations.

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

25a. Roughly, what percent of your patient care revenue comes from –
   (1) Medicare?
   (2) Medicaid?
   (3) Private insurance?
   (4) Patient payments?
   (5) Other? (including charity, research, CHAMPUS, VA, etc.)
   Percent of patient care revenue
   [ ] %

   FR NOTE – Categories should sum close to 100%.

b. Roughly, how many managed care contracts does this practice have such as HMOs, PPOs, IPAs, and point-of-service plans?
   [ ] None – SKIP to item 26a
   [ ] Less than 3
   [ ] 3 to 10
   [ ] More than 10

   Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan.

   FR NOTE – Include Medicare managed care and Medicaid managed care, but not traditional Medicare and Medicaid. Include any private insurance managed care plans. Be sure the response is about contracts and not patients.

   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.

   FR NOTE – Categories should sum close to 100%.

25b. From those “new” patients, which of the following types of payment do you accept?
   (a) Capitated?
   (b) Non-capitated?
   (c) Medicare?
   (d) Workers compensation?
   (e) Self-pay?
   (f) No charge?
   [ ] Included
   [ ] Don’t know
   [ ] Not applicable

26a. Which of the following factors are taken into account for your patient care compensation (e.g., base pay, bonuses, or withholds)?
   (1) Your productivity (e.g., number of cases seen per time period)?
   (2) Patient satisfaction (e.g., results of patient surveys)?
   (3) Quality of care (e.g., rates of preventive care services)?
   (4) Practice profiling (patterns of using certain services, e.g., laboratory tests, imaging, referrals, etc.)?
   [ ] Yes
   [ ] No
   [ ] Don’t know

   If yes to any item in 26a, then ask item 26b. Otherwise, SKIP to item 27.

27. What percent of your patient care revenue is based on bonuses, returned withholds, or other performance-based payments?
   Percent of patient care revenue
   [ ] %

28. 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?
   [ ] %

   FR NOTE – Categories should sum close to 100%.

29a. Are you currently accepting “new” patients into your practice(s) (at in-scope locations)?
   [ ] Yes
   [ ] No
   [ ] Don’t know

   b. From those “new” patients, which of the following types of payment do you accept (at in-scope locations)?
   (1) Private insurance –
   (a) Capitated?
   (b) Non-capitated?
   (2) Medicare?
   (3) Medicaid?
   (4) Workers compensation?
   (5) Self-pay?
   (6) No charge?
   [ ] Included
   [ ] Don’t know

Page 12 FORM NAMCS-1 (11-28-2005)
Section II – INDUCTION INTERVIEW – Continued

30. On a 4-point scale from a lot of difficulty, some, little, or no difficulty, in the last 12 months, has your practice experienced any difficulty in referring patients with the following types of health insurance for specialty consultations?

(a) Medicaid
(b) Medicare
(c) Private insurance
(d) Uninsured

31. Do you offer any type of cervical cancer screening?

32. Provider demographics –
   a. What is your year of birth?
   b. What is your sex?
   c. What is your ethnicity?
   d. What is your race?
   e. What is your highest medical degree?
   f. What is your primary specialty?
   g. What is your secondary specialty?
   h. What is your primary board certification?

18h. Do you see patients in the office during the evening or on weekends?

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

1. Home visits (including nursing homes)
2. Hospital visits
3. Telephone consults
4. Internet/e-mail consults

20. Are you a member of a practice-based research network (PBRN)?

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

22a. Does your practice use electronic MEDICAL RECORDS (not including billing records)?
### Section II – INDUCTION INTERVIEW – Continued

<table>
<thead>
<tr>
<th>Office Location</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi</td>
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<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Single</td>
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<td>Owner</td>
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<td>Employee</td>
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<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Contractor</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**Who owns the practice (at this/that in-scope location)?**
- Physician or physician group
- Other hospital
- Other health care corporation
- Other

**Does your practice have the ability to perform any of the following on site (at this/that in-scope location)?**
- CT scan
- Chemotherapy
- Colonoscopy
- EKG/ECG
- Lab testing
- Mammo graphic
- MRI
- PET scan
- Radiation therapy
- Sigmoidoscopy
- Spirometry
- Ultrasound
- X-Ray

**REFERENCES TO FLASHCARD B.**

**REFERENCES TO FLASHCARD C.**

---

**Section II – INDUCTION INTERVIEW – Continued**

**32i. What is your secondary board certification?**

**3j. What year did you graduate medical school?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**3k. Did you graduate from a foreign medical school?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></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

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

**b. Who will be helping you at each location?**

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

<table>
<thead>
<tr>
<th>Office No.</th>
<th>Location</th>
<th>Name</th>
<th>Position</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>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></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.**

**NOTES**
### Section II – INDUCTION INTERVIEW – Continued

#### 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 17b. 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</td>
</tr>
<tr>
<td>13-24</td>
<td>2</td>
</tr>
<tr>
<td>25-39</td>
<td>3</td>
</tr>
<tr>
<td>40-44</td>
<td>4</td>
</tr>
<tr>
<td>45-49</td>
<td>4</td>
</tr>
<tr>
<td>50-64</td>
<td>5</td>
</tr>
<tr>
<td>65-74</td>
<td>10</td>
</tr>
<tr>
<td>75-89</td>
<td>10</td>
</tr>
<tr>
<td>90-104</td>
<td>10</td>
</tr>
<tr>
<td>105-114</td>
<td>10</td>
</tr>
<tr>
<td>115-129</td>
<td>10</td>
</tr>
<tr>
<td>130-134</td>
<td>15</td>
</tr>
<tr>
<td>135-154</td>
<td>15</td>
</tr>
<tr>
<td>155-174</td>
<td>15</td>
</tr>
<tr>
<td>175-194</td>
<td>20</td>
</tr>
<tr>
<td>195-209</td>
<td>20</td>
</tr>
<tr>
<td>210-219</td>
<td>20</td>
</tr>
<tr>
<td>220-254</td>
<td>20</td>
</tr>
<tr>
<td>255-319</td>
<td>25</td>
</tr>
<tr>
<td>320-364</td>
<td>30</td>
</tr>
<tr>
<td>365+</td>
<td>30</td>
</tr>
</tbody>
</table>

**Take Every Number**

### NOTES

#### Section II – INDUCTION INTERVIEW – Continued

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

**Estimated Number of Days**

#### 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:** If physician is unavailable or refuses to participate, enter number of days in a normal week.

Ask item 17a ONCE to obtain total for ALL in-scope locations.

**Enter street name or town of in-scope location(s).**

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

#### 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.**

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

**How many**

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

**How many**
### Section II – INDUCTION INTERVIEW – Continued

**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>If the Take Every Number is:</th>
<th>Then the Start With Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<td>5</td>
<td></td>
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<td>10</td>
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<td>15</td>
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<td>20</td>
<td></td>
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<tr>
<td>25</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

### Office Use Only

<table>
<thead>
<tr>
<th>Office number</th>
<th>Edit</th>
<th>Folio Number</th>
<th>OFFICE USE ONLY</th>
<th>Number of PRFs completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td>3</td>
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<tr>
<td>4</td>
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</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 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 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 1d, Sex** – If the patient is female, we are interested in knowing if she is pregnant and, if so, the gestation week of the fetus. If gestation week is unknown then record LMP date in same fashion as Date 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.
   - **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.

### 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

**CHECK ITEM B**

1. All locations out-of-scope – Read CLOSING STATEMENT below
2. All/some locations 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.)
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.

34a. CLOSING STATEMENT

Thank you for your time and cooperation. 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.

FR INSTRUCTION

If applicable, complete Sections III through V before returning completed materials to office.

34b. CLOSING STATEMENT

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

FR INSTRUCTION

Complete Sections III through IV before returning completed materials to office.

Section II – INDUCTION INTERVIEW – Continued

INSTRUCTIONS – Continued

Items 5a(1), Provider’s Primary Diagnosis for this Visit – Can be tentative or provisional or expressed as a problem. Physician should not record “Rule Out” diagnosis (R.O.). Enter any other diagnosis related to the visit (e.g., depression, obesity, asthma, etc.) in items 5a(2) and 5a(3).

Items 5b, Chronic Disease Checklist – Mark all chronic diseases that the patient has, regardless of entry in item 5a. This item supplements the diagnoses reported in item 5a. If none of the conditions listed apply, then mark “None of the above.” If patient has cancer, indicate stage.

Items 5c, Enrollment in Disease Management Program – Indicate the status of enrollment in a disease management program for any of the conditions listed in 5b that the patient has. A disease management program is designed to improve a patient’s health by working more directly with them and their physicians on their treatment plans regarding diet, adherence to medicine schedules and other self-management techniques.

Item 6, Vital Signs – When possible, record specific values for the 4 vital signs. If height was not measured at this visit and patient is 21 years of age and over, enter the most recent height recorded.

Item 8, Health Education – Mark and/or list all non-medical treatment including surgical or non-surgical procedures ordered or provided at this visit.

Item 10, List medication/immunization names – Record up to 8 medications provided or prescribed at the visit. Include Rx and OTC Medications, immunizations, allergy shots, anesthetics, chemotherapy, and dietary supplements. Use SPECIFIC BRAND OR GENERIC DRUG NAMES as entered on prescription or medical records. Do NOT enter broad drug classes such as “pain medication.” Record if the medication/immunization was new or continued.

Item 13, Time Spent with Provider – Best estimate of time spent in face-to-face contact with the patient and the sampled provider. The answer may be zero (0), if the patient was attended entirely by a nurse or technician and did not see the physician.

(3) Explain to the provider, where appropriate, that the receptionist, nurse, or assistant can list patients on the Patient Visit Worksheet as they enter the office. They may also complete items 1–4 on the Patient Record form.

(4) Instruct provider to enter number of patients seen and number of PRF’s completed on front of folio – at the end of each day.

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

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

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?

15b. Why is that? Record verbatim.

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.

FR INSTRUCTION – Even if the physician is not available during the reporting week, continue with item 16a on page 8.
Section III – NONINTERVIEW

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
- Skipped to item 40 on page 21
- Temporarily not practicing – SKIP to item 38 on page 20
- Can’t locate
- Not licensed
- Moved out of U.S.A. – SKIP to item 40 on page 21
- Other out-of-scope – 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 must be 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 specialist
- 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?

- 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?

- Sampled provider
- Sampled provider through nurse
- Nurse/Secretary
- Receptionist
- Office manager/Administrator
- Other office staff – Specify

Participation in this study

- During telephone screening
- During telephone screening
- After induction but prior to assigned reporting days
- At reminder call
- Assigned reporting days or mid-week calls
- At follow-up contact

b. By whom?

- 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

- 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

FR Instruction – COMPLETE QUESTIONS BELOW FOR ALL IN-SCOPE PHYSICIANS WHO HAVE REFUSED TO PARTICIPATE.
### Section III - NONINTERVIEW - Continued

<table>
<thead>
<tr>
<th>38.</th>
<th>Why is provider unavailable or not in practice?</th>
</tr>
</thead>
</table>

**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.

### Section I - TELEPHONE SCREENER - Continued

<table>
<thead>
<tr>
<th>39a.</th>
<th>What is the provider’s new address?</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>PROVIDER’S OFFICE SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FR INSTRUCTION</strong></td>
</tr>
<tr>
<td>Please complete the office schedule for the week the provider is in sample.</td>
</tr>
</tbody>
</table>

<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>
<tbody>
<tr>
<td>A.M.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.M.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office No.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**NOTES**

**NOTES**

**NOTES**
10a. We have your address as (Read address shown in item 1). Is that the correct address for your office?

1. Yes – SKIP to item 12
2. No, incorrect address – Ask item 10b

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

Number and street

City

State | ZIP Code

Telephone (Area code and number)

We have your address as (Read address shown in item 1). Is that the correct address for your office?

1. Yes – SKIP to item 12
2. No, incorrect address – Ask item 10b

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

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 15 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:

☐ 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.)
Section I – TELEPHONE SCREENER – Continued

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

[ ] Yes – SKIP to item 9c
[ ] No – does not give direct care

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
[ ] No – SKIP to item 10a on page 4

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

[ ] Yes – SKIP to item 9c
[ ] No – does not give direct care [8b PROBE]
[ ] No, 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, no longer in practice – Determine reason, then read item 11 on page 4

43. Verify that all items on the Patient Record form check 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.

Field Representative check list (a) Office check list (b)

a. Check for missing Patient Record forms (e.g., if the last completed Patient Record form is number 000051, do you have 000001 through 000050). 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 S550087 through S550092 are dated “1/12/2005” and the date on S550088 is missing, enter “1/12/2005” 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?

[ ] Yes
[ ] No – List missing days in Section VI, Part 2 of chart on page 24.

NOTES

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.
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. 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 308(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, which is voluntary. 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.
1. Physician’s address:

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

3. Field Representative information

4. Record of telephone calls

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

5b. Is the physician retired or deceased?
   - Yes – SKIP to CHECK ITEM A on page 6
   - No